– 2 AUG 2019

Dear ▇▇▇▇

On 11 July 2019, the Ministry of Health transferred your 27 June 2019 request for official information to the Ministry of Education (the Ministry) for response. Your request was for the following information:

> I am looking for information around what resources you have in terms of sexual education for young people, as well as education and training for health professionals around sexuality, gender, and sexual assault and violence, as well as any Māori-specific materials.

> I am looking particularly at whether there is a framework across government or at least your sector for the way in which these issues are dealt with, as well as wanting to look at copies of the resources themselves.

Your request has been considered under the Official Information Act 1982 (the Act).

The Ministry has produced the following resources/guidance for teachers:

1. Sexuality education: a guide for principals, boards of trustees, and students (attached as **Appendix A**). **Please Note**: this guidance will be refreshed later in 2019,
2. Sexuality education for curriculum levels 1 – 4 (https://health.tki.org.nz/Key-collections/Curriculum-in-action/Sexuality-education-for-curriculum-levels-1-4),
3. Inclusive Guide for supporting LGBTIQA+ students (online resource only - https://www.inclusive.tki.org.nz/guides/supporting-lgbtiqa-students/), and
4. Te Pūhuruhurutanga: a resource in te reo Māori that supports adolescents from years 9 – 11 around puberty.

The Ministry does not produce student facing resources around sexuality education. Boards of trustees must consult with their community every two years on what will be taught in health education. Schools choose their teaching and student facing resources and programmes based on the needs of their community.

Teachers are bound by the ethical framework of the teacher's code and standards. You can find a copy of the Teaching Code and Standards at: https://teachingcouncil.nz/content/our-code-our-standards.

The Children's Act ensures that six government departments are accountable for protecting and improving the lives of vulnerable children. NZ Police, the Ministries of Health, Education, Justice, and Social Development and Oranga Tamariki—Ministry for Children have legislated responsibilities for protecting children. More information about the act can be found here: https://orangatamariki.govt.nz/working-with-children/childrens-act-requirements/.

The Ministry does not provide education and training for health professionals. I am therefore refusing this part of your request under section 18(g) of the Act as the information requested is not held by the Ministry. You may wish to contact the Ministry of Health or the district health boards should you have further queries around this part of your request.

Please note, the Ministry now proactively publishes OIA responses on our website. As such, we may publish this response on our website after five working days. Your name and contact details will be removed.

Thank you again for your email. You have the right to ask an Ombudsman to review this decision. You can do this by writing to info@ombudsman.parliament.nz or Office of the Ombudsman, PO Box 10152, Wellington 6143.
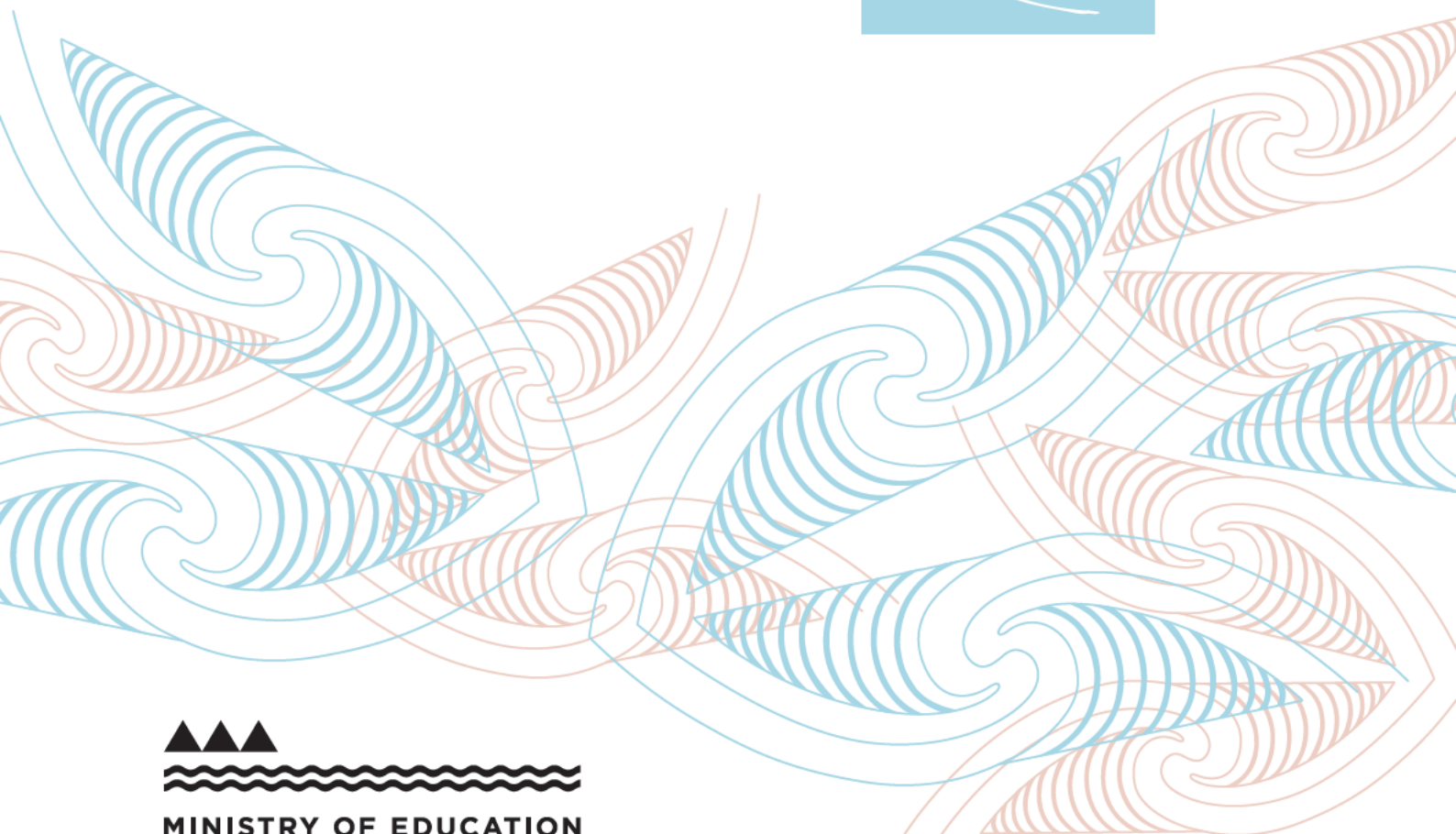
Yours sincerely

Ellen MacGregor-Reid
Deputy Secretary
Early Learning and Student Achievement

SEXUALITY EDUCATION

A guide for principals, boards of trustees, and teachers

Contents

Introduction

This guide is a revision of *Sexuality Education: A guide for principals, boards of trustees, and teachers (2002)*. The guide will assist boards of trustees, principals, and teachers in all New Zealand state and state-integrated schools to comply with the requirements of the Education Act 1989 (as amended in 2001) to consult with the school community on the way in which the health curriculum should be implemented.

The Health Select Committee report, *Inquiry into improving child health outcomes and preventing child abuse with a focus from preconception until three years of age* (November 2013) highlighted the importance of quality sexuality education programmes for all young people and the need for access to health services. This revision takes into account that report, along with other interagency work to prevent violence.

The revision also takes account of changing social climates, recent youth health research, and broader understandings about sexuality and sexuality education.

Many schools have made good progress in implementing sexuality education programmes. Their advice, and the advice of wider sector groups, has been invaluable in developing this revision.

Sexuality education is part of *Health and Physical Education* in *The New Zealand Curriculum* (2007) and is based on the values, principles, and concepts of the learning area. It is underpinned by the four underlying and interdependent concepts of health and physical education: hauora; a socio-ecological perspective; health promotion; and attitudes and values (see section 3 for details).

"Sex education" and "sexuality education" are different. *The New Zealand Curriculum* supports a holistic approach to sexuality education as defined by the hauora model, which includes physical, social, mental, emotional, and spiritual aspects. This is much broader than "sex education" which relates only to the physical aspects of sexual and reproductive knowledge.

The majority of Māori students attend English-medium schools. Research indicates that Māori students can thrive when "being Māori" is affirmed by the school, Māori culture is valued, and teachers are supported to challenge their attitudes, skills, and practices in relation to Māori students (Tuuta et al, 2004; Bishop et al, 2003). The revised guide aims to help schools to plan and deliver sexuality education, and affirm the strengths and contributions of Māori students, whānau Māori and Māori communities. The guide also recognises the diverse needs and strengths of students from Pākehā, Pasifika, Asian, and other communities within New Zealand.

Boards of trustees play an important strategic role when they support principals to create the conditions in which effective implementation can occur (for specific details on roles and responsibilities, see section 5). Dedicated and significant health education curriculum time and safe and supportive school environments are equally essential to the overall success of sexuality education.

The overall aim of the revised guide is to support school boards, principals, and teachers to deliver effective, quality sexuality education programmes and, through them, to support the positive and holistic development and health of all students in New Zealand primary, intermediate, and secondary schools.

A glossary of terms used in this guide is included in section 7.

1. Why sexuality education is important

This section is intended to give boards, principals, and teachers a broader understanding of sexuality education. It overviews research in the area that may provide a valuable background against which to read and implement the information in the guide.

What sexuality education is

Sexuality education in New Zealand takes a positive view of sexual development as a natural part of growing up. It encompasses learning about physical development, including sexual and reproductive knowledge, gender identity, relationships, friendships, whānau and social issues. It sits within the broader area of relationship education, which also includes social and emotional learning (SEL), and violence prevention education.

In sexuality education young people learn about themselves and develop knowledge and skills that will help them to interact in positive, respectful, and supportive ways with others. Through learning about sexuality students also come to understand about the social and cultural influences that shape the way society views gender and sexuality.

Sexuality education starts at Level 1 of *The New Zealand Curriculum* and takes both an inclusive and developmentally appropriate approach.

All young people need access to information and opportunities to think about, question, and discuss issues related to relationships, gender, sexual identities, sexual orientation, sexual behaviour, sexual and reproductive health, and societal messages. Sexuality education provides a framework in which this can happen.

Sexuality education, as a part of health education, is vital for young people's development, learning, and overall well-being. Learning in this area also contributes to academic success and positive mental, emotional, physical, and spiritual health.

"Sex education" and "sexuality education" are different. This difference is explained on p.3.

Guidelines for schools implementing relationship education can be downloaded from the Policy Guidelines section of Health and Physical Education Online, on TKI:
http://health.tki.org.nz/Teaching-in-HPE/Policy-guidelines/Relationship-Education-Programmes-Guide-for-Schools

What the research says

Well-planned programmes

Holistic, well-planned sexuality education programmes, taught by informed and up-to-date teachers make a significant difference to the learning and overall sexual health of young people (Byers et al, 2013; Poobalan et al, 2009).

Engaging with young people's perspectives

Current issues that require attention in sexuality education programmes for adolescents include consent and coercion; the sexualisation of young people, particularly girls; the effects of pornography on young people's understanding of sexuality and relationships; and examining the bias that opposite sex relationships are normal (heteronormativity) (Quinlivan, 2006; Gavey, 2012; McGlashan, 2013). Teachers can best address current concerns by engaging with young people's perspectives and views of what is relevant (Allen, 2011).

Information rather than risk

Programmes should engage, empower, and inform young people rather than focus on risk (Fine & McClelland, 2006, Fitzpatrick, 2014). Research suggests that abstinence programmes make no difference in affecting sexual decision-making (Kirby, 2008; Poobalan et al, 2009) while programmes with a more holistic and comprehensive approach significantly reduce risk factors and risky behaviours (Kirby, 2008; Bearinger et al, 2007).

Meaningful content

Students prefer programmes that connect with their lives, are relevant, interactive, and student-centred. Students should be involved in setting content and in contributing to pedagogical decisions (Allen, 2005, 2007a; Education Review Office, 2007b).

Sexual identity

While social attitudes to sexual diversity are becoming more inclusive in New Zealand, young people who identify as non-heterosexual still face many challenges in schooling environments (Rossen et al, 2009; Quinlivan, 2006, Birkett et al, 2009). Young people who identify as gay, lesbian, or bisexual often feel marginalised and isolated, and experience less inclusive environments in schools. Young people who are attracted to the same sex, or to both sexes, face greater barriers to accessing health care because of perceptions about sexual orientation, and they tend to feel less supported at school (Rossen et al, 2009).

