

# Health Education Community Consultation

A resource of **QUESTIONS** and **ANSWERS** to support  
primary and secondary schools preparing for and  
carrying out the Health Education community  
consultation process



March 2024

**Health Education Community Consultation: A resource of questions and answers to support primary and secondary schools preparing for and carrying out the Health Education community consultation process**

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**Disclaimer:**

This resource is being produced at a time when the education sector is facing considerable curriculum and other policy changes. Revisions will be made to these materials when and where necessary. Please check that you are using the most up to date information.

March 2024

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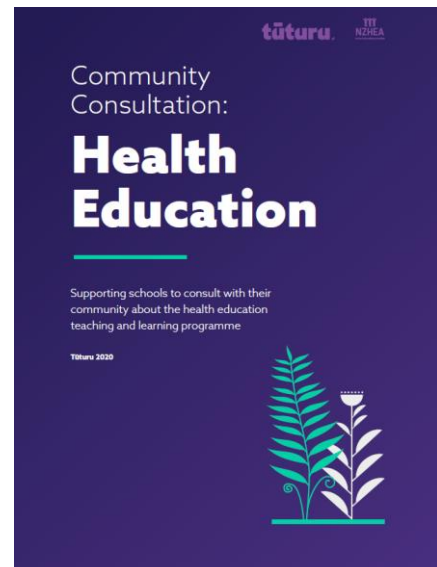
# Purpose of this resource

This resource is presented as a succession of **QUESTIONS** and **ANSWERS** based on the professional learning and development, and guidance and support, offered to schools by NZHEA over many years.

This resource has been developed as a supplement to the Tūturu Community Consultation resource.

Locate the manual and video here.

<https://tuturu.org.nz/toolkit/health-education-consultation>



**The aims of this Q&A approach to the resource is to:**

- Include consideration of primary school contexts as well as secondary schools (*as feature in the Tūturu resource*).
- Respond to a number of recurrent questions about issues schools encounter during their community consultation process.
- Provide further guidance about the development of the delivery statement.
- Provide further guidance about the planning and timing of the community consultation process.
- Update some of the references to reflect newer education policy.
- Provide guidance for managing difficult situations presented by the school community during the consultation process.

Note that we use the term **'Health Education learning programme'** in this resource instead of **'health curriculum'** as appears in the Act to refer to the schools own Health Education teaching and learning programme. *We are referring to the same thing* but have chosen this language to avoid confusion with the HPE learning area Health Education 'curriculum' as part of The New Zealand Curriculum.

# 1. Introduction

## The [Education and Training Act 2020](#)

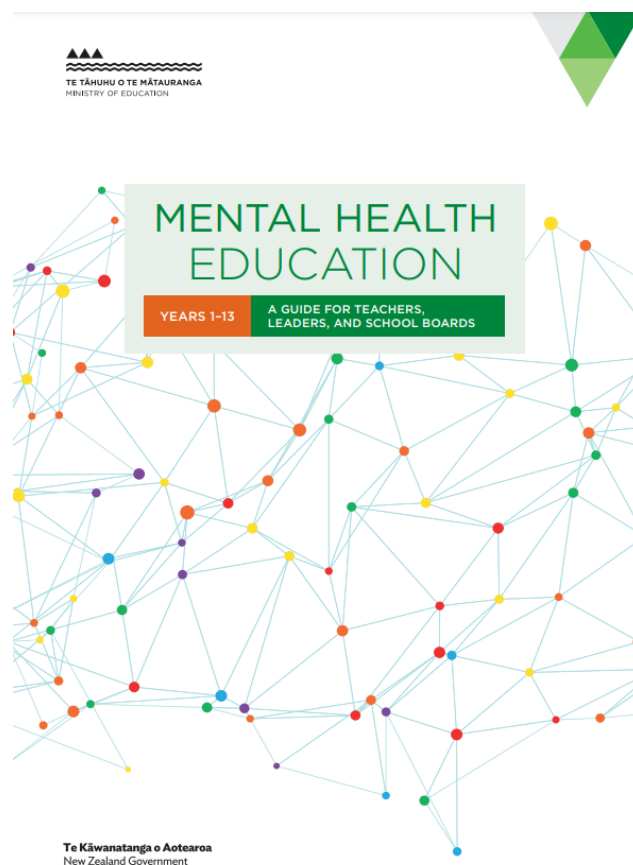
Teachers of Health Education work in the most legislated subject in the curriculum with two separate sections of the Education and Training Act (2020) (sections 51 and 91) *specifically* related to Health Education.

Most schools appear to be aware of the need for the school to consult with their school community over the delivery of their health curriculum within each two-year cycle, in response to the requirement of the Education and Training Act 2020 (Section 91, Community consultation)

Community consultation is specifically a board responsibility, although the process is often delegated to leaders and teachers with knowledge and responsibility in this area of the curriculum. All state and state integrated secondary schools are required to meet this requirement. Independent (private) schools are not.

Anecdotally it would seem that some schools engage in a process that doesn't fully reflect the intent of the legislation. Findings from the 2022 research project [New Zealand secondary school teachers perspectives on teaching Relationships and Sexuality Education](#), carried out by the University of Canterbury, Family Planning, and NZHEA, indicated that the community consultation process was not helpful for some schools, with feedback suggesting the conservatism of some parents was getting in the way of designing responsive RSE programmes that reflected curriculum and other policy expectations.

The **Ministry of Education Relationships and sexuality education: A guide for teachers, leaders and boards of trustees** (2020) – signalled for redevelopment later in 2024 and [Mental health education: A guide for teachers, leaders and school boards](#) (2022) are central to this discussion. What is provided here is an expanded overview of some of the legal and policy considerations covered in these guides.



