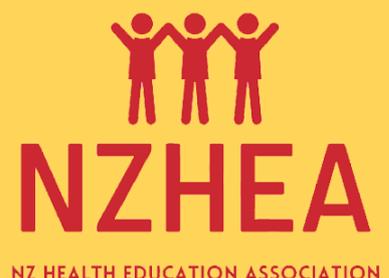
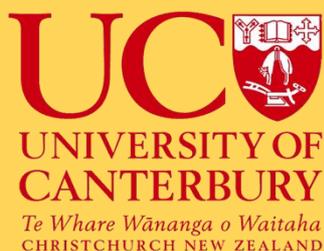


New Zealand secondary school teachers' perspectives on teaching Relationships and Sexuality Education

November 2022



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University of Canterbury
Family Planning New Zealand
New Zealand Health Education Association

Citation: Dixon, R., Robertson, J., Beliveau, A., Reid, S., Maitland, R., & Dalley, J.(2022). *New Zealand secondary school teachers' perspectives on teaching Relationships and Sexuality Education*.
<https://www.familyplanning.org.nz/media/305050/teachers-rse-survey-2022.pdf>

Acknowledgements

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We thank NZHEA and Family Planning for their support in conducting this research. Thank you to Megan Blair for constructing the Qualtrics survey. Finally, thank you to the teachers who participated in the survey.

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Executive Summary

Introduction and method

Best practice relationships and sexuality education (RSE) increases young people's knowledge, critical thinking, and positive attitudes related to sexual and reproductive health and relationships (UNESCO, 2018). The Ministry of Education (2020a) asserts that a comprehensive approach to RSE begins early in a child's life and progresses throughout the years of formal schooling. The Ministry of Education's guidance (2020a) as well as the statement of National Educational and Learning Priorities (NELP) coming into effect in 2023, make it clear that expectations for RSE go beyond solely health education teaching and link to a whole school approach for the promotion of student wellbeing. Research literature from New Zealand generally highlights the inadequacies, gaps, and inconsistencies in RSE practice (Classification Office, 2020; Education Review Office, 2018; Family Planning, 2019; O'Neill, 2017). This research base has primarily been informed by young people's perspectives and the evaluative work of the Education Review Office and reveals a gap in understanding of teachers' perspectives of teaching RSE in New Zealand. The purpose of this research project, therefore, was to gain a contemporary view of the experiences of secondary school teachers in New Zealand in relation to relationships and sexuality education (RSE).

The data collection method was an anonymous self-reported online survey designed to elicit quantitative and qualitative data. One hundred and ninety-one surveys were completed, with respondents from across New Zealand. The survey was completed disproportionately, with decile 7-10 schools over-represented and decile 1-3 schools under-represented. Respondents came from a range of school types and taught either year 9 and 10 RSE, or year 9 and 10 as well as NCEA-level RSE. Descriptive statistics were used to analyse the quantitative data, while qualitative data were analysed using thematic analysis. Ethical approval was gained from the Human Ethics Committee at the University of Canterbury.

Results

Timetabling of, and hours for, RSE in Years 9 and 10

Respondents' answers indicate an almost even split between schools who teach RSE in health education (36%) or as part of a health and physical education course (39%), with few participants reporting RSE being integrated across the curriculum (4%). The question of how many hours of RSE Year 9 and 10 ākonga¹ receive in a given year appeared to be interpreted inconsistently. It is noteworthy that the hours in Year 9 and 10 are generally consistent with each other but, in Year 10, students get slightly more time for RSE and Year 9 students are more likely to get no RSE. While data should be interpreted with caution, it appears a majority of schools are not meeting the MOE guidance of 12-15 hours of RSE per year.

Topics covered in RSE across Years 9 – 13

The list of RSE topics teachers were asked about was based on those identified by the Education Review Office (2018). For Years 9 and 10, the majority of respondents indicated that they purposefully plan for all but two topics – modern developments in HIV, and sexual violence. Pornography, digital and cyber safety in sexual situations, and alcohol and drugs as they relate to sex, were also less commonly covered. It is noteworthy that 95% of teachers reported purposefully planning for and teaching about consent. Teachers reported that for Years 11-13, alcohol and drugs as they relate to sex, sexual violence, and pornography were more likely to be reported to be more often purposefully planned for or maybe included in learning at this level.

¹ Māori term meaning 'student'.

RSE in senior secondary for ākonga not doing NCEA health education courses

142 participants responded to the question *does your school incorporate RSE into senior levels for ākonga not doing NCEA health education courses?* 54% (77) respondents said yes, and 46% (65) said no. Responses to the second part of the question *if yes, how?* indicated a wide variety of ways in which this was achieved. This was predominantly separated into programmes of learning taught by school teaching staff or the use of the school nurse or external providers.

Use of external providers to support RSE in Years 9 and 10, and teaching resources used in RSE

149 participants indicated whether or not they used external providers to support RSE teaching and learning in Years 9 and 10. There was a fairly even split, with 52% (77) responding 'yes' and 48% (72) responding 'no'. External providers who are used to support RSE ranged from national organisations and programmes to local support agencies or guest speakers. A wide variety of teaching and learning resources used in RSE were discussed, with 157 mentioned.

Deliberate actions to promote ākonga wellbeing in relation to RSE matters

With 837 responses to the choices provided in this question, respondents acknowledged multiple actions that were taking place in their schools to promote wellbeing in relation to RSE, in addition to teaching and learning. Actions with highest reported frequency were: supporting diversity/rainbow groups, guest speakers, providing ākonga with information about pastoral and health services support, and role models in the school.

Confidence across aspects of RSE

Some RSE topic areas where teachers were notably confident are: anatomy, physiology and pubertal change (98%), relationships (97%), gender stereotypes (95%), communication skills (98%), consent and coercion (95%), gender and sexuality diversity (85%). The areas where teachers were notably less confident were: modern developments in HIV (26%), pornography (26%), sexual violence (37%). In terms of 'bigger picture' aspects of RSE related to planning and teaching, the two areas where teachers were notably confident are: to teach RSE (97%) and to plan RSE that is responsive to identified learning needs of ākonga (90%). However, teachers were notably less confident integrating mātauranga Māori into RSE (70%) and integrating other cultural knowledge perspectives into RSE (70%).

Barriers and enablers to effective practice in RSE

Timetabled time for RSE was sometimes a barrier, or a significant barrier, for almost 80% of respondents. Other barriers were access to externally-provided PLD (61%), whole-school approaches as related to RSE (59%) and access to in-school PLD (55%). Four enablers stand out as being most commonly selected: having trained and confident teachers to teach RSE (48%), access to teaching and learning resources (48%), having ākonga supporting and valuing the RSE learning (43%), support from external providers in the area of planning for RSE (42%). As would be expected given the barriers discussed above, having adequate timetabled time is the least common enabler for respondents (9%).

What's on top for teachers?

The following themes were developed through the analysis of data from three open-ended questions in the survey.

In the classroom / teachers' work.

A lack of time was commonly cited as a current issue impacting upon the ability to teach a quality RSE programme. Teacher knowledge, confidence, and being trained to teach the subject were signalled as critical to teaching RSE. Comments also acknowledged that RSE can be a challenging subject to teach. Also connected to teachers' work in the classroom was discussion of ākonga

interest and engagement in RSE, and how teachers work to make the subject relevant to their students' needs. One area of need for teachers in relation to responding to ākongā needs and engaging learners was resourcing for embedding indigenous knowledge in RSE.

In the school / leadership and culture.

Many respondents stated that a lack of status for the subject, and support from senior leadership, was a challenge for them. A significant number of respondents discussed the problematic nature of RSE learning in the senior levels because the majority of students do not study health education at the NCEA levels. Acknowledgement was made that the senior level of schooling was a pertinent time for RSE, and respondents expressed a desire to meaningfully incorporate RSE at the senior levels. There was recognition by some respondents of the complexities of RSE within a religious school context.

In the community / school-community connections.

A number of teachers discussed challenges related to community consultation, and some noted potential or real concerns about parent and community opposition to aspects of RSE. The role, and use, of external providers in RSE was also discussed by a number of respondents, with mixed sentiments from teachers about the value of external providers. Finally, the importance of access to on-going PLD on RSE was discussed. Respondents' remarks in this area tended to converge with issues of time and senior leadership support to access PLD which were most often reported as a barrier to accessing PLD.

Recommendations

Recommendations are directed at a combination of stakeholders in RSE, and are organised thematically, based on the key issues arising from the survey findings, analysis, and implications.

Curriculum, teaching and learning

1. RSE teachers are provided opportunities to develop a strong understanding of, and reflect in their practice, policies relevant to teaching RSE. For example, the RSE guide (Ministry of Education, 2020a), the NELP (Ministry of Education, 2020b), the Human Rights Act 1993, Our Code Our Standards (Education Council, 2017), the education sector commitment to the Treaty of Waitangi (Section 9 of the Education and Training Act 2020).
2. Senior and middle leaders to use needs assessment and evaluation frameworks to ascertain RSE teachers' PLD needs, plan, provide/access PLD to address these needs, and determine the impact of the PLD on teaching.
3. Initial teacher educators to work together across tertiary institutions to develop a community of practice and share ideas for effective practice in preparing teachers to teach RSE, in order to enhance teacher confidence and capability to teach RSE after graduating.
4. Resource developers and external providers to work with teachers in secondary schools to support and enhance their RSE knowledge, confidence, and practice, rather than directly deliver RSE to ākongā.
5. Middle leaders and RSE teachers to build communities of practice, leveraging off existing strengths, and working collaboratively to enhance overall practice in RSE.
6. Middle leaders and teachers to seek and act on student voice, in conjunction with achievement data and curriculum progressions, when planning RSE programmes of learning, including at senior secondary level in non-NCEA opportunities for RSE learning.
7. Middle leaders and teachers to take an approach to planning that occurs over time, is responsive to identified ākongā learning needs, is integrated across a health education programme (and/or with other areas of the curriculum), and is strengths-based and sustainable.

Ethos and environment

1. Senior leaders to allocate sufficient time for health education so that RSE has a commitment of at least 12-15 hours of face-to-face teaching time in years 9 and 10.
2. Senior leaders to create space in the senior secondary level timetable for non-NCEA learning in RSE which is taught by trained health education teachers, again in line with the 12-15 hours per year level recommendation.
3. The school board to meaningfully include RSE in strategic planning, curriculum reporting by the principal, and the two-yearly community consultation.
4. Senior leaders, middle leaders, and teachers to clarify and strengthen their understanding of the realistic and measurable learning outcomes of RSE, and what schools can be and are accountable for through a whole school approach. This includes connections to the NELP (Ministry of Education, 2020b) and up-coming curriculum refresh, including a progressions approach (Chamberlain et al., 2021) to local curriculum design.

Community connections

1. Senior leaders to provide culturally responsive opportunities for parents and whānau to meaningfully contribute to local RSE curriculum design.
2. Senior leaders, principals' groups, professional organisations, and community organisations to advocate, when opportunities arise, for quality learning, status, quality teachers, PLD and better policy implementation for RSE.
3. Better support for school boards to undertake the two-yearly community consultation, including understanding of legal requirements and recommended processes, and support for schools if consultation yields dissenting views within the school community.
4. Ministry of Education to consider mechanisms for promoting and raising the profile of RSE in schools and among school communities.
5. Middle leaders and health education teachers to access the resources available to ensure understanding of legal requirements and recommended processes, as well as making use of available tools to conduct the consultation in culturally responsive ways.
6. Parents and whānau to take an active interest in RSE, both inside and outside of the two-yearly community consultation.

1. Introduction

1.1 Relationships and Sexuality Education: left to chance?

Relationships and sexuality education cannot be left to chance in schools. When this education begins from early childhood and builds consistently, year after year, it prepares young people for navigating a range of relationships throughout their childhood, teen years, and adult life. (Ministry of Education, 2020a, p. 7)

Research indicates that best practice relationships and sexuality education (RSE) increases young people's knowledge, critical thinking and positive attitudes related to sexual and reproductive health and relationships (UNESCO, 2018). Best practice RSE also promotes values that are important to a safe and inclusive society such as respect, non-discrimination, and positive communication. As the quotation above suggests, the Ministry of Education (2020a) asserts that a comprehensive approach to RSE begins early in a child's life and progresses throughout the years of formal schooling. This approach is backed up by international evidence which advocates that RSE begins in primary school, progresses through the curriculum levels, is strengths-based and inclusive, and is grounded in social justice (Goldfarb & Leiberman, 2021; UNESCO, 2018). Research literature from New Zealand, however, generally highlights the inadequacies, gaps, and inconsistencies in RSE practice (Classification Office, 2020; Education Review Office, 2018; Family Planning, 2019; O'Neill, 2017). This research base has primarily been informed by young people's perspectives and the evaluative work of the Education Review Office and reveals a gap in understanding of teachers' perspectives of teaching RSE in New Zealand – including barriers and enablers to their practice.

RSE teachers need to be prepared for teaching specialist subject content knowledge, some of which is amongst the most sensitive content knowledge taught in a curriculum. Pressures on teachers and schools to 'get it right' include conservative community views on one hand, and calls for more RSE and mandated content to combat big social problems like sexual violence on the other hand – both perspectives garner the interest of the media. Added to this, a backdrop of social change with new or changing approaches to RSE knowledge and understanding means that on-going challenges exist for teachers of RSE in terms of initial teacher education and in-service professional learning and development (PLD).

Another significant influence on contemporary RSE is high level policy changes to education priorities, to be instigated from 2023. The Statement of National Education and Learning Priorities (NELP) requiring, for example, schools to “*create a safe and inclusive culture where diversity is valued and all learners and staff, including those who identify as LGBTQIA+, are disabled, have learning support needs, are neurodiverse, or from diverse ethnic communities, feel they belong*” (Ministry of Education, 2020b, p.4). As stipulated in the Ministry of Education's RSE guide for school leaders, teachers and boards, and as evidenced by the above NELP, **RSE-related expectations go beyond solely health education teaching, and link with the need for a whole school approach for the promotion of student wellbeing.** Concepts taught in RSE connecting to issues like gender diversity, sexuality and inclusiveness relate to broader social issues like human rights, colonisation and equity. These are complex ideas but essential for teaching RSE safely, ethically and effectively and are central to developing a whole school approach to student wellbeing. Understanding the perspectives, knowledge, experiences, and values of teachers is necessary in order to effectively provide the right policies, leadership support, PLD, and resources that teachers need to be competent and confident teaching this area of the curriculum.