Gender identity

A nationally representative survey in 2012 (Clark et al, 2013) found that transgender students are a numerically small but important group. Over 8,000 secondary school students answered the question about whether they were transgender: 96 students reported being transgender (1.2%), and 202 reported not being sure (2.5%).

Social and emotional learning

Social and emotional learning, as well as sexuality and relationship education, is vital for young people to be able to engage positively and critically in a fast-changing, technological, and global world (see Tasker, 2013; Families Commission, 2013, Durlak et al, 2009). Sexuality education offers a context where communication, assertiveness, problem solving, and decision-making within friendships, online, in intimate relationships, families, and wider communities can be explored. For example, recognising diversity in different family structures, examining gender roles and norms, and strategies that address online bullying and homophobic bullying.

Time

It is important to spend enough time on sexuality education programmes. Based on research with New Zealand adolescents about how sexuality education could be improved, Allen (2005) notes the main response was to spend more time on it..."spending more time" meant dedicating more hours to the subject and sustained exposure to programmes..." (Allen, 2005, p. 393). The Education Review Office identified that schools with effective programmes spent between 12-15 hours per year on sexuality education (ERO, 2007b), with significantly more time allocated in senior secondary programmes.

New Zealand research on sexual behaviour

The Adolescent Health Research Group 2012 survey of New Zealand youth aged 13–17 (Clark et al, 2013) found that:

- 24.4% of New Zealand young people (13–17 years) have ever had sex
- 18.8% of New Zealand young people (13–17 years) were sexually active in the last 3 months.

The following graph shows those who had ever had sex, and those who are currently sexually active by age:

% ever had sex and sexually active by age
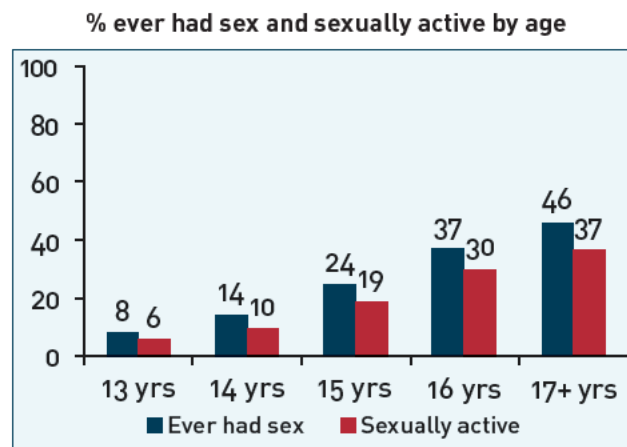
Significant to note here is that most New Zealand youth aged 17 and under have not ever had sex. Of those who were sexually active:

- 82% had used condoms at least once
- 53% used a condom to prevent sexually transmissable infections (STIs) last time they had sex
- 46% always use condoms to prevent STIs.

New Zealand continues to have a relatively high level of teenage pregnancy, third highest among high-income OECD countries, with 10% of all births being to women under 20 years of age. (Hutchison, 2013)

Health care and access

The Adolescent Health Research Group also found that:

- 19% of young people in the survey reported being unable to access health care when needed in the last 12 months.

As this graph shows, youth in areas of high deprivation reported lower levels of access to health care.

% unable to access health care in the last year by level of deprivation

6
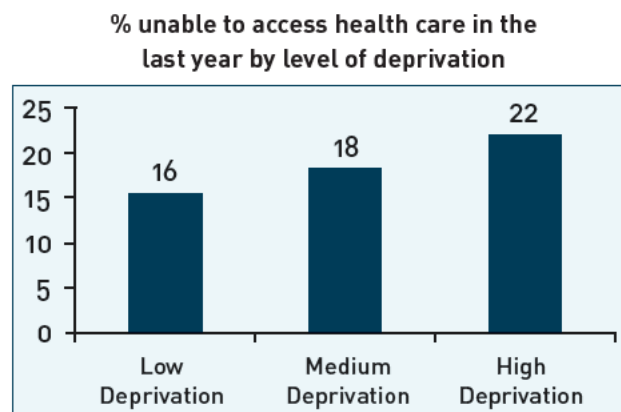
Changes in health and sexuality

- The abortion rate for women aged 15–19 years has decreased - down from 27 per 1,000 in 2007 to 16 per 1000 in 2012 (Statistics New Zealand, 2013).
- The percentage of sexually active students who always use contraception (to prevent pregnancy) has remained unchanged at about 60% since 2001 (Clark et al, 2013).
- Most young people now look for information online (Gibson et al, 2013), and this includes information about health and about sexuality.
- Pornography has become increasingly accessible and can be considered a significant cultural influence globally (Dines, 2010).
- Social media, internet sites with sexual content and sexual bullying via instant messaging and apps are new issues that need consideration. For example, some young people receive unwanted sexual material (e.g. pornographic images, videos, or words) on their mobile phone and/or on the internet (Clark et al, 2013).

Looking ahead

There is much evidence that young people who have well developed interpersonal skills and who are able to maintain positive relationships with friends, romantic partners, family and teachers are more likely to make healthy choices and avoid problems in adolescence including violence. (Tasker, 2013, p.4; see also Clark et al, 2009)

Programmes in sexuality education need to be informed by holistic notions of health and be positive and supportive. Research shows that when sexuality programmes are linked with health services and access to resources, outcomes are likely to be better.

The report of the Health Committee states:

When girls and women have access to reproductive health services, contraception, and education, and are free from violence, they are more likely to stay at school and to choose to have fewer children later in life, less likely to contract an STI or have poor health, and more likely to be employed and to participate in society. (p. 31)

Quality sexuality education:

- is vital for the overall well-being of young people
- can increase abilities to make positive and health-enhancing decisions
- can enable children and youth to think critically and act in socially just ways (Quinlivan, 2006; Fine & McClelland, 2006; Allen, 2007b):
- can enable all New Zealand youth to thrive and become confident, connected, actively involved, life-long learners (*The New Zealand Curriculum*, 2007).

2. The place of sexuality education in schools

Sexuality education occurs in two distinct but overlapping areas of the school:

1. Through the learning area of health and physical education (within *The New Zealand Curriculum*)
2. Across the wider school.

This diagram shows both areas are valued and integrated from years 1–13.
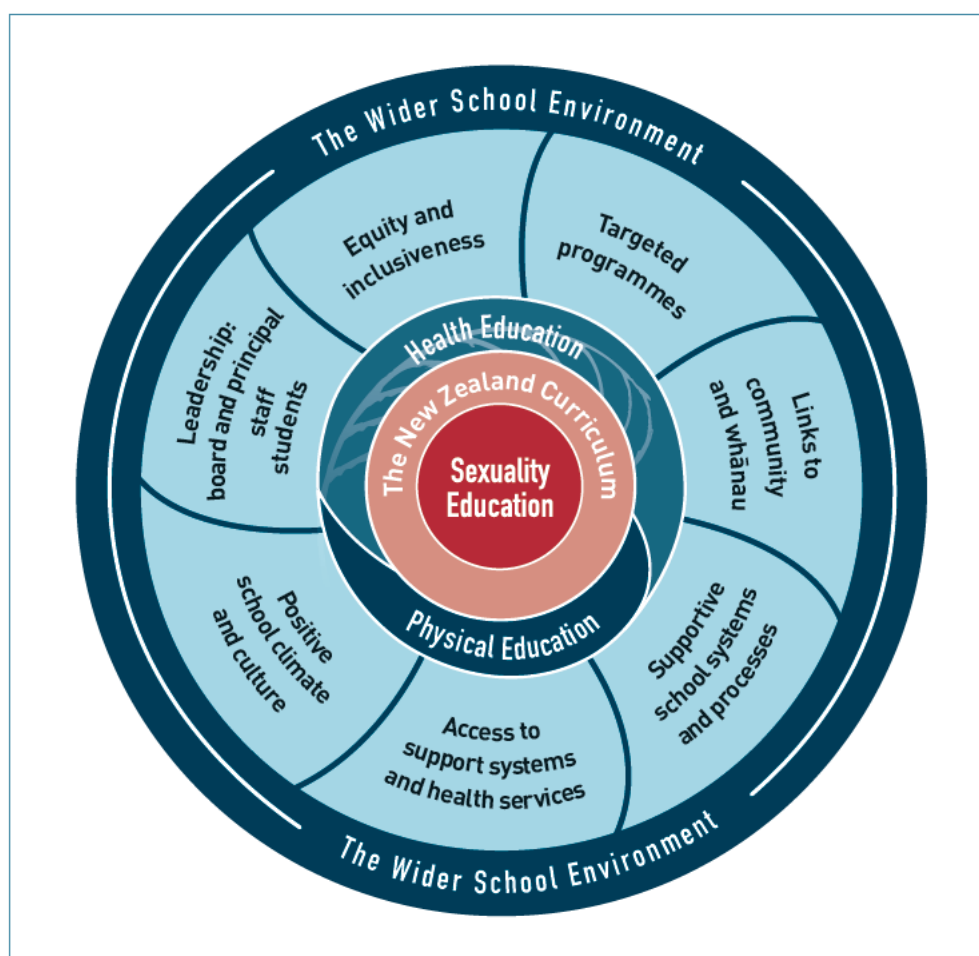
Sexuality education programmes in curriculum time and across the school need to link explicitly with the vision, values, principles, and key competencies of *The New Zealand Curriculum* (2007).

Sexuality can be viewed differently according to people's social and cultural contexts. Teachers can help students to think critically about sexuality and include diverse concepts and content in their teaching. Including knowledge from Pākehā, Māori, Pasifika, Asian, and other world views can enhance the knowledge and understanding of all students.

Hauora and sexuality

The health and physical education learning area incorporates Mason Durie's (1994) Te Whare Tapa Whā concept of hauora. This concept reflects a Māori view of well-being:

Each of these four dimensions of hauora influences and supports the others.

