Te Tāhuhu o te Mātauranga
Ministry of Education

Regulatory Impact Statement: Improved health curriculum information for parents

Decision sought	*This regulatory impact statement was produced to inform Cabinet policy decisions about health curriculum information for parents, which is part of the Education and Training Act 2020.*
Agency responsible	Ministry of Education
Proposing Ministers	Hon Erica Stanford, Minister of Education
Date finalised	16 June 2025

Briefly describe the Minister's regulatory proposal
The Minister is amending the Education and Training Act 2020 (the Act) so that parents are provided with quality and consistent information about the health curriculum.

This replaces the requirement for school boards to consult their school community, at least once every two years, about the delivery of the health curriculum (see section 91 of the Act).

Summary: Problem definition and options

What is the policy problem?
The current requirement for schools to consult, at least once every two years, is no longer needed. With the shift to a knowledge-rich curriculum, schools and kura will be clear about what needs to be learnt, and how the health curriculum is to be taught, learnt, and assessed. The shift to greater detail and consistency means that schools and school communities will have less ability to influence health curriculum delivery.

Schools, parents, and whānau share the responsibility for educating students about health education matters. However, parents and whānau may not have sufficient information about what their child is learning or know that they can ask for their child to be released from sexuality education (part of the health curriculum) – using section 51 of the Act.

What is the policy objective?
The following objectives are being sought:

a. make sure school boards and leaders focus on, plan for, and achieve their objectives; and
b. quality and consistent information is provided to the school community about the health curriculum content and delivery.

What policy options have been considered, including any alternatives to regulation?
We considered a range of regulatory and non-regulatory options, including retaining the status quo.

Two options have been identified for analysis:

a. **option one: status quo** –school boards must consult, at least every two years, their school community about the delivery of the health curriculum.
b. **option two: replacing the consultation requirement** with a requirement for school boards to regularly inform their school community about:
    i. the health curriculum and how it will be delivered; and

ii. their ability to ask for their child to be released from tuition in specified parts of the health curriculum related to sexuality education

With the shift to a knowledge-rich curriculum, schools and parents will have less influence about the delivery of the health curriculum. Without a legislation change, we expect that more schools will have consultation challenges. We have not progressed non-regulatory options, for example, guidance about and support for good practices, because these have been in place and there continues to be inconsistent practices.

Other options we considered included amending legislation to:

a. change the frequency of consultation: this option was not progressed because:
    i. the shift to a knowledge rich curriculum means that schools and school communities will have less ability to influence the delivery of the health curriculum; and
    ii. parents may still not get good health curriculum-related information
b. repeal section 91 of the Act, with no replacement: this option was not progressed because:
    i. parents and schools share the responsibility for educating students about health education matters;
    ii. timely information about the heath curriculum will support strong linkages between the school and parents; and
    iii. having a legislative provision in the Act about sharing key information with the school community supports strong linkages between the school and home.

We did not consider any options to repeal section 51 of the Education and Training Act 2020 with no replacement because we heard that parents value their ability to make sexuality education-related choices for their child.

What consultation has been undertaken?

No consultation has been undertaken because these decisions are a priority for the Education and Training (System Reform Part 1) Amendment Bill (ERB1). This Bill must be ready for introduction by 31 October 2025 which means policy decisions are required in June 2025. People will have an opportunity to submit on ERB1 through the Select Committee process.

The Education Review Office (ERO) reviewed relationship and sexuality education to understand how well it meets the needs of students, expectations of parents and whānau, and capabilities of schools. This review gathered a range of views from the sector about the requirement to consult about the health curriculum delivery. The views gathered in this report were used to inform the policy work to develop this proposal. ERO noted the increasingly divided views on sensitive topics and that achieving consensus is frequently difficult.

Summary: Minister's preferred option in the Cabinet paper

Costs (Core information)

The costs associated with this proposal are low and we anticipate no costs for the school community and students. The main costs are:

a. for school boards as they will be required to provide regular information about the health curriculum content and delivery to their school community;
b. for school leaders who may have to deal with more requests for students to be released from parts of tuition related to sexuality education, including providing more supervisions for these students; and
c. for government, which may have higher health and social costs, if students do not have the skills and knowledge they need to promote their own health and safety, and that of others.

Benefits (Core information)

The benefits for this proposal are expected to be low to medium as the school community will be provided with regular, quality and consistent information about the health curriculum and its delivery. School workload will be reduced when there is no requirement to consult about the health curriculum delivery, which will allow schools to focus on, plan for, and achieve the important things about health education.