1.2 Relationships and Sexuality Education in New Zealand: the policy context

Sexuality education is one of seven key areas of learning within the Health and Physical Education learning area (HPE) in *The New Zealand Curriculum* (NZC) (Ministry of Education, 2007). By virtue of being part of HPE, learning experiences are framed by four underlying concepts: hauora, socio-ecological perspective, attitudes and values, and health promotion. Learning experiences are also organised by strands and achievement objectives which map to the socio-ecological perspective: Strand A (personal), strand C (interpersonal) and strand D (community and societal). The NZC is currently undergoing a 'refresh', with HPE due to be revised in 2024 (Ministry of Education, 2022a).

Guidance for schools and teachers in sexuality education was first published in 2002 and was updated in 2015. Amidst a backdrop of cultural and social changes, including the proliferation of social media and young people's use of digital devices, greater recognition and acceptance of diverse family structures, and changing social and gender norms, the 2015 sexuality education guide was re-developed and published in 2020 as *Relationships and Sexuality Education: a guide for teachers, leaders and boards of trustees* (Ministry of Education, 2020a). Two significant aspects of this re-development are the re-naming of the area of learning as relationships and sexuality education (RSE) and the separation of the guide into two documents: one for years 1-8 (primary) and one for years 9-13 (secondary), the reasons for which are discussed by Fitzpatrick et al. (2021). The RSE guide traverses guidance around a whole-school approach in relation to RSE, suggested learning across the eight levels of the curriculum, effective pedagogy for diverse learners, and legal obligations surrounding community consultation for health education as well as parents' rights to withdraw their children from aspects of RSE. In 2022, the Ministry of Education published a range of materials that provide tools to support implementation of the RSE guide, including six videos showcasing effective practice (Ministry of Education, 2022b).

Broader than education, but with relevance to RSE in schools, are government strategic plans and actions. These include:

- *Te Aorerekura - The National Strategy to Eliminate Family Violence and Sexual Violence* (New Zealand Government, 2021) highlights a key strategic shift in primary prevention, of which education around healthy relationships is one facet. Te Aorerekura states that "*The New Zealand Curriculum, including Health and Physical Education is currently being refreshed, which will strengthen the focus on teaching and learning about healthy relationships*" (p. 52).
- *Draft HIV Action Plan for Aotearoa New Zealand 2022-2032* (Ministry of Health, 2022) where inclusion of information on HIV in RSE is a stated action. The draft HIV Action Plan falls under the unpublished draft *Sexually Transmitted and Blood-borne Infections Strategy* from the Ministry of Health, which also made connections to school-based RSE.
- *Child and Youth Wellbeing Strategy* (Department of Prime Minister and Cabinet, 2019) where mention is made of the expansion of healthy relationships programmes in schools, and the prevention of bullying in schools, both directly relevant to RSE. It is noted, however, that the main pre-packaged, externally-provided healthy relationships programme in secondary schools, *Mates and Dates*, is set to cease at the end of 2022. It is yet to be seen what future action will be taken, and by whom, in this area.

1.3 The purpose of the research

The purpose of the current research was to gain a contemporary view of the experiences of secondary school teachers in relation to RSE. Following on from a University of Canterbury nationwide survey of primary school principals' and teachers' experiences in RSE in 2021, it was decided that a nationwide survey of secondary school teachers would raise valuable insights across various aspects relating to teaching RSE from the perspective of teachers. These insights might be used to advocate for quality practice in RSE, support further development of resources and PLD opportunities, as well as support evidence-based policy decisions related to RSE in schools in New Zealand.

1.4 The structure of the report

The report is structured as follows. Following the introduction above, the research methods are described, followed by the findings and discussion. Implications of the research are then discussed, and recommendations are made for future research, policy, and practice of RSE in schools.

2. Methods

2.1 Data collection

The data collection method was an anonymous self-report online survey. The survey comprised 21 questions, with a combination of questions to collect quantitative and qualitative data. The questions collected demographic information (region, school decile, type of school), information about how RSE is taught and what is taught in RSE, teachers' confidence across aspects of RSE, external providers, resources, and links to a whole school approach.

The survey was administered using the tools provided with the Qualtrics software supported by the University of Canterbury.

2.2 Participants

Participants were recruited in several ways. The main method of recruitment was through the Facebook page of Family Planning and the NZHEA secondary Facebook group. Participants were also recruited via email and newsletter communications. 191 surveys were completed.

2.2.1 Region

Table 1 indicates the region in which participants are located, in comparison with the overall population data from the 2018 New Zealand census. This connection indicates a reasonably proportional spread of participants across the country, with some notable underrepresentation of teachers in the Auckland region. 176 participants responded to this question.

Table 1: Regions where participants are located

Region	Estimate of NZ population in this region based on 2018 Census data	Participants (rounded)
Northland	4%	6%
Auckland	33%	26%
Waikato	10%	15%
Bay of Plenty	7%	6%
Wellington	11%	15%
Marlborough	1%	0.6%
Nelson/Tasman	2%	2%
West Coast	1%	0.5%
Gisborne	1%	0.5%
Hawkes Bay	4%	2%
Taranaki	2%	2%
Whanganui-Manawatu	5%	2%
Canterbury	13%	10%
Otago	5%	9%
Southland	2%	3%

2.2.2 Decile

Table 2 shows the spread of the deciles of the schools that participants teach in, in relation to the spread of deciles of New Zealand secondary schools (accessed from the Education Counts website). 191 participants responded to this question. A school's decile measures the extent to which the school's students live in low socio-economic communities. Decile 1 schools are the 10% of schools with the highest proportion of students from low socio-economic communities. Decile 10 schools are the 10% of schools with the lowest proportion of students from these communities (Ministry of Education, 2022c).

The table indicates that the survey was completed disproportionately, with decile 7-10 schools over-represented and decile 1-3 schools under-represented. Possible explanations for this difference include the timing of the survey, recruitment methods, on-going COVID disruptions and associated workload stressors that might be more likely to affect teachers in low decile schools.

While school deciles are being phased out in 2023 (Ministry of Education, 2022c), at the time of the survey this was still a way to differentiate schools based on socio-economic status of the community and was still included for data collection because of known inequities between schools in high and low deprivation communities (for example as evidenced by NZQA University Entrance attainment data and PISA data).

Table 2: Spread of participants' school deciles

Decile	Overall – secondary schools	Participants (rounded)
Decile 1-3	33%	16%
Decile 4-6	32%	35%
Decile 7-10	35%	49%

2.2.3 Type of school

Some participants selected more than one option to indicate their school type, with 261 responses in total (for example, co-educational state school) and others chose only one option (for example single-sex). Therefore, this table indicates an overall pattern only.

Table 3: School type

Type of school	Participants (rounded)
Co-educational	48%
Single-sex	21%
State	20%
State integrated	8%
Independent	2%
Other secondary	1%

2.2.4 Year levels taught

Table 4 shows the year level that survey participants usually teach RSE. With 277 responses to this question, it is evident that some teachers teach at both the junior secondary (Year 9/10) and senior secondary (Year 11/12/13) levels, but almost 65% of teachers teach only at the junior level.

Table 4: Year level that participants usually teach RSE

Year level	Participants (% rounded)	Participants (n)
9/10	65%	179
11/12/13	35%	98

2.3 Analysis

Descriptive statistics were used to analyse the quantitative data. Data were disaggregated by school decile and school type to identify any patterns of responses based on these school characteristics.

Qualitative data were analysed using thematic analysis. Three of the researchers in the team were involved in the thematic analysis in order to reach a consensus of the themes to be reported and ensure inter-rater reliability.

2.4 Ethical approval

Ethical approval for the research was gained from the Human Ethics Committee at the University of Canterbury (HREC 2022/19/LR-PS). The survey was anonymous to ensure confidentiality of those who responded to the survey. No quotes or information is included in this report that could identify a survey respondent or their school.

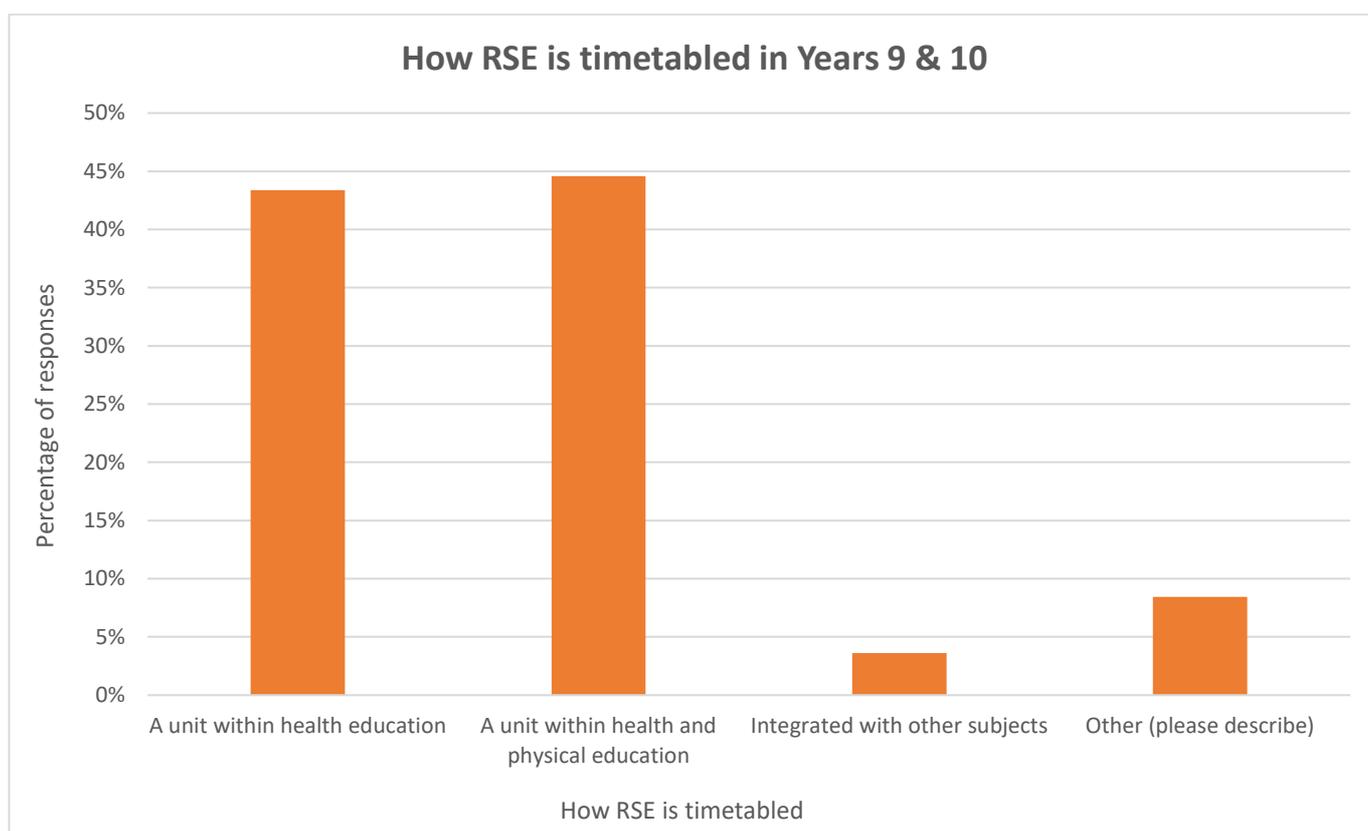
3. Results and discussion

This section of the report begins with the quantitative data – represented in charts and tables and, where relevant, supporting comments from participants. The qualitative data and analysis follows.

3.1 Timetabling of RSE in Years 9 and 10

Respondents’ answers indicate an almost even split between schools who teach RSE within the stand-alone subject of health education (36%) or as part of a health and physical education (HPE) course (38%), with few participants reporting RSE being integrated across the curriculum (4%) (Figure 1). Disaggregation of data showed this overall pattern is reflected in coeducational and state schools. However, single sex schools were far more likely to timetable RSE within a combined health and physical education programme (54%) than co-educational schools (26%).

Figure 1: How RSE is timetabled in Years 9 & 10



Comments describing the ‘other’ option included different teaching arrangements for Year 9 and Year 10 (e.g. in Year 9 RSE was compulsory in the options line, but Year 10 RSE was part of a HPE course). A number of comments were made about RSE being offered as part of health education or HPE ‘modules’ which ākonga opt into (or do *not* opt into, which portends potential issues around curriculum coverage). The ‘other’ timetabling option was far more commonly indicated in independent schools (33%) than state schools (8%), indicating that independent schools may feel greater freedom to deliver RSE outside of the context of health education or HPE units.

Further comments for 'other' included RSE being taught:

- 90% solely within health education, but we do teach about gender and sexuality in PE (as we don't get enough time in HED, and it fits in nicely with our Discrimination + Equality unit).
- As part of our form time programme – taught by all teachers at the school.
- During school nursing clinics. It's opportunistic at times when kids come in wanting to know more about contraception or wanting condoms.

There were noticeable differences in timetabling of RSE in relation to school decile. Decile 7-10 schools were most likely to timetable RSE within a dedicated health education programme (44%), and decile 1-3 and 4-6 schools were most likely to timetable RSE within a combined health and physical education programme (37% and 45% respectively) (Table 5).