## 2. What is the purpose of community consultation for Health Education and what requirements are schools required to meet?

### Education and Training Act (2020) Section 91. Community consultation

We start this discussion with the legislation about community consultation. The relevant section of the Act is reproduced below.

#### 91. Board of State school must consult about delivery of health curriculum

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

**school community means,—**

  - (a) for a State integrated school, the parents of students enrolled at the school, and the school’s proprietors;
  - (b) for any other State school, the parents of students enrolled at the school;
  - (c) in every case, any other person who the board considers is part of the school community for the purpose of this section

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

It is important to note the **different definition of ‘community’ specific to Section 91 of the Act.**

Section 10 of the Act - ‘Interpretation’ - is a list of definitions. In relation to health education, **parents of the students attending the school** are afforded the highest priority as members of the school community. **This is a different definition** to that in Section 10 where ‘school community’ is defined as follows:

#### 10 Interpretation

- School community**, in relation to a school, means—
- the parents, families, and whānau of the school’s students; and
  - (b) the Māori community associated with the school; and
  - (c) any other person, or group of persons, who the board considers is part of the school community for the purposes of the relevant provision

## Unpacking these consultation requirements

Having supportive senior leadership and board support is vital. As leaders and governors of the school they are required to comply with all education legislation.

Clauses	Note that this consultation is a BOARD responsibility – while teachers and HPE middle leaders may be delegated the work, the BOARD has to act in support of this.
(2) The purpose of the consultation is to—	
(a) inform the school community about the content of the health curriculum*; and	<p>'Inform the school community about the content of the health curriculum' requires the school to have firstly designed and planned the health education aspect of the school's (local) curriculum.</p> <p><u>Informing is an information giving process.</u></p>
(b) ascertain the wishes of the school community regarding the way in which the health curriculum should be implemented given the views, beliefs, and customs of the members of that community; and	<p>'Ascertain the wishes of the school community' must still comply with education and wider social sector policy.</p> <p>The community cannot require the school to teach content that contradicts other education or Human Rights policy for example. This aspect of the Act has become somewhat dated since the 1980s as education policy now gives far more direction to what can (and cannot) be taught.</p> <p><b>This clause has major caveats in the 21<sup>st</sup> century education policy environment!</b></p>
(c) determine, in broad terms, the health education needs of the students at the school.	<p>Note the emphasis here is on broad terms, the Health Education needs of the students at the school.</p> <p>Parents will have a view of their own child but not every other student in the school. Agreement is only required in 'broad terms' and not in the details. Think about what these 'broad terms' are for your Health Education programme.</p>
(3) The board may adopt any method of consultation that it thinks fit to best achieve the purpose, but it may not adopt a statement on the delivery of the health curriculum until it has—	<p><u>The board may adopt any method of consultation that it thinks fit to best achieve the purpose.</u> There is flexibility and choice about the way a school consults with its community. It does not mean a school has to hold face to face meetings (as desirable as these may be for quality consultation and for accessing some groups of parents in the community). The information giving and feedback may be an entirely online activity.</p>
(a) prepared the statement in draft; and	<p><b>Essential – the school HAS to prepare a draft delivery statement BEFORE the consultation process starts – it is the draft statement that is the basis for the consultation – it is this document that parents are asked to give feedback on.</b></p>
(b) given members of the school community an adequate opportunity to comment on the draft statement; and	<p>Feedback can be in various forms, typically it involves some form of questionnaire, and/or the outcomes from discussion at a parent meeting.</p>

	<p>Importantly, <b>what you want feedback on is the delivery statement</b> because what you are trying to achieve is broad agreement about the content of your planned Health Education programme.</p>
(c) considered any comments received.	<p>A school only needs to 'consider' the feedback received – not necessarily act on it.</p> <p><b>Do not let lone or loud voices dictate change – changes to your programme should be widely supported.</b></p> <p><b>As noted, changes cannot be made where these contravene education, human rights, or other social sector policy.</b></p>



# 3. Can we hand our consultation process over to a community provider?

## **Board of State school must consult about delivery of health curriculum**

- (1) The **board** of a State school must, at least once every 2 years, after consulting the school community, adopt a statement on the delivery of the health curriculum.

Although the board is ultimately responsible for the consultation process being completed, there is no specific guidance on who needs to carry out the process.

However, as this is about **curriculum delivery**, sections 164 and 90 of the Education and Training Act 2020 would indicate that the development of the **delivery statement** at least needs to be a (senior or middle) leadership responsibility, with input from subject expert teachers (as required), **who have knowledge of the national curriculum statement, school's local curriculum, and of the learners attending the school.**

## **Education and Training Act (2020) related to Curriculum**

### ***Programmes and monitoring***

#### **164 Teaching and learning programmes**

The **board** of a school must ensure that the **school's principal and staff** develop and implement teaching and learning programmes that—

- (a) give effect to any foundation curriculum policy statements and **national curriculum statements** made under section 90; and
- (b) give the school's students access to a nationally and internationally recognised qualifications system.

### ***Curriculum and performance measures of schools***

#### **90 Curriculum statements and national performance measures**

(1) The Minister may make the following:

- (a) foundation curriculum policy statements, which are statements of policy concerning teaching, learning, and assessment that are made for the purposes of underpinning and giving direction to—
  - (i) the way in which curriculum and assessment responsibilities are to be managed in schools:
  - (ii) national curriculum statements and locally developed curricula:
- (b) **national curriculum statements**, which are statements of—
  - (i) **the areas of knowledge and understanding to be covered by students during the years of schooling; and**
  - (ii) **the skills to be developed by students during the years of schooling; and**
  - (iii) **desirable levels of knowledge, understanding, and skill to be achieved by students during the years of schooling;**
- (c) national performance measures, which are targets against which the performance of boards can be measured.