Te taha hinengaro
Mental and emotional well-being

Te taha whānau
Social well-being

Te taha tinana
Physical well-being

Te taha wairua
Spiritual well-being

Mason Durie (1994) Te Whare Tapa Whā concept of hauora
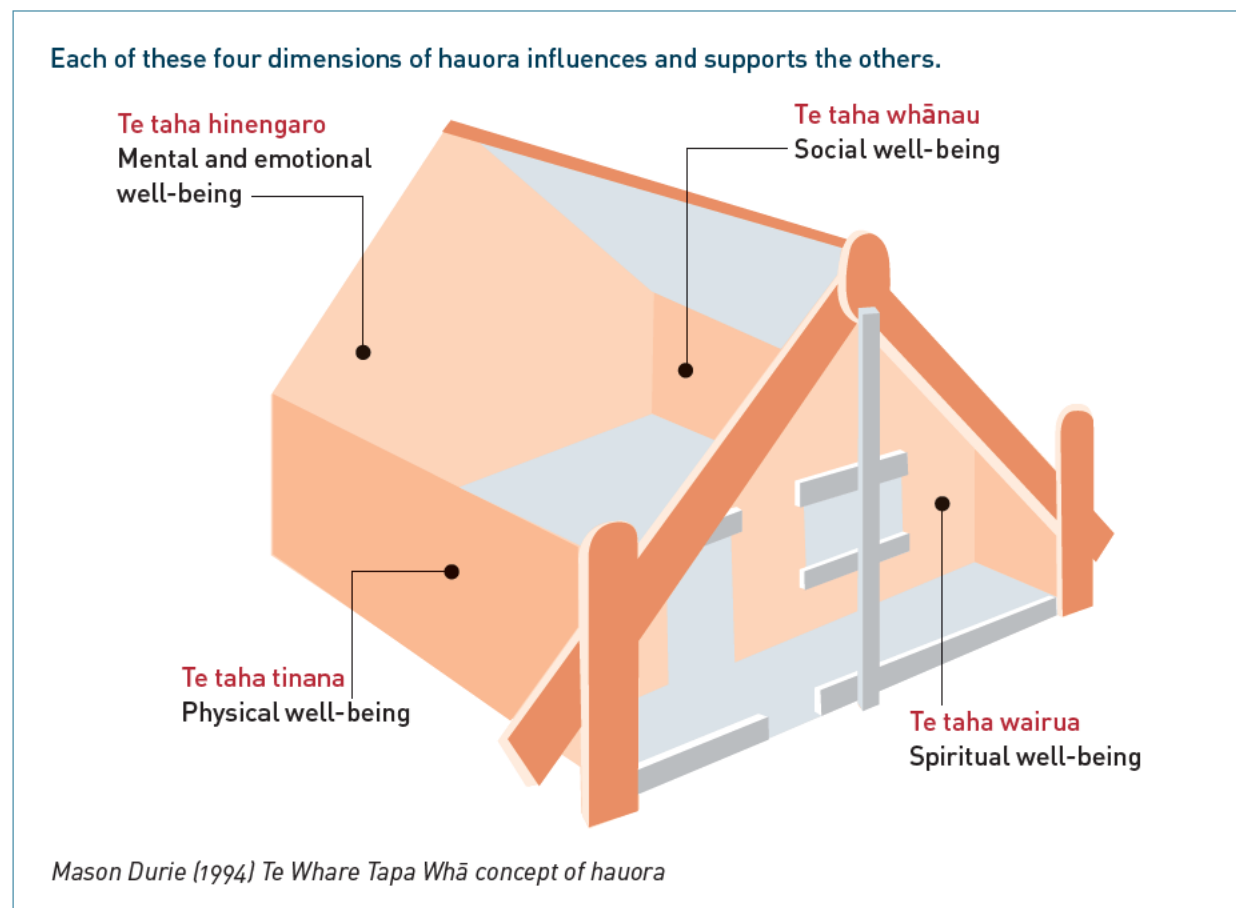
- Hauora means 'the breath (or the essence) which sustains life' (Moorefield, 2003–2014).
- Achieving hauora, or the good life, requires a careful balancing of the physical, spiritual, emotional, social, environmental, and relational elements that determine the well-being of individuals and collectives. Relational means how the elements of hauora are interrelated and how hauora is always relational (within and across contexts).
- Sexuality is an element of hauora. Students who are supported in regard to their sexuality are more likely to have better overall health, which in turn supports their success at school and strengthens relationships with whānau and friends.
- Māori understandings of health and well-being are often described as holistic because they go beyond the health of the physical body to include spiritual, emotional, social, environmental, and relational elements and draw upon notions of collective well-being.

In addition to the Tapa Whā model, other models that may be helpful when considering hauora, sexuality, and relationships include, but are not limited to: Te Pae Mahutonga (Durie, 1999), Te Wheke (Ministry of Health, 2012), the Powhiri Model (Waretine-Karena, 2014), Te Uruuru Mai a Hauora (Ratima, 2001), the Waka model (Kerr, 2013) of whānau, hapū, and iwi health; and the Wero (i.e. the process of engagement between visitors and hosts can be a model for teaching respectful and safe processes for entering new relationships).

Pasifika concepts of sexuality

Pasifika communities in New Zealand are a diverse and growing population. The largest groups in New Zealand include those who identify with one or more of: Samoa, Tonga, The Cook Islands, Niue, Tokelau, Tuvalu and Fiji (MacPherson et al 2000; Statistics New Zealand and Ministry of Pacific Island Affairs, 2010). It is important to keep in mind that the term "Pasifika" does not describe a single homogenous group, but a broad grouping with similarities and subtle, but important, differences (including those born in New Zealand or elsewhere). While these cultures are diverse, there are some common features, particularly in holistic approaches to health and well-being. Pasifika models of health "demonstrate the unique worldviews of Pasifika peoples, where notions of 'holism', 'well-being' and 'relationships' prominently feature" (Veukiso-Ulugia, 2013, p. 3). Veukiso-Ulugia (2013, p. 21) identifies several values that are common to Pasifika communities. These include:

- Sacred bonds (Tapu)
- Love and compassion (Alofa)
- Reciprocal service (Tautua)
- Respect and deference (Fa'aaloalo)
- Humility (Fa'amaualalo)
- Family (Aiga)
- Spirituality
- Honour
- Relationships

A range of health-related other models could be useful in sexuality education programmes (for a full list of models see Veukiso-Ulugia, 2013, p. 3). Some include:

- Fonofale model (Pulotu-Endemann) – Samoan
- Kakala model (Helu Thaman) – Tongan
- Tivaevae (Maua-Hodges) – Cook Island

While no model is common to every Pasifika community, the Fonofale model (Pulotu-Endemann, 2001) may be a starting point:
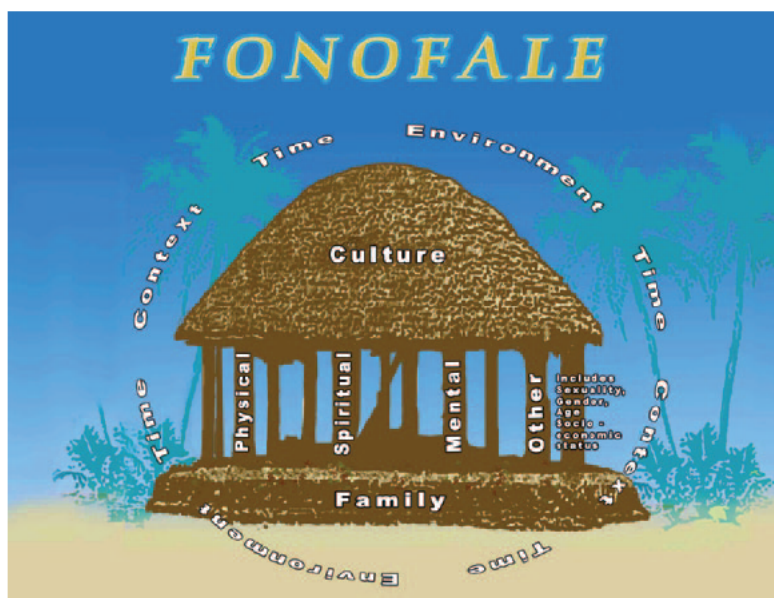
The Fonofale model incorporates the metaphor of a Samoan house where the foundation, floor posts, and roof are encapsulated in a circle to promote the philosophy of holism and continuity. This model is a dynamic model because all aspects depicted have an interactive relationship with each other.

For a full list of models see the 2013 literature review (Veukiso-Ulugia, A. referenced in section 8) on the key components of appropriate models and approaches to deliver sexual and reproductive health promotion to Pasifika peoples in Aotearoa New Zealand.

The foundation of the Fonofale represents the family, the basis for all Pacific Island cultures. The roof represents cultural values and beliefs that shelter the family for life. Culture is dynamic and, therefore, constantly evolving and adapting. The four pou between the roof and the foundation represent the four dimensions:

- **Spiritual** – This dimension relates to the sense of well-being, which stems from a belief system that includes either Christianity or traditional spirituality relating to nature, spirits, language, beliefs, ancestors and history, or a combination of both.
- **Physical** – This dimension relates to biological or physical well-being. It encompasses the body, which comprises anatomy and physiology, as well as physical or organic and inorganic substances such as food, water, air and medications that can have either positive or negative impacts on physical well-being.
- **Mental** – This dimension relates to the well-being or the health of the mind, which involves thinking and emotions, as well as behaviour.
- **Other** – This dimension relates to variables that can directly or indirectly affect health, such as, but not limited to, gender, sexuality/sexual orientation, age, and socio-economic status.

The Fonofale is encapsulated in a cocoon or circle that contains dimensions such as environment, time, and context that have a direct or indirect influence on one another (Pulotu-Endemann, 2001).

Equity and sexual and gender diversity

Sexuality education in New Zealand schools supports and acknowledges diversity among students. Schools are encouraged to question gender stereotypes, and assumptions about sexuality. There are opportunities within school programmes and the wider school environment to acknowledge the sexual diversity of New Zealand communities and recognise the rights of those who identify as lesbian, gay, bisexual, transgender, intersex, and other sexual and gender identities. Diverse views of sexuality also need to be supported. *The New Zealand Curriculum* is underpinned by values of diversity, equity, and respect and recognises human rights. These values ensure the rights of all students to self expression, identification, and support. Sexuality education is based on these values.

In upholding the values of *The New Zealand Curriculum*, schools will also reflect the values and goals of the local communities that they serve. Approaches to sexuality education may differ according to school character, community, and location.

3. Sexuality education in *The New Zealand Curriculum*

Sexuality education is one of seven key areas of learning in the health and physical education learning area of *The New Zealand Curriculum*. It must be included in teaching programmes at both primary and secondary school levels, using the strands and achievement objectives outlined in the curriculum.

Sexuality education is viewed as a lifelong process. It provides students with the knowledge, understanding, and skills to develop positive attitudes towards sexuality, to take care of their sexual health, and to enhance their interpersonal relationships, now and in the future. It includes the concept of hauora, the process of health promotion, and the socio-ecological perspective. Students will consider how the physical, social, mental and emotional, and spiritual dimensions of sexuality influence their well-being. Through the socio-ecological perspective students will critically examine the social, economic, political and cultural influences that shape the ways people learn about and express their sexuality. Influences may include gender roles, body image, discrimination, equity, mass media, social media in online environments, culturally-based values and beliefs, and the law. Sexuality education is enhanced when supportive school policies and practices are developed, links with relevant community agencies are made, and students are helped to identify and access support. Exploration of personal and societal attitudes and values about sexuality is important.

Students require a range of developmentally appropriate learning opportunities in sexuality education. These include opportunities to develop:

- knowledge, understandings, and skills relating to sexual health and development: physical, emotional, mental, social and spiritual
- knowledge, understandings, and skills to enhance their sexual and reproductive health, for example, knowledge about the process of conception, contraception, and the skills to make decisions that maintain and enhance their sexual health and experiences
- understandings and skills to enhance relationships, for example in relation to friendships, intimate relationships, love, families, and parenting
- critical thinking, reflection, and social-action skills related to issues of equity, gender, body image, sexualisation, risk, and safety.
- personal and interpersonal skills and related attitudes, including:
    - personal rights and responsibilities, including consent
    - the skills needed to examine people's attitudes, values, beliefs, rights, and responsibilities
    - attitudes of respect for themselves and other people
    - attitudes of care and concern for themselves and other people
    - ethical values
    - effective communication skills, problem-solving, and decision-making skills.

The New Zealand Curriculum sets the direction for relationship and sexuality education across all levels of schooling from years 1-13.

Sexuality in health education

Most learning about sexuality should occur in dedicated health education where it is a key area of focus. Teaching will align with *The New Zealand Curriculum* definition of health education:

> "In health education, students develop their understanding of the factors that influence the health of individuals, groups, and society: lifestyle, economic, social, cultural, political, and environmental factors. Students develop competencies for mental wellness, reproductive health and positive sexuality, and safety management, and they develop understandings of nutritional needs. Students build resilience through strengthening their personal identity and sense of self worth, through managing change and loss, and through engaging in processes for responsible decision-making. They learn to demonstrate empathy, and they develop skills that enhance relationships. Students use these skills and understandings to take critical action to promote personal, interpersonal, and societal well-being." (*The New Zealand Curriculum*, 2007, p. 23)

When considering the amount of time to allocate to sexuality education, schools need to balance content across health education programmes to ensure other key areas of learning from health and physical education are addressed.

The Education Review Office has identified that schools with effective programmes spend at least 12–15 hours per year on sexuality education (ERO, 2007b), with significantly more time allocated in senior secondary programmes.

Classroom programmes must be sensitively developed so that they respect the diverse values and beliefs of students and of the community. Students' perspectives and requests need to be included in the regular planning and review of sexuality programmes, and students should be consulted about content and approach.

Sexuality in physical education

While most sexuality education will be taught in health education classes, physical education classes have a role to play in establishing a supportive environment and keeping messages consistent with the school's approach. International research suggests that physical education classes are often not inclusive of diverse students and can reinforce rather than question gender and sexuality stereotypes (Wright, 2004; Sykes, 2011; McGlashan, 2013). Physical education classes, however, present opportunities for exploring and challenging gender stereotypes, and work towards inclusion. Programmes that include a strong focus on values, critical thinking, power sharing, and student voice can enable learning about gender and sexuality issues and be empowering for all students.

Achievement objectives in physical education enable students to discuss and question stereotypes and gender norms. Teachers should also be aware of the limitations of grouping students according to gender. This practice can exclude students who do not conform to gender norms (Sykes, 2011).