Table 5. RSE course timetabling in relation to school decile

RSE timetabling in years 9 & 10	School's decile rating		
	Decile 1-3	Decile 4-6	Decile 7-10
<i>N=174</i>	29	61	84
A unit within health education	27.6%	34.4%	44.0%
A unit within health and physical education	37.9%	45.9%	34.5%
Integrated with other subjects	0.0%	3.3%	4.8%
Other	17.2%	1.6%	6.0%

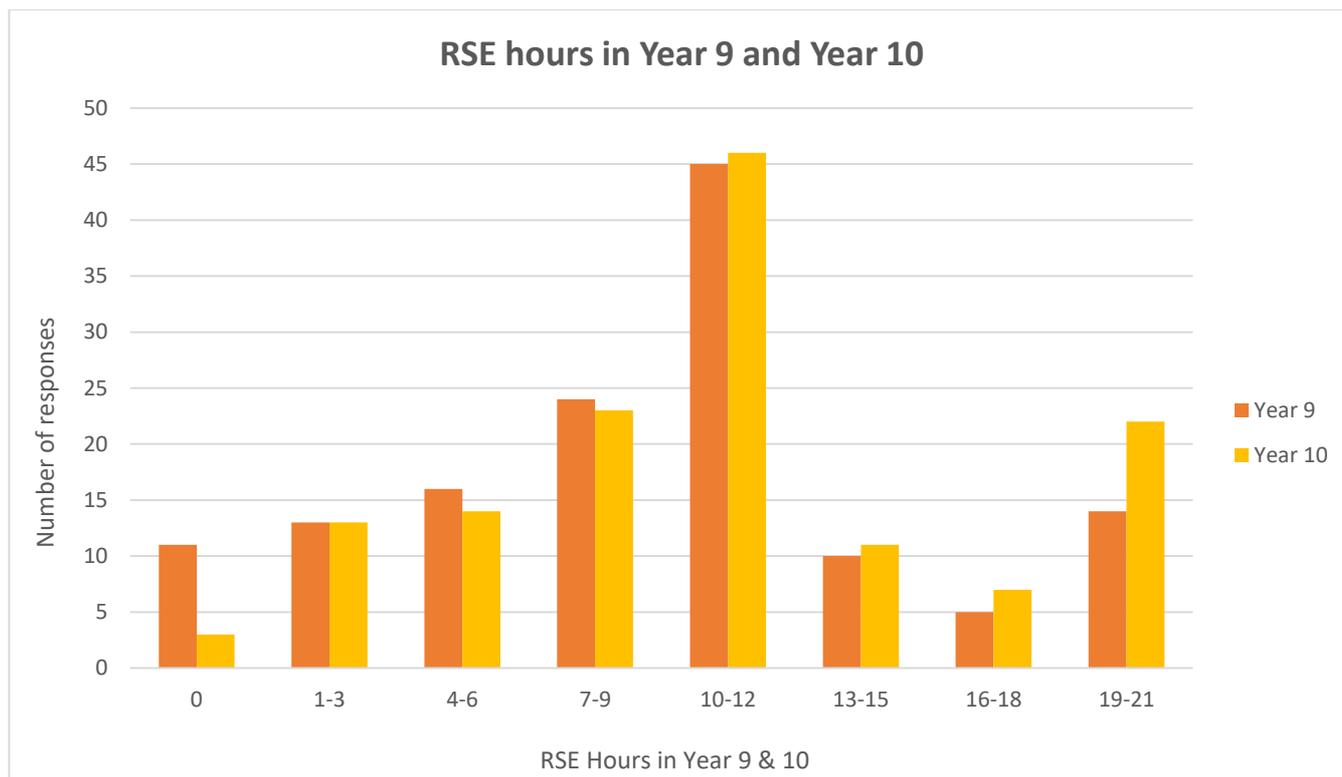
New Zealand's self-governing schools have complete autonomy as to how they design their local school curriculum, and how they design and schedule courses in the timetable. While these data identify differences across the sector, the reason for, and implications of, these course design and related timetabling decisions for the delivery of high quality of RSE remains unknown.

3.2 Number of hours of RSE Year 9 and 10 ākonga receive in a year

The question of how many hours of RSE Year 9 and 10 ākonga receive in a given year appeared to be interpreted inconsistently by participants. Where participants indicated ākonga had over 21 hours overall (with between 22 and 82 hours reported), this was interpreted as total hours for all of the health education programme, and not specifically for RSE teaching and learning. Twenty one was chosen as the cut-off point because of the research team's knowledge of how many hours typically teachers get to teach health education. Anything over 21 hours would suggest this was for the programme overall. Therefore, the findings here need to be interpreted with care, as they are not a fully accurate representation of the hours of RSE taught in schools.

Hours allocated to RSE have been grouped, as represented on the X axis on the graph. The Y axis represents number of responses. As explained above, any response over 21 was interpreted as hours spent teaching health education overall and these responses were excluded. However, some of the responses included in the 19-21 hours range could also have been teachers reporting overall hours for health education.

Figure 2: RSE hours in Years 9 & 10



It is noteworthy that the hours in Year 9 and 10 are generally consistent with each other but, in Year 10, students get slightly more time for RSE and Year 9 students are more likely to get no RSE.

It is concerning that a number of Year 9 and Year 10 students are receiving no RSE. Noting that the Ministry of Education (2020a) recommends 12-15 hours of RSE per year from Years 1-10, it appears that a majority of schools are falling short of this recommendation.

Further grouping the responses reveals that:

- 46% of Year 9 students whose teachers responded receive 0-9 hours of RSE and 38% of Year 10 students whose teachers responded receive 0-9 hours.
- 40% of Year 9 students whose teachers responded receive 10-15 hours of RSE and 41% of Year 10 students whose teachers responded receive 10-15 hours.
- 21% of Year 9 students whose teachers responded receive 13-21 hours of RSE and 29% of Year 10 students whose teachers responded receive 13-21 hours.

As noted, it is not possible to ascertain the accuracy of this picture of hours spent on RSE from the data collected. However, teachers may consider this data in their own contexts and in relation to hours allocated to their own RSE programmes. They might reflect on where – across an entire programme of learning in health education – learning experiences relating to RSE are (or could be) included. The data may also be useful to policy makers as it provides evidence of inconsistent timetabling of RSE across schools and very few hours of RSE for a notable proportion of young people.

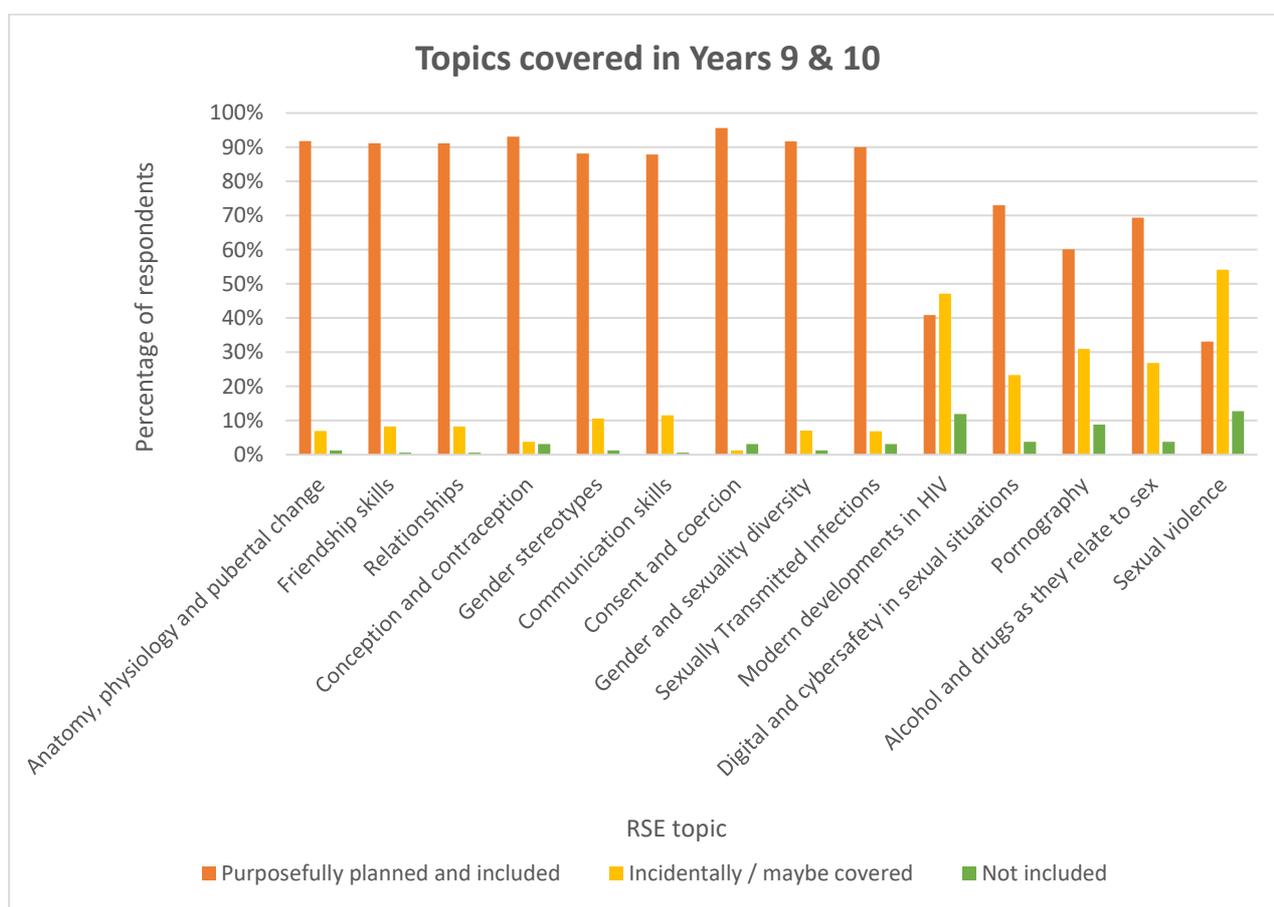
3.3 Topics covered in Years 9 and 10

The list of RSE topics teachers were asked about was based on those identified by the Education Review Office (2018) in their national evaluation of sexuality education in schools. One further topic was added - modern developments in HIV – in response to a lack of recent data around whether this is covered in RSE, and in consideration of the development of the *Draft National HIV Action Plan* (Ministry of Health, 2022).

Teachers were asked whether each topic was purposefully planned for and included in their teaching programme, or taught incidentally / maybe covered (e.g. in response to students’ needs), or not included at all.

Figure 3 shows that the majority of respondents indicated that they purposefully plan for and include in their teaching all but two topics – modern developments in HIV, and sexual violence. Respondents indicated that pornography, digital and cyber safety in sexual situations, and alcohol and drugs as they relate to sex, were also less commonly covered and these topics were more likely to be ‘maybe included’ or ‘not included’.

Figure 3: RSE topics covered in Years 9 & 10



Some notable percentages represented by the graph above are as follows. Of the 160 responses to this question:

- Over 95% purposefully plan for and include the topic of consent and coercion.
- Over 90% purposefully plan for and include the topics: anatomy, physiology and pubertal change, conception and contraception, gender and sexuality diversity, STIs.
- A little over 33% purposefully plan for and include sexual violence.
- Three topics stood out as being ‘not included’ – sexual violence (13%), modern developments in HIV (12%), and pornography (9%).

These same patterns of topic coverage were, by and large, repeated across all school types, although noticeably higher rates of specifically 'not included' were reported by state integrated (faith-based) schools. Responses for topics not included by state integrated schools such as conception and contraception (20%), modern developments in HIV (30%), STIs (20%), pornography (30%), and sexual violence (25%) were all substantially higher than state schools who reported much lower rates of topics deliberately not being included. However, with only 20 state integrated schools responding to the survey, these results need to be viewed with caution.

Overall patterns of topic coverage were similar across low, mid, and high school deciles, although lower decile schools tended to report slightly higher rates of 'not including' or 'including incidentally' a range of topics at years 9 and 10. Again, the smaller sample of low decile schools (N=29) means these results need to be interpreted with caution.

Health education and RSE is only mandated to the end of Year 10. This means that many students will not access the subject in the senior secondary levels, so 'saving' topics for that level inevitably means that most students in a school will not be able to access that learning. Accompanying the question of what topics are covered in Years 9 and 10 RSE was the follow-up question: *Are there any topics in the list above that you only teach in senior secondary levels? If so, what are these, and why do you only teach them at that level?* Comments here connected to the maturity level of students, as well as the sensitivities involved in some topics, which were deemed more suitable for senior levels of schooling.

Comments were also made in relation to the breadth and depth of topics in RSE – while some topics may be touched upon briefly in the junior secondary levels, these are covered in more depth at the higher levels of the curriculum. Again – this is only for those students who have access to NCEA (or non-NCEA) RSE learning experiences beyond Year 10. As one participant noted: *"Some of these topics may go into more depth if students were to take Health Education as an NCEA subject in years 11, 12 and 13. This is a very small proportion of students."*

Other notable comments connected to suitability for topics at different year levels relate to the use of student voice to inform planning, and the barrier of limited time for planning and teaching:

- *Pornography - we see it more relevant to older students, but do cover social media/sexting in younger years.*
- *We teach anatomical and physiological changes at Year 7&8 not Year 9&10.*
- *We teach all the topics above as part of the senior course. Pornography, alcohol and drugs as they relate to sex, and sexual violence is included in the senior school health classes as a result of student voice when surveyed and recognised within the community as important to teach at these levels.*
- *We teach all but at a surface level due to a lack of time.*
- *Pornography. Simply haven't got around to planning the resource for y9/10 and short on time.*