As to who carries out the informing and feedback collection process is up to the school, but it would seem to be a valuable opportunity for staff of the school to engage with the parent community.

For in-person events, schools may decide it is useful to invite community members with specialist subject knowledge (for example a sexuality education professional learning and development provider) to contribute to a parent meeting.

## 4. What is involved in a community consultation process?

**Consultation** for the purposes of this section of the Act is a process by which parents (community) need to be **informed** – in this case about the Health Education programme – so that they can give informed **feedback** – in this case how the school plans to deliver its Health Education learning programme.

Community consultation that responds to Section 91 of the Act has the specific aim to consult the (parent) community about the Health Education learning programme, to achieve a specific outcome and that is to reach agreement in broad terms over the school's Health Education programme.

What this requires schools to do is:

1. Establish the group of school personnel who will lead and be involved in/contribute to the community consultation process.
2. Develop a delivery statement.
3. Make the delivery statement available to the (parent) community ie inform parents about the Health Education programme by any suitable means.
4. Provide time and opportunity for giving feedback, again by any suitable means.
5. Make changes to the Health Education learning programme *if and where* there is clear direction to do this - and within other established education policy.
6. Adopt this delivery statement as a guiding document for Health Education in the school curriculum for the next two years.

Planning the consultation process is important. Break the process up into the steps needed and clearly identify who has roles/responsibilities for these steps. Inform the community of the expected timeline and the main steps in the process.

# 5. What planning is needed for effective community consultation?

Think about timing, who will be/needs to be involved and what their roles and responsibilities are, and how you will go about the consultation process (ie informing parents and receiving feedback).

## Planning for our community consultation

**Timeframe:**

When do we need to get started?

When does this need to be completed?

Who will be involved in conducting the consultation? For each person, what is their role or responsibility?

Person	Role or responsibility

What ideas do you want to consider or include when you carry out the consultation?  
What are priorities for you, given what the school has done in the past, and the nature of your school community?

What resources or support do you think you might need?

## 6. Does our school have to consult its community – and who are our ‘school community’?

Community consultation is required to be carried out by:

- All state schools
- All state integrated schools
- All primary, intermediate and secondary, including senior secondary-only schools
- English medium schools and Māori medium kura

*The only schools that do not need to consult their community are independent (private) schools.*

Who is ‘our school community’?

Note the wording in the Act that states:

School community means:

(a) for a **State integrated school**, the parents of students enrolled at the school, and the school’s proprietors;

(b) for any other **State school**, the parents of students enrolled at the school;

(c) in every case, any other person who the board considers is part of the school community for the purpose of this section

**Apart from parents of students enrolled at the school, what guidance has the school board given around who they deem to be ‘community’ for this consultation process?**

*Noting this does not have to include anyone other than parents.*

- As many schools have found, people in the local community, who have particular cultural or religious ideology, or political agenda they want to promote – and who DO or DO NOT have children at the school, can derail consultation processes. Unfortunately many schools have had to take a strong stance on who they consider to be their community for the purpose of community consultation. Out of necessity it would seem many schools limit the process to involving only parents of students attending the school. This restricted defining of the school community meets legislative requirements.
- **Recommendation:** If including community other than parents, consider VERY carefully who this is will be, why they are being consulted, and keep this wider community engagement as INVITATION ONLY.

**Students as school community members:**

Student voice and student achievement data should have already informed the development of the learning programme design aspect of the delivery statement, and this would seem to be the most valuable part of the process for students to have input into. **The purpose of this legislation is to first and foremost consult with parents.** Although student input into the consultation process can happen, broad agreement in about the Health Education programme has to come from parents, not students. Think carefully about the best way students can input meaningfully into the process, given the legislative requirements and purpose of this consultation process.

## **7. Is there any difference between primary school and secondary school community consultation?**

**Fundamentally NO.**

The wording of Section 91 of the Education and Training Act 2020 applies equally to all schools.

- The appearance and wording of the delivery statement will have obvious primary-secondary differences reflecting the different nature and year and curriculum levels of these schooling sectors.
- The opportunities for engaging parents may differ.
- Some of the parent questions, issues and concerns will have obvious (younger) children and (older) teenage, related considerations.
- Any engagement of students in the process will differ based on capabilities for younger and older students to do this.

## 8. Are we just consulting about sexuality education?

**NO.** The community consultation covers all Health Education contexts derived from the Health and Physical Education Learning Area in the New Zealand curriculum. That is **Mental Health, Relationships and Sexuality, Food and Nutrition, and Body care and physical safety** (primary).

Often as not, the sexuality education component creates the most interest and concern among parents and any engagement with parents will tend to focus most attention of this aspect of the curriculum. During in-person events, try to get some focus on learning other than RSE to highlight the breadth of learning students engage in.

### **Relationships and Sexuality Education resources:**

If you are showing your parents and community published Relationships and Sexuality Education teaching and learning resources used at your school, please stress that activities are **selected in response to student learning needs**, and activities are also adapted to support learning. Students will not necessarily engage in learning related to *all* activities in the resource(s). As required, highlight key learning and the main messages being promoted through the activities selected for the teaching and learning programme.

## 9. What is a delivery statement?

There is no prescription for what a delivery statement must look like or contain. The following is only a recommendation.

A delivery statement typically contains TWO parts:

1. a one-page overview (approx.) – the ‘delivery statement’
2. a summary of the material to be taught across all levels of the school.

