



# Report: Seeking policy direction about school consultation on health curriculum delivery

To:	Hon Erica Stanford, Minister of Education		
Date:	11/12/2024	Deadline:	18/12/2024
Security Level:	In-Confidence	Priority:	Medium
From:	Clare Old Senior Policy Manager	Phone:	9(2)(a)
Drafter:	Colleen Slagter	METIS No:	1340862

## Why are we sending this to you?

You are receiving this because:

- you have asked for advice about the consultation requirements for the health curriculum [SOU-24-MIN-0156 refers] and
- the Education Review Office (ERO) has recommended considering replacing the requirement on school boards to consult the school community on relationships and sexuality education (RSE) (as part of the Health and Physical Education curriculum) with a requirement to inform parents and whānau about what they plan to teach and how they plan to teach it, before they teach it.

## What action do we need, by when?

- We are seeking your direction about what, if any, legislative changes should be explored, as well as agreement to the timeframes for any work.
- Please return the signed paper by 18 December 2024.

× consultation should take in to account  
parents  
- to be informed of exactly what was being taught and see materials  
- to be informed of any external provider  
- retain right to remove child from all or certain elements of RSE

consultation should be targeted for purposes of policy development but ERO information is excellent

## Alignment with Government priorities

1. We seek your direction about legislative work to review school consultation on health curriculum delivery. The work is not directly connected to Government priorities. However, the work has linkages with one of the Government's six priorities for education, the establishment of a knowledge-rich curriculum grounded in the science of learning.<sup>1</sup> When the new curricula are in place, schools and kura will be more certain about what they must teach each year of schooling.

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

2. After consulting the school community, school boards must adopt a statement about the delivery of the health curriculum, that is, how the school intends to implement the health education components of the relevant national curriculum statements (Annex 1 sets out health curriculum delivery consultation requirements in section 91 of the Education and Training Act 2020 (the Act)).
3. Parents, whānau, and schools share the responsibility for educating young people about health education matters. The intention of the consultation requirement is to support strong linkages between school and home so that young people can develop the knowledge and understanding they need to be healthy and safe.
4. The consultation also supports parents and caregivers to make informed decisions about whether they wish to withdraw their child from class when sexuality education is taught (Annex 2 sets out legislation about the release from tuition for specified parts of the health curriculum - section 51 of the Act). ERO reports that six per cent of parents ask for their child to be withdrawn from sexuality education tuition.<sup>2</sup> ERO has recommended retaining the ability for parents and whānau to withdraw their children from any element of RSE that they are uncomfortable with.
5. Schools and kura do not have to consult about the delivery of other curriculum areas but we understand schools and kura often consult on their values and wider curriculum delivery as part of their strategic planning.
6. A summary of health curriculum consultation arrangements in other jurisdictions is set out in Annex 3.

## Some schools find consultation about health curriculum delivery challenging

7. ERO found that some school leaders have challenges balancing different views, managing influences outside the school community, and getting community engagement. While 53% of school leaders support relationships and sexuality consultation, almost half (47%) of school leaders do not think schools should be required to consult on RSE. One third (35%)

---

<sup>1</sup> You have received advice about the revision of the health-related learning areas/wāhanga ako [METIS No 1340736 refers].

<sup>2</sup> Education Review Office (2024) *Let's talk about it: review of relationships and sexuality education*.

say that it should be compulsory but schools should not have to do it themselves, and 12% don't think it should be required at all).<sup>3</sup>

8. ERO also found that school boards generally support consultation because this helps with maintaining transparent and trusting relationships between schools and communities. Some boards would want to consult with their communities even if consultation was not required. However, school boards do not always understand the frequency of consultation:
  - just over a quarter (28%) did not know they are required to consult every two years
  - one-fifth of board chairs (20%) do not know when their school last consulted.
9. In the past, some schools have asked for health curriculum delivery consultation to be aligned with strategic planning consultation (from two yearly consultation to three yearly consultation).
10. We do not have evidence about parent views on the consultation about health curriculum delivery. Nor do we have evidence about student views. Through consultation, we could find out their views to better understand the issues.

## We seek your direction about further work to respond to concerns

11. We want your direction about what, if any, work should be progressed.
12. The Ministry of Education and ERO recommend reviewing the requirement for schools to consult about health curriculum delivery. The review is needed because:
  - 12.1. the ERO report identifies issues with the current settings
  - 12.2. the national curricula will have more detailed requirements [METIS 1323924 refers] and schools and kura will have less discretion about what and how to teach and therefore there will be fewer matters that parents and whānau could influence through consultation.
13. We want to discuss some possible legislative options (see Annex 4 for more information, including about benefits and considerations):
  - 13.1. **option 1:** retain the status quo
  - 13.2. **option 2:** amend the legislation to better balance school and kura workload and parent needs, for example:
    - 13.2.1. replace the consultation requirement with the need to provide information about the health curriculum (**ERO recommended**)
    - 13.2.2. change the frequency of consultation.
  - 13.3. **option 3:** remove the requirement for schools and kura to consult about the delivery of the health curriculum.
14. While ERO has a preferred option, the Ministry wants to do more work to understand school, parent, and student needs. If you agree to the work, we propose early conversations with key stakeholders to better understand the issues and support the development of options.