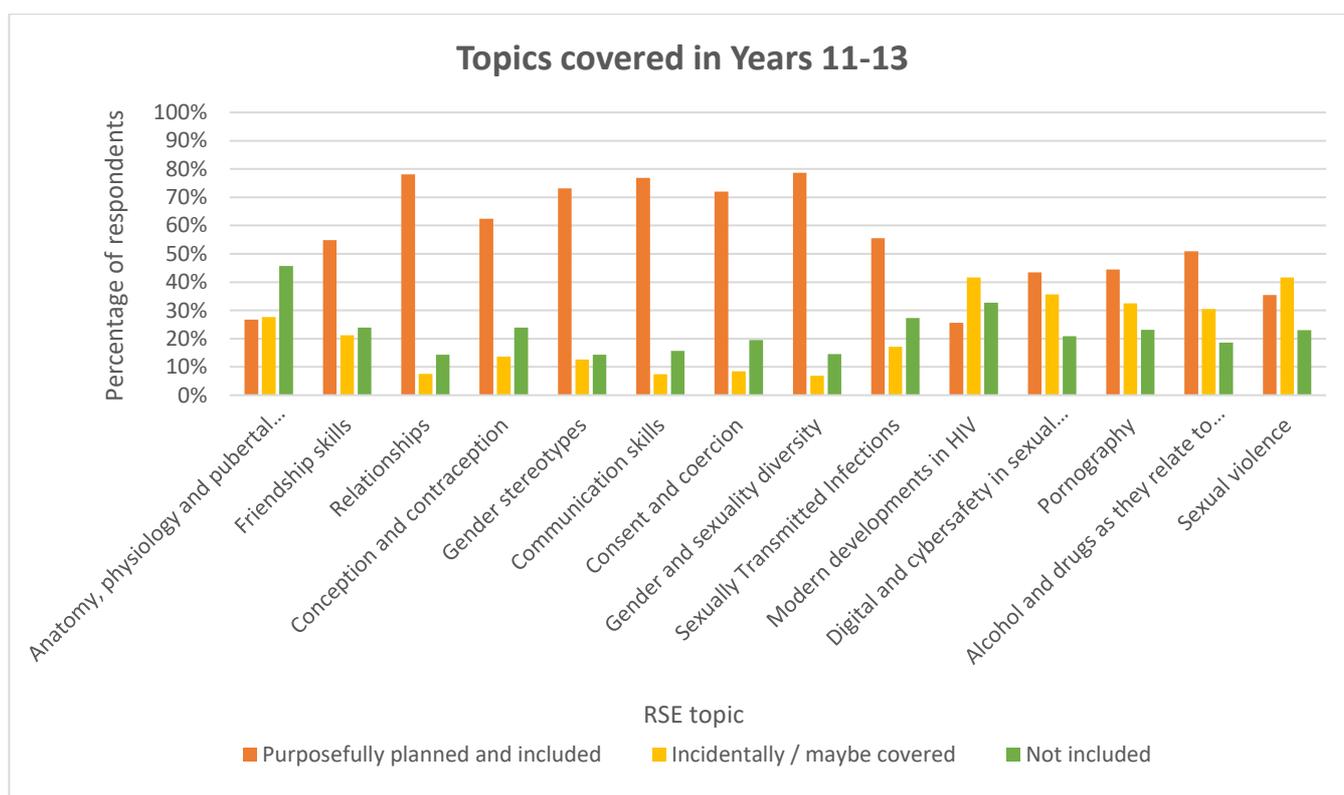
The comments above that indicate that pornography is saved for senior levels is noteworthy, given that New Zealand research shows that one in four young people have seen pornography by the age of 12 years old (Office of Film and Literature Classification, 2018).

3.4 Topics covered in NCEA health education courses across Years 11-13

Turning to the senior secondary levels of schooling in terms of NCEA (assessed) courses, and again using the list of RSE topics from the Education Review Office (2018) with the addition of the HIV topic, a different pattern of topics covered in RSE at this level emerges. Not all respondents teach RSE at senior secondary levels meaning the number of responses to this question are fewer than the previous question about topics covered in Years 9 and 10.

Notably, the topic ‘anatomy, physiology and pubertal change’ is covered significantly less often, as would be expected given the age group, but over half of respondents either purposefully plan for or maybe include learning about the topic. Modern developments in HIV is purposefully planned for and included by just over 25% of respondents, but also features reasonably prominently in the ‘not included’ option (33%). ‘Conception and contraception’ also features in the ‘not included’ option (24%) as does ‘sexually transmitted infections’ (27%). The topics that were noted as less likely covered in Year 9 and 10 have shifted in this question, with alcohol and drugs as they relate to sex, sexual violence, and pornography reported to be more often purposefully planned for or maybe included in learning at this level.

Figure 4: RSE topics covered in Years 11-13



The content and contexts that are either stipulated or made possible by the current Achievement Standards (as drawn from curriculum levels 6-8) is likely to be a driver of many of the topics covered. For example, there is little focus on anatomy, physiology and pubertal change at this level but this may arise as part of learning about contraception for AS 90974. Other level 1 NCEA standards have a focus on friendships and relationships, interpersonal skills, STIs and alcohol/drug issues. At level 2 NCEA, one standard centres around gender and sexuality, and another around personal safety in relationships. At this level, and even more so at level 3 NCEA, possibilities exist for choice in contexts for learning, for example pornography or digital and cybersafety could be chosen as the *New Zealand Health Issue* for AS 91461 (as could gender stereotypes, alcohol/drug issues, issues relating to STIs and HIV, safety in relationships, including family or sexual violence).

3.5 RSE in senior secondary for ākongā not doing NCEA health education courses

142 participants responded to the question *does your school incorporate RSE into senior levels for ākongā not doing NCEA health education courses?* 54% (77) respondents said yes, and 46% (65) said no.

Responses to the second part of the question *if yes, how?* indicated a wide variety of ways in which this was achieved. Most answers could be categorised as programmes of learning taught by school teaching staff or the use of the school nurse or external providers (or non-teachers). Most of these external providers – with the exception of Mates and Dates – offer one day workshops or a workshop/presentation. Table 6 provides some examples.

Table 6: Provision of RSE at senior school levels

Programmes of learning taught by school teaching staff	External providers/non-teachers
<ul style="list-style-type: none"> • A unit in physical education or outdoor education • Religious studies • Lifeskills • Year 11 hauora programme • Mentor classes • Extended form time each week • Pastoral timetable line for all senior students • Core health 	<ul style="list-style-type: none"> • Mates and Dates (ACC) • Loves Me Not (NZ Police) • School nurse • Guest speakers • Attitude (Attitude Youth Charitable Trust) • Sexwise (THETA)

Respondents reported other opportunities for learning that included the following: An annual ‘pre-formal (school ball) assembly’ about sex, drugs and alcohol, opportunities within the special character of the school, such as retreats, health and wellbeing days, and reactive educational sessions when issues arise in the school community.

3.6 Use of external providers to support RSE in Years 9 and 10

149 participants indicated whether or not they used external providers to support RSE teaching and learning in Years 9 and 10. There was a fairly even split, with 51% (77) responding 'yes' and 48% (72) responding 'no'.

External providers who are used to support RSE ranged from national organisations and programmes to local support agencies or guest speakers. Respondents did not provide a lot of detail as to the nature of the support accessed. Why and how teachers use external providers to support RSE in their schools, and what value this adds, would be an interesting avenue for future research. *Mates and Dates* (which is a programme delivered directly to students focused on consent, sexual violence, and healthy relationships) was by far the most often reported programme/provider, with 38 mentions by respondents. This raises questions as to how these RSE topics will be covered by schools when the programme finishes at the end of 2022. Other providers that were mentioned are presented in Table 7.

Table 7: External providers

External providers
<ul style="list-style-type: none">• Family Planning (PLD for teaching staff, Navigating the Journey resource)• THETA (Sexwise)• Attitude (Sex with attitude)• Rape Prevention Education (Bodysafe)• The Period Place• Yes, Yes, Yes (theatre performance connected to consent written by Eleanor Bishop & Karin McCracken. Originally commissioned by Auckland Live and produced by Zanetti Productions)• Youth space (in local area)• School nurse• Local health trust• NZ Police (for Loves Me Not)• Ritchie Hardcore• Local public health nurse• Nest Consulting• Birthright• YMCA

3.7 Teaching resources used in RSE

The wide variety of teaching and learning resources that participants discussed speaks to the broad nature of learning in RSE, as well as the need to tailor learning experiences to the needs of the students or the special character of the school. 157 teaching and learning resources were mentioned, with almost 100 of those being Family Planning resources. Some of these responses referred to “Family Planning resources” generally, while others identified the Family Planning resources that they used: Navigating the Journey, Hei Huarahi, Te Piritahi, reproductive systems boards and labels, contraceptive kit, STI kit, Affirming Diversity, What’s in a Story? Others discussed how they created their own teaching resources, as supported by Family Planning’s and others’ resources: *“I create resources myself to make sure what I teach meets the needs of my learners and is personalised to the diverse nature of the community I work in”*.

The table below identifies teaching and learning resources that were mentioned, beyond the schools’ own creation:

Table 8: Teaching resources used in RSE

Teaching and learning resources
<ul style="list-style-type: none"> • Family Planning • Mates and Dates (ACC) • The REAL Sex Talk (Villianesse, supported by Rape Prevention Education, Family Planning and RainbowYOUTH) • NZHEA resources • Rainbow Youth resources • ESA workbooks • ABA workbooks • Sexuality in Catholic schools guidance (Catholic Education Office) • Mental Health and Hauora (NZCER) • Mental Health and Resilience (NZHEA) • NZ Sexual Health Society • Streetwise to sex-wise (USA book: Brown & Taverner, 2021) • The RSE guide (Ministry of Education) • Alcohol and other Drugs (NZHEA) • InsideOUT resources • FaithCentral (NZ organisation supporting Catholic schools) • Clips on YouTube, online material, booklets • Wonderfully Made in God’s Image (guidance for Catholic schools) • Taught not caught (book by The Clarity Collective) • Ka huri i te korero: changing the conversation around pornography (Classification Office and Ministry of Education)

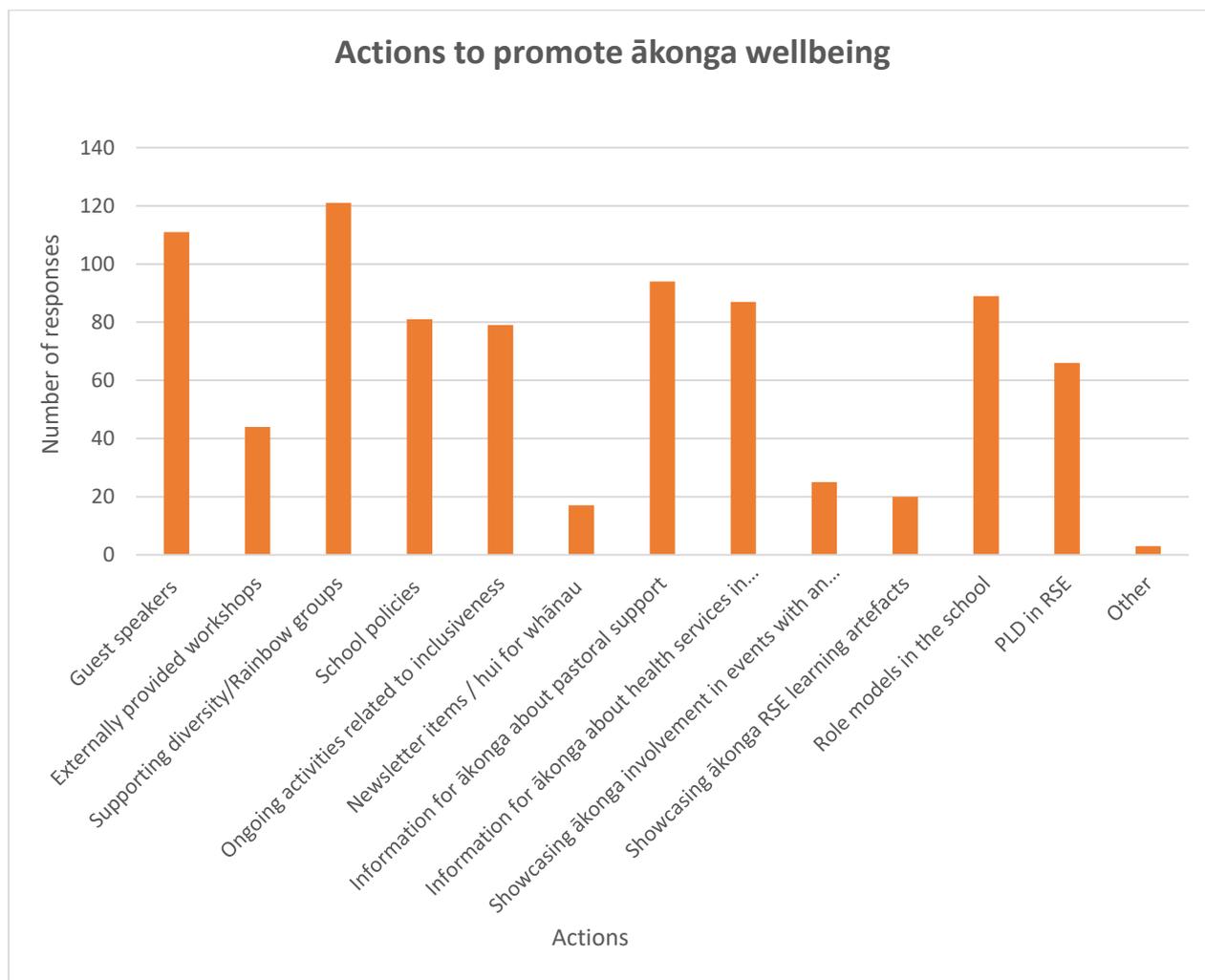
3.8 Deliberate actions to promote ākongā wellbeing in relation to RSE matters in addition to curriculum teaching and learning

With 837 responses to the choices provided in this question, it is clear that respondents acknowledged multiple actions that were taking place in their schools to promote wellbeing in relation to RSE, in addition to teaching and learning in the classroom. These actions, and the frequency with which they were selected by participants, are presented in figure 5.

With 121 respondents selecting ‘supporting diversity/Rainbow groups’, this is an avenue for future research in relation to the different ways in which schools support the establishment and on-going work of these groups, in addition to the Aotearoa guidance that currently exists (for example InsideOUT, 2022; McGlashan & Hoogendorn, 2019) as well as the outcomes of such groups for student and teacher wellbeing.

‘Guest speakers’ was also mentioned with high frequency – information about who these speakers are (or might be) is provided in the sections above where external providers are discussed. Much less often selected were actions showcasing ākongā, either in relation to their RSE learning, or their involvement in school actions related to RSE, or newsletter items or hui for whānau. This might be a missed opportunity to connect with the parent community in ways that celebrate RSE learning and initiatives. This may be a future area to consider as part of the whole school approach to RSE.

Figure 5: Actions to promote ākongā wellbeing



The patterns of responses from teachers across the school deciles for this item were different, with some actions like guest speakers and visible role models being widely reported across schools of all deciles, but greater variability on actions like PLD and the investment in day long workshop programmes (such as Loves Me Loves Me Not – NZ Police) (Table 9).

