

Mythbusters activity: The 'legal', school systems level, and consultation aspects of the SEG



This activity was used in the 2015 *Strengthening Sexuality Education Workshops*.

For each statement, you might like to consider:

- Is this TRUE or FALSE?
- What makes you certain of this?
- Which part (or page) of the Sexuality Education Guide would support or explain your True/False decision?
- What issues (if any) does this situation raise for you and/or your school?

Suggested answers with page references to the SEG follow. Note that some answers are a matter of interpretation, rather than a black and white true or false.

Statement	Notes
1. The Health Education Middle Leader is responsible for co-ordinating the community consultation	
2. Community consultation focuses on informing parents, whānau and community members about the units and topics covered in Health Education	
3. Community consultation encompasses a school's Health Education programme, not just sexuality education	
4. Parents need to be informed in writing that a unit on sexuality education is to soon be taught	
5. Student voice contributes to community consultation	
6. When a student has been withdrawn from sexuality education, alternative work must be set by the teacher for him/her to complete	
7. Parents have the right to withdraw their child from any aspect of the Health Education programme.	
8. It is OK for external providers to take an entire sexuality education programme	
9. The best provider for sexual violence (and abuse) education is someone from the community who deals with these issues	
10. Outside providers have an important role to play in developing teacher knowledge and confidence to teach sexuality education	
11. Most high school students are having sex	
12. Most sexually active high school students are using protection against STIs	
13. <i>New Zealand has one of the highest rates of teenage pregnancy</i>	

<i>in the developed world.</i> This is the main reason for sexuality education at high school	
14. 'Sexuality education' is inclusive of a wider range of learning than 'sex education'	
15. It is recommended that aspects of Health Education that deal with issues of sexual violence and abuse are taught separately to the positively framed aspects of sexuality education	
16. It is recommended that students in Years 4-6 should have specific learning time dedicated to sexuality education	
17. Students from Year 7 onwards must have access to 12-15 hours of sexuality education a year	
18. Teachers must be specifically trained to teach sexuality education	
19. Schools must allow students access to sexual health services on-site or out of school	
20. Targeted programmes (eg in response to a specific wellbeing need identified by the school or community) means teachers must give up lesson time for such a programme	
21. Schools must have student led support groups to support diverse youth.	
22. Sexuality education in a school curriculum must be embraced by the school charter	
23. The focus on priority learners – Māori, Pasifika, Students with Special Education Needs and students in low socio-economic communities, applies as much to sexuality education as it does to any other aspect of learning in the NZC	
24. Schools can decide how often they consult with the school community over the Health Education programme (inclusive of sexuality education)	
25. It is the Board of Trustees that has overall responsibility for consulting with the community about the Health Education and sexuality education programme	
26. Teachers can legally respond to any sexuality-related question students ask	
27. Schools must follow a fixed or predetermined process when they consult with the community about the Health Education and sexuality education programme	
28. When schools consult with their community about the Health Education and sexuality education programme there is no requirement to negotiate or reach agreement about the content of the programme	
29. When schools consult with their community about the Health Education and sexuality education programme they must engage with Māori whānau and Pasifika families as a separate consideration	
30. All senior secondary students in Years 11-13 must have access to (non-NCEA assessed) sexuality education	
31. Sexuality education teaching and learning programmes must be	

responsive to the 'front end' of the NZC ie the vision, principles and value, key competencies and effective pedagogy	
32. Sexuality education knowledge is shaped by the underlying concepts of the HPE learning area in the NZC	
33. Sexuality education learning should not be assessed	
34. Identification of student learning needs in sexuality education is based on multiple sources of data and information	
35. Sexuality education teaching and learning programmes should be the same for every class and every school (to make sure the messages are the same)	

Suggested answers:

Item	T/F	SEG page and notes as relevant
1	F	P33: It is ultimately the responsibility of the Board of Trustees but the task may be delegated to a Middle Leader
2	T	P32
3	T	P32
4	F	Assuming the consultation process has been followed and parents have been informed of the school's health (including sexuality programme), this is not a specific requirement as worded in this statement – <i>"the school does not need to seek parents' permission for students to participate... parents may write to the principal requesting to have their child excluded..."</i> (p33)
5	(T)	P34: Ideally students should be consulted as part of the formal process
6	F	P33: It is only required that the student be supervised
7	F	P33: Students may only be withdrawn for the aspects deemed 'sexuality' education
8	(F)	P28: This is open to interpretation and the basis for this judgement is not a legislative one as such, but more a professional policy and practice decision. External providers accessing students during tuition time are not responsible for planning lessons to meet student needs, using appropriate pedagogies, formative assessment reporting learning progress to parents etc - teachers are.
9	(F)	P28: Same argument as above – these providers should be supporting the teacher. See also sexual violence programme comment p23.
10	T	P28
11	F	P6
12	T	P6: Based on Youth 2012 data BUT while 'most' are, many are not
13	F	While this first part of the item is true (p6) it is not the main reason for sexuality education at school – see all of Sections 2&3 p8-26
14	T	Section 2&3 p8-26
15	T	P23
16	T	P22
17	F	The time allocation is a recommendation only (p22-23)
18	F	Teachers must be trained (and registered to be employed in schools) but there is no mandate that they must have specific training for sexuality education – it is of course recommended.
19	F	As worded with 'must' – the guide says 'should be able to access'. Schools have a responsibility to support the wellbeing of students which includes supporting them to access medical health services (P28).
20	(F)	P28: But school level decisions may decide this is the case
21	F	P28: If focusing on the word 'must'. This is a recommendation
22	T	P30: The school charter is all encompassing of teaching and learning
23	T	See for example Sections 2 (p9-11), 3 (p24)and 4 (p36-37)

24	F	P31: Schools must consult at least once every two years
25	T	P32
26	T	P33
27	F	P32&P38: There is a framework and recommendations but this is not a prescribed one-size-fits-all process
28	T	P34
29	(F)	PP36: Again the focus is on the words 'must' and 'separate' – it is certainly recommended that schools should consult with their Māori and Pasifika communities, whether this is a 'separate' event or more inclusive process is for the school to decide
30	F	P26: It is however recommended
31	T	P25, 30 among others
32	T	P14
33	F	P26: As with all learning formative assessment processes should monitor student learning progress
34	T	P25: When taking a teaching as inquiry approach to address student learning needs and considering the list of features of 'good programmes'
35	F	P25: This approach is inconsistent with effective pedagogy and good programme design