---

<sup>3</sup> ERO research covered schools using the New Zealand Curriculum and did not cover schools or kura using Te Marautanga o Aotearoa.

15. You could progress the work now (as part of the Education and Training Amendment Bill (No. 3)<sup>4</sup>, or alongside the consultation on the refreshed health and physical education learning area and hauora wāhanga ako<sup>5</sup> (health-related curricula), or later. The following table sets out possible timeframes and considerations should you wish to progress with a review.

Review	Key dates (To be confirmed)	Considerations
As part of Education and Training Amendment Bill (No. 3) (ETAB3)	Cabinet approval: March 2025 Consult: March-May 2025 Bill introduced: late 2025 Bill enacted: 9(2)(f)(iv)	<ul style="list-style-type: none"> <li>Consult on high level options.</li> <li>Focus on current health-related learning area and wāhanga ako.</li> <li>Some school communities may have concerns about the removal of their chance to have a say – given that the current curricula are broad and enabling.</li> <li>Health and Physical Education Learning Area and Haoura Wāhanga Ako will not have been updated.</li> <li>Quickest approach.</li> </ul>
With consultation on: the draft Health and Physical Education learning area and the draft Waiora Wāhanga Ako <sup>6</sup> (recommended)	Cabinet approval: Late 2025 Consult: Late 2025 Bill introduced: 9(2)(f)(iv) Bill enacted: 9(2)(f)(iv)	<ul style="list-style-type: none"> <li>Well-developed options for consultation.</li> <li>Submitters will have more clarity about the content of the national consistent knowledge-rich health-related curricula for the New Zealand Curriculum and Te Marautanga o Aotearoa.</li> </ul>
When the updated health-related learning area and wāhanga ako are in place	To be determined (policy work could begin in 2027 or later)	<ul style="list-style-type: none"> <li>Well-developed options for consultation.</li> <li>Likely to have better information about the impact of the new health-related learning area and wāhanga ako on schools and kura and their school/kura communities.</li> <li>Slowest approach.</li> </ul>

<sup>4</sup> The curriculum regulatory review, which could be progressed through ETAB3, includes a proposal for consultation about national curricula changes and regular reviews of the national curricula [METIS No 1339830 refers] and health curriculum delivery consultation changes could be considered alongside this work.

<sup>5</sup> 'Health-related learning area refers to the health curriculum included in the Health and Physical Education Learning Area (which is part of the New Zealand Curriculum). Health-related wāhanga ako refers to the health curriculum included in the Hauora Wāhanga Ako, which is being replaced by Waiora Wāhanga Ako (which is part of Te Marautanga o Aotearoa).

<sup>6</sup> Drafts of the updated health-related learning area and wāhanga ako are planned to be consulted on from the end of 2025. Once their use is required (planned for the start of 2027), these will restrict the level of discretion schools and kura have. This will also limit what can be influenced through community consultation.

16. We recommend progressing legislative work alongside the consultation on the draft health-related learning area and wāhanga ako. Some interest groups and parents/whānau will have strong views about the proposed changes to legislation and the health curriculum. If both consultations happen at the same time, the sector, parents, whānau, school and kura communities, and students will have more certainty about what is to be taught and how the curricula are to be taught, learnt, and assessed – and will better understand the implications of the proposed legislation change. This will likely lead to a robust and more informed discussion than if the proposed legislation change consultation happened separately from the national curriculum changes.
17. If the work is progressed as part of ETAB3, we propose consulting on high level options as there will not be time to provide detailed information about the range of options and their impact.
18. Alternately, you could progress the work after the new national curriculum has been implemented, when the impact of the national curriculum changes will be better understood.

## Risks

19. Following the publication of the ERO report and during consultation, more schools may decide not to comply with the consultation requirements and there will be increased concerns about the consultation burden for some schools and kura. There is a risk that schools and kura are treated the same but may have different issues. We do not know if the New Zealand Curriculum-related concerns apply to schools and kura that use Te Marautanga o Aotearoa. To mitigate these risks, we recommend that the work cover both national curricula and broad public consultation be carried out. Public consultation on any proposed legislative changes will provide an opportunity for school and kura boards, principals, teachers, and other staff to identify issues and provide feedback on issues and options.
20. Public consultation will raise awareness, draw out different views, and there is a risk of misinformation, including from special interest and advocacy groups. Parents and whānau can have diverse views about the content and delivery of the health curriculum, which includes relationships and sexuality education. There is a risk that the consultation could increase parent and whānau concerns and more children could be withdrawn from sexuality education tuition (using section 51 of the Act), impacting student learning. These risks will be reduced through public consultation, clear communications, and the use of good legislative processes. The risks could be further reduced if the consultation timing is aligned with the new health-related learning area and wāhanga ako because parents and whānau will be better able to understand the changing curriculum.