Table 9. Deliberate actions to promote ākongā wellbeing in relation to school decile

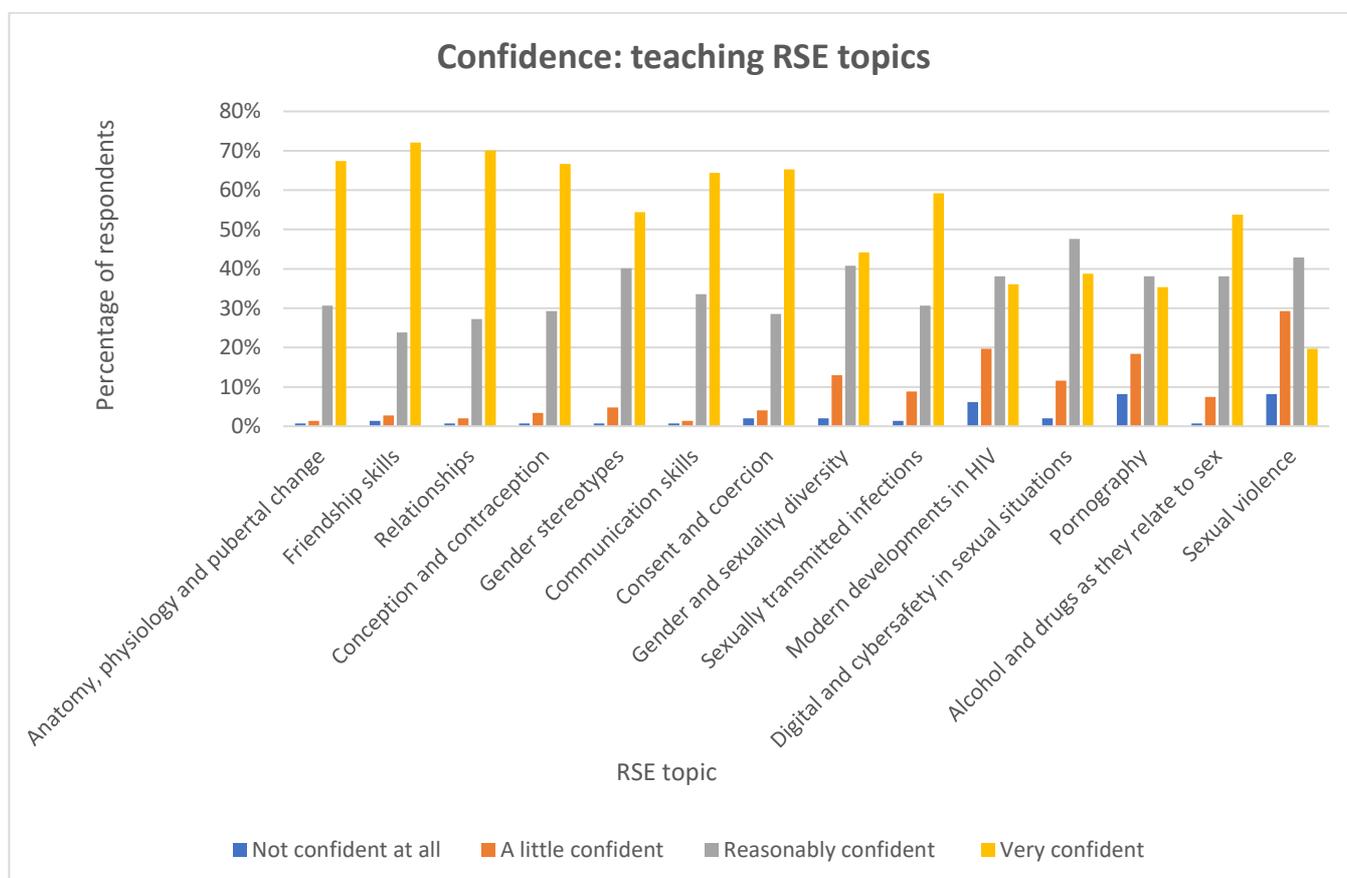
Deliberate actions promote ākongā wellbeing in relation to RSE	Decile 1-3	Decile 4-6	Decile 7-10
N=174	29	61	84
Hosting guest speakers/experts talking with designated year levels/groups	62%	60%	54%
Contracting externally provided intensive (day-long) workshop programme	3%	28%	26%
Supporting diversity/rainbow groups at school	55%	69%	61%
Reviewing/promoting school policies related to inclusiveness, gender equity, RSE timetabling	48%	38%	43%
Ongoing activities related to inclusiveness (e.g. assembly presentation by students and school leaders)	31%	53%	37%
Regular newsletter items, or hui for parents and whānau about a broad range of RSE issues	14%	7%	10%
Provision of clear information for ākongā about different forms of pastoral support	55.2%	44.3%	51.2%
Provision of clear information about social and health services available at school and in the community	55%	39%	45%
Showcasing ākongā involvement in school and community events with an RSE focus	24%	13%	11%
Showcasing examples of ākongā learning artefacts developed from their RSE learning	10%	10%	11%
Visible (adult) role models in the school modelling diversity, inclusiveness, gender equality	48%	46%	43%
Professional learning and development in RSE	41%	26%	37%

3.9 Confidence across aspects of RSE

The survey asked two questions that relied on a four-point Likert scale (a ‘forced’ Likert scale with no neutral option) (Joshi et al., 2015). Both questions asked about respondents’ confidence – a subjective self-report measure, so care is needed in interpreting results. However, it is useful to consider the patterns for the two questions.

Teachers were asked how confident they were to teach RSE topics (as per the Education Review Office 2018 list, with the addition of ‘modern developments in HIV’). 147 responses to this question were received. Figure 6 indicates a connection between confidence and coverage of topics – those topics that were less likely to be included in RSE (e.g. sexual violence, modern developments in HIV, pornography).

Figure 6: Confidence: teaching RSE topics



According to UNESCO (2018), lack of confidence on the part of teachers to tackle some of the more challenging RSE content means that these topics can be omitted. This is reflected in the findings of this survey, speaking to the need for on-going PLD for RSE teachers – including support from middle and senior leadership. It is encouraging that teachers for the most part rated themselves as reasonably or very confident to teach a wide range of RSE topics. Some areas where teachers were notably confident (adding together ‘reasonably confident’ and ‘very confident’) are:

- Anatomy, physiology and pubertal change: 98%
- Relationships: 97%
- Gender stereotypes: 95%
- Communication skills: 98%
- Consent and coercion: 95%
- Gender and sexuality diversity: 85%

The areas where teachers were notably less confident (adding together ‘not confident at all’ and ‘a little confident’) are:

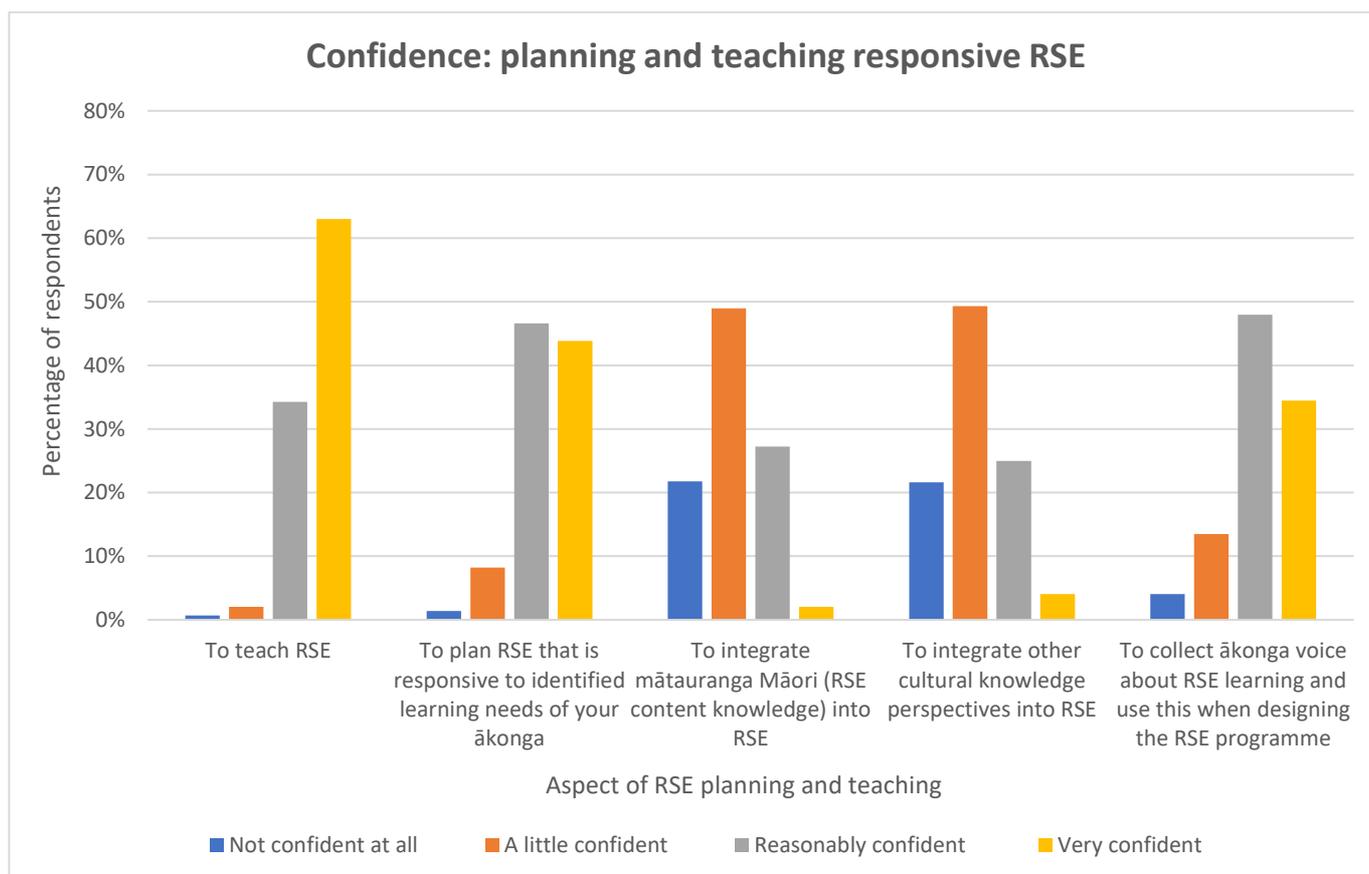
- Modern developments in HIV: 26%
- Pornography: 26%
- Sexual violence: 37%

These are the three topics that stood out as not being included in Year 9 and 10 programmes, which resonates with the comment from UNESCO (2018) about the connection between teacher confidence and gaps in coverage of content in RSE. These patterns of reported levels of confidence to teach the listed topics were highly consistent across teachers, for all school types and decile.

It is interesting to note that the proportion of teachers rating themselves as *very confident* to teach any RSE topics was not more than 73%. It would be interesting to compare confidence levels with other areas of the curriculum. For example, would we expect only 73% of teachers to report feeling very confident to teach aspects of mathematics or English? While the confidence levels reported may be a reflection of humility, it could also reflect the perceived complexity of RSE topics, lack of PLD, and the high level of pressure and scrutiny teachers feel around RSE teaching and learning.

Teachers were also asked how confident they were in relation to ‘bigger picture’ aspects around planning and teaching RSE that is responsive to ākonga needs. 147 responses to this question were received.

Figure 7: Confidence: planning and teaching responsive RSE



The two areas where teachers were notably confident (adding together ‘reasonably confident’ and ‘very confident’) are confidence:

- To teach RSE: 97.26%
- To plan RSE that is responsive to identified learning needs of ākonga: 90.42%

However, looking at 'very confident' in isolation reveals that the percentage of respondents who are 'very confident' to teach is just over 63% and those who are 'very confident' to plan a responsive RSE is just under 44%.

It is notable that just over 34% of respondents indicated that they were 'very confident' to collect and integrate ākonga voice into RSE planning (with almost 48% responding 'reasonably confident'). The collection and integration of student voice to inform planning is an important aspect of effective practice in RSE (Education Review Office, 2018; Ministry of Education, 2020a).

These patterns of responses were highly consistent across school type and school decile. The one exception was that 51% of teachers at low decile schools said they were 'reasonably confident' to plan RSE that is responsive to the identified learning needs of their ākonga, compared to mid decile (34%) and high decile (29%) teachers. Teachers reporting they were very confident to plan responsive learning programmes varied correspondingly across teachers in low decile schools (17%), mid decile (38%) and high decile (36%) schools.

The two areas where teachers were notably less confident (adding together 'not confident at all' and 'a little confident') are confidence:

- To integrate mātauranga Māori into RSE: 71% (with only 2% 'very confident')
- To integrate other cultural knowledge perspectives into RSE: 71% (with only 4% 'very confident').