Balance of benefits and costs (Core information)

On balance, the expected benefits of this proposal outweigh the costs. The expected benefit is that schools will have more time to focus on delivering the curriculum and parents will get better health curriculum-related information. School boards and leaders may have slightly increased costs associated with providing regular health curriculum-related information to parents and whānau (although schools already have to provide information about the health curriculum). There will continue to be different views about what is in the health curriculum and how it should be delivered. These risks are reduced because people can provide feedback on draft curriculum statements. However, some parents and groups will continue to be concerned that their views, beliefs, and customs may not be adequately considered.

Implementation

This proposal will be included in the ERB 1. It is proposed that the new arrangements will come into effect after this Bill is enacted. This could be as early as mid-2026.

Once the new requirements come into effect, school boards will be responsible for implementing these changes and making their school leaders aware of any changes.

Limitations and Constraints on Analysis

Limited information available

The analysis was limited by the available information. There is limited research and information about the health curriculum delivery consultation and the experiences of schools and kura, parents and whānau, and school communities. Research has focused on the content of the health curriculum – rather than legislative settings for health curriculum delivery consultation.

The ERO report provides some information about the views of some school boards and sector leaders on a possible legislation change but not parents, whānau, or students' views. ERO used a mixed methods approach with over 12,000 survey responses, 300 people in focus groups, site visits to 20 English-medium schools, and data from research and international practices.

The ERO report includes relevant information about the diverse experiences of schools: for some schools, the health curriculum delivery consultation has not been an issue; for others, the consultation has been challenging because of the diverse and sometimes polar views of school communities and others. The report does not provide detailed information about all school and kura experiences, including those using Te Marautanga o Aotearoa. The ERO report did not cover other legislative options – or whether a non-regulatory solution could be used.

School communities, parents, and whānau have diverse views about the health curriculum and its delivery – and we expect the views will continue to be diverse. While the ERO report provides information about the diverse views, we do not know the full range of views on the proposed legislation change. We do not know whether better information impacts parent decision making about whether to remove their child from sexuality education. ERO's report suggested that, when parents had better information, they were more likely to be comfortable with the schools' delivery of the health curriculum.

We do not have information about student views about the possible legislation change: some students, including older students, may have different views from their parents and whānau.

Lack of public consultation
The analysis was limited by a lack of broader public consultation: there was no opportunity to get feedback on the problem, options, potential benefits or costs, or unintended consequences. There was no opportunity to find out the views of parents and whānau or other school staff. The Select Committee process will provide an opportunity for broader scrutiny and input.

When the ERO report was published, some – but not all – people and stakeholders supported the need for legislation change. For example, the PPTA supported a legislation change. Some parents wanted detailed information about what is to be taught and the resources to be used.

Timeframes
The change is being considered as part of ERB 1, which impacted timeframes. The new health curriculum is being developed and it has not been possible to consider the legislation changes alongside the draft health curriculum.

I have read the Regulatory Impact Statement and I am satisfied that, given the available evidence, it represents a reasonable view of the likely costs, benefits and impact of the preferred option.

Responsible Manager(s) signature: _____

Clare Old
Senior Policy Manager,
Curriculum and Digital
Te Pou Kaupapahere
16 June 2025

Quality Assurance Statement	
Reviewing Agency: Ministry of Education	**QA rating:** partially meets QA criteria
Panel Comment: The Ministry of Education's Quality Assurance Panel has reviewed the Regulatory Impact Statement produced by the Ministry of Education (dated 30 May 2025). The panel considers that, because of the impact of the time constraints imposed on consultation, it partially meets the Quality Assurance criteria. The analysis has sought to mitigate these constraints by drawing on existing research and evidence. It provides useful and clear analysis of the rationale for removing the requirement for schools to consult communities on the health curriculum and on the preferred option.	

Section 1: Diagnosing the policy problem

What is the context behind the policy problem and how is the status quo expected to develop?

Legislation outlines the responsibilities and obligations for the Minister and schools and kura

1. The Minister of Education can issue national curriculum statements (foundational curriculum policy statements and national curriculum policy statements) that set directions for State and State-integrated schools on what and how to teach under section 90 of the Education and Training Act 2020 (the Act).[1] Parents and whānau will generally have an opportunity to have a say on a specific curriculum area before curriculum statements are issued.