## Next steps

21. We intend to discuss this report with you at the 16 December agency meeting. Following this, we ask you to return the signed paper by 18 December indicating your preferred timing for any work.

22. If you agree to progress the work as part of ETAB3, we propose early conversations with key stakeholders<sup>7</sup> in January and February to inform the development of options and consultation material. We will provide advice in February 2025 about the next steps.
23. If you agree to progress the work alongside consultation on the draft health-related learning area and wāhanga ako curriculum, we will provide further advice about options in April 2025.
24. If you agree to progress the review following implementation of the revised curriculum, we will provide advice at a later time.

## Annexes

The following are annexed to this paper:

- Annex 1: Health curriculum delivery consultation: current legislation
- Annex 2: Release from tuition for specified parts of health curriculum: current legislation
- Annex 3: Health curriculum practices
- Annex 4: Possible options for school and kura consultation on health curriculum delivery

<sup>7</sup> Including, for example, NZEI Te Riu Roa, NZ Principals Federation, Te Rūnanga Nui o Ngā Kura Kaupapa Māori o Aotearoa, and Ngā Kura ā iwi o Aotearoa.

## Recommended Actions

The Ministry of Education recommends you:

a. note that the Education Review Office (ERO) has recommended considering replacing the requirement on school boards to consult the school community on RSE (as part of the Health and Physical Education curriculum) with a requirement to inform parents and whānau about what they plan to teach and how they plan to teach it, before they teach it.

**Noted**

b. agree to progress a review of the school and kura requirement to consult about the delivery of the health curriculum.

**Agree / Disagree**

c. agree that the review is progressed:

Possible timing	Agree / Disagree
i. as part of Education and Training Amendment Bill (No. 3) with the Ministry: → having early conversations with key stakeholders in January and February 2025 • providing advice to you in February 2025	Agree / Disagree I could do this @ same time as consulting on draft curriculum
ii. alongside consultation on the draft Health and Physical Education learning area and Waiora Wāhanga Ako with the Ministry providing advice in April 2025 (recommended).	Agree / Disagree
iii. when the new health-related learning area and wāhanga ako are in place.	Agree / Disagree

d. agree to discuss the options (see Annex 4) with officials at the 16 December Agency meeting.

on 19/12/24

**Agree / Disagree**

### Proactive Release:

e. agree that the Ministry of Education release this paper once decisions have been taken about the release of consultation material with any information needing to be withheld done so in line with the provisions of the Official Information Act 1982.

**Agree / Disagree**

Clare Old

Senior Policy Manager  
Te Pou Kaupapahere

11/12/2024

  
Erica Stanford

Hon Erica Stanford  
Minister of Education

  
19/12/24

## **Annex 1: Health curriculum delivery consultation: current legislation**

Section 91 of the Education and Training Act 2020 sets out:

“Board of State school must consult about delivery of health curriculum

- (1) The board of a State school must, at least once every 2 years, after consulting the school community, adopt a statement on the delivery of the health curriculum.
- (2) The purpose of the consultation is to—
  - (a) inform the school community about the content of the health curriculum; and
  - (b) ascertain the wishes of the school community regarding the way in which the health curriculum should be implemented given the views, beliefs, and customs of the members of that community; and
  - (c) determine, in broad terms, the health education needs of the students at the school.
- (3) The board may adopt any method of consultation that it thinks fit to best achieve the purpose, but it may not adopt a statement on the delivery of the health curriculum until it has—
  - (a) prepared the statement in draft; and
  - (b) given members of the school community an adequate opportunity to comment on the draft statement; and
  - (c) considered any comments received.
- (4) In this section,—  
school community means,—
  - (a) for a State integrated school, the parents of students enrolled at the school, and the school's proprietors;
  - (b) for any other State school, the parents of students enrolled at the school;
  - (c) in every case, any other person who the board considers is part of the school community for the purpose of this section

statement on the delivery of the health curriculum means a written statement of how the school intends to implement the health education components of the relevant national curriculum statements.”