1. **The first part** is a few paragraphs (usually no more than one page) of information that links the school’s Health Education programme (in its entirety) to the likes of:
  - the local curriculum
  - the school values
  - the year levels where health education learning occurs
  - the national curriculum statement – *The New Zealand Curriculum* or *Te Marautanga o Aotearoa*
  - any NCEA assessed Health Education coursework (secondary)
  - any main themes or priorities for the health education topics and reasons for these
  - where available, any learning and/or wellbeing data and/or student voice the school is using to inform the content of its health education programme
  - who will teach the health education programme and possibly something about the expertise and training of the teachers
  - if external providers are used for any part of the programme delivery (these should be mentioned, perhaps with reasons why they are being used to support the health education programme)
  - where Health Education is woven across an integrated curriculum, provide some consideration of how this is done.

**Note this is not an exhaustive list of possible ideas to include, nor is there any specific requirement of what must be included.**

Keep the focus on the key questions

- *How does your school deliver its Health Education teaching and learning programme?*
  - *What information about your Health Education programme do you want parents to be in broad agreement about?*
2. **The second part** is an A3 (or equivalent) summary of the units taught at each level which supplements the statement above. *More details of the learning programme can be provided on request although you may want to decide with senior leadership input exactly how much planning is shared.*
    - Think about the most meaningful and useful way to provide your community with learning programme related information. Remember parent don’t know and understand the curriculum so they will read their own meaning into it if it’s not clear. Try and stand in the shoes of parent who doesn’t have your expert subject knowledge.
    - Consider presenting each unit as a series of ‘key learning (outcomes)’ or ‘key messages’ related to the topic or theme for each unit.

## Ideally the design and planning of a health education learning programme will be informed by a combination of (most of) the following.

- Academic achievement and progress data that shows what the students have learnt and what they are yet to learn. *Although it is noted that without nationally recognised ways to assess Health Education learning (other than at NCEA level) this remains problematic.*
- Social and wellbeing data (so that learning connects with wider school wellbeing goals and expectations) *e.g. from NZCER Wellbeing@School or similar survey data* – this includes student voice.
- Priorities for local school curriculum design.
- Current wellbeing issues for children and youth as notified through national research reports or emerging issues that could be usefully incorporated in a learning programme to provide interest and relevance for learners.
- Available resources.

### Think about:

- *What needs to be (and doesn't need to be) mentioned in an overview of the learning programme written for parents?*
- *What will help parents to understand the content and reasons for the selection of topics/contexts to be included in the learning programme?*

### Notes:

- There is no requirement to conform to these page size and length suggestions but be realistic about what you expect your parents to read, understand, and give feedback about.
- **You are only consulting your community about the Health Education (curriculum) programme, not the whole school approach to supporting student wellbeing. This legislation is only about curriculum teaching and learning. Parents can certainly be informed about the approach to school wide wellbeing promotion and wellbeing support systems, but these are not the focus for the consultation process.**

## Consider the best way(s) to make the delivery statement available.

- Is there value in making a video recording of the statement being read – perhaps in different home languages?
- Make use of the school's website – preferably in an area that only parents of students can access and where the delivery statement text can be read or listened to (and feedback given).
- Is there any need for a printed document e.g. is the value in having an enlarged copy of the statement available in the school foyer/wating area for visiting parents to view?
- If an in-person meeting is being held, print copies will be useful to have at the meeting.



# 10. How do we develop a delivery statement?

## How does documentation usually get developed at your school?

- By committee whereby ideas are discussed and the most agreed to are put forward?
- By someone preparing a draft of ideas that is then circulated and presented at a meeting for feedback?

## Who needs to be involved?

The Health Education delivery statement requires specialist curriculum knowledge of the leaders and teachers preparing the statement.

- Who are the key people in your school with this knowledge?
- Who has oversight of the Health Education Learning programme design?
- Who has oversight of the place of Health Education in the school curriculum?

Therefore, who is the best person/people to lead the writing of the delivery statement? The different parts may require different input e.g.

- HOF, HOLA, HOD, TiC etc (secondary)
- Lead teacher, senior leader etc (primary)
- Senior leader of curriculum, principal
- A board member with oversight of the school curriculum

## Who writes the delivery statement?

How is the draft statement agreed to leading up to consultation? Consider the:

- Board
- Principal or other senior leader of curriculum
- The teachers teaching Health Education

Note there is no specific requirement for students to be involved in the development of the school's delivery statement, although ideally the programme design will be informed by data about their learning in Health Education.

That said, schools may wish to engage students in an aspect of the development of the delivery statement, but as a legislative requirement, it is still the board that must take overall responsibility for this.

## Can we just revise our (previous) delivery statement?

There is continuity of curriculum delivery from year to year in schools so unless there has been substantial change in the two years since the previous community consultation, it would seem reasonable that the delivery statement does not need to be rewritten from scratch and a pragmatic approach to check that it remains current, making minor adjustments as needed, will suffice.

However, if there has been a major change to the school's local curriculum and/or national policy related to Health Education in the past two years (since the previous community consultation) a rewrite will be needed.

Also, review documentation from the previous community consultation to check if recommendations were made for the next (ie the current) community consultation delivery statement.

# 11. How do we best inform our parents (and community) about the delivery statement?

For consultation purposes, parents need to be informed about the delivery statement which means they all need to be able to access it in some way.

**What methods of communication are most effective for parents of students at your school? These methods are also indicative of the venue/location of these ways of engaging parents.**

- Digital communications that provide text based and/or video. *Making use of school email, social media and website, and any other ways of communicating digitally.*
- Formal in person meetings at school or in a community (cultural) context e.g. a local marae or community centre.
- Informal and incidental meeting e.g. at a Saturday morning sports match, waiting at the school gate.
- Entering or leaving student-parent-teacher conferences or interviews.
- Whānau morning/afternoon tea session.
- Established parent groups.
- Other?