2. After curriculum statements are issued, State and State-integrated schools must develop and implement teaching and learning programmes based on the national curriculum. These schools must also monitor and evaluate the performance of their students against curriculum areas.

School boards must consult their school community about the delivery of the health curriculum at least every two years

[1] Private and Charter schools are not required to give effect to national curriculum statements set out in section 90 of the Act. Private schools must ensure that the tuition standard given to their students is no lower than the standard given to students enrolled at State schools. Charter school sponsors are responsible for ensuring that their schools develop and deliver a curriculum that meets the tuition standards at least equivalent to those at State schools.

3. Under section 91 of the Act[2], State and State-integrated schools must consult their school community, at least every 2 years, about the delivery of the health curriculum.[3] The purpose of this consultation is to:
    a. inform the school community about the content of the health curriculum;
    b. ascertain the wishes of the school community regarding how the health curriculum should be implemented given the views, beliefs, and customs of the of that community; and
    c. determine the health education needs of the students at that school.

4. Parents, whānau, and schools share the responsibility for educating young people about health education matters, and this consultation requirement supports strong linkages between the school and learners' homes.

5. This consultation requirement may also support parents and caregivers to make informed decisions about whether to release their child from class when sexuality education is taught. Section 51 of the Act outlines that a parent can ask in writing for their child to be released from tuition for parts of the health curriculum related to sexuality education. While schools are not required to inform their school community about this right, ERO reports that 6 per cent of students are released from sexuality education tuition.

6. There is no other provision within the Act that specifies State and State-integrated schools must consult about the delivery of other curriculum areas. The Act only specifies that the delivery of the health curriculum must be consulted on.

There will continue to be different views about what the health curriculum, including relationships and sexuality education, should include

7. We have heard that some school communities find the content of health curriculum inappropriate for schooling and should be taught in the home. For example, while 71 per cent of Pacific parents supported RSE being taught in schools, 29 per cent of the Pacific parents interviewed did not due to cultural beliefs and their faith.

8. There are also mixed views about the implementation of relationship and sexuality education. We have heard concern from the school community that sexuality education should be taught much later in schooling when students are more mature. Some parents link relationship and sexuality education to teaching young people about sex.

[2] In 1985, the requirement for some schools to consult about the delivery of the health curriculum was added to legislation: sex education, focused on pubertal changes, was then able to be taught in schools under certain conditions. Parents were able to have a say about the delivery of the health curriculum and could ask for their child to be removed from those classes. In 2002, consultation requirements were simplified and all schools were required to teach sexuality education components of the national curriculum.

[3] The board must make available a draft statement; give members of the school community an adequate opportunity to comment on the draft statement; and consider any comments received. Schools can then choose their own consultation approach.

Other jurisdictions teach some form of relationship and sexuality education – and allow for parents to make choices about sexuality education

9. We have considered practices in other jurisdictions. Most developed countries teach some form of RSE to support children's and young people's development, health, and safety. RSE plays a key role in helping students to navigate a changing world – where online safety, misinformation, and harmful attitudes are increasingly prevalent. RSE helps students learn about healthy relationships.

10. While other jurisdictions do not require schools to consult about the health curriculum, Ontario, Canada, required consultation about the health curriculum on an "as needed" basis. Most of the jurisdictions included the ability for parents to ask for their child to be released from parts of the health curriculum tuition relating to sexuality education.

Some schools find the consultation requirement about health curriculum delivery challenging

11. The Education Review Office (ERO) reviewed relationship and sexuality education (RSE) which is guidance about parts of the health curriculum. They found that school boards generally supported having the consultation provision in the Act, along with 53 per cent of school leaders. However, 47 per cent of school leaders did not think that the consultation requirement is necessary. These school leaders said that consulting their school community about the health curriculum delivery and related matters (i.e. RSE) presented challenges.

12. Schools that reported an issue with consultation said the most challenging parts were balancing different views, managing influences outside the school community, and getting community engagement. This was especially challenging when consulting on controversial topics such as RSE. Schools with consultation challenges also reported that the requirement added unnecessary workload and stress.

13. Information and guidance about good practice related to the health curriculum and consultation have been provided to schools. However, there continues to be inconsistent consultation practices.

14. ERO reported that schools consulted their school community about the health curriculum delivery, but the actual rate of compliance and nature of information provided to the school community was not reported on. The report did identify a gap with some school boards' understanding of the frequency of consultation:
    a. 28 per cent did not know consultation had to happen every two years; and
    b. 20 per cent did not know when their school last consulted on the health curriculum.