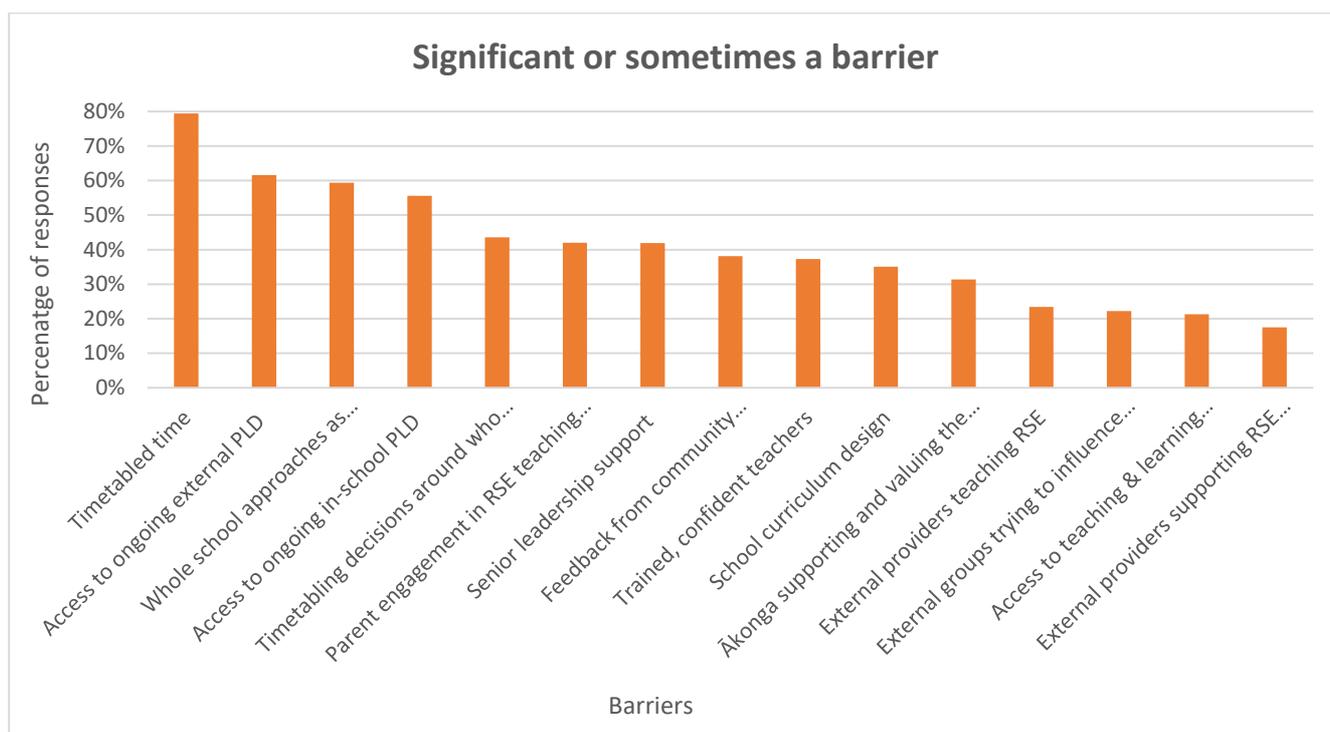
These lower levels of confidence around integrating mātauranga Māori and different cultural knowledge into RSE signals an area of need for extensive resourcing and teacher PLD. Incorporating cultural perspectives and enacting a responsive RSE programme is prominent in the Ministry of Education's RSE guidance (2020a) and features more broadly in the educational sphere, for example in the review of NCEA standards, where equal status for mātauranga Māori is one of seven changes underpinning the review of standards (Ministry of Education, n.d). Internationally, cultural relevance and a learner-centred approach within RSE are key features of effective education (UNESCO, 2018). In terms of future research opportunities, it would be useful to investigate the value teachers place on the integration of indigenous knowledges in RSE, and how this is connected to PLD in terms of uptake and effectiveness.

From a health perspective, inequities in RSE teaching and learning for Māori and Pacific students relates to inequity in realising the right to information and education about sexual and reproductive health and rights and health outcomes, including known disparities in unintended pregnancy and sexually transmissible infections. For example, the importance of RSE to good sexual and reproductive health and accessing long-acting reversible contraceptives (LARCs) was raised in a recent report exploring barriers LARC access among rangatahi Māori in Counties Manukau (Southey et al., 2022).

3.10 Barriers and enablers to effective practice in RSE

A five-point Likert scale (with a neutral option in the middle) was used to ascertain teachers' perspectives on barriers and enablers to effective RSE practice in their schools. Those respondents selecting the neutral option ('not a barrier or an enabler') across the items on the scale, were removed from the data presented on the graphs below. In figures 8 and 9 respectively the responses for 'significant barrier or sometimes a barrier' and 'significant enabler or sometimes an enabler' are combined to more clearly indicate the barriers and the enablers to effective practice in RSE.

Figure 8: Significant or sometimes a barrier



It is apparent that timetabled time for RSE (and likely health education more broadly) was a barrier or a significant barrier for almost 80% of respondents. This was followed by access to externally-provided PLD (62% of respondents), whole-school approaches as related to RSE (59% of respondents) and access to in-school PLD (56% of respondents). Of concern are findings such as the 38% of respondents indicating that feedback from community consultation was a barrier, given the expectations around schools engaging in meaningful ways with their school community to support ākonga learning.

These patterns of reported barriers were consistent in relation to school type and school decile. Responses varied the most for the following: school curriculum design, ākonga supporting and valuing the learning, and trained, confident teachers.

Parent engagement in RSE teaching and learning was a much greater barrier ('significant' or 'sometimes') for single sex schools (35%), and state integrated schools (40%), and for low decile schools (45%).

The implementation of whole school approaches to the promotion of wellbeing as related to RSE also warrants consideration given the central importance of whole school approaches to RSE framed by the Ministry of Education RSE guide. Across most school types and school deciles over 40% of teachers reported that how the implementation of a whole school approach is a barrier or a significant barrier to RSE. This finding requires substantial further investigation to understand the nature of these concerns (Table 10).

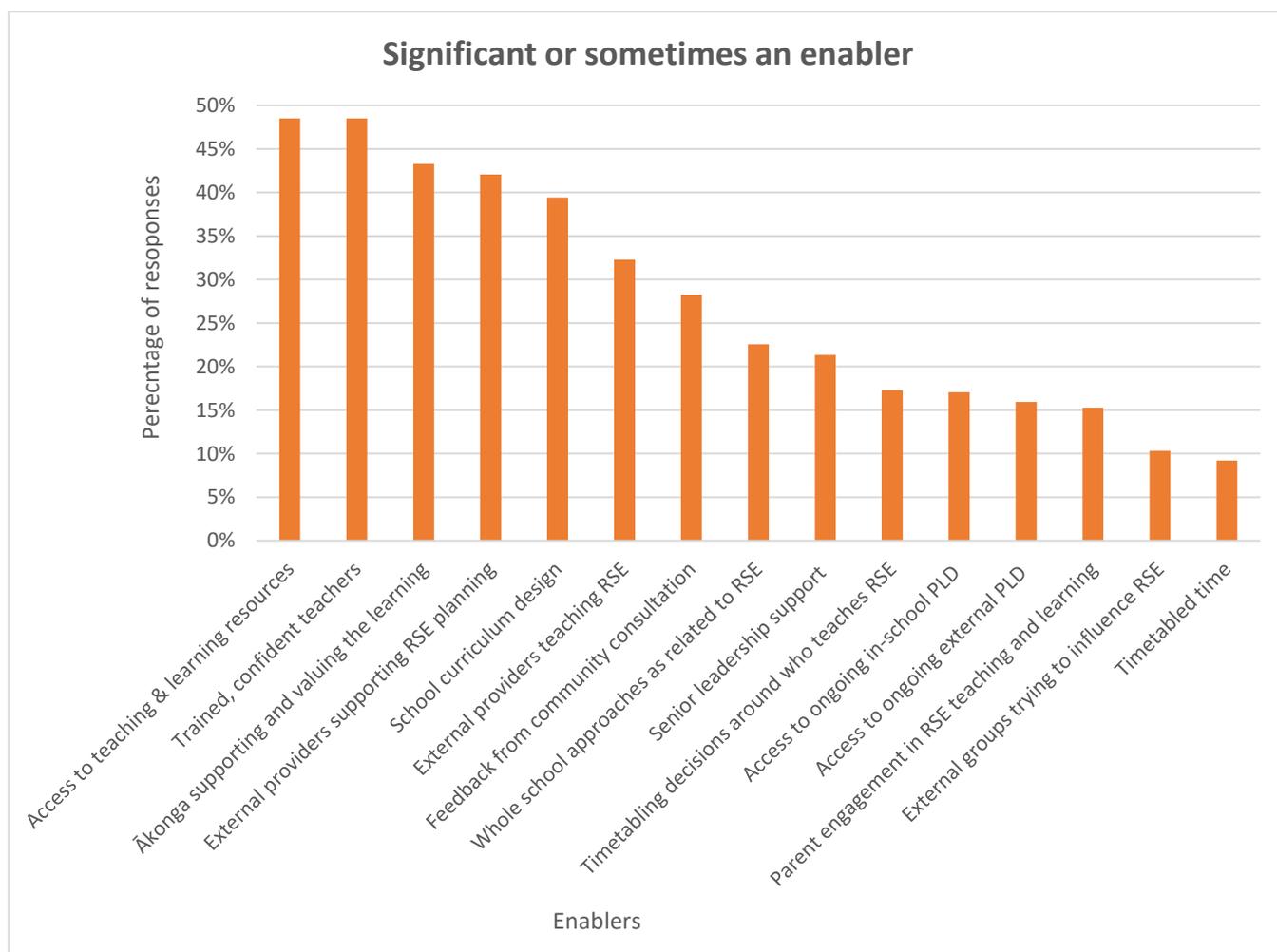
Table 10. Barriers and enablers to effective practice - implementation of whole school approaches as related to school type and school decile

The implementation of whole school approaches to the promotion of wellbeing as related to RSE	Co-educational	Single-sex	State	State integrated	Decile 1-3	Decile 4-6	Decile 7-10
Significant barrier	18%	11%	10%	15%	21%	8%	18%
Sometimes a barrier	21%	33%	36%	25%	21%	38%	17%
Not a barrier or an enabler	14%	11%	12%	10%	7%	16%	11%
Sometimes an enabler	6%	9%	10%	10%	17%	5%	8%
Significant enabler	7%	13%	8%	15%	7%	7%	11%

It is clear that teachers perceive that they do not get enough time to teach RSE, and that more extensive PLD opportunities are needed both internally and externally. Future research could shed light on whether ample opportunities for PLD in RSE exist but are not known about or accessed, or whether these opportunities do not exist in the first place. The prominence of whole school approaches as a barrier to RSE practice raises many questions. Again, future investigation would be needed to ascertain how and why this might be the case.

Further discussion of barriers to RSE practice are covered in the next section of the report.

Figure 9: Significant or sometimes an enabler



As would be expected given the barriers discussed above, having adequate timetabled time is the least common enabler for respondents (with 9% indicating that for them it is sometimes or a significant enabler). Four enablers stand out as being most commonly selected:

- Having trained and confident teachers to teach RSE (49%).
- Access to teaching and learning resources (49%).
- Having ākongā supporting and valuing the RSE learning (43%).
- Support from external providers in the area of planning for RSE (42%).

Support from external providers to teach RSE was reported to be a significant enabler or sometimes an enabler by fewer respondents (32%), possibly indicating that secondary school teachers are more likely to seek out and value external support for planning, but not for directly teaching RSE to students.

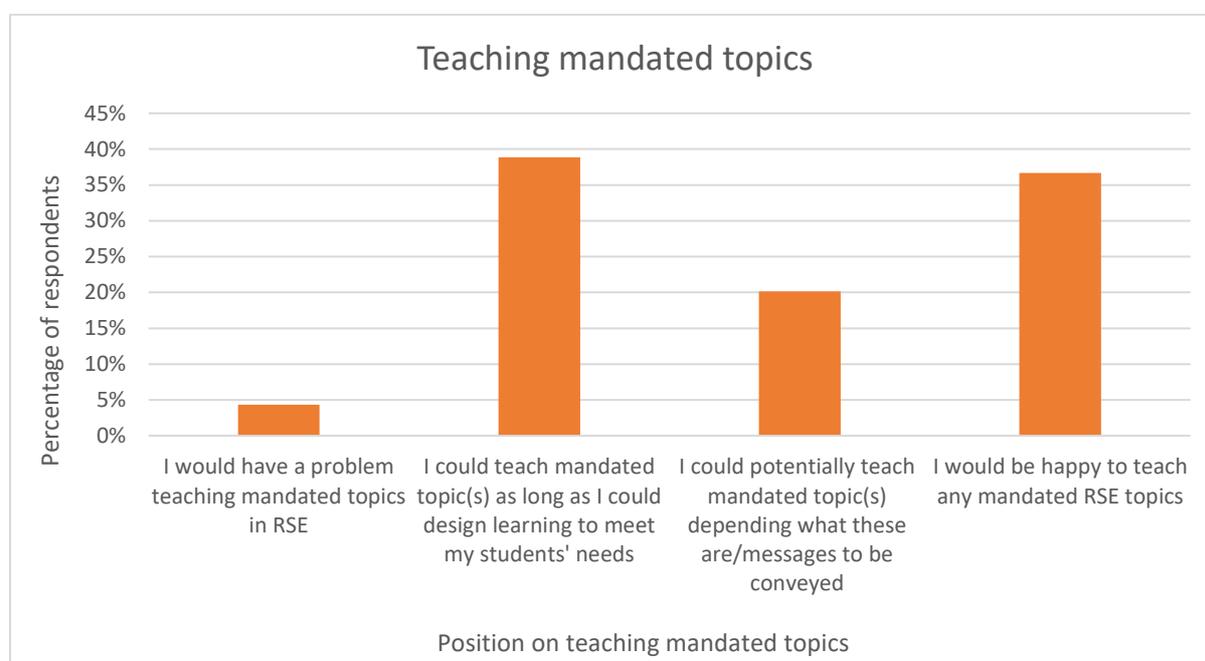
Enablers such as trained, confident teachers, connection to ākongā needs, and access to human and material resources to support RSE are critical aspects of effective practice advocated for in guidance documents for RSE (Education Review Office, 2018; Ministry of Education, 2020a, UNESCO, 2018).

3.11 Willingness to teach mandated topics in RSE

In the context of media headlines such as “the fight to get mandatory sexual consent education in schools” (Clark-Dow, 2022) and advocacy by young people for strengthened mental health education (for example McSweeney’s 2020 petition to parliament), the research team were interested in teachers’ willingness to teach mandated topics in RSE. It is important to note that the *New Zealand Curriculum* (Ministry of Education, 2007) provides a framework that sets the direction for (local) curriculum, rather than prescribes ‘must teach’ content. The refreshed curriculum, which for the health and physical education learning area is occurring in 2024, will foreground the “learning that matters” (Ministry of Education, 2022d, p. 15). However, this does not necessarily mean that particular contexts for learning, topics, or learning outcomes will be prescribed in a ‘must teach’ manner.

In consideration of growing calls from students and organisations to mandate specific RSE content, particularly consent education, teachers were asked how they would currently position themselves on the matter of teaching mandated topics. Figure 10 indicates a mixture of responses to the question of whether respondents would be willing and happy to teach mandated topics as part of RSE.

Figure 10: Teaching mandated topics



With 139 responses to this question, almost 40% of respondents indicated that they could teach mandated topics with the caveat that they retained control over designing learning to meet their students’ needs. Almost as many respondents indicated that they would be happy to teach any mandated RSE topics with no caveats. It would be an interesting avenue for future research to further unpack issues relating to mandating content in RSE and (health) education more broadly, including the consequences and outcomes for young people and teachers if learning was to be more prescriptive.