As well as giving information, think about the way parents will be able to ask questions and have them answered. For in-person meetings this will be immediate, but if using an online informing process, how can parents ask questions (e.g. set up a social media post or a Google form or provide an email address to a designated staff member).

**Do we have to run a parent meeting to inform parents and get their feedback?**

**No.** If it is a good way to engage parents then make use of in-person events. If not, consider other ways of engaging parents.

- The whole process can be done online if a school decides that is the most effective way to first inform and then get feedback from parents.
- Do consider who your parent community are. For which parts of your school community might it be more appropriate to offer some form of in-person event to discuss the delivery statement so parents can ask questions and give informed feedback?
- Schools do not need to use the same method of communication for all parents. In diverse communities, consider a series of smaller targeted events that engage specific groups of parents. These could be staggered over time and coincide with other events

## 12. Do we need to / how do we go about answering parents' questions?

**Yes to be suitably informed**, answering parents questions should be considered part of the informing process – as problematic as some questions may be.

In person meetings have the obvious benefit of being able to respond to questions as they are asked. Have a plan for who will answer which type of question. Think about:

- Who has the expertise to answer specific curriculum and learning programme content knowledge questions
- Who has expertise around questions that related more to student health and wellbeing (pastoral matters etc)
- Who has the expertise to answer whole school/wider school systems, perhaps legal and policy questions - if the arise?
- And whether all questions will need to be responded to at the time - saying *'I'll need to consult [xxx] and get back to you on that one'* is a legitimate response for problematic questions.

However, experiences of many schools suggest most parents don't attend a community consultation meeting, but they may still have questions about the delivery statement (made available digitally) that they want answered before they give their feedback.

**Think about how to best manage this Q&A process:**

- Is it useful to set up a Google form or use a similar application that can receive questions and a designated person replies individually to these questions using an email provided (ie not anonymised), OR after an advertised set period the questions are compiled anonymously, answers developed (in a type of Q&A document) and this is posted back with the delivery statement, OR some variation of this approach?
- Do you use the school's social media page for receiving questions and providing answers? If so, make sure this is a closed community to avoid interference from sources external to the school. Also think about the impact that a few parents with objections or agendas they want to give voice to posting to the schools' social media will have on the consultation process.
- Do you provide a designated email or a phone number (with times to call) for parents to use for questions?

Weigh up the benefits of making answers to questions available for all vs individual responses.

Unfortunately the recent experiences of many schools have seen some teachers receiving personal and vitriolic attacks from members of the community about certain aspects of relationships and sexuality education they do not agree with.

- Pre-empt ways to minimise this and have a planned response for if/when this occurs.
- Make sure all staff know who needs to be told about such communications, who will respond, and what needs to be said – and if necessary, what NOT to say.

# 13. How do we best receive feedback from our parents (and community) about the delivery statement?

Informing parents about the delivery statement and getting feedback are typically all part of the same event or process. The ideas for engaging the community in consultation can be found in the previous section. The ideas here focus on methods for collecting feedback.

## What do we *actually* need to 'survey' parents (community) about?

The purpose of the consultation is to: 'ascertain the wishes of the school community regarding the way in which the health curriculum should be implemented given the views, beliefs, and customs of the members of that community'\* and 'determine, in broad terms, the health education needs of the students at the school'.

\*Noting that these wishes cannot be in breach of other education policy and legislation, nor contravene Human Rights legislation.

**Any feedback from parents must provide the school with sufficient information that enables them to do this. An example of a survey form needed to elicit the required information is provided on the following page. This could be presented as a questionnaire to complete or as a discussion frame where ideas are recorded during a meeting.**

Note that the wording of this legislation pre-dates a lot of current curriculum and education policy that gives direction to curriculum expectations - which are not up for negotiation. There are limits to what 'ascertain the wishes of the school community' can actually consider in the current policy environment. See E&T Act sections 164 and 90 in section 3 of this resource.

## How do we collect feedback?

### In-person events:

- Ideas collected on graffiti sheets or post its
- Recording of a meeting discussion
- Computers set up at a school event where parents can quickly fill out a survey form (or print version of the same)
- Printed survey form to fill in at an event where the community are present – perhaps at a stand featuring examples of student work or photos of student engagement in Health Education activities

### Online consultation

- Digital survey form to fill in using the schools digital survey application

## Or engaging students in the process:

- Have students ‘interview’ their parents and fill out the form

### What not to do – dispelling hangovers of past ‘survey’ practices

It is disingenuous to hand parents/‘the community’ a blank piece of paper and ask what they want in the school’s health education programme when they have no knowledge of the curriculum, effective teaching and learning, and the policy environment in which health education sits. This is NOT informing parents (community).

While parents may have some understanding of the learning needs of their own child, they don’t have that same knowledge of every other student in the school. That is the responsibility of the teachers at the school.

Similarly, carrying out a survey to rate the adult-perceived importance of possible learning contexts is of little value when evidence of student learning needs and local curriculum design should prioritise what learning will – and should - feature in health education.

### Parent community consultation feedback form

What year level(s) is your child(ren) in?

Which ethnic group(s) best describe your family?

*List those relevant to your school*

After reading the draft delivery statement, [and having your questions answered] please answer the following questions.

To what extent do you agree with the draft delivery statement?

- I agree with the delivery statement
- I partly agree with the delivery statement
- I don’t agree with the delivery statement
- I’m unsure and need more information

If you partly or do not agree with the delivery statement, please provide us with information about this.