Work is underway to refresh the national curricula to set clearer expectations about what and how to teach

15. The national curricula are being refreshed, shifting to a knowledge-rich curriculum grounded in the science of learning, with smarter assessment/aromatawai. This means the national curricula will have more detailed requirements about what is to be learnt and how the curriculum will be taught, learnt, and assessed. Also meaning having greater

consistency in curriculum delivery but less ability for schools and kura to adapt how the curriculum is taught.

What is the policy problem or opportunity?

With the shift to a knowledge-rich curriculum, parents and whānau will have less ability to influence health curriculum delivery

16. When the knowledge-rich health curriculum is in place, schools and kura will be clear about what is to be learnt, and how the health curriculum will be taught, learnt, and assessed. With the shift to greater clarity and consistency, parents and whānau will have a reduced ability to influence the delivery of the health curriculum, meaning consultation may no longer be needed.

17. Without changes, more schools are likely to have challenges when consulting their parents and whānau, including managing the different and often opposing views on health education matters. Given the reduced ability for schools to adapt health curriculum delivery to their school community's needs and interests, consultation will be an unnecessary compliance burden for schools.

Parents and whānau may not have the necessary information they need to make informed decisions

18. ERO's report showed that:
    a. parents and whānau may not have regular access to good information about the health curriculum content and delivery;
    b. parents that did not know what was being taught are most likely to disagree that RSE should be taught to their child; and
    c. the more information parents had about the delivery of the health curriculum; the more comfortable parents were with school's RSE programme.

19. Parents and whānau also do not always have good information about their health curriculum-related rights under the Act. There is no requirement for schools to inform their school community (specifically parents and guardians) about their right to ask for their child to be released from health curriculum tuition when sexuality education is taught (outlined in section 51 of the Act).

What objectives are sought in relation to the policy problem?

20. The following objectives are being sought:
    a. make sure school boards and leaders focus on, plan for, and achieve their objectives; and
    b. quality and consistent information is provided to the school community about the health curriculum's content and delivery.

What consultation has been undertaken?

21. No consultation has been undertaken because these decisions are a priority for the Education and Training (System Reform Part 1) Amendment Bill (ERB1). This Bill must be ready for introduction by 31 October 2025 which means policy decisions are required in

June 2025. People will have an opportunity to submit on ERB1 through the Select Committee process.

22. ERO's report about RSE gathered a range of views from the sector about the requirement to consult about the health curriculum delivery. The views from this report were used to inform the policy work to develop this proposal. ERO noted that, given the increasingly divided views on sensitive topics, achieving consensus is often difficult.[4]

Section 2: Assessing options to address the policy problem

What criteria will be used to compare options to the status quo?

23. We have assessed the options against the following criteria:

Criteria	*Considerations*
Equity – the system supports all schools, their school community, and students	Does the approach work for all students (i.e. Māori, Pacific, and those with learning support needs)? Does the approach support all students to receive a nationally consistent health education?
Te Tiriti – The system helps to uphold Te Tiriti o Waitangi | Treaty of Waitangi obligation	Does the approach uphold our obligations under Te Tiriti o Waitangi
Efficiency – the system delivers practical and proportionate rules	Does the approach support the delivery of the health curriculum to be manageable and consistent?
Durable and resilient – any changes are likely to be flexible over time to changes in approach	Does the approach support the health curriculum-related legislation to be future proof?
Effectiveness – the system influences teaching and learning for all students	Does the approach make sure parents and whānau have the necessary information to make informed decisions about the health curriculum? Does the approach support students to get access to quality and consistent health education?

What scope will options be considered within?

24. We have considered legislation changes because the Act sets out the requirement to consult about the delivery of the health curriculum. We have not progressed non-regulatory options, for example, guidance about and support for good practices because these have been in place, yet there continues to be inconsistent practices.

[4] Education Review Office (2024) *Let's talk about it: Review of relationships and sexuality education – summary*: https://www.evidence.ero.govt.nz/media/3iwhh3we/let-s-talk-about-it-review-of-relationships-and-sexuality-education-summary.pdf

25. We considered changing the frequency of the consultation requirement (e.g. school boards having to consult their school community, at least every three years or as needed, about the health curriculum delivery). This option was not progressed because:
    a. it does not account for the shift to a knowledge-rich curriculum – which means school communities will have less ability to influence the delivery of the health curriculum;
    b. Parents may still not receive good health curriculum-related information to make informed decisions for their child; and
    c. it does not support schools to address the challenges they face with consultation.