It is also interesting to consider mandating certain RSE topics given what we know about how they are currently being taught. For example, among teachers responding to this survey, over 95% purposefully plan for and include the topic of consent and coercion, and it is a topic that teachers report feeling confident to teach. If young people feel that they are missing out on learning about consent (or any other RSE or health education topic), then it is possible a disconnect exists between teachers’ and young people’s perspectives of what is learned in RSE and health education more broadly.

3.12 What's on top for teachers?

This section communicates findings from three survey questions that were open-ended, and designed to elicit qualitative data. These questions are:

- Key issues teachers are grappling with
- Research and media versus teacher perceptions
- Anything else you want to tell us.

Data from these three questions provide further information about the barriers that teachers reported they were facing; connecting to challenges for teachers' effective practice in RSE. The data also connected to strengths in RSE practice, where respondents discussed what was going well for them or their school. These data also provided information about the current climate and context for teachers in terms of the 'hot topics' in RSE and societal attitudes towards RSE. In combination, the responses to these three questions were analysed thematically – looking for patterns of meaning – and the following themes were developed.

1. In the classroom / teachers' work
2. In the school / leadership and culture
3. In the community / school-community connections.

The three themes align with an ecological model of health and wellbeing, which is pertinent as the socio-ecological perspective is one of four underlying concepts of HPE (Ministry of Education, 2007). The themes also align with the three dimensions of school life delineated in *Relationships and Sexuality Education: a guide for teachers, leaders and boards of trustees* (Ministry of Education, 2020a). It is important to note that connections can be made in multiple directions across the layers in the socio-ecological perspective, or dimensions of school life – aspects in each layer or dimension influencing, or being influenced by, other aspects.

In this part of the report, quotations from respondents are used frequently in order to enable teachers' voices to be prominent. To that end, and to set the scene for what follows, below are four quotations that don't neatly fit into any one theme, but pull together a range of sentiments – both positive and negative – about RSE:

- *I believe we do quite a good job here but get frustrated with the constant battle of students and media saying things are not being taught but have in fact been i.e. consent ... Some schools are very well resourced in this area and teach this content well but I do believe there will be inconsistencies due to time, staffing, and the leadership teams priorities, values and support in this area.*
- *Several years ago, our department made a conscious decision to meet the guidelines of providing 12-15 hours of RSE per year, which we do in Year 9 and 10. We have PLD through Family Planning every year to ensure we keep up with current issues and trends, and to constantly upskill. Our department (nine teachers) are incredibly competent and confident teachers of RSE.*
- *I believe we offer a strong, well planned and expertly delivered programme of RSE. To our Year 7 - Year 10 students. With our seniors, unless they take NCEA health they really only get guest speakers/workshops that I organise.*
- *It has been great to see the development of quality educational resources, a community of learners connected via social media (NZHEA to ask questions and share ideas) and more media awareness about the importance of teaching RSE in schools – it is improving the space I think.*

3.12.1 In the classroom / teachers' work

This theme can be separated into issues relating to **time**, **teachers**, and **student engagement**.

Time

A lack of time was commonly cited as a current issue impacting upon the ability to teach a quality RSE programme:

- *We get 10 hours a year, sometimes what is taught feels rushed as we are trying to cover so much in such little time. Some things are only touched on.*
- *Not having enough time to get through everything the students need to feel comfortable/confident to make health-enhancing decisions that help themselves and others.*
- *How to fit such a massive topic into a term's worth of work when you only see them for health once a week.*
- *I think timetabling is a significant issue. Our junior Health and PE programme is now only taught for 2 terms instead of a full year.*

Respondents also discussed how a lack of allocated time to teach RSE led to sometimes difficult decisions, or questions, about what content to leave in and what to leave out:

- *What are the most important aspects to cover in the limited time we have?*
- *Trying to decide on the most important content to teach within restricted timeframes.*
- *What is most pressing for the students. E.g. What is a topical issue for them. So much to cover I think it's important to get a feel for what is important at that time for the students.*

Connected to planning and time were comments connecting to the desire for more time to work together as a department to plan responsive RSE programmes of learning:

- *Time spent planning units of work that are appropriate and relevant to our learners.*
- *Time to plan as a department and organise ourselves and resources.*
- *Time to upskill and give confidence to non RSE trained teachers.*

Only one respondent made a comment that spoke about time as an enabler to their RSE practice:

- *Having 2 hours of Health (a week) at Year 9 and Year 10 has made SUCH a difference. We now have the time to explore the areas the students take us with in depth discussions.*

Teachers

The second aspect to this theme was teachers. Some respondents took the opportunity to share positive teaching practice in their school, but this was often tempered by an accompanying comment about how this very much depended on who was teaching RSE in a given school:

- *I'm super passionate and well-read around RSE, my colleagues not so much. They don't necessarily feel comfortable in this space which creates a barrier for our students.*
- *The quality of RSE you get at my own school varies enormously depending on the teacher in front of the kid. I can't even fathom how diverse the range of quality varies from school to school, area to area.*
- *We have some excellent teachers of RSE, but some are less experienced or willing so it can be inconsistent even within a school.*
- *Just that we still have loads of staff with a really traditional view of RSE. They treat it as "risky" which has all sorts of implications for our young people.*
- *Teachers have different experience in life, perspectives and confidence in teaching about sexuality.*
- *Teachers are scared to engage, so it becomes bland, irrelevant and boring for students.*

Respondents' comments connecting to teachers often discussed the importance of teacher knowledge and teacher confidence when teaching RSE, as well as being trained to teach the subject:

- *This needs to be taught by specialist health teachers not just anybody and also so that it is not just left to chance whether a student receives quality RSE. This will then allow us to provide PD for schools/HPE staff to feel confident. We need to stop school getting an outside provider in and then saying yes we do RSE and tick a box. That is not quality RSE.*
- *Unfortunately some teachers do not feel confident teaching this and some schools just put anyone in front of a class, this needs to be taught by trained passionate teachers with the content knowledge.*

A final aspect relating to teachers was the acknowledgement that RSE can be a challenging subject to teach, and it can be difficult to keep up with cultural shifts related to RSE content. Specific topics that were raised as being challenging for teachers were gender diversity and pornography. These were discussed in relation to the 'right' way to approach these topics, at what level, and in what detail.

- *Gender diversity – students identifying as a different gender/pronouns. I have trouble with knowing the right way to teach this.*
- *Teaching the impacts of pornography – appropriate material for students to grapple with.*
- *Teaching of pornography to what age group and how much.*

Student engagement

Also connected to teachers' work in the classroom was discussion of ākonga interest and engagement in RSE, and how teachers work to make the subject relevant to their students' needs. While several respondents mentioned student apathy or lack of buy in, many comments were positive:

- *Our students really enjoy RSE. They get involved in discussions and are keen to learn the content. That also helps a lot with delivery, if the kids are keen it makes the teacher more passionate.*
- *Keeping what we are teaching relevant to the students – that they are able to reflect on how RSE links to their future selves.*
- *I work in an all-girls school. This has to one of the safest and most supportive environments for both staff and students when it comes to teaching and learning in this area. It's probably one of the most engaging units of learning that we run for both our year 9s and 10s. Students who generally don't engage with learning about other topics are highly engaged in these topics.*
- *Every Health lesson (including RSE), ākonga walk away buzzing that their kete has been filled with a little bit more knowledge, tools & skills to help them navigate the world and their relationships; that's only once every two weeks, imagine how our ākonga and communities could flourish if they had high quality RSE three times a week :)*
- *Our kura is very supportive of more authentic teaching of RSE, however students aren't always as receptive.*
- *We have just revamped our program this year to the family planning program, Navigating the Journey for our year 9 and 10s. So far it seems to be going well. The buy in from year 10 can be hard at times.*

One area of need for teachers in relation to responding to students' needs and engaging learners was resourcing for embedding Indigenous knowledges in RSE:

- *It would be good to have some explicit resources on how to incorporate mātauranga Māori and various Pasifika concepts into our teaching.*
- *Understanding how to apply tikanga and mātauranga Māori into units of work – not just a token unit or words spoken but a deep cultural understanding that enhances our students' learning.*

Comments relating to time to plan and teach RSE echoed findings from the quantitative data that time was the most significant barrier to RSE for the respondents. Given that many schools do not appear to be meeting the 12-15 hours per year recommendation from the Education Review Office (2018) and the Ministry of Education (2020a), this is unsurprising.

The question of who teaches RSE – and their level of interest, values, confidence and knowledge in teaching the subject connects to research by Dixon (2020) which indicated that who teaches health

education in a given school can have a significant impact on the experience of the subject for learners. Connected to teacher knowledge and confidence are teachers' comfort levels when it comes to the more sensitive topic matter in RSE, particularly within a social context where there is opposition from some parents and communities to teaching topics. The qualitative data did not identify evidence of teachers concerned about sensitivities for many named topics within RSE, however pornography and gender diversity were singled out as possibly problematic. For pornography, this may go some way to explain why this topic was one of the ones more often omitted from RSE programmes of learning.

The final aspect to this theme, students being engaged in RSE content that is relevant to their lives, revealed a range of positive and negative comments from respondents. Positive comments showed a different side to teachers' experience in relation to the timing and teaching challenges in the RSE classroom. Negative comments raise questions about why teachers are unable to effectively engage young people in this area of learning, including whether it is an issue of time, PLD or something else, and requires further investigation. In the context of current changes in education, an area of current uncertainty for teachers is how to embed cultural understandings more meaningfully into RSE, particularly mātauranga Māori. This is an issue that schools and teachers are grappling with across the curriculum and the country. Addressing this gap in teacher capability should be prioritised to ensure equitable learning outcomes for Māori, which is an obligation for schools and the Ministry of Education under Te Tiriti o Waitangi.

3.12.2 In the school / leadership and culture

Within this theme are connections to the **status** afforded to RSE, the problematic nature of opportunities for **RSE learning in senior secondary levels**, and issues relating to **special character** schools.

Status

While several respondents pointed to a supportive environment for RSE, for example, *fortunate and appreciative of opportunities provided at this kura – very few barriers at all*, this was a viewpoint that was very much in the minority. Most responses in the area of senior leadership support and the value attached to health education and RSE discussed these issues in problematic terms:

- *I believe we need more time and that it needs to be a whole school approach rather than just a Health & PE department responsibility. Our SLT don't do a lot to support RSE schoolwide I believe.*
- *Senior management support and timetabling significantly limits the ability to deliver quality RSE, let alone other important health topics.*
- *It is not compulsory, so some ākonga get little or no RSE.*
- *The value of Health and how it is treated in the timetable. It changes every year. No other subject faces this uncertainty.*
- *We have the trained staff and resources at my school we just need it to be valued.*
- *Being attached to PE means that health becomes less important.*
- *It comes down to how much the school values this, who is leading it, the resources and development around how they are used. How much time schools allow teachers to cover this information.*

These issues relate to the whole school approach to the promotion of student wellbeing, as articulated in the RSE guide (Ministry of Education, 2020a). These responses might go some way to help explain why the whole school approach was reported as such a prominent barrier for RSE teachers.

RSE learning in senior secondary levels

A significant number of respondents discussed the problematic nature of RSE learning in the senior levels for the majority of students who do not study health education at the NCEA levels.

Acknowledgement was made that the senior level of schooling was a pertinent time for RSE:

- *I think students are probably more mature and ready to hear the messages in these (senior level) year groups.*
- *I believe our school has excellent RSE education at Y9 and Y10. But the lack of anything beyond this is sad, as students need to be 'ready' and often aren't at Y10.*
- *How to continue the good learning programme we have in Year 9 and 10 into our senior levels (when they are likely to be in the thick of it and really need the education).*
- *My school needs to find a way to continue the RSE teaching in the senior years for those who don't take health.*

Respondents expressed a desire to incorporate RSE at the senior levels:

- *I would love to integrate compulsory RSE into our senior year levels (not part of NCEA) so all students have access.*
- *Integration of quality RSE programming for our seniors. Nothing or any note beyond Year 9/10 outside of a few programmes (such as Loves Me Not and Attitude). There needs to be compulsory RSE teaching and learning beyond these years.*

The limitations of one-off presentations at the senior level were also noted:

- *Some students disengage when 'compulsory' days or sessions are happening. The amount of students taking senior health as a subject option does not ensure it is consistent and quality for seniors.*

Special character

A final aspect to the 'in the school' theme was recognition by some respondents of the complexities of RSE within a religious school context, and the balancing act that was needed to ensure that student needs were met within the bounds of the special character of the school:

- *As a Catholic Integrated School, an issue we are always dealing with is making sure students gain all the information and support they need, and have this balanced with promotion of Gospel values within the school. At present, I feel we do this reasonably well.*
- *It's always a tricky balance to ensure we cater enough information without overstepping Catholic boundaries.*
- *I believe it is my imperative to teach kids about the world they are going into, which sometimes causes conflict with our special character, and parents' ideas about what the world looks/should look like.*

Connected to the 'in the classroom' issues of time and teachers discussed earlier, is the status afforded to health education; or the level of support for RSE by leaders in the school. Respondents on the whole gave a strong signal that they felt that RSE and health education was under-valued in their schools as compared to other subjects. This notably played out in timetabling decisions and time allocated to teaching the subject, and possibly also connects to decisions around accessing PLD.

Prominent across respondents' comments were the recognition that they wanted to provide more learning opportunities in RSE for senior students, beyond what was offered in NCEA programmes (if NCEA health was available). While the quantitative data discussed earlier in the report indicated that there was a wide variety of ways in which schools created space for some RSE learning at the senior secondary level, the comments above spoke to these actions as limited and the need for RSE at this level to be taught as part of a programme and in a way that is more cohesive and meaningful for ākonga. This echoes Southey et al. (2022) where rangatahi in South Auckland recalled some learning about sexual and reproductive health from health education classes, but felt that access to this learning was needed across all levels of secondary schooling.

3.12.3 In the community / school-community connections

Looking wider beyond the school, this theme comprises issues relating to **communication with parents**, the role of **external providers**, and access to **professional learning and development (PLD)**.