Sexuality education and the underlying concepts of health and physical education

Hauora

A holistic approach to sexuality education is based on the concept of hauora. This approach recognises that sexuality has social, mental and emotional, and spiritual dimensions as well as physical dimensions. These aspects are interrelated.

Socio-ecological perspective

A socio-ecological perspective examines the social and cultural influences on how people learn about and express their sexuality. For example, how sexuality is reflected or interpreted in culturally-based values and beliefs, such as body image and attractiveness; how it is treated in peer groups, mass media, or social media; ideas about gender equity and discrimination; and how the law differentiates by gender.

Health promotion

A health-promotion model means students develop the skills to take care of their sexual health and are helped to identify and access support. Sexuality education should be supported by school policies and practices and by links with relevant community agencies (See pp. 27–29). Students can take health promotion action within schools and communities to advocate for access to services, to raise awareness of sexuality and gender issues, and to show support for diversity. Students can be involved in communicating between schools and communities in relation to sexuality issues and programmes.

Attitudes and values

Here students develop attitudes of respect and of care and concern for themselves and other people. They develop the skills of examining people's attitudes, values, and beliefs and understanding about rights and responsibilities.

Ethics and social justice are key concerns in this regard.

Designing a sexuality education programme

The tables on pages 16–22 show suggested learning intentions for sexuality education - what students should know or be able to do at each learning level. These may assist schools to design sexuality education programmes. The tables unpack the Health and Physical Education achievement objectives with a sexuality education focus. The letter and number at the start of each indicator references the relevant strand and achievement objectives. Teachers should refer to *The New Zealand Curriculum*, 2007, Health and Physical Education Achievement Objective chart, to become familiar with achievement objectives at each level.

Key – Letter refers to strand:

A – Personal health and physical development
B – Movement concepts and motor skills
C – Relationships with other people
D – Healthy communities and environments

Number refers to related achievement objective.

Health and Physical Education in *The New Zealand Curriculum* – Suggested learning intentions for sexuality education: Levels 1 and 2

	Knowledge, understandings, and skills relating to sexual development – physical, emotional, and social	Personal and interpersonal skills and related attitudes	Understandings and skills to enhance relationships; think critically about sexuality in society
Level 1	**A1:** Describing changes in growth patterns and identifying body parts **A3:** Identifying safe and unsafe touching and the importance of respect **B2:** Engaging in games and physical activities and including others	**A2 & C2:** Playing together in positive ways with others **A4:** Respecting self and others **C1:** Making friends **C1:** Relating to friends and classmates **C3:** Expressing ideas and feelings. Listening to others **D1 & 2:** Setting classroom rules	**A4:** Describing different types of families **A4:** Describing themselves and their family **D1 & 2:** Dealing with bullying and harassment and speaking out for others
Level 2	**A1:** Describing stages of growth and development needs, including hygiene practices **A1:** Describing personal strategies for coping with social and physical changes **A2 & B2:** Playing in positive and inclusive ways with others and describing benefits to well-being **A3:** Identifying risks and planning safety strategies **A4:** Describing unique personal qualities	**A2:** Promoting a positive and inclusive body image **A4:** Self worth: identifying gender and social strengths **C2:** Identifying shared and different personal and social characteristics **C2:** Affirming diversity, questioning gender stereotypes **C3:** Expressing and affirming needs and feelings, and listening to others **D1:** Considering and demonstrating respect, manaakitanga, aroha, and responsibility	**B2:** Questioning and discussing gender stereotypes in games and physical activities **C1:** Planning and demonstrating ways to enhance family, classroom, and wider school relationships **D1:** Describing different views of gender and families from Māori, Pākehā, Pasifika, and Asian perspectives. **D2:** Identifying locally available health care services **D3:** Contributing to developing a supportive social environment **D3:** Describing school values related to inclusion and diversity

Key – Letter refers to strand:

A – Personal health and physical development   **C** – Relationships with other people
B – Movement concepts and motor skills   **D** – Healthy communities and environments

Number refers to related achievement objective.

Health and Physical Education in *The New Zealand Curriculum* – Suggested learning intentions for sexuality education: Level 3

Level 3	Knowledge, understandings, and skills relating to sexual development – physical, emotional, and social	Knowledge, understandings, and skills to enhance sexual and reproductive health	Personal and interpersonal skills and related attitudes	Understandings and skills to enhance relationships; think critically about sexuality in society
	A1: Developing knowledge of puberty, and growth and development needs	**D3:** Describing locally available health care services	**A2 & B4:** Affirming diversity and enhancing relationships in games and physical activities	**A1 & C1:** Choosing, making, maintaining, and changing friends
	A2: Developing positive body image		**A4:** Self worth: identifying and affirming the feelings and beliefs of self and others	**B4:** Exploring how media representations of games and sport can reinforce gender stereotypes
	A3: Identifying risks and planning safety strategies		**A4:** Describing personal characteristics and gender identities	**C2:** Exploring and critiquing online, social, and popular media representations of gender, sexual orientation, and body image
			C1: Making friends and supporting others. Being inclusive	**C2:** Recognising discrimination and acting to support others
			C2: Equity issues: recognising and challenging bullying, stereotypes, and body image messages	**D2:** Developing strategies for enhancing family well-being
			C3: Assertiveness skills: identifying pressures from others and from own feelings. Demonstrating assertive responses to pressure	**D2:** Exploring community events that celebrate and affirm diversity
			D1: Recognising media, social media, and consumer influences	**D3:** Developing harassment policies, including strategies for social media and online contexts
				D4: Affirming diverse gender identities

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Key – Letter refers to strand:

A – Personal health and physical development
B – Movement concepts and motor skills

C – Relationships with other people
D – Healthy communities and environments

Number refers to related achievement objective.

Health and Physical Education in *The New Zealand Curriculum* – Suggested learning intentions for sexuality education: Level 4

Level 4	Knowledge, understandings, and skills relating to sexual development – physical, emotional, and social	Knowledge, understandings, and skills to enhance sexual and reproductive health	Personal and interpersonal skills and related attitudes	Understandings and skills to enhance relationships; think critically about sexuality in society
	A1: Developing knowledge about, and adjusting to pubertal change	**A1:** Managing pubertal change	**A3:** Recognising and dealing with harassment and abuse, including in online and social media contexts	**A3:** Dealing with harassment
	A1 & C1: Exploring concepts of love, attraction, and romance	**D2:** Accessing health care agencies and evaluating their roles	**A3 & C2:** Planning strategies for supporting self and others in online environments	**A4:** Critiquing dominant messages about body image and body size, and affirming diversity
	A1: Developing knowledge about conception and contraception	**B4:** Participating in physical activities and reflecting on the links between various physical activities and gender norms	**A4:** Identifying the influence of gender and sexuality stereotypes on self worth	**C1:** Recognising the effects of changing roles on relationships
	A4: Identifying how social messages regarding body image and gender affect self worth	**B4:** Exploring different cultural perspectives on gender and sport	**C2:** Supporting the rights and feelings of self and others	**D1:** Critiquing gendered and sexualised media images
	A4: Describing personal gender identity and critiquing media messages about gender, relationships, and sexuality		**C3:** Identifying pressures in intimate relationships and developing assertiveness skills	**D1:** Critiquing heteronormative messages and practices in the school and media
			C3: Identifying the importance of positive and supportive intimate and family relationships	**D3:** Developing policies for supporting diversity of gender and sexual identities
			C3: Demonstrating assertiveness and problem-solving skills applicable to family relationships, friendships, and intimate relationships	
			D1: Recognising lifestyle factors, media influences, and stereotypes	

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Key – Letter refers to strand:

A – Personal health and physical development
B – Movement concepts and motor skills

C – Relationships with other people
D – Healthy communities and environments

Number refers to related achievement objective.

Health and Physical Education in *The New Zealand Curriculum* – Suggested learning intentions for sexuality education: Level 5

Level 5	Knowledge, understandings, and skills relating to sexual development – physical, emotional, and social	Knowledge, understandings, and skills to enhance sexual and reproductive health	Personal and interpersonal skills and related attitudes	Understandings and skills to enhance relationships; think critically about sexuality in society
	A1: Developing knowledge about sexual maturation – physical, mental, emotional, social	**A1:** Managing sexual health	**B4 & D4:** Investigating gender and sexuality issues in sport and physical activity, and instigating inclusive practices	**D1:** Describing different views of gender and sexual identity from Māori, Pākehā, Pasifika, and Asian perspectives
	A1: Identifying strategies for building resilience	**A3:** Investigating safety procedures and strategies for sexual health, including access to health care, contraception, issues of consent	**C2:** Understanding the influence of attitudes and values on the safety of self and others	**D1:** Evaluating societal (including online) messages about bodies, gender, and sexual identity, and questioning and discussing stereotypes and narrow social norms
	A2: Describing how physical activity contributes to positive body image	**C3:** Assertiveness skills: negotiating intimacy, resisting pressure, care, and respect	**C1:** Identifying a wide range of issues in intimate relationships and planning strategies for positive outcomes	**D3:** Identifying legalities in relation to sex and relationships, including issues of consent
	A3: Developing knowledge about decision making in intimate relationships, including sexual intimacy, conception, and contraception	**D2:** Investigating health services		**D4:** Planning and carrying out actions which support diverse gender and sexual identities
	A3: Identifying risks in online and social media environments and acting in ways to enhance well-being	**D3:** Identifying rights and responsibilities in all relationships, including intimate relationships		**D4:** Evaluating the availability of health and student support services in the school and local community
	A4: Self worth: investigating mana, body image, culture, sexual attraction, sexual orientation, and gender			

Key – Letter refers to strand:

A – Personal health and physical development
B – Movement concepts and motor skills

C – Relationships with other people
D – Healthy communities and environments

Number refers to related achievement objective.

Health and Physical Education in *The New Zealand Curriculum* – Suggested learning intentions for sexuality education: Level 6

Level 6	Knowledge, understandings, and skills relating to sexual development – physical, emotional, and social	Knowledge, understandings, and skills to enhance sexual and reproductive health	Personal and interpersonal skills and related attitudes	Understandings and skills to enhance relationships; think critically about sexuality in society
	A4: Celebrating individuality and affirming diversity **A1:** Reflecting on personal values and choices **A1:** Maintaining and enhancing well-being in intimate relationships, including rights and responsibilities	**A1:** Making choices about sexual activities **A3:** Identifying risks and developing skills for safer sexual practices, including preventing pregnancy and sexually transmissible infections **D2:** Evaluating community sexual health and support agencies	**A1:** Problem-solving and decision-making in relation to sexual activity and changes **A3:** Identifying risks and planning for safe engagement in a range of social contexts (for example at parties) **A4:** Demonstrating understanding of personal identity factors: gender, sexual identity, and friendships **C2:** Identifying influences and pressures, including family, media, youth cultures, online **C2:** Taking responsibility **C3:** Demonstrating interpersonal skills for responding to needs, changes, and challenges **C3:** Demonstrating interpersonal skills to advocate for others' rights **D1:** Analysing influences affecting pregnancy, screening, and other aspects of sexual health	**A1:** Investigating the reasons for choices that other people make **C2:** Recognising different values and taking responsibility **C3:** Planning strategies and demonstrating interpersonal skills for responding to needs and challenges **D1:** Advocating for health services and the promotion of diversity in the school and community **D3:** Comparing and contrasting different values regarding sex, intimacy, and gender identities, and taking ethical standpoints **D3 & 4:** Investigating community initiatives and organisations, human rights, and laws related to gender, equity, and sexual diversity

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Key – Letter refers to strand:

A – Personal health and physical development
B – Movement concepts and motor skills

C – Relationships with other people
D – Healthy communities and environments

Number refers to related achievement objective.