If you need more information, what information do you need? How would you like us to communicate this to you?

After reading the **draft health education learning programme**, [and having your questions answered] please answer the following questions.

To what extent do you agree with the draft Health Education learning programme?

- I agree with the learning programme
- I partly agree with the learning programme
- I don’t agree with the learning programme
- I’m unsure and need more information

What would you consider to be a highlight or a strength of the school’s Health Education programme?

If you partly or do not agree with the delivery statement, please provide us with information about this.

If you need more information, what information do you need? How would you like us to communicate this to you?

### Notes

Is demographic data like year level and family ethnicity useful to know? If not, don’t collect it. If so, decide how you will use it e.g. judging how representative of the parent community the feedback is.

For survey purposes, the delivery statement is being considered in 2 parts – the overarching ‘delivery statement’ and the summarised learning programme.

## 14. If we hold a parent meeting, what is the actual purpose of it?

The consultation purpose is specifically to inform parents about the Health Education delivery statement (including the teaching and learning programme) and get feedback in, order to reach broad agreement about the delivery of the Health Education learning programme.

**This means that the main purpose of any meeting needs to achieve these two tasks:**

- Inform parents (community) – which may have started prior to the meeting
- Get feedback.

**An in-person meeting would typically include:**

- A short presentation walking the parents/attendees through the delivery statement and summary of the Health Education learning programme.
- Time for discussion about this document – perhaps including activities similar to those used with students to unpack meaning and identify questions for clarification.
- An activity to collect feedback.

**In addition to these basic requirements schools may also choose to:**

- Engage people attending the meeting a selection of student learning activities to demonstrate the pedagogical practices and resources used in Health Education.
- [For parent interest] Include a presentation by a speaker with expert knowledge of an aspect of curriculum knowledge, or with research or clinical expertise about young people's wellbeing.

**Have a safety plan in place for the meeting (see section 18)**

# 15. What do we do with the feedback from parents?

Feedback that is supportive of the draft delivery statement and the planned Health Education programme can be counted to get a sense of the level of support.

## **How will you inform parents about the outcome of the consultation process?**

- At a minimum there should be a summary provided in a school newsletter or other communication to parents. This statement could thank parents for their engagement and feedback, indicate any changes that were made as a result of the consultation, and explain any recommended changes that were not able to be actioned – with reasons why.
- If there were any problematic issues arising, consider directing parents to online sources of information to further explain these reasons e.g. feedback that is inconsistent with curriculum and other education or wider social sector policy and legislation).

## **What if just one or two parents object but most agree?**

- As with any democratic process, a small number of loud voices do not get to override the majority. Make sure any calls for change are widely supported and not isolated views.

## **Transparency**

- It is recommended that schools document any changes made to the draft statement after community consultation and the justification for these and add this as an appendix to the clean final statement. This ensures transparency with the parent community as to how their feedback was taken into consideration and provides useful documentation for the board when they adopt the statement.



# 16. Should we include mention of Section 51 of the Education and Training Act in community consultation?

## **Section 51. Release from tuition for specified parts of health curriculum**

Although this part of the Act is completely separate from the requirement to consult the community over the Health Education programme, the concerns of some parents may draw attention to Section 51 which gives parents the right to withdraw their child from aspects of health education – namely **sexuality education**.

With sexuality now a broad and all-encompassing idea – framed in the Ministry of Education *Relationships and sexuality education: A guide for teachers, leaders and boards of trustees* (2020) - it is currently difficult for schools to make a case to a concerned parent that this section of the Act is only intended to refer to selected sex(uality) education topics like it was for 'sex education' decades ago when this section was added, and not the whole of RSE as could now be interpreted.

**In context of your community consultation process, try to avoid clouding or confusing the process with this aspect of the Act if you can. Be prepared to identify which parts of your programme are specifically 'sexuality education', and which parts are NOT.**

### **51 Release from tuition for specified parts of health curriculum**

(1) A parent of a student enrolled at a State school may ask the principal in writing to ensure that the student is released from tuition in specified parts of the health curriculum related to sexuality education.

(2) On receiving a request under subsection (1), the principal must ensure that—

- (a) the student is released from the relevant tuition; and
- (b) the student is supervised during the period of release from that tuition.

(3) Subsection (1) does not require a principal to ensure that a student who is to be excluded from tuition in specified parts of the health curriculum related to sexuality education is excluded at any other time while a teacher deals with a question raised by another student that relates to the specified part of the curriculum.

Note that schools only need to notify parents that sexuality education is happening and this can be done at the beginning of the year in a communication to parents, or at a time closer to the teaching of a sexuality education unit.

**Parents DO NOT have to give signed permission for students to opt into sexuality education.** Although if a school wants to do this they can but please realise this is excess to requirements. The only requirement is that parents are notified, and the onus is on the parent(s) to contact the school if they wish to withdraw their child from sexuality education.

## 17. When should we time our community consultation?

The only timing related advice is to reiterate that the school must consult with its (parent) community within each two-year cycle.

The timing of the consultation events in the year is entirely up the school. As schools are busy places, a pragmatic response to timing makes sense.

- Try to coincide the consultation with related activities that help draw attention to the purpose of the process. Related activities might mean health or wellbeing related events, other reasons for engaging with the community over curriculum and learning matters (e.g. parent teacher events), or wider school review processes.
- If in-person contact with your parent community is a useful and valued part of your consultation process, think about timing aspects of your consultation when there is opportunity to utilise other planned events that will bring parents into the school.
- Consider what else is happening at the same time on the school calendar. As parents need to firstly be informed about the planned Health Education programme, avoid times when there is a lot of other information giving.
- As part of communications about the consultation process, consider advising parents of the expected timeline.