26. We considered repealing section 91 of the Act with no replacement. This option was not progressed because:
    a. parents, whānau, and schools share the responsibility for educating young people about health education matters; and
    b. timely and regular health curriculum-related information needs to be shared with the school community to support strong linkages between the school and home; and
    c. having a legislative provision in the Act about sharing key information with the school community supports strong linkages between the school and home.

27. We considered repealing section 91 of the Act and providing information and guidance about consulting on the delivery of the health curriculum. This option was not progressed because by itself, improved monitoring, and guidance will not address the concerns raised in the ERO report or provide parents with quality and consistent information about the health curriculum, or parents' rights under section 51 of the Act.

28. We did not consider any options to repeal section 51 of the Act because we have heard that some parents value their ability to make sexuality education-related choices for their child. There is a risk that those students may not get the skills and knowledge they need to promote their own health and safety, and that of others. If this happens, the government may have higher health and social costs.

What options are being considered?

29. We have identified two options to meet the policy objectives:
    a. **option one: status quo –** school boards must consult, at least every two years, their school community about the health curriculum delivery.
    b. **option two: require schools to regularly inform** their school community about:
        i. the health curriculum and how it will be delivered; and
        ii. their ability to ask for their child to be released from tuition in specified parts of the health curriculum related to sexuality education.

Option One – *Status quo*

30. School boards of State and State-integrated schools must, at least every two years, consult their school community to inform them about the content of the health curriculum, gather their views on how content should be delivered (given their views, beliefs, and customs), and determine the health education needs of their students. Schools then issue a statement on the delivery of the health curriculum.

Option Two – *Require schools to regularly inform their school community about:*

- **i. the health curriculum and how it will be delivered**
- **ii. their ability to ask for their child to be released from tuition in specified parts of the health curriculum related to sexuality education.**

31. Under this option, school boards will be responsible for making sure that regular, quality and consistent information about the health curriculum content and delivery is provided to the school community. Parents and whānau will be informed about their ability to release their child from class when sexuality education is taught.

32. The public (including the school community) can have their say through consultation on draft curriculum statements, including the health curriculum.

33. Given the Board objectives in section 127 of the Act, schools will need to be inclusive of and cater for students with differing needs – across the whole of the curriculum. Some schools may choose to continue to consult their school community and give parents and whānau an opportunity to have their say about the health curriculum – but this will no longer required.

How do the options compare to the status quo/counterfactual?

	Option One – Status quo: *Requirement for schools to consult their school community about the health curriculum delivery*	**Option Two – *Replace the requirement to consult* with a requirement to inform parents and whānau about the health curriculum**
Equity	**0** Provides an opportunity for schools to find out about the health education needs of students and for parents to influence the delivery of the health curriculum.	**+** All students will have access to consistent education about the health curriculum. All parents will be informed about the health curriculum, its delivery, and their choices, including releasing their student from class when sexuality is taught.
Te Tiriti	**0** Does not impact the ability to uphold the Treaty of Waitangi | Te Tiriti o Waitangi. Does not affect Māori agency and influence in schools and kura.	
Efficiency	**0** Schools are required to consult their school community, at least every two years about the delivery of the health curriculum. Parents can ask for their child to be withdrawn from parts of tuition relating sexuality education (but there is no requirement to inform parents of this ability under section 91 of the Act).	**+** Schools will no longer have to consult about the delivery of the health curriculum and will need to provide key information to parents and whānau. More parents may request for their child to be released from parts of the health curriculum relating to sexuality education which would result in more work for principals.
Durable and resilient	**0** Given the shift to a knowledge-rich curriculum, consultation may no longer be meaningful as parents will have less ability to influence the delivery of the health curriculum. Some parents have concerns about the content and delivery of the health curriculum.	**+** Providing regular information may support parents to know about all the options available to them to make informed decisions about their student's health education needs. Note that some parents will continue to have concerns about the content and delivery of the health curriculum.
Effectiveness	**0** Schools may consider views gathered from consultation when developing their delivery plan for the health curriculum, including the health education needs of their students.	**+** Supports all students to have access to a nationally consistent and knowledge-rich health curriculum, except when parents ask for them to be released for parts of the health curriculum. Parents will have more information about the health curriculum and its delivery, as well as their rights under section 51 of the Act.