Health and Physical Education in *The New Zealand Curriculum* – Suggested learning intentions for sexuality education: Level 7

Level 7	Knowledge, understandings, and skills relating to sexual development – physical, emotional, and social	Knowledge, understandings, and skills to enhance sexual and reproductive health	Personal and interpersonal skills and related attitudes	Understandings and skills to enhance relationships; think critically about sexuality in society
	A1: Identifying lifespan issues **A3:** Identifying risks in intimate relationships **A4 and C2:** Critically evaluating beliefs, attitudes, and practices that reinforce stereotypes and influence choices **A4:** Critically evaluating how social and historical gender and sexuality norms continue to affect identities and practices **A4:** Evaluating and managing personal identity in changing relationships	**A1:** Identifying sexual health needs and developing strategies to ensure well-being **A3:** Understanding safer sexual practices **D1:** Understanding how community events and organisations promote sexual health **D2:** Advocating for community agencies and student health centres **D3:** Evaluating human rights and school policies	**C4:** Evaluating information, making informed decisions, and demonstrating relationship skills **C3:** Evaluating relationship changes and demonstrating skills to manage conflict, breakups, and other changes **C3 & D2:** Using personal, interpersonal, and societal strategies to address issues related to gender and sexuality	**A4:** Evaluating societal and cultural influences on partnerships, families, and childcare **A4:** Explaining influences on gender and sexual identities **C1:** Analysing close friendships, partnerships, and social interactions **C2:** Analysing beliefs, attitudes, and practices that reinforce stereotypes and influence choices (such as sexism, homophobia) **D2:** Advocating for diversity

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Key – Letter refers to strand:

A – Personal health and physical development **C** – Relationships with other people
B – Movement concepts and motor skills **D** – Healthy communities and environments

Number refers to related achievement objective.

Health and Physical Education in *The New Zealand Curriculum* – Suggested learning intentions for sexuality education: Level 8

Level 8	Knowledge, understandings, and skills relating to sexual development – physical, emotional, and social	Knowledge, understandings, and skills to enhance sexual and reproductive health	Personal and interpersonal skills and related attitudes	Understandings and skills to enhance relationships; think critically about sexuality in society
	A1: Critically evaluating data and devising strategies to meet current and future sexual health needs	**A1:** Evaluating future sexual health needs	**C1:** Critically analysing effective relationships in diverse contexts	**A1:** Critically analysing the impact of parenting and child care
	A4.: Critically analysing gender and sexuality in society	**A3:** Analysing ethical issues and dilemmas that influence sexual health	**C3:** Analysing and evaluating interpersonal skills and issues of social justice and equity	**A3:** Analysing ethical issues that influence relationships, gender, and sexuality
		D1: Critically analysing practices and legislation	**D1:** Critically analysing attitudes, practices, and legislation for promoting safer sexual practices and well-being	**A3 & D1:** Critically analysing new technologies and current legislation
		D2: Justifying equitable access to services		**C2:** Promoting positive, equitable, and supportive relationships in families and partnerships
				C2 & D1: Critically analysing gender, sexuality, and equity issues and advocating for sexual justice
				D1: Critically evaluating societal attitudes to sex and sexuality, including in families, communities, religious contexts, and online
				D2: Critically evaluating health practices and policies and advocating for equitable distribution of resources
				D3: Using health promotion strategies to enhance sexual health and affirm diversity

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Sexuality education content at different levels of the curriculum

The levels here are a guide. Decisions will be informed by student needs and school goals.

Level	Sexuality education content
Junior primary (years 1–3)	At these levels, sexuality education will focus on learning about growth, development, the human body, friendships, and family relationships. Students will describe changes in growth and identify body parts and developmental needs. Students will discuss family relationships and affirm and show respect for diverse family structures. Gender stereotypes and norms will be questioned and discussed, and students will take action to support the well-being of others and learn friendship skills. Students will learn about basic human rights in relation to relationships and identity. Students will learn to express feelings and how they contribute to positive and inclusive environments. It is recommended that discussions about identity, personal health, body parts, and families are woven into learning throughout the year and that appropriate and diverse resources are used to engage students in discussions.
Middle and upper primary (years 4–6)	At these levels, students will learn about pubertal change and body growth and development. This may include human reproduction. They will learn how to support themselves and others during change and develop a positive body image. They will describe how social messages and stereotypes about relationships, sexuality, and gender affect well-being, and will actively affirm the rights of themselves and others. They will reflect on friendships and plan strategies for positive and supportive relationships. They will identify risks and issues in online and social media environments and question messages related to gender, sexuality, and diversity. They will identify how to access health care. It is recommended that specific time is dedicated to learning about sexuality.
Intermediate (years 7–8)	At these levels, students will learn how to support themselves and others during pubertal change and develop a positive body image. Intimate relationships and sexual attraction will be discussed and respect and communication skills highlighted. Processes of conception and child birth will be included and students will identify health care resources in the community. Students will critically explore how gender and sexuality messages affect well-being and plan strategies to support inclusion, diversity, and respect in friendships and relationships (including in online environments). Students will analyse how sexuality is represented in social media and mass media, and critique dominant messages. Students will develop assertiveness skills and recognise instances of bullying and discrimination and question and discuss gender norms. *The Education Review Office has identified that schools with effective programmes spend at least 12–15 hours per year on sexuality education (ERO, 2007b).*

Level of school	Sexuality Education Content
Junior secondary (years 9–10)	At these levels, students will learn about intimate relationships and explore positive sexual health. They will learn to manage their own sexual health and how to access health care. Long-term and short-term effects of sexual decisions will be examined. Programmes will include content covering conception, contraception, sexually transmissible infections, and other aspects of sexual decision-making. Programmes will affirm sexual diversity and gender identity. Students will learn about the physical and emotional effects of sexual identity, sexual attraction, and sexual maturation. Students will critique dominant cultural messages about sexual behaviour (including those in mass and online media) and identify skills for positive and supportive intimate relationships. Human rights, consent, and the importance of choice and agency in relationships will be discussed. Online and social media environments will be explored and students will plan strategies for positive and supportive engagement. Strategies for seeking help and support will be planned. *The Education Review Office has identified that schools with effective programmes spend at least 12–15 hours per year on sexuality education (ERO, 2007b).*
Senior secondary (years 11–13)	At this level students will critically analyse a wide range of issues relating to gender, sexuality, and sexual health. They will explore pressure, social norms, gender identity, and cultural issues relating to sexual health. They will evaluate community agencies, the politics of sexuality and sexual health, and recognise positive and supportive intimate relationships. Students will critically analyse issues of safety and risk, and research positive sexual health practices. Future sexual health needs will be identified and cultural norms critiqued. Students at this level will be working across the school to affirm diversity, human rights, and positive sexuality, as well as to advocate for access to support and health care. It is recommended that all students engage in sexuality education in years 11–13. This should not be limited to students completing courses and standards in health education under the NCEA. *The Education Review Office has identified that schools with effective programmes spend at least 12–15 hours per year on sexuality education (ERO, 2007b), with significantly more time allocated in senior secondary programmes.*

Sexual violence

Programmes for the prevention of sexual violence are an important part of health education. Issues of coercion, consent, and safety in intimate relationships are important aspects to explicitly teach in sexuality education programmes. Assertive communication skills and awareness of personal values, ethics, and respect for the feelings and decisions of others are vital in this regard.

Sexuality education should not, however, be framed by notions of risk and safety (this can lead to programmes that are driven by fear and blame). Teachers may consider separating lessons that focus on sexual violence, safety, and abuse and addressing these issues in lessons on mental health, keeping safe, or during alcohol and other drugs education units. Effective sexuality education will enable young people to develop the confidence and knowledge needed to make good decisions.

Effective and empowering approaches to sexuality education for Māori students

Culturally relevant, whānau-focused, and evidence-based sexuality education can be an effective strategy for supporting Māori students to achieve overall success. Schools may wish to consider the following strategies:

■ Draw on Māori concepts of te ira tangata – the physical and spiritual endowment of children and the importance of nurturing both in their education – as described in *Te Aho Matua* (Te Rūnanga Nui o ngā Kura Kaupapa Māori, 2000).

■ Invite students to explore notions of whakapapa or their origins, using the important questions "ko wai koe" (who are you?) and "no hea koe" (where are you from/where are your whānau from?) as starting points.

■ Use stories about how the world and everything in it came to be, for example, the stories of Rangi and Papa and of the children of Rangi and Papa. Identify important deities such as Hineahuone and Hinetitama.

■ Encourage the use of waiata (songs, chants), karakia (ritual chants and prayers), purakau (legends), and whakatauki (proverbs) to teach young people about their place in the world, their place in society, important values, expectations, and relevant descriptions of places and events. (The International Research Institute for Māori and Indigenous Education, 2004)

■ Introduce the concept of sexuality as one of the elements that contributes to general health and well-being (i.e. hauora).

■ Affirm and reinforce the strengths and value of being Māori in New Zealand, and across the world, evidenced by the relationships that Māori have with other Indigenous peoples.

Effective and empowering approaches to sexuality for Pasifika students

In Pasifika cultures, gender and sexuality are important concepts and are considered sacred. In many Pacific cultures, sex is often viewed as a taboo topic. This may be linked with both cultural and religious beliefs (an issue that applies also across various Pākehā, Māori, Asian, and other communities). Gender and sexuality can be a difficult topic of discussion for parents and teachers alike. Pacific peoples place a high importance on relationships. Examples of this include the relationship between a brother and sister in both Samoan and Tongan cultural contexts. Traditionally this relationship is considered to be a significant one and, as a result, discussing sex or sexual matters is considered inappropriate between these siblings. This can place considerable strain on young people who may have issues that they want to discuss but cannot find the appropriate family members to engage with. Schools need to consider student preferences during lessons when members of the same wider family might be in the same class.

The school and family community can be strengthened and empowered through positive reciprocal relationships where healthy and positive messages and views of sex and sexuality are reinforced. Pacific expressions of sexuality are practised and reinforced in many cultural forms such as art, language, song, dance, drama, music, stories, and myths and legends, and in dress, food and other cultural contexts. In today's school environment it is reasonable for these creative and innovative approaches, that are intertwined in Pacific cultures and identities, to be used as a resource for engaging young people in discussions.

Using Pacific language terms in sexuality lessons is important. For example, Fa'afafine (Samoan), Fakaleiti (Tongan), Akava'ine (Cook Islands) are all terms used to describe unique and traditional gender identities for males who identify themselves as having the spirit of a women, or as behaving in the fashion of a female. It is important to recognise that these groups are unique to the Pacific and do not fit neatly into western categories of male, female, heterosexual, homosexual, bisexual or transsexual (Veukiso-Ulugia, 2013).

While teachers are preparing classroom lessons it can be helpful to do research on students' names, families and cultural backgrounds.

Effective programmes and pedagogies

The "effective pedagogy" section of *The New Zealand Curriculum* (2007) describes how the following approaches have a positive impact on learning.

- Creating a supportive learning environment
- Encouraging reflective thought and action
- Enhancing the relevance of new learning
- Making connections to prior learning and experience
- Providing sufficient opportunities to learn
- Teaching as inquiry
- e-Learning and pedagogy.

Research and evaluation shows that effective and successful sexuality education occurs when enough time is dedicated to programmes and teachers are confident and knowledgeable enough to deliver programmes that are meaningful, student-centred, and up-to-date (Allen, 2005; Tasker, 2013; Education Review Office, 2007a, 2007b). Crucially, teachers need to be equipped with the knowledge, skills, and attitudes that are appropriate for sexuality education (see below for indicators of best practice), as well as engaged in ongoing professional learning.

The Education Review Office offers a useful list of the common characteristics of successful sexuality education programmes.

Good programmes:

- are up-to-date, informed by theory and evidence, and are well planned
- are taught by confident and culturally-connected teachers
- are integrated into the curriculum, with clear achievement objectives identified
- are aimed at influencing specific risk factors/protective factors/core competencies
- are focused on developing personal and social skills
- are developmentally, personally, and culturally appropriate
- include critical thinking and reflection
- are not focused solely on dangers, risks, and prevention but explore the meanings associated with sex and sexuality for individuals and society
- are assessed according to learning (not behaviour)
- connect with the social worlds of children and young people
- are informed by the needs and perspectives of students
- link with families and communities
- include careful consideration of environmental influences and contemporary issues and practices
- use active and interactive teaching methods, including inquiry-based learning
- are planned, delivered, and evaluated by educated and supported teachers who have the requisite knowledge, and the appropriate skills, values, and qualities
- are resourced appropriately, including in relation to teacher professional development needs
- are supported by documented guidelines and school-wide practices.

