New Zealand Health Education Association

Newsletter

November, 2025

Contents

Tēnā koutou katoa

It feels like we should be opening with some deep breathing and centering exercises at the start of this newsletter – or maybe we'll save them until the end!

We've been holding off writing the term 4 newsletter until the release of the curriculum on October 28th – for reasons which are becoming apparent.

The maelstrom of discontent emerging from the sector (seemingly) across most/all the new learning area curricula is making itself known in multiple forums. On top of that, this term has seen a lot of media focus (mostly, but not all negative) on the education sector – the ongoing argy-bargy around who is off/on the curriculum senior subject list and which senior courses are to become vocational education and training (VET) pathways, the finalising of the English and maths curriculum statements, charter schools, school attendance, literacy and maths results, teacher pay and strikes … and everything else. *It's an understatement to say the education sector is not happy!*

In the midst of this there is a new Health and Physical Education curriculum and, as you will have seen by now, Health Education has dedicated Knowledge and Practice strands. While it is tempting to pounce all over the immediately apparent shortcomings of the Health Education statement (the naming of some of the Knowledge strands is … problematic), most of it is nonetheless familiar. *An extended discussion about the Health Education part of the HPE curriculum is provided later in this newsletter.*

The Minister's press release was a little odd in its wording: "*Health & Physical Education: develops movement skills, teamwork, and wellbeing through sport, choreography, and the Relationships and Sexuality strand. A key change is compulsory consent education, ensuring every student can build safe, respectful relationships"* but we sort of got the point.

In contrast to the relative familiarity of the Health Education aspects of the curriculum, we need to acknowledge the significant change in direction for Physical Education. We gather the PE subject community are looking to engage in some significant action about this. If you are a teacher of PE, please keep in touch with PENZ about these developments.

In this newsletter

- The regular update from the Kaikōtuitui Arataki Oranga - Leigh Morgan
- A reminder about the date and venue for the 2026 Tuia ki Tawhiti combined HPE subject association conference in 2026.
- NZQA information about holistic marking of NCEA assessments and Ministry FAQs about NCEA and AI, and the annually published

assessment specifications for the externally assessed Achievement Standards.
- A recent Sexual Wellbeing Aotearoa survey of young people.
- Commentary about Health Education in the new curriculum.

To end this introduction to the newsletter on a positive note we've reproduced (and adapted) an end of Term 3 Facebook post:

"Thank you to everyone who has offered to moderate internal assessments and/or practice exams for teachers from other schools. ... We just wanted to extend our thanks to the many Health Education teachers who offer to support other teachers who reach out through this Facebook page asking for moderation support, and/or who have (long) established relationships with teachers in other schools for this task, and whose support flies under the radar. Late term 3 and early term 4 is always a high demand time for such support, being the time of year when most of your schools have practice/derived grade/mock exams.

Here at NZHEA (virtual) HQ we're happy to support you with 'another perspective' when you strike a really sticky or problematic assessment (which is not to say we can always give a definitive answer, but we can at least provide some guidance), and we also want to applaud those of you working in isolation and without the benefit (yet) of a network, reaching out and asking for support.

As a subject community you have a reputation for being very sharing and supportive of each other – so again, thank you."

Ngā mihi
Leigh Morgan (chair), Jenny Robertson, Shelley Hunt, Annie Macfarlane, & Vicki Nicolson (executive)

From the Kaikōtuitui Arataki Oranga - Leigh Morgan

Kia ora koutou katoa,

I will keep this update briefer than usual but firstly I would like to acknowledge and thank Jenny for monitoring the kāiarahi email requests while I was on leave. It was a memorable trip reconnecting with whānau and friends.

Over the next 5 weeks I will be on the road and look forward to seeing many of you at the hui along the way. One of my main goals over the past 2 years has been establishing clusters and it has been very pleasing to see the expansion of these across the country. They are usually initiated by teachers who want to start one in their area with other colleagues, and from there they grow by word of mouth or from my recommendation when I see an opportunity arise.

Unlike our set workshop programmes (e.g. Literacy and Numeracy in Health Education), we don't "advertise" cluster huis as dates/times are organised by kaiako and often hosted at schools.

Currently we have clusters in Northland, North Shore Auckland, West Auckland, South Auckland, Hamilton, New Plymouth, Napier, Palmerston North, Hutt Valley/Wellington, Nelson, Timaru, Christchurch, West Coast, Dunedin and Queenstown/Alexandra.