Overall assessment	0 Given the shift to a knowledge-rich, nationally consistent health curriculum, parents will have less ability to influence the delivery of the health curriculum. Schools are expected to have increasing challenges because they will not be able to respond to parent comments about the health curriculum's delivery.	+ This option provides better health curriculum information to parents (including their rights under section 51 of the Act) and reduces school workload. Parents and whānau may still have an ability to participate in consultation on the health curriculum and other areas during public consultation on draft curriculum statements.

Key				
++ Much better than the status quo	**+** Better than the status quo	**0** Neutral/no change compared to the status quo	**x** Worse than the status quo	**xx** Much worse than the status quo

What option is likely to best address the problem, meet the policy objectives, and deliver the highest net benefits?

Benefits and risks of Option 1

34. The status quo (Option 1) continues to allow:
    a. the school community to influence the delivery of the health curriculum; and
    b. school boards to determine the health education needs of their students through consultation.

35. The status quo's risks, include:
    a. more schools will have challenges consulting their school community given that, with the knowledge-rich curriculum, the delivery requirements will be more certain;
    b. schools will have a compliance burden: they will consult – but will have limited ability to change the health curriculum delivery;
    c. some schools may not support a nationally consistent curriculum: given community feedback, there is a risk that some schools may choose not to use parts of the national curriculum; and
    d. parents may not receive quality and consistent information about health curriculum content and delivery or their rights (i.e. section 51 of the Act).

Benefits and risks of Option 2

36. Regularly providing quality and consistent information about the health curriculum to the school community (Option 2) means that:
    a. schools can focus on delivering a nationally consistent health curriculum;
    b. parents will be provided with quality and consistent information about the health curriculum content and delivery;
    c. some parents will support the changes; and
    d. parents will be informed about options available to them, if they wish for their child to be released from class when sexuality education is taught.

37. The risks with Option 2, include:
    a. some students' needs not being accounted for when delivering a nationally consistent health curriculum;
    b. some parents will have concerns about their inability to influence the school's delivery of the health curriculum; and
    c. more parents may wish to release their child from class when parts of the health curriculum are taught.

Analysis of the benefits and risks for both options

Schools may face more challenges with consultation

38. We expect that more schools will have challenges managing mixed school community views and influences outside the school community, if the status quo is retained. Given the shift to a knowledge-rich curriculum, the need for schools to consult their school community about the delivery of the health curriculum is reduced. When the new curriculum is in place, schools will be clear about what they must teach and how the curriculum will be taught, learnt, and assessed. This means that school choices about

delivery will be reduced – and school communities will have less influence over the delivery of the health curriculum.

39. Consultation can support strong links between the school and their school community. Option 2 proposes shifting the focus from consultation to informing parents about the health curriculum to better support parents' choices about their child's health education. While some schools find consultation easy, others report challenges managing the relationship with their school community and this shift still provides a strong link between the school and learners' home.

Without consultation the health education needs of students may not be considered

40. Currently, the consultation provides an opportunity for schools to gather information about and consider the health education needs of students, including ākonga Māori, disability students, Pacific students, and other minority student groups. While there is no explicit requirement to consider the health education needs of the school's students, boards will still need to be inclusive of and cater for students with differing needs.

More students may be released from class when sexuality education is taught

41. Under Option 2, there is a risk that more students may be released from class when sexuality education is taught as parents and whānau will be informed about their rights in section 51 of the Act. There may be a cost to schools to provide more supervision for these students. However, ERO found that the more information parents had about the delivery of the health curriculum, the more comfortable parents were with school's RSE programme.

There is an opportunity to provide parents with quality and consistent information about the content and delivery of the health curriculum

42. Schools are already required to give school communities information about the health curriculum, but ERO has found that parents may not always get consistent information about the health curriculum and their rights. Some school boards reported that they do not know that they need to consult or the frequency of consultation.

43. Under Option 2, the proposal is to provide good health curriculum-related information, which may slightly increase school workload. However, this is offset by no longer requiring consultation about the health curriculum's delivery. Some schools may still want to consult about the delivery of the health curriculum: this will be optional.

44. Adopting Option 2 would also mean that schools will be able to focus on student progress and achievement. Schools will have more time to deliver a nationally consistent health curriculum without having their school community influencing the delivery. If the consultation requirement is retained with the shift to a knowledge-rich curriculum – students may miss out on important learning. It may also cause delays in students' learning until concerns with the health curriculum delivery raised through consultation are met.