## 18. What should do if our community consultation looks like being derailed or hijacked by members of the community?

In person parent meetings have always attracted parents whose views about Health Education, especially relationships and sexuality education, different from the intent of the curriculum. The recent experiences of many schools have seen heightened levels of disruption to community consultation processes and in person meetings are seen as forums for some people to push their own social/political/cultural/religious/ideological agenda.

- Ensure understanding of the **nature and purpose of the consultation** – what is it – and what it isn't. Try to avoid being derailed by being drawn into debates that detract from the consultation purpose. If the person is persistent, try and move the discussion into another forum.
- **Ensure the support of the board and principal.** They have a legislative responsibility for the safety of the students at the school. Anyone who looks like compromising this safety needs to be managed.
- Clarify at the start of the process **who the 'school community' is** for the purposes of the consultation.
- Try to **predict potential challenges** to your consultation process by keeping an ear and eye out for community groups that do not share values and beliefs consistent with the curriculum.

**It is with some regret that the need for a safety plan now seems a necessity for a parent/community meeting. The following guidance is offered:**

- Ensure a clear and firm agenda for the event connected to the consultation purpose, and do not tolerate disruption to this. Ask people who are not prepared to engage in the process as planned to leave if you need to.
- Be prepared to take a stand around limiting access to the meeting only to parents of students attending the school.
- For an open community meeting, take a stand around who has talking rights at the meeting and not extending these to anyone not deemed part of your school community for consultation purposes.
- Be aware of local or national tensions around some health and wellbeing issues. These tend to be well known about given the role social media plays in disseminating and giving voice to such issues.
- Be aware of the material that may have already circulated among community members or any materials that they may bring to the meeting. In some areas,

letterbox drops of leaflets espousing a particular ideology may have already taken place.

- If a small group of people with specific concerns about an aspect of the planned Health Education programme arrive with their own agenda and try to hijack the meeting it is unlikely that they will be persuaded to change their views in the space of the meeting. Be prepared to challenge misinformation about the nature of Health Education or the issue that is causing them concern. Consider pre-empting some likely questions and challenges and rehearsing some responses.
- Have a contingency for any behaviour that is unduly aggressive and disruptive.

In extreme cases, if pursuing in-person events become untenable for ensuring the engagement and safety of participants, consider shifting the consultation to an online only event, and run invited focus groups to target specific (harder to reach) groups of the school community when timelier to do so.

**Also:**

- Have a strategy for responding to abusive and vitriolic emails or phone communications. Who needs to know about these, who responds, what to say – and what not to say.

# 19. How do we manage difficult situations presented by the school community?

This section relates mostly to relationships and sexuality education, although some challenges may extend to other key areas of learning. The challenges listed below are typical of challenges presented by parents and community during the consultation process.

Challenge from a community member	Possible response
Concerns are raised about the suitability of some Sexual Wellbeing Aotearoa (previously Family Planning) resource and teaching materials (or that of another named organisation).	Teachers select the appropriate parts of these resources to respond the learning needs of their students. These resources are not used in their entirety.
A parent wants to see the lesson plans in detail for every lesson	You may be asked for the content of your programmes, lesson plans, and even all materials being used in class. Discuss with a senior leader as to the level of sharing that is reasonable. Alongside the draft delivery statement, it could be useful to provide an overview of teaching units for each level - but again, decide the level of detail you want from these.
Even after the delivery statement is accepted based on the majority of feedback, some parents still object to some of the sexuality education content.	Remind parents of their right to withdraw their child from aspects of health education related to sexuality education (see section 51 of the E&T Act).
Even after the delivery statement is accepted, based on the majority of feedback, a parent still objects to some of the other (non-sexuality education) content e.g. drug and alcohol education.	They could try and make use of Section 50 of the Education and training Act but unless they can make a clear and defensible case for this on cultural or religious grounds, this is not acceptable. See Q 17.
Parents claim it is their job, not the schools' job to teach [xxx].	Research has shown that young people want to learn about sexuality-related matters from a range of people, parents, online sources, and school. It is especially important that students learn to take a critical perspective about materials they view online and on TV.
Schools shouldn't be teaching gender roles and expectations	This is a critical aspect of consent education which people across NZ are calling for in response to sexual violence statistics. The Classification Office research found that 40% of young people had seen porn by the age of 12. If porn is the medium for education about expectations on people in sexual situations, then young people are only receiving a distorted and unhealthy view of relationships. Encouraging young people to think critically about gender roles and expectations is part of educating to support healthy relationships with people we will interact with in our lives.
There are only two genders. Gender is biology.	For health education purpose, gender is a social construction, sex is about biology. The NZ Health Strategy (MOH, 2023) has sections on gender-affirming healthcare and better access to primary care for transgender people. The recognition of non-binary gender identities is therefore not

	<p>limited to the education sector and high-level work is taking place to support all people to access healthcare in NZ.  Also see: <a href="#">World Health Organization</a></p>
<p>Responses for other gender-related issues</p>	<p>'Sexuality' is broad and holistic, encompassing many parts of human life and interactions with others and the world.</p> <p>'Gender' is also a broad construct – ie the social and cultural construction of what it means to be a male, female or other person in society.</p> <p>The curriculum does not have a heavy emphasis on gender identity – there are many aspects to society that are shifting, for example online mis/disinformation, pornography, workplace cultures, post-COVID realities.</p> <p>Gender is complex – and not only about identity – it is also about gender roles, norms, expectations – which connect strongly to issues relating to domestic and sexual violence in NZ. Although these discussions need to be managed carefully they are conversations worth having because of the way they impact the lives of many young people.</p> <p><a href="#">InsideOut</a> also have a range of resources for schools</p> <p>The Ministry of Education <a href="#">Inclusive Education Guide</a> contains a large amount of material to support school wide approaches to rainbow inclusive practices in schools.</p>

# 20. What other policy and legislation might we need to be cognisant of?

## National Education Learning Priorities

Starting with the big picture policy of the moment. In January 2023 the NELPS (National Education Learning Priorities) finally replaced the NAGs and NEGS – read all about this and find all of the documents at this link <https://www.education.govt.nz/our-work/overall-strategies-and-policies/the-statement-of-national-education-and-learning-priorities-nelp-and-the-tertiary-education-strategy-tes/>

Although we can make a case for the contribution that learning in health education will make to many of the objectives and actions of the NELPs, we draw attention to Objective 1, Action 1 for schools and kura.