If you would like to join one of these clusters or start one in your area please send an email using the address below. They will be even more valuable with the upcoming curriculum changes!

Ngā mihi nui
Leigh Morgan

For all NEX queries about NZHEA support email us at kaiarahi@healtheducation.org.nz

Events – 2026

PLD events – 2026

With notification of Networks of Expertise contracts pending, we're not yet able to commit to a PLD plan for 2026. We will notify you of this as soon as possible once we know whether we have ongoing funding and how this is to be used.

NCEA Advice and Guidance

Item 1. A Simple Guide to Making Holistic Judgements for the internally assessed Achievement Standards

Received from NZQA 30 September

This guide supports teachers in making holistic judgements when assessing against internally assessed standards.

What is a Holistic Judgement?
A holistic judgement involves evaluating a student's work as a whole, rather than checking off isolated parts or discrete components. It draws on your professional expertise to judge whether the overall quality, coherence, and content of the evidence meet the criteria for Achieved, Merit, or Excellence.

Why Use Holistic Judgement?
Holistic judgement:

- supports authentic learning, creativity, and critical thinking,
- allows students to demonstrate understanding in diverse ways,
- avoids fragmenting learning into overly specific tasks,
- encourages deeper thinking and integration of ideas.

Key Elements of Holistic Judgements
To make valid, reliable, and consistent judgements, teachers need:

- clear standards and criteria,
- annotated exemplars showing different levels of achievement,
- relevant expertise and experience to interpret student work.

Making Holistic Judgements
Teachers must:

- understand the standard and its criteria, and what is required at each level of achievement,
- read the entire student response, and evaluate its overall quality, depth, coherence, and insight,
- use professional judgement to make a grade decision based on how well the student's response aligns with the requirements of the standard,
- identify evidence of relevant knowledge and use of critical skills that support the grade decision,
- see sufficient evidence that all the requirements have been met at the level of the grade awarded and be confident the student would be able to repeat the performance with consistency.

Common Mistake to Avoid
A common mistake is assuming that meeting most criteria is enough. In fact, all requirements of the standard must be met—but the evidence can come from any part of the student's work. For example, if a student does not draw a conclusion in one part of an activity but does so in another, that still counts.

Item 2. Review and Maintenance Project (RAMP)

The Ministry have notified the sector of changes to Level 1-3 Achievement Standards for 2026. For Health these are (disappointingly) minimal given the suggestions we submitted, and these few changes fail to address some persistent niggles.

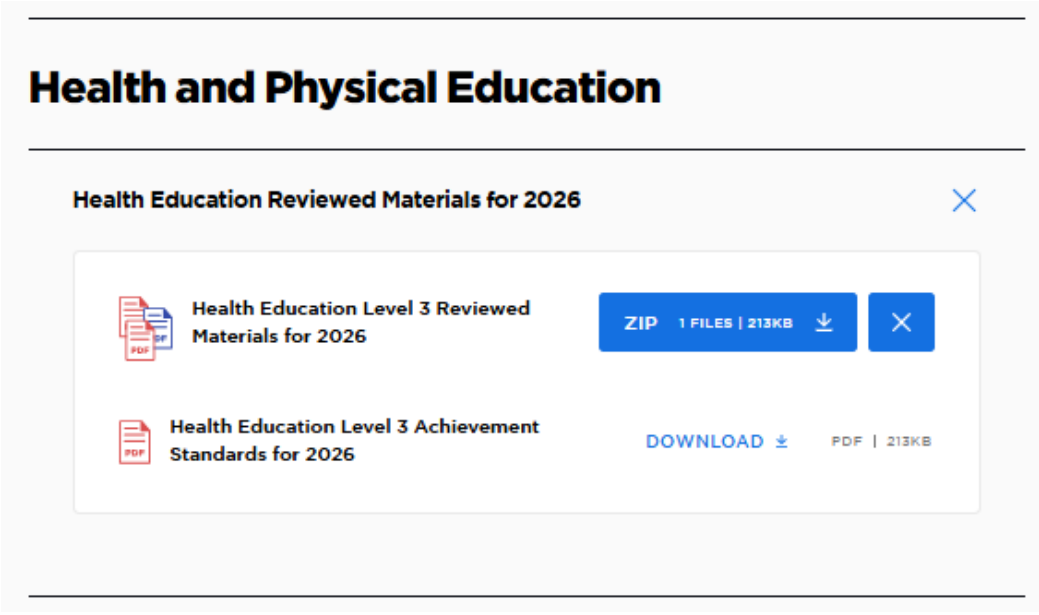
Level 1 Health Studies – see the pdf at
https://ncea.education.govt.nz/health-and-physical-education/health-studies?view=learning