## **Annex 2: Release from tuition for specified parts of health curriculum: current legislation**

Section 51 of the Education and Training Act 2020 sets out:

- (1) A parent of a student enrolled at a State school or charter school may ask the principal or person responsible for teaching and learning in a charter school in writing to ensure that the student is released from tuition in specified parts of the health curriculum related to sexuality education.
- (2) On receiving a request under subsection (1), the principal or person responsible for teaching and learning in a charter school must ensure that—
  - (a) the student is released from the relevant tuition; and
  - (b) the student is supervised during the period of release from that tuition.
- (3) Subsection (1) does not require a principal or person responsible for teaching and learning in a charter school to ensure that a student who is to be excluded from tuition in specified parts of the health curriculum related to sexuality education is excluded at any other time while a teacher deals with a question raised by another student that relates to the specified part of the curriculum.

## Annex 3: Health curriculum practices

Jurisdiction	Schools and kura are required to consult about the delivery of the health curriculum	Students can be released from sexuality education tuition
New Zealand	+ At least every two years	+
Australia, including New South Wales and Victoria	x	x
UK	+ As required	+
Ontario	x	Parents can exempt their child from instruction about human development and sexual health education
British Columbia	x	+ Students, with parental/guardian consent, can learn about the topics like reproduction and sexuality by an alternative means if there is discomfort about learning in a classroom setting.
Singapore	x	+
Finland	x	x

## Annex 4: Possible options for school and kura consultation on health curriculum delivery

Possible options	Benefits	Considerations
<b>Option 1: No change</b> <p>Schools must consult their school community, at least every two years, about the delivery of the health curriculum.</p>	<ul style="list-style-type: none"> <li>Schools and kura develop a health curriculum delivery statement that takes account of student and school/kura community needs.</li> <li>Parents/whānau and the school/kura community get information about the health curriculum and can have a say about its delivery.</li> </ul>	<ul style="list-style-type: none"> <li>Achieving consensus is frequently difficult, leaving schools caught between opposing perspectives from parents and whānau, as well as external influence from individuals and groups not directly connected to the school.</li> <li>Only the health curriculum has a consultation requirement.<sup>8</sup></li> <li>Some schools are not always able to balance diverse views about the delivery of the health curriculum.</li> <li>With a knowledge-rich curriculum underpinned by the science of learning, schools and kura will have greater clarity and detail about what to teach, when, each year of schooling, and the evidence-informed teaching and assessment practices to use.</li> <li>We do not know if the issues are the same for Kura Kaupapa Māori or schools that use Te Marautanga o Aotearoa.</li> </ul>
<b>Option 2: Amend legislation to better balance school and kura workload and parent/whānau needs</b> <p>For example, could cover changes to:</p> <ul style="list-style-type: none"> <li>provide information to parents and whānau about the health curriculum and the ability to withdraw children from sexuality education (replacing the current consultation requirement) (<b>ERO recommended</b>)</li> <li>consultation frequency</li> </ul>	<ul style="list-style-type: none"> <li>Opportunity to check what needs to be consulted on at a national and/or local level; who needs to be involved; and processes.</li> <li>Potential to address concerns about school/kura workload.</li> <li>Potential to amend consultation requirement so that parent needs are better met.</li> </ul>	<p>Information provision</p> <ul style="list-style-type: none"> <li>ERO reports that parents who know most of what is being taught were most likely to be happy with RSE being taught as it is now (65%). Parents who don't know what is being taught were most likely to disagree that RSE should be taught.</li> <li>Parents value the opportunity to have a say, which is aligned with Royal Commission of Inquiry into Abuse in State Care's recommendation about involving children, young people, and communities in consultation (recommendation 114)<sup>9</sup></li> </ul> <p>Consultation frequency</p> <ul style="list-style-type: none"> <li>Some schools want the consultation requirement to be aligned with three yearly strategic planning consultation.</li> </ul>
<b>Option 3: Remove the need for school boards to consult about the delivery of the health curriculum</b> <p>(No requirement to inform parents about the health curriculum)</p>	<ul style="list-style-type: none"> <li>Reduces school and kura workload.</li> </ul>	<ul style="list-style-type: none"> <li>Some may see this change as reducing the opportunity for parent voice and the focus on student needs.</li> <li>Not aligned with the Royal Commission of Inquiry's recommendation to allow children, young people, and communities to be involved in decision-making</li> <li>May result in more parents and whānau withdrawing their child from sexuality education tuition, which could impact on student outcomes.</li> </ul>

<sup>8</sup> The requirement for schools to consult about the delivery of health education has been in place since 1985, when most schools could choose whether they taught sex education. In 2001, the Act was amended to simplify when schools and kura consulted parents over health education programmes and removed a discretion not to teach sexuality education components of the national curriculum.

<sup>9</sup> Whanaketia I Final Report of the Royal Commission of Inquiry into Abuse in Care – Preliminaries (2024): [Whanaketia-preliminaries.pdf](#)