(Education Review Office, 2007a, 2007b; Allen, 2007a; Allen, 2005)

This list may serve as a means to evaluate programmes within the whole-school review. The Education Review Office (2007a, 2007b) noted that programmes need to be regularly updated to meet the needs of students as times change. They observed that these elements were evident in the most successful programmes:

- The resources were up-to-date, appropriate, and modified to better meet the needs of the students.
- The teachers were highly committed, confident, and provided with professional development opportunities.
- The diverse needs of students were met so that students felt included and different cultural perspectives were respected.
- The teachers used, collated, and analysed assessment data, including student self assessment, to review programme implementation.
- The students were motivated to learn and valued sexuality education highly in an environment where they felt safe to ask questions and where there was a good rapport between teachers and students.

■ The schools had a strong emphasis on a culture of school-wide respect and provided effective support networks for students.

There is general agreement that one-off sessions and lecture-style delivery are ineffective (Families Commission, 2013; Education Review Office, 2007; Allen, 2005).

Support for teachers

Sexuality education differs from other curriculum content because of its sensitive subject matter. It requires teachers who are not only well informed in this area, but also well supported in on-going ways. Teachers need to be comfortable with their own sexual identity and able to talk openly about sexuality. Professional learning opportunities are important for teachers to stay up-to-date and to access strategies for best practice. Effective professional learning is embedded within the work of teachers and is integrated into the school year. Teacher-led learning communities can enable teachers to support one another and provide opportunities for them to reflect on programmes and resources. Teachers also need access to the latest research and developments in the field of sexuality education and up-to-date resources, as well and personal and professional support. A number of government-funded agencies offer support and resources around teaching sexuality education. Many groups, including Family Planning, run courses for teachers and offer other support. See p. 44 for details.

Students in years 11–13

Students in years 11–13 need opportunities to learn about sexuality and relationships. In these years young people are more likely to be in intimate relationships. Drawing on research in schools, Allen (2005) notes that "programming mean[s] that health education is not always offered at the time of first sexual intercourse, which in New Zealand is on average 17 years" (Allen, 2005, p. 393).

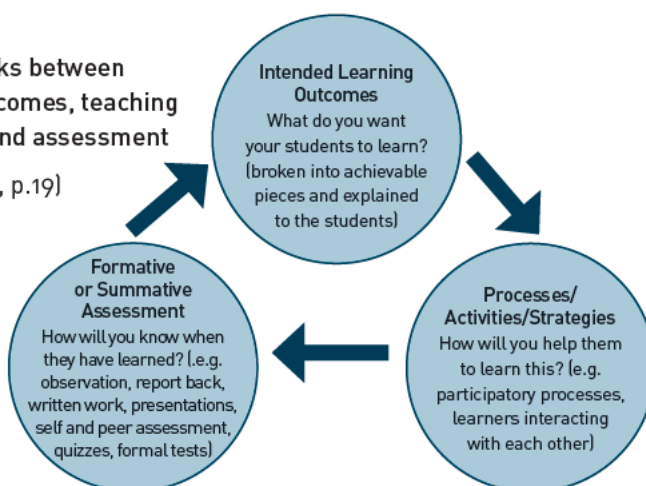While each school will differ, there are several possibilities for including learning for all students:

■ Establishing interest groups to explore topical issues
■ Giving students year-long access to health services
■ Showing students how to access information they might need
■ Taking opportunities to build content across the curriculum.

Programmes should be planned, delivered, and evaluated by educators with the background, knowledge, confidence, and skills to teach sexuality education effectively. Such programmes can link with the wider responsibilities of schools to ensure pastoral care and maintain safe physical and emotional environments.

Assessment for learning in sexuality education

Meaningful assessment is as important in sexuality education as it is in any other area of the curriculum. Tasker (2013, p.18–19) notes that: "As well as providing information about student achievement, the main purpose of assessment is to improve student learning. Assessment can be formative or summative. Formative assessment is ongoing throughout a unit of work and may occur several times within a lesson. Summative assessment is done at the end of the unit of work or the end of a year. Ongoing formative assessment improves student motivation through providing feedback for the students about their progress to date, and also feed-forward that helps the student with their next steps for learning. Formative assessment also helps the teacher make decisions about their next steps in teaching." In the context of sexuality education, it is important that achievement is measured against learning intentions which link with achievement objectives from the health and physical education learning area.

Figure 1. Links between learning outcomes, teaching processes, and assessment

(Tasker, 2013, p.19)

Intended Learning Outcomes
What do you want your students to learn? (broken into achievable pieces and explained to the students)

Processes/Activities/Strategies
How will you help them to learn this? (e.g. participatory processes, learners interacting with each other)

Formative or Summative Assessment
How will you know when they have learned? (e.g. observation, report back, written work, presentations, self and peer assessment, quizzes, formal tests)

4. Sexuality education in the wider school

While dedicated curriculum time is vital to the success of sexuality education, wider school programmes and support services, including those led by students, will greatly enhance student well-being. Successful programmes will include a whole school approach (Tasker, 2013).

Leadership and school culture

Boards of trustees, principals, and senior and middle leaders all have a role to play in creating the cultural conditions in which sexuality education programmes are successfully implemented. Leaders set the tone of the school and contribute to building a positive and inclusive whole-school culture where diversity is valued and students feel supported, visible, and safe, regardless of their sexual and gender identity. This includes valuing the sexual and gender identities of school staff members and students, and valuing staff and student voices.

Being inclusive and valuing diversity

School uniforms can reinforce gender norms, so schools may consider offering gender-neutral clothing choices when uniforms come up for review. Schools may also consider reviewing options around toilet facilities to ensure students have choices of safe spaces. Toilets can be unsafe environments for students who do not conform to gender norms.

Events to which partners are invited, like school balls, can be an opportunity to strengthen the wider school's contribution to valuing diversity if same-sex as well as other-sex partners can attend. Additionally, schools may wish to adopt a harm-minimisation approach prior to such events by providing students with information about how they can keep themselves safe before, during, and after the event.

Sports procedures and policies should be inclusive and ensure that all students can participate regardless of sexual orientation or gender identity. Where coaches are involved in school sport, they need to understand the school policies around the safety and support of all students (for example, ensuring homophobic, sexist and other discriminatory language is not tolerated in sporting practices and engagements) and up-skilled if necessary. All school extra-curricular activities should be inclusive of all students and encourage diverse participation.

Schools that have on-site marae can use the facilities to support teaching sexuality education, using Māori origin narratives, whakapapa, waiata, karakia, te kawa me te tikanga o te marae, and so on. Kapa haka is an excellent medium for teaching sexuality and relationship education. Waka ama is another excellent medium for teaching sexuality and relationships, in particular traditional narratives about the importance of collectivity as compared to individualism, the roles of men and women, and the importance of relationships between people and the environment.

Dealing with bullying

School procedures for educating against and dealing with incidents of bullying should directly address bullying related to sexual identity and gender orientation, sexist language, and homophobic name calling and mocking. Work in this area should include specific reference to inappropriate use of social media and websites. Bullying incidents involving gender and homophobic slurs should be recorded as such and monitored. Students need to be made aware of the issues associated with photographing others in sexualised ways, and school procedures should guard against these practices. Bullying and health and safety policies should outline clear guidelines linked to the school charter, mission, and values.

Access to health and support services

Students should be able to access support services, including medical health professionals such as nurses, doctors, and counsellors. Many schools offer these services within the school. The Health Select Committee report (Hutchison, 2013) found that schools with dedicated health services greatly reduce risk factors and issues of health care access for young people. This finding is supported by international evidence (Bearinger et al, 2007). On-site services reduce issues of access and embarrassment for students and allow them to seek immediate support and advice in a safe and supportive environment. Where access to on-site services is not possible, students should be supported to access professionals outside the school. Health professionals can also be consulted about programmes and are a useful resource for teachers, both in planning programmes and as guest presenters alongside the class teacher.

Engaging with outside providers

While classroom and health teachers are the experts and are ultimately responsible for curriculum delivery, a wide range of outside providers is available to support schools to implement sexuality programmes. It is not considered best practice, however, to hand over the responsibility for programmes to outside providers. Classroom teachers are best because they are more likely to have trusting relationships with young people and connections to family and communities. Where outside providers are engaged, services should be incorporated within existing programmes and linked with achievement objectives from the health and physical education learning area of *The New Zealand Curriculum* (2007). Teachers should be involved in the planning and implementation, including consideration of whether they should be present or not during sessions.

Some external groups have specialist knowledge and expertise and can assist in the development of effective and meaningful learning. If engaging outside providers, school leaders and teachers may consider asking:

- How does this agency extend and add to learning opportunities for my students?
- How will this learning assist with addressing the health and physical education achievement objectives in our sexuality education programme?
- What are the values of this organisation? Do they align with the values of *The New Zealand Curriculum* and the values of our school?
- What expertise do their staff bring and what pedagogical approaches will be used?
- Are their practices culturally appropriate for our students?
- How is this agency funded and what is their purpose for existing? What is their agenda?

Outside provider programmes and services should be evaluated alongside other learning opportunities. Lecture style presentations and other one-off programmes that focus on delivering information are not effective. Such presentations and programmes tend not to take into account individual student's learning needs or the particular school contexts in which they are delivered (Tasker, 2013).

Targeted programmes

When specific issues arise in the school, targeted programmes in classes, assemblies, form time, or parents meetings can be useful to educate the whole school community and raise awareness of support systems, school policies, and the importance of respect for others (for example, in relation to bullying).

Youth leadership, student voice, and support groups

Many schools have teacher-led and/or student-led support groups for sexuality. These include groups such as the gay-straight alliance, peer sexuality support groups and school health councils. These groups can provide information and support for individual students as well as advocate for change within the school to ensure supportive and inclusive environments are maintained. Student voices should be actively sought and valued so that students' ideas, perspectives, issues, and responses are included in all reviews, changes, and the day-to-day operations of the school.

Considering student needs and communicating with families

Schools determine the needs of their students in sexuality education. The research evidence provided in section 1 of this guide and elsewhere provides general direction, while consultation with communities and students will provide more located information. Attitudes to sexuality education will differ across and within communities and across generations within families. Young people may be negotiating the differing views and values of their families and those of popular culture and media. Discussions about these conflicts and helping students to think through these differences is important. See section 6 for more ideas about consulting and communicating with families.

Teen parent units

A number of New Zealand secondary schools have teen parenting units. These units provide support for teen parents while allowing them to continue their studies and learn parenting skills. The units are examples of a positive and supportive approach and they help to reduce social stigma and stereotypes about teen parenting. Research suggests that teens often experience positive life changes when they become parents (Allen, 2005; Fitzpatrick, 2013). It is important that schools with teen parents provide supportive and safe environments for these young people. All schools have a responsibility to provide education and support to all students, and those who are parents have equal rights to access quality schooling.

Whole school review

Sexuality education should be included as a specific element of the whole school review. This can be linked into consultation cycles.

The following indicators (Education Review Office, 2007b, p.55) can be used to evaluate effectiveness of the content of sexuality education programmes:

- The school guidelines for sexuality education have appropriate sequences and coherent progression over levels.
- There are appropriate procedures to determine students' learning needs.
- There are appropriate procedures to determine parents' and caregivers' concerns and ideas for their children's learning.
- There is a match between the identified learning needs of students and the taught programme.
- The taught programme provides students with opportunities for learning about positive sexuality and opportunities to learn about aspects of sexuality other than physical changes at puberty.
- Elements of sexuality education are effectively integrated into the wider health and physical education learning programmes and through other curriculum areas.
- The school meets the legislative requirements for consultation about curriculum implementation.

5. What are schools required to do?

Schools are legally required to comply with the National Education Guidelines (consisting of the National Education Goals, the foundation curriculum policy statements, the national curriculum statements, and the National Administration Guidelines).

The National Education Guidelines that support students' learning in sexuality education are as follows.

The National Education Guidelines

The following **National Education Goals** support students' learning in sexuality education by providing for:

1. The highest standards of achievement, through programmes which enable all students to realise their full potential as individuals, and to develop the values needed to become full members of New Zealand's society.

2. Equality of educational opportunity for all New Zealanders, by identifying and removing barriers to achievement.

7. Success in their learning for those with special needs by ensuring that they are identified and receive appropriate support.

10. Respect for the diverse ethnic and cultural heritage of New Zealand people, with acknowledgment of the unique place of Māori, and New Zealand's role in the Pacific and as a member of the international community of nations.