Communication with parents

Communication with parents was discussed mostly in the context of the legislative requirement to conduct community consultation on the delivery of health education. A number of teachers discussed challenges related to community consultation:

- *Doing the community consultation in a way that gives relevant stakeholders a chance to voice their opinions. Also for us to get relevant feedback.*
- *Having enough time to organise a community consultation, alongside my school workload is difficult (I don't know where to begin).*

Respondents also noted some potential or real concerns about parent and community opposition to aspects of RSE:

- *Potential parent backlash as a male teacher at a female school.*
- *Parents and community concern especially around gender identity debate.*
- *Push back from parents who aren't open or inclusive within their household and therefore transfer their own attitudes and values onto students. This may be due to location of teaching, where racism, sexism and homophobia is extremely prevalent in our community =(.*

Some of these challenges for teachers might be related to a lack of a whole school approach to RSE. If a school has a whole school approach to RSE, reflected in school policies, environments and culture, for example, it may enable effective community consultation and parent engagement on these issues.

External providers

The role, and use, of external providers in RSE was also discussed by a number of respondents:

- *Outside providers delivering content when I can teach exactly what they are and have more respect from pupils.*
- *In our teen parent school we have worked with family planning and (a local) marae to get ongoing training and up-to-date resources. We respond to the young mums' needs. They will have to teach their children about this at home.*
- *It can be a difficult subject to teach but we have good people, with good resources with good support from outside agencies. It is the most resourced subject we teach in Health Education.*

As exemplified in the comments above, there were mixed sentiments from teachers about the use of external providers, which aligns with previous research (, 2018) and would be an interesting avenue for further inquiry.

Professional learning and development (PLD)

Finally, access to PLD on RSE was discussed:

- *Accessing regular PLD on RSE yearly, and keeping up to date on the most up to date information. Again a lack of time to have time off from our timetables to achieve this.*
- *Keeping up with rapid changes and resources that are appealing, relevant and appropriate for students.*
- *The resourcing and PLD available can help break down this subject which can understandably be difficult for some people to teach. I think we do a good job but are always looking to keep up with current trends by looking for up to date PLD.*

These findings around the challenges of community consultation and communication with parents around RSE have also been explored in the primary school context in New Zealand (Dixon et al., 2022) with similar sentiments raised. The quantitative findings earlier in this report showed that 38% of respondents indicated that feedback from community consultation was sometimes a barrier or a significant barrier to effective practice in RSE, while 28% noted this as sometimes an enabler or a significant enabler. This indicates that the comments around real or perceived concerns from parents and whānau about RSE and the lack of time and support to meaningfully engage with the community around RSE, likely has an impact on planning decisions and teaching practices in the subject.

Earlier data in this report indicated that there are a wide variety of external providers in the RSE space, with around half of respondents engaging with external expertise to support RSE in years 9 and 10. Whether or not students prefer to be taught by external providers is debatable and dependent on context (Dixon, 2020; Education Review Office, 2018). However, comments above indicate that teachers see the value in using external expertise to support their RSE programmes, rather than to teach the content. External providers also have a key role to play in providing PLD and resources. Respondents' remarks in this area tended to converge with issues of time and senior leadership support to access PLD, with respondents most often reporting that lack of time and support was a barrier to accessing PLD.

4. Implications and recommendations

The purpose of this research was to gain a contemporary view of the experiences of secondary school teachers in relation to RSE. With almost 200 survey respondents from across New Zealand, the survey yielded a wide range of insights across different matters relating to teaching RSE in secondary schools.

In this final section of the report is a commentary of implications of the research for different stakeholders, and recommendations for change to enhance practice in RSE in secondary schools. Limitations of the research, and avenues for future inquiry are also noted.

Implications

To organise this section, implications have been framed around the three dimensions of school life as articulated in the RSE guide (Ministry of Education, 2020a) and as used earlier in this report (section 3.12). These are:

- Curriculum, teaching and learning: Implications for **teachers**
- Ethos and environment: Implications for **senior leaders** and **boards**
- Community connections: Implications for **parents** and **whānau**, **external providers and resource developers**, **initial teacher educators**, and **policy-makers**.

It is important to note that connections can be made in multiple directions across the dimensions of school life – aspects in each dimension influencing, or being influenced by, others.

Curriculum, teaching and learning: Implications for teachers

The implications of the research for teachers may be that the findings identify some of the shared experiences of RSE teachers across Aotearoa, including specific barriers and enablers of teaching quality RSE. Teachers may reflect on their own teaching practices, how RSE programmes are planned and delivered and factors impacting the quality of RSE in their school in the context of the findings in this report. The report may provide teachers with a new resource and new evidence to work with their leadership and community to develop, and in some cases, expand or enhance their RSE programme. It is evident from the survey findings that RSE can be complex for teachers in many different ways. This overall finding may provide some comfort to RSE teachers, as they work to manage these complexities and do the best they can for their students. Against the backdrop of intense media scrutiny that RSE can attract, it is important that teachers are equipped to navigate the complexities of teaching RSE – as is also the case for senior leaders and boards, implications for whom follow.

Ethos and environment: Implications for senior leaders and boards

The findings indicate that teachers often feel under-supported by senior leaders. This plays out most significantly in terms of the time that is allocated to RSE in the timetable, and time and access to PLD to meet their on-going professional learning needs. The survey finding that a whole school approach was viewed as a barrier to RSE implies that teachers perceive that senior leaders and boards do not attach the importance to RSE that teachers feel is needed or make connections between curriculum teaching and learning, and other aspects of school life such as pastoral care and guidance, school-based health services, or connections with the wider community, including whānau. These findings are significant for senior leaders and boards in terms of the work that might be needed in order to enact high quality RSE and an effective whole school approach, which will support their work

towards the NELP (Ministry of Education, 2020b). The finding relating to the need for learning experiences in RSE for senior students (outside of NCEA health education) is also significant for senior leadership in terms of considering the resourcing and actions – time and staffing – that would be needed in order to address this identified area of need.

Community connections: Implications for parents and whānau, external providers and resource developers, initial teacher educators, and policy-makers

It is evident from the findings in this survey that significant gaps exist between what is stated as best practice in the RSE guide (Ministry of Education, 2020a) and what is happening for in schools across a number of aspects of RSE. This raises important questions for policy-makers, external providers, and resource developers, and parents and whānau. For example, initial teacher education providers may consider whether teachers are being consistently well-served by their pre-service learning experiences in RSE. With limited time available for curriculum-based learning in initial teacher education programmes (echoing the situation for RSE in schools), new ways of thinking are needed in order to make the most of the limited time that is available for health and physical education trainee teachers. Resource developers may consider how their resources support teachers across the full range of RSE topic areas, how the topics are integrated and how they support engaging ākonga in the learning. The findings are significant for parents and whānau because they suggest a lack of clear communication between parents and teachers/schools about learning in RSE. Parents and whānau may consider the importance of their feedback and involvement with the school about RSE to ensure teachers feel supported by parents and whānau and so there is a shared understanding of the importance of this area of learning. This report raises a number of questions for education and health policy-makers including around the curriculum, accountability mechanisms for RSE teaching and learning, PLD resources, particularly mātauranga Māori resources, and national PLD priorities. Any policy-maker with an interest in student wellbeing should consider the findings in this report and what policy levers could address some of the barriers teachers report to high quality RSE.

Recommendations

Recommendations are directed at a combination of stakeholders in RSE, encompassing teachers, senior leaders, boards, resource developers and external providers, policymakers, initial teacher educators, and parents and whānau. The recommendations below are organised thematically, based on the three dimensions of school life as explored above in the implications.

- Curriculum, teaching and learning
- Ethos and environment
- Community connections.

Curriculum, teaching and learning

1. RSE teachers are provided opportunities to develop a strong understanding of, and reflect in their practice, policies relevant to teaching RSE. For example, the RSE guide (Ministry of Education, 2020a), the NELP (Ministry of Education, 2020b), the Human Rights Act 1993, Our Code Our Standards (Education Council, 2017), the education sector commitment to the Treaty of Waitangi (Section 9 of the Education and Training Act 2020).
2. Senior and middle leaders to use needs assessment and evaluation frameworks to ascertain RSE teachers' PLD needs, plan, provide/access PLD to address these needs, and determine the impact of the PLD on teaching.
3. Initial teacher educators to work together across tertiary institutions to develop a community of practice and share ideas for effective practice in preparing teachers to teach RSE, in order to enhance teacher confidence and capability to teach RSE after graduating.

4. Resource developers and external providers to work with teachers in secondary schools to support and enhance their RSE knowledge, confidence, and practice, rather than directly deliver RSE to ākonga.
5. Middle leaders and RSE teachers to build communities of practice, leveraging off existing strengths, and working collaboratively to enhance overall practice in RSE.
6. Middle leaders and teachers to seek and act on student voice, in conjunction with achievement data and curriculum progressions, when planning RSE programmes of learning, including at senior secondary level in non-NCEA opportunities for RSE learning.
7. Middle leaders and teachers to take an approach to planning that occurs over time, is responsive to identified ākonga learning needs, is integrated across a health education programme (and/or with other areas of the curriculum) and is strengths-based and sustainable.

Ethos and environment

1. Senior leaders to allocate sufficient time for health education so that RSE has a commitment of at least 12-15 hours of face-to-face teaching time in years 9 and 10.
2. Senior leaders to create space in the senior secondary level timetable for non-NCEA learning in RSE which is taught by trained health education teachers, again in line with the 12-15 hours per year level recommendation.
3. The school board to meaningfully include RSE in strategic planning, curriculum reporting by the principal, and the two-yearly community consultation.
4. Senior leaders, middle leaders, and teachers to clarify and strengthen their understanding of the realistic and measurable learning outcomes of RSE, and what schools can be and are accountable for through a whole school approach. This includes connections to the NELP (Ministry of Education, 2020b) and up-coming curriculum refresh, including a progressions approach (Chamberlain et al., 2021) to local curriculum design.

Community connections

1. Senior leaders to provide culturally responsive opportunities for parents and whānau to meaningfully contribute to local RSE curriculum design.
2. Senior leaders, principals' groups, professional organisations, and community organisations to advocate, when opportunities arise, for quality learning, status, quality teachers, PLD and better policy implementation for RSE.
3. Better support for school boards to undertake the two-yearly community consultation, including understanding of legal requirements and recommended processes, and support for schools if consultation yields dissenting views within the school community.
4. Ministry of Education to consider mechanisms for promoting and raising the profile of RSE in schools and among school communities.
5. Middle leaders and health education teachers to access the resources available to ensure understanding of legal requirements and recommended processes, as well as making use of available tools to conduct the consultation in culturally responsive ways.
6. Parents and whānau to take an active interest in RSE, both inside and outside of the two-yearly community consultation.

Limitations of the research

Limitations of an online survey include what is asked, and how this is asked – and how the questions are interpreted by the different respondents. Another limitation is that respondents self-selected to participate and therefore may not be representative of all RSE teachers in New Zealand. Some school types were under-represented in the survey (notably decile 1-3 schools). This was not a 'number of schools' representation, but teachers (there may have been multiple teachers responding from some schools). Limitations also exist around the inability to ask follow-up questions to clarify meaning or seek further information about responses given. Finally, only descriptive

statistics and cross-tabulations were used to analyse the quantitative data, rather than more sophisticated statistical tests, thus no claims to statistical significance can be made.

Avenues for future inquiry

- Case study/situated research to explore the issues more deeply in context, such as timetabling of RSE, RSE course design, how RSE is taught (pedagogical practices), middle leadership issues, the impact of PLD on practice.
- Further nationwide data on the state of education in relation to key RSE considerations such as the teaching of specific topics or course design approaches, teachers' own knowledge, PLD.
- Young people's perspectives while they are still at school, including a focus on exploring ways to collect student voice within a progressions approach and how to integrate this meaningfully within a progressions approach to curriculum design, which involves having learning conversations about where ākonga are now, where they are going, and new possibilities, supporting teachers as they make decisions about why to teach, what to teach, and when to teach it (Chamberlain et al., 2021).
- RSE (and Mental Health Education) guide policy into practice – how are the messages in these Ministry of Education guidance documents being enacted in schools?
- Community consultation in practice – understandings around its purpose, positives of the consultation and limitations/problems raised by the consultation.
- How schools can value and support RSE and health education more strongly, and connections to a whole school approach.
- What do students actually learn in RSE? An analysis of learning artefacts and learning outcomes.
- Teachers' own values in relation to RSE topics – how does this influence teaching practice and students' learning experiences and learning outcomes?

Closing comments

While the findings of this research indicate some positive aspects to teachers' RSE practice, such as breadth of RSE topic coverage, confidence in some aspects of RSE practice, and a wide variety of teaching resources drawn upon, it is clear that many barriers and challenges exist towards enacting RSE that is envisioned by the Ministry of Education (2020a) and that meets the shifting RSE learning needs of young people in New Zealand. The findings suggest that too many young people are not getting access to the 12-15 hours of RSE as recommended by the RSE guide (Ministry of Education, 2007) and the Education Review Office (2018). Media interest in RSE in 2022 has commented on the need to mandate topics such as consent, and has featured the voices of young people who are articulating that there is not enough education in this space, particularly at senior secondary levels of schooling. The sentiment about unmet learning needs is reinforced by earlier research from Family Planning (2019) and the Classification Office (2020) in which young people strongly stated that RSE was not meeting their learning needs, despite the existence of a socio-critical and holistic approach to the subject within HPE in the NZC (Ministry of Education, 2007).

Combined with an educational climate of change – upcoming curriculum refresh, NCEA changes, and the introduction of the NELPs – it seems timely, then, that schools consider the extent to which they are truly meeting their ākonga learning needs in RSE, across all levels of secondary schooling. New Zealand has a world-leading HPE curriculum, and clear guidance from the Ministry of Education (2020b) as to how to enact a responsive RSE as part as a whole school approach. Given that researchers have critiqued the inadequacies of RSE for a number of years (for example Allen, 2008), it is unsettling to find that significant gaps in practice, including timetabled time for RSE, remain. Young people deserve an RSE experience that meets their learning needs, and RSE teachers deserve to be supported in their schools to upskill where needed, and to have time in the timetable to do justice to teaching high quality RSE. If the media continues to ask the question *why aren't schools*

educating young people about these things? how do schools and teachers want to be able to answer in a way that truly speaks to their commitment to provide their young people with a responsive and effective RSE? As stated by the Ministry of Education (2020a), we cannot leave RSE to chance.

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