What's changed?
Conditions of Assessment across all internal standards: Updated to provide clearer guidance around authenticity.
Please note this latest statement as it includes commentary around the use of AI.

AS1.1 (92008) Internal Assessment Activities: Student activities and teacher guidance updated to make 'key areas of learning' more visible.
[NZHEA COMMENT: Note that this fails to address the broader concerns and issues of this standard. The changes to the activities for 1a, and especially 1b, still haven't clarified the KAL connections – although the KAL to focus on is mentioned in the 'getting started' and 'teacher guidance' sections, there is no guidance for the students in the activity around what this comes to mean as they present their evidence, or for the teacher to indicate how students will need to view the cultural activity as a form of mental health promotion. 1b will still fail moderation unless a clear mental health focus is used to understand the cultural activity and, therefore, how it affects hauora. 1c goal setting has been changed from the skill of goal setting to a personal or interpersonal skill.]

AS1.4 (92011) Unpacking: Clarification of wording for higher levels of achievement.
"At higher levels of achievement, ākonga will discuss how the strategies they have suggested work together to enhance hauora. They will draw conclusions about the anticipated effectiveness of these strategies to enhance hauora. This could include examining the broader contexts that influence the strategies and their outcomes, to show whether the strategies worked together or conflicted with each other in their impact on enhancing hauora. Ākonga will draw on examples from the given scenario throughout their discussion, and any conclusions will draw from relevant information from the scenario."

Level 3 (no changes are indicated for L2) - scroll down the page to Health and see the pdf at
https://ncea.education.govt.nz/health-and-physical-education/health-studies?view=learning

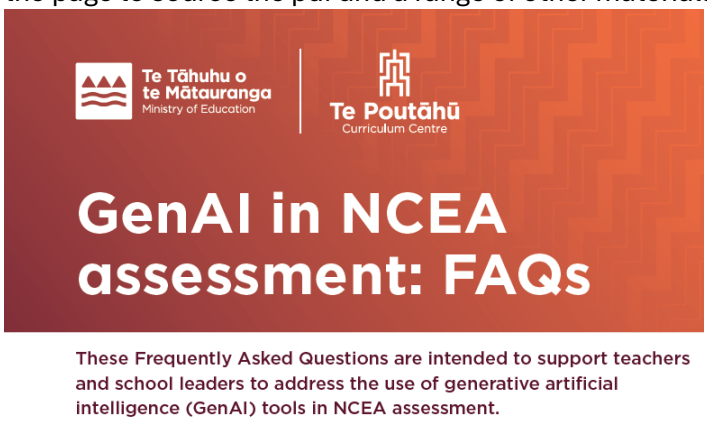


AS 3.2 (91462)
Explanatory Note 2: Updated to create more consistency between 3.1 and 3.2, using 'factors' instead of 'determinants of health'.

[NZHEA COMMENT: This change was not highlighted in our RAMP feedback. International health issues ARE where the DoH are critical. This doesn't fundamentally change anything for learning purposes as the DoH are all 'factors' but this removes that all-important conceptual lens and research and evidence base brought to an international issue. We have no idea why this change has been made and the rationale for 'consistency' with 3.1 doesn't actually stack up. ***You will still need to teach about the DoH as these ARE the factors that cause international large scale population health issues****.]*