Ministry of Education, *The Education Gazette*, 30 April, 1993, page 3

Under the **National Administration Guidelines:**

1. Each board of trustees, through the principal and staff, is required to:

   (l) develop and implement teaching and learning programmes:

   (a) to provide all students in years 1–10 with opportunities to achieve for success in all the essential learning and skill areas of the New Zealand curriculum;

   (b) give priority to student achievement in literacy and numeracy, especially in years 1–4.

5. Each board of trustees is also required to:

   (a) provide a safe physical and emotional environment for students;

   (b) promote healthy food and nutrition for all students; and

   (c) comply in full with any legislation currently in force or that may be developed to ensure the safety of students and employees.

Ministry of Education, *The National Education Guidelines*, pages 2 and 3

In addition, the Human Rights Act 1993 prohibits discrimination on the grounds of gender, religious belief, ethical belief, colour, race, ethnic or national origins, marital status, age, political opinion, employment status, family status, and sexual orientation.

The vision and goals of the school community, as set out in the school's charter, should incorporate or refer to all policies, programmes, student achievement goals, and procedures for health education. Ideally, the board will consider the question "how might this vision / strategic policy look in the context of sexuality education?" along with other practical "tests". For example, "how might this take account of priority learners?"
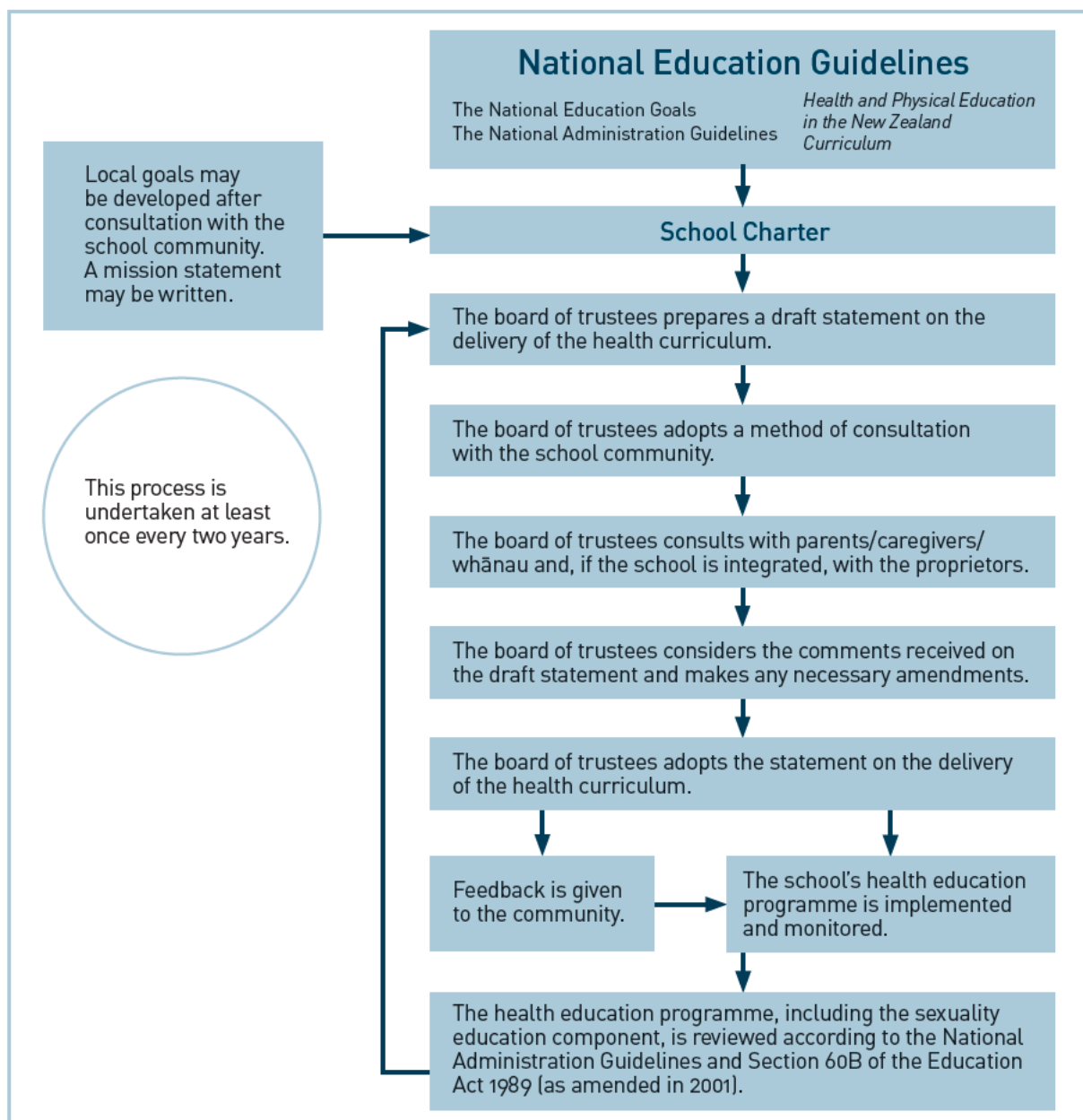
Section 60B of the Education Act

Health education is the only part of the school's curriculum for which the law specifically requires the board of trustees to consult with the school's community. Section 60B of the Education Act 1989 (as amended in 2001) requires the board to consult with the school community at least once every two years on how the school will implement the health education component of the curriculum. The board is required to adopt a statement on the delivery of the health curriculum following this consultation.

Decisions on contraceptive education should be considered during the consultation process. The 1990 repeal of section 3 of the Contraception, Sterilisation and Abortion Act 1977 removed any legal impediment to young people of any age having access to contraceptive use or to the supply of contraceptive devices. Students can be withdrawn from contraceptive education (under section 25AA of the Education Act).

Reviewing programmes

This diagram outlines a process for reviewing health education programmes that include sexuality education.

National Education Guidelines

The National Education Goals
The National Administration Guidelines

Health and Physical Education in the New Zealand Curriculum

Local goals may be developed after consultation with the school community. A mission statement may be written.

School Charter

The board of trustees prepares a draft statement on the delivery of the health curriculum.

The board of trustees adopts a method of consultation with the school community.

This process is undertaken at least once every two years.

The board of trustees consults with parents/caregivers/whānau and, if the school is integrated, with the proprietors.

The board of trustees considers the comments received on the draft statement and makes any necessary amendments.

The board of trustees adopts the statement on the delivery of the health curriculum.

Feedback is given to the community.

The school's health education programme is implemented and monitored.

The health education programme, including the sexuality education component, is reviewed according to the National Administration Guidelines and Section 60B of the Education Act 1989 (as amended in 2001).

Roles and responsibilities

It is important to clarify the roles that the board of trustees, the principal, other staff, and the wider community play in decision-making on health education programmes.

The board of trustees

The board of trustees is the school's legal entity and accountable to both the government of the day and the local community. The board is responsible for everything that happens in the school, including delivery of the curriculum, consultation with the local community, and ensuring positive outcomes for every student at the school, as well as school planning and reporting.

With specific reference to sexuality education, the board needs to ensure that the curriculum is delivered and that consultation takes place. The board has to:

- Ensure that "the school community" to be consulted includes the parents of students enrolled at the school and, in the case of a state-integrated school, the school's proprietors. The board must also consult with "any other person whom the board considers is part of the school community" for this purpose.

- Prepare a draft statement on the delivery of health education that describes how the school will implement the health education components of *The New Zealand Curriculum*.

- Adopt a method of consultation that it considers will:

  - inform the school community about the content of health education

  - find out the wishes of the school community in terms of how health education should be implemented, given the views, beliefs, and customs of the members of that community.

  - determine, in broad terms, the health education needs of the students at the school.

- Give members of the school community time to comment on the draft.

- Consider any comments received on the draft.

- Adopt a statement on the delivery of health education after the process of consultation.

The principal

The principal is the CEO to the board and the professional leader of staff. Their job is to act as professional advisor to the board, implement the board's decisions, and provide professional leadership to the board's other employees. The principal:

- may be delegated by the board of trustees to prepare the draft statement on the delivery of health education and to coordinate the consultation process

- ensures that any student whose parent has applied in writing to have their child excused from tuition on sexuality education, is excluded from the relevant tuition and is supervised during that tuition

- ensures that programmes are implemented and evaluated effectively and that adequate time is given to sexuality education and to health education in general.

Proprietors of state-integrated schools

State-integrated schools provide unique special character education as well as making a contribution to the well-being of New Zealand. Proprietors of state-integrated schools must be consulted.

Parents/caregivers and whānau

Parents and caregivers need sufficient accurate and relevant information from the school to enable them to make an informed decision about their children's participation in sexuality education. They should also be informed about the rules regarding withdrawal of students from sexuality education and strategies for managing any difference of views or values between home and school.

Parents and caregivers must have the opportunity to become involved in the consultation process.

The middle leader or teacher in charge of health education

Health education is a whole-staff, whole-school responsibility. A teacher or curriculum team may be delegated to lead this curriculum area but it will still require the wholehearted and professional engagement of every member of staff to provide an effective sexuality education programme in the school.

The middle leader responsible for health education may be delegated by the board of trustees to have leadership responsibility for preparing the draft statement on the delivery of health education and for coordinating the consultation process.

The right to withdraw

When the board of trustees has adopted the statement on the delivery of the health curriculum, the school does not need to seek parents'/caregivers' permission for students to participate in the programme. According to the Education Act (1989; updated in 2001, section 25AA), parents/caregivers may write to the principal requesting to have their child excluded from any particular element of sexuality education in a health education programme. The principal is required to ensure that the student is excluded from the relevant tuition and that the student is supervised during that time.

Answering students' questions

Teachers are legally entitled to respond to any questions that students ask in formal sexuality education programmes or at any other time. Some questions may be difficult to answer and teachers may wish to delay their answers and seek advice and support from other health education teachers (or via professional development contacts). One possibility is to set up a process such as a question box (where students can post anonymous questions and teachers can answer them at their leisure, with time for giving thought to the appropriate answers). Discussion about respectful questions is important and teachers are entitled to refuse to answer personal questions.

Wider community agencies

Wider community agencies (including, but not limited to, advocacy groups, counselling agencies, social services) may provide valuable advice and support the school's staff and board in delivering an effective and appropriate sexuality education programme.

Effective teachers

Quality sexuality education programmes need effective teachers. Programme evaluation should include links to Registered Teacher Criteria, Tātaiako: Cultural Competencies for Teachers of Māori Learners, the Code of Ethics for Registered Teachers and general performance appraisal procedures within the school. This includes provision for effective professional learning in the area of sexuality education.

6. Consulting with communities

The Education Act defines the school community as:

- in the case of a state-integrated school, the parents of students enrolled at the school and the school's proprietors
- in the case of any other state school, the parents of students enrolled at the school
- in every case, any other person whom the board considers is part of the school community for the purpose of this section.

Boards consult with their community to:

- inform the school community about the content of the health curriculum
- 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
- determine, in broad terms, the health education needs of the students at the school.

Not all community members will be comfortable discussing sexuality education, and a sensitive and culturally-responsive approach is needed. Consultation involves listening to others, considering their responses and then deciding what should be done. It is important to use appropriate protocols when engaging with Māori, Pasifika, Asian, and other communities if the diverse needs of students are to be understood and provided for.

Consultation:

- has no universal requirements as to form or duration (the Education Act 1989 [as amended in 2001])
- allows the board of trustees to adopt any method of consultation that it considers will best achieve the purposes outlined in Section 60B of the Act
- involves providing a draft statement so that those being consulted know what is being proposed
- must provide a reasonable period of time for people to respond
- requires that the process is seen to be undertaken in good faith, with a genuine willingness to take account of feedback received
- does not necessarily involve negotiation
- does not require that there be agreement
- requires more than just a notification of what is to happen.

Parent-teacher associations, college associations, whānau, hapū, iwi, and aiga support groups, church groups, home and school committees, and parent/caregiver groups at local early childhood centres are some important sources of community opinion.

In any consultation it is important to not assume that the school is the best venue to hold the meeting.

Students should be consulted as part of the formal process.

How might consultation occur?