Proposals for change may not meet the expectations of all parents

45. Some parents will not like the change because it reduces parent voice and their influence over health curriculum delivery. While parents will still have a say about the health

curriculum at a national level, it is not possible for the curriculum to adequately take account of the diverse views, particularly at local levels. Some parents will want detailed health teaching, while others will want parents to be responsible for their child's health education. This risk may be mitigated through the opportunity to consult about the health curriculum before it is finalised.

46. The national curriculum will not be able to meet all people's needs or wants. An 'on balance' judgement will need to be made about what is included and what is left out. There is a risk that some parents may feel that they do not have the ability to influence health curriculum settings anymore.

Preferred option to meet the policy objectives

47. On balance, option 2 is the preferred option as it best meets the policy objectives: it supports more consistent delivery of the health curriculum and reduces school workload. Option 2 requires regular information about the health curriculum to be provided to the school community. This means that parents get timely and relevant information so they can support their child's learning at home and make informed choices about whether to release their student from tuition for parts of the health curriculum relating to sexuality education.

48. With the shift to a knowledge-rich curriculum, Option 1 means that parents will have less of a say about the delivery of the health curriculum and will not get and quality and consistent information about the health curriculum's delivery and their right to make sexuality education-related choices for their child.

What are the marginal costs and benefits of the preferred option in the Cabinet paper?

Affected groups *(identify)*	**Comment** *nature of cost or benefit (eg, ongoing, one-off), evidence and assumption (eg, compliance rates), risks.*	**Impact** *$m present value where appropriate, for monetised impacts; high, medium or low for non-monetised impacts.*	**Evidence Certainty** *High, medium, or low, and explain reasoning in comment column.*
Additional costs of the preferred option compared to taking no action			
School boards	Schools will provide regular health curriculum-related information to parents and whānau (schools already need to provide information about the health curriculum).	Low	Medium
School leaders (Principals, teachers and other staff)	The principal may need to deal with more requests about section 51 of the Act, but this would be of low cost given more information will be available to parents.	Low	Medium

	There may be extra supervision costs for students released from class during sexuality education.		
Government	May face higher health and social costs if students do not have the skills and knowledge they need to promote their own health and safety, and that of others	Low-Medium	Low-Medium
Total monetised costs	$0	Unknown	Unknown
Non-monetised costs	Schools will need to provide regular information to their school community about the health curriculum and its delivery.	Low-Medium	Low-Medium
Additional benefits of the preferred option compared to taking no action			
School boards	No longer a need for consultation (reduced workload for school boards).	Low-Medium	Medium
School leaders (Principals, teachers and other staff)	School leaders will have more time to focus on and deliver a nationally consistent curriculum.	Medium	Medium
School community (parents and whānau)	More information about the content, delivery, and rights associated with the health curriculum will be provided – supporting parents to make informed decisions.	Medium	Medium
Students	Ongoing, students have access to a nationally consistent health curriculum.	Low	Medium
Total monetised benefits	$0	Unknown	Unknown
Non-monetised benefits	The school community will get regular quality and consistent information about the health curriculum and its delivery. School workload will be reduced because there is no longer a requirement to consult about the delivery of the health curriculum.	Low-medium	Medium

Section 3: Delivering an option

How will the proposal be implemented?

49. This proposal will be included in the Education and Training (System Reform Part 1) Amendment Bill (ERB 1). It is proposed that the new arrangements will come into effect after the ERB 1 is enacted.

50. When the Bill is enacted, the Ministry of Education will:
    a. update the education.govt.nz website to reflect the new requirements;
    b. inform schools and kura about the new requirements; and
    c. provide guidance about the new requirements to support good school and kura practices.

51. Once the new requirements come into effect, school boards will be responsible for implementing the changes - and can do this in different ways. Schools are expected to take reasonable steps to make sure that the health curriculum-related information meets the needs of parents and whānau.

52. Some schools will follow the guidance closely. Many schools will use their website and newsletters to provide parents with the information needed; some may use information sessions to share key information. Schools will no longer need to consult about the delivery of the health curriculum.

How will the proposal be monitored, evaluated, and reviewed?

53. The Ministry will consider the impact of legislative change over time as part of regular processes. As part of regular work, the Ministry and ERO will monitor the performance of school boards.

54. There will be regular curriculum reviews and, as part of this, the health curriculum's operation and impact will be considered.