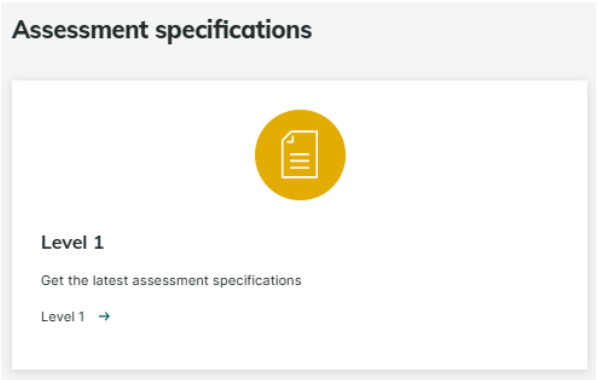
Item 3. NCEA and AI

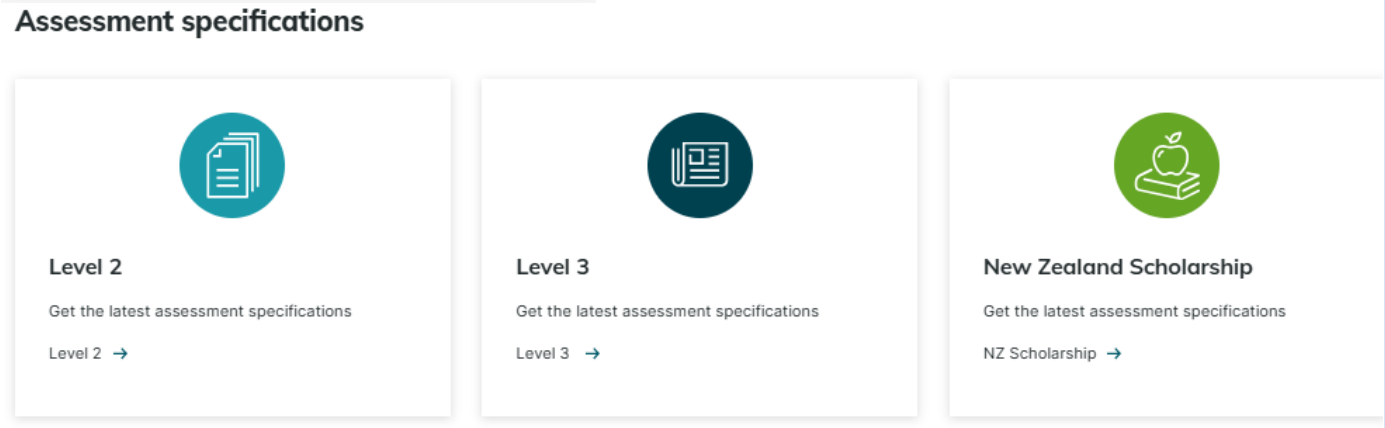
This *GenAI in NCEA assessment: FAQs (March 2025)* document from the Ministry of Education – scroll down the page to source the pdf and a range of other materials.



Item 4. Assessment Specifications 2026

See the Health and Health Studies Assessment Specifications that were published in October for use in 2026. Please note the two different URL links.





Article: Sexual Wellbeing Aotearoa survey

Sexual Wellbeing Aotearoa (SWA) have published an executive summary of their recent survey into young people's perspectives of RSE. This follows their 2019 report on young people's views, and the 2022 report with NZHEA that focused on secondary teachers' perspectives on teaching RSE (links are provided below).

The summary is an accessible read. However, for me, it raises more questions than answers. The summary report does not provide insights into patterns in the data — e.g. of the 148 males who responded, did trends exist in their data that were different for the larger female participant pool? 40% of the sample identified as non-heterosexual — but what did those participants, specifically, have to say? And likewise, those from diverse ethnic backgrounds? Presumably a larger report will be published in time, which may attribute quotes and data to specific demographic groups.

Following are some critical questions that could be used by health teachers and departments when unpacking the summary and reflecting on the findings in relation to your practice. These are organised by the sections in the summary.