The Education Act 1989 (as amended in 2001) states that the board of trustees may adopt any method of consultation. In many cases an existing framework for consultation can be used, as long as it caters for the diversity of the school community and provides an effective vehicle for parents/caregivers and whānau, as well as students, to have genuine input.

Consultation that engages the community in convenient and in timely ways could include:

- Email responses.
- Consulting when parents are engaging in other school-based activities (for example, parent-teacher meetings, sports and cultural events).
- Engaging local community leaders to hold meetings with their groups (iwi leaders, church leaders, matai and other community leaders).
- A "test run" of the curriculum content for parents where teachers deliver content as they might in a classroom. In this way parents can contextualise the content their children will receive, with opportunity for discussion and feedback afterwards.
- A special newsletter for parents inviting them to a meeting about the draft programme.

Sharing a draft of the school's health education programme, including sexuality education, before consultation provides parents/caregivers with a starting point for discussion. The draft might be the current programme for review or a restructured programme. It is useful to make links between the school charter and other key documents, and the programme's objectives.

Consulting with whānau Māori and Māori communities

The following suggestions may be helpful when consulting with Māori:

- Having a strong relationship with Māori parents and the Māori community is important before consultation starts.
- Asking parents what success looks like for their child, and linking success to their child taking part in sexuality education, will help to make a good connection with this area.
- Consider inviting whānau to a consultation meeting at the local church hall, marae, or community centre.
- Holding a consultation meeting after a whānau event, or a sports or cultural event and including refreshments has been successful for many schools.

Consulting with Pasifika communities

When engaging with Pasifika communities, schools might consider the differences between Pasifika groups and engage leaders in the various communities to assist with consultation. The following suggestions draw on the Ministry of Health literature review on Pasifika sexual health and may be useful for schools to consider:

- Involve Pasifika peoples from the outset. The solutions need to be driven by them.
- Provide information in a way that is culturally sensitive and acceptable. For example, tailoring sexual health promotion messages to refer to 'healthy relationships' rather than to 'safe-sex' will enable more effective engagement.
- Have an awareness of cultural protocols and etiquettes (it may be inappropriate to have a brother and sister, pastor and church member in the same group).
- Incorporate communication mediums that Pasifika peoples respond to, such as ethnic radio stations, ethnic-specific languages, drama, and music.
- Coordinate and consolidate services that can maximise effectiveness for Pasifika groups.
- Schools might also consider identifying Pacific non-government organisations and Pasifika experts in the sexual and reproductive health sector to help facilitate consultation meetings with Pasifika families.
- It may help to form partnerships and clarify roles for consultation meetings beforehand.
- Evaluations of these meetings (by school members and Pasifika experts) can help inform the process.
- Senior school Pasfika students are consulted, involved, and have a part to play in these meetings (especially in secondary schools).
- Where possible, Pasifika teachers and non-teaching professionals are encouraged to be part of the consultation meetings.

(Veukiso-Ulugia, A., 2013, p. 3)

These suggestions for consulting with Pasifika communities may also be useful when working with Māori, and Pākehā / Palagi communities.

Discussions with parents, caregivers, and whānau

Some parents/caregivers and whānau have strong views about sexuality education in schools. Some may think that the draft programme is not comprehensive enough, and others may object to the whole programme. Issues like this should be worked through during the consultation process, but they may also arise during the programme's implementation. Although quoting research findings may not always be sufficient to allay concerns (for example, those in section 1), these can help to illustrate the basis for sexuality education programmes. The established place of sexuality education in *The New Zealand Curriculum* (2007) also needs to be kept in mind.

Boards of trustees may need to consider some of the ways that parents/caregivers might react to health education, particularly to sexuality education, and develop appropriate ways to respond that will support the principal and teachers. These general principles for making an appropriate response may be helpful:

- Listen to the concerns of parents/caregivers and acknowledge their points of view.
- It is important that parents/caregivers and students have an opportunity to express their values and beliefs. The values on which school programmes are based should be those promoted in *The New Zealand Curriculum*.
- Refer to *The New Zealand Curriculum* and the established place of sexuality in it.
- Refer to the school's charter and values, the achievement objectives of the curriculum, and to the learning intentions of the school's draft programme.
- Refer to the learning intentions listed in this document (see tables in section 3).
- If issues remain unresolved, inform the school community that the statement on the delivery of the health curriculum that has been adopted by the board of trustees specifies how sexuality education will be implemented. However, they may withdraw their children from specified parts of the health education programme relating to sexuality education by writing to the principal.

Within any community there is likely to be a diversity of responses. Some initial reactions to sexuality education are based on anxiety about possible content (and developmental appropriateness) and misinformation about what is taught. Open and honest conversations between community members and schools will ensure that misunderstandings are addressed and do not inform decisions.

Engaging parents and caregivers

Boards should consider the following strategies, which have been used successfully to increase involvement in consultation about health education.

- Use appropriate protocols to involve parents/caregivers from all groups. There are protocols for consulting with Māori, Pasifika, Asian, and other cultural or religious groups in a school's community.

  A large multicultural primary school has significantly increased the involvement of parents/caregivers from the different groups within its community by enlisting the support of key people from each cultural group. The board of trustees (or its delegated representative) issues a general invitation, and then key people from each cultural group make personal approaches to other members of their cultural group.

- Consider the languages that the school uses to communicate with parents/caregivers. People feel included and valued if material they receive is in their language and is clear and free of jargon.

  Another primary school uses key people within their community to translate all communications. These people have mana in the community and a shared philosophy with the school. When these people are unable to translate a communication into another language, the school calls on the services of groups such as the local refugee and migrant support services.

- Contact the parents/caregivers of prospective students by liaising with early childhood centres, intermediate schools, or contributing schools. These parents/caregivers could be identified by the board as part of the community for the purpose of this consultation

  One college provides information about their health education programmes in the enrolment pack sent to all prospective students.

- Combine a consultation meeting with another school/community event, such as a working bee, school performance, or display of students' work.

  Another college improved the attendance of parents/caregivers of year 9 students at its consultation meeting from six percent to sixty-six percent of all families by holding an early evening barbecue before the meeting.

  An intermediate school with a ninety-percent-Māori roll attracted interest by combining a kapa haka group performance with their consultation meeting.

The Education Review Office report: *The Teaching of Sexuality Education in Years 7-13: Good Practice* (2007) also offers good guidance in this area.

7. Glossary of terms

Glossary of terms used in the guide and useful sexuality terms

Asexual: An absence of sexual attraction or desire

Bisexual: A person who is sexually and emotionally attracted to both men and women.

Coming out: Refers to the process of acknowledging and accepting one's own sexual orientation. It also encompasses the process of disclosing one's sexual orientation to others. The term "closeted" refers to a state of secrecy or cautious privacy regarding one's sexual orientation.

Fa' afafine: This Samoan term literally means "like a woman". Fa' afafine is often used to refer to people born male who express feminine gender identities in a range of ways. It is sometimes used broadly across Pasifika peoples.

Female: Female can be defined by physical appearance, by chromosome constitution (XX), or by gender identification.

Gay: Gay can refer to homosexual/same-sex attracted women and men, but is more often used in relation to males.

Gender queer: Gender queer is a term some people use to describe themselves. It describes people who do not conform to traditional gender norms and who express a gender identity that is neither completely male nor female. Some people may identify as gender neutral or androgynous.

Gender expression: Refers to the way in which a person commmunicates gender within a given culture, for example, through clothing, communication patterns, or interests. A person's gender expression may or may not be consistent with socially prescribed gender roles, and may or may not reflect their gender identity.

Gender identity: Refers to a person's identity as male, female, or transgender. When a person's gender identity and biological sex are not congruent, the individual may identify as transsexual or as another transgender category.

Gender: Refers to the attitudes, feelings, and behaviours that a given culture associates with a person's biological sex. Behaviour that is compatible with cultural expectations is referred to as gender-normative. Behaviours that are viewed as incompatible with these expectations are referred to as gender non-conformative.

Heteronormative: Heteronormativity is the cultural bias in favour of opposite-sex relationships of a sexual nature, and against same-sex relationships of a sexual nature. Because the former are viewed as normal and the latter are not, lesbian and gay relationships are subject to a heteronormative bias.

Homo/trans/bi-phobia: A fear of people who are homosexual, transgender, or bisexual that may manifest as discrimination or violence.

Heteronormativity: Refers to a world view that promotes heterosexuality as the normal or preferred sexual orientation.

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Heterosexual/straight: A term used to refer to people who are sexually attracted to the other sex only.

Heterosexism: The predisposition to considering heterosexuality as "normal", which is biased against other forms of sexual orientation. This is not the same as homophobia, but is rather the discrimination against non-heterosexual people due to a cultural bias.

Homonegative: This term describes a negative attitude towards homosexuality.

Intersex: This term covers a range of people born with reproductive or sexual anatomy that doesn't conform with typical definitions of "male" and "female".

Lesbian: A term that describes same-sex attracted women.

LGBTQ: An acronym for gay, lesbian, bisexual, trans, and queer.

Male: Male can be defined by physical appearance, by chromosome constitution (XY), or by gender identification.

Non-heterosexual: This broad term refers to anyone who does not identify as heterosexual.

Rainbow: A generic term that incorporates all people who do not identify as heterosexual or asexual, or who do not fit standard gender identity norms, such as (but not limited to) gay, lesbian, bisexual, trans, intersex, takataapui, fa afafine, queer, gender queer, fakaleiti (Tongan), Akava'ine (Cook Islands Maori), Fiafifine (Niuean), vakasalewalewa (Fijian).

Queer: A reclaimed word used in a positive sense to describe sexual orientation and/or gender identity or gender expression that does not conform to heteronormative expectations. Sometimes used as an umbrella term for same-sex attraction and gender diversity. It is more commonly used among youth and in academic contexts. It is sometimes used to reject or express rejection of traditional gender categories and distinct sexual identities such as gay, lesbian, trans, queer, bisexual, or takataapui.

Sexual health: A state of physical, emotional, mental, and social well-being in relation to sexuality. It is not merely the absence of disease, dysfunction, or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination, and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected, and fulfilled. *(WHO, 2006a)*

Sexual orientation: Refers to the sex of those to whom one is sexually and romantically attracted. Categories of sexual orientation typically include attraction to members of one's own sex (gay men or lesbians), attraction to members of the other sex (heterosexuals), and attraction to members of both sexes (bisexuals). While these categories continue to be widely used, research has suggested that sexual orientation does not always appear in such definable categories and instead occurs on a continuum. In addition, some research indicates that sexual orientation is fluid for some people.

Sexual rights: "The application of existing human rights to sexuality and sexual health constitute sexual rights. Sexual rights protect all people's rights to fulfil and express their sexuality and enjoy sexual health, with due regard for the rights of others and within a framework of protection against discrimination." *(WHO, 2006a, updated 2010)*

Sexuality: "A central aspect of being human throughout life encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, legal, historical, religious and spiritual factors." *(WHO, 2006a)*

Sexually transmissible infections: Sexually transmissible infections (STIs) are infections that can result from unprotected sex. The most common STIs in New Zealand are: chlamydia, genital warts, genital herpes, and gonorrhea.

Te ira tangata: The physical and spiritual endowment of children and the importance of nurturing both in their education (see also Te Rūnanga Nui o ngā Kura Kaupapa Māori, 2000).

Takataapui: The traditional meaning is "intimate companion of the same sex". Many Māori people have adopted this term as a cultural identity for being non-heterosexual or for having non-traditional gender identities.

Trans/Transgender: The term transgender is used by different groups in different ways. It is often used as an umbrella term for a variety of people who feel that the sex they were assigned at birth is a false or incomplete description of themselves. The adjective "trans" is an increasingly preferred general term. Trans can include a number of sub-categories including transsexuals, cross-dressers, genderqueer, and consciously androgynous people. Trans/ transgender people may or may not use some form of medical intervention to better align their physical sex with their gender identity.

Transnegative: This term describes a negative attitude towards transgender people.

Whakawahine: Māori trans woman.

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Teacher support

Family Planning runs one- and two-day courses for teachers on teaching aspects of sexuality education. They provide in-school supports including tailored training programmes and updates, NZ Curriculum teaching resources, support with programme development, parent consultation meetings and policy development, classroom support and whole-school approaches. For further information see http://www.familyplanning.org.nz/about/our-work/health-promotion

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Pakuranga High School

Western Springs College

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