**Objective 1:** LEARNERS AT THE CENTRE - Learners with their whānau are at the centre of education

### Action 1: Ensure places of learning are safe, inclusive and free from racism, discrimination and bullying

- Ask learners/ākonga, whānau and staff about their experience of racism, discrimination and bullying, and use that information to reduce these behaviours
- Have processes in place to promptly address and resolve any complaints or concerns about racism, discrimination and bullying
- Create a safe and inclusive culture where diversity is valued and all learners/ākonga and staff, including those who identify as LGBTQIA+, are disabled, have learning support needs, are neurodiverse, or from diverse ethnic communities, feel they belong

## Teacher code of professional responsibility

The policy that is the [Our Code, Our Standards | Ngā Tikanga Matatika, Ngā Paerewa](#) contains a range of supports to justify why teachers teach what they teach. Note for example section 2 of the code.

### 2. COMMITMENT TO LEARNERS

#### I will work in the best interests of learners by:

1. promoting the wellbeing of learners and protecting them from harm
5. promoting inclusive practices to support the needs and abilities of all learners
6. being fair and effectively managing my assumptions and personal beliefs.

If the consultation process identifies any staff at the school who hold/express views that are inconsistent with education and human rights policy on sexuality and gender matters, this should be reported to school leadership. Teachers will be in breach of the code and standards, and the school will be non-compliant with the NELPS. The NZEI and PPTA also have a task force dedicated to rainbow matters for staffing issues.

<https://www.ppta.org.nz/communities/lgbtiq/>

## **Education & Training Act 2020 Section 50. Release from tuition on religious or cultural grounds**

In addition to Section 51, it is also worth considering the implications of Section 50 of the Act in relation to some of the other subject matter that may be taught in health education. We don't hear of this section of the Act being used very often, but with New Zealand's diverse cultural, religious, and ethnic community, it is worth thinking about, especially in relation to how cultural knowledge can be incorporated in learning programmes - without invoking this section of the Act.

### **50 Release from tuition on religious or cultural grounds**

- (1) This section applies to students enrolled at a State school that is not a State integrated school.
- (2) A student over the age of 16 years, or a parent of a student under the age of 16 years, may ask the principal to release the student from tuition in a particular class or subject.
- (3) A request under subsection (2) must be made in writing and at least 24 hours before the start of the tuition.
- (4) The principal may not release the student unless satisfied that—
  - (a) the parent or student has asked because of sincerely held religious or cultural views; and
  - (b) the student is to be adequately supervised (whether within or outside the school) during the period of release from tuition.
- (5) On receiving a request from a parent under subsection (2), the principal must, before agreeing to release the student, take all reasonable steps to find out the student's views on the matter.
- (6) Subject to subsection (4), the principal must release the student from the tuition and (if the student is to be supervised outside the school) let the student leave the school during the tuition unless satisfied that it is inappropriate to do so, having regard to—
  - (a) the student's age, maturity, and ability to formulate and express views; and
  - (b) any views the student has expressed.

## **Education & Training Act 2020 Section 97, and 55-60. Religion at school**

**If challenges to Health Education appear to be underpinned by religious beliefs and ideology, please note the following sections of the Act.**

***Primary and Intermediate schools - Section 97 and Sections 55-60***

### **97 Teaching in State primary and intermediate schools must be secular**

- (1) Teaching in every State primary and intermediate school must, while the school is open, be entirely of a secular character.
- (2) However, religious instruction and observances at State schools may be held in accordance with subpart 1 of this Part.

### ***Religious instruction and observances at State primary and intermediate schools***

#### **55 Application**

*Sections 56 to 60 apply to religious instruction and observances in State primary and intermediate schools only.*

#### **56 Religious instruction and observances in State primary and intermediate schools**

#### **57 Additional religious instruction**

**58 Student attendance at religious instruction must be confirmed** See the Ministry of Education guidance about **Religious instruction guidelines for primary and intermediate schools** [here](#). These materials provide a more useful and up-to-date interpretation of these sections of the Act.

#### **59 Student attendance at religious observances not compulsory**

#### **60 Teacher may be released from duties to take part in religious instruction or observances**



### ***Secondary Schools***

We have secular national curriculum statement – given the required secularity of state primary and intermediate schools - although a specific statement about religious instruction and state secondary schools is absent in the Education and Training Act.

The secularity of secondary school curriculum in state schools is conveyed through the mandating of this as the national curriculum statement (see E&T Act Sections 164 and 90 noted previously).

This is also where the **Bill of Rights Act (1990)** and the **Human Rights Act (1993)** come in. The most recent perspective on religious instruction in state secondary schools still appears to be the Human Rights Commission (2009) [Religion in New Zealand Schools: Questions and concerns](#) document, although changes to the Education and Training Act (2020) mean that this needs revision for consistency with the renumbering of the sections of the Act.