- The sample is 71% female, presumably due to females being more likely to connect with SWA on social media and in person. What difference to the findings do we think it would make if the sample was not so female-dominated?
- Sources of information on RSE topics – why would it be the case that schools are the dominant sources of information on 'puberty' and 'consent', but (social) media and the Internet is reported as the dominant source for other topics? What does this say about our health education programmes of learning? How might health education include learning that provides a critical lens for young people to apply when they access information online (which maybe factually incorrect, subject to dis/misinformation, or a cleverly curated 'reality')?
- Sources of information on RSE topics – young people are also learning from people in their lives (friends, parents, other adults). How might health education learning help develop the personal and interpersonal skills needed to support healthy conversations about RSE-related topics and issues?
- RSE timing – to what extent does our current RSE programme support age and stage appropriate learning? For example, do you think anything comes too late? Where else could content be placed to better meet our learners' needs? What opportunities exist for providing meaningful RSE learning experiences past year 10?
- Inclusivity – would almost half of our students say that RSE lessons do not feel relevant to them? What changes could be made in order to ensure representation and visibility across learning materials (and not just contained to the RSE unit – throughout the year)?
- Student consultation – (how) do we collect voice from learners in ways that provide valuable insights for future programme planning? Would our students say that they are consulted? It appears that 49% of participants felt that things they learned in RSE have not helped them. What would our students say, and how could this percentage be flipped so that more students than not feel that learning from RSE has helped them?
- RSE is wanted and important – the importance of trained, knowledgeable and confident educators is stressed here. How can we ensure that all RSE teachers are confident, knowledgeable, and committed to on-going learning? Participants appear to want more RSE. Given the limited time available for the most part, how can RSE-related learning be woven throughout a year's programme of health education learning?

Useful links:

- Access to the summary of the survey https://sexualwellbeing.org.nz/media/133na4me/rse-survey-executive-summary-sept2025.pdf
- Previous RSE research from University of Canterbury, NZHEA and Sexual Wellbeing Aotearoa (then Family Planning) https://healtheducation.org.nz/resources/resources-research/
- Previous Sexual Wellbeing Aotearoa youth survey https://sexualwellbeing.org.nz/media/ifefe0qv/youth-survey-summary-report-march-2019.pdf

Commentary: Health Education in the new curriculum

Links

- For all Ministry of Education curriculum materials use this link.
- For background on how the curriculum was developed and the implementation timeline use this link.
- For Ministry of Education Health and Physical Education specific materials use this link.

- Go in through the 'Overview' tab
- Use the 'File download' to find all the pdfs
- For the complete curriculum document scroll down the list to 'Health and Physical Education draft 2025'
- There are also individual year level versions – each a separate pdf.

The MoE have also included:

- The NZCER report from the RSE survey earlier in the year
- A brief statement about RSE (which to all intents and purposes sort of replaces the RSE guide once it is sitting alongside the curriculum content – it is not yet known whether further guidance will be provided).

- NZHEA PLD presentations and resources to support the new curriculum – please note this collection is still a work in progress with new materials being added as we have time to develop them. For now the link is to a Google folder of materials which we will keep working on, adding to and updating before putting the content on the website.

This commentary represents the first phases of our PLD resourcing which, over the coming weeks, will be shaped into presentations and PLD activities.

1. Introduction
2. What's changed, strengths and weaknesses
3. What's missing – and tensions arising about these – Hauora and mātauranga
4. Identity matters
5. Community consultation and release from tuition (Sections 51 and 91 of the Education and Training Act

1. Introduction

Amid all the education sector noise there is a new Health and Physical Education curriculum and, as you will have seen by now, Health Education has its own dedicated domain.

At first glance some of the headings are distracting - like 'Body Mind' (*which for 'knowledge' purposes we're reading that as physical and mental health*), and there seems to be a leap back 40 years to a segment of 'sex education' (but only for years 8-10), and then confusingly it is about more than just 'sex education' and there are other aspects of sexuality education spread across all sections … *needless to say we are 'unpacking' that one.*

The concept of hauora has been removed and the understanding of health has seemingly defaulted to the World Health Organization definition of physical, mental and social wellbeing (as with every other Health Education curriculum in the developed world) – see further discussion following.

While we each pick away with what we think is right and wrong with this new curriculum (*we are making a list ourselves*), bear in mind the 1999 and 2007 curricula were never well implemented across primary and secondary schools. The Curriculum Insights and Progress Study reports (previously NMSSA -National Monitoring of Study of Student Achievement, and before that NEMP - National Education Monitoring Project)

repeatedly showed over many years that by Year 8 only about a third of students were achieving in HPE at the expected level. Although these reports showed students were learning at about the expected level of the curriculum at year 4, it would appear – given the evidence of learning captured by the project - that this could well be a product of whole school approaches to promoting student wellbeing and social and emotional behaviours as much, or more, than the result of deliberate curriculum learning. Whatever the interpretation, a look at the details of the succession of studies clearly shows what students *were not being taught* in Health Education across the previous two curriculum statements.

Across the compulsory years of secondary school we only have anecdotes and proxy data like ERO reports from the past couple of decades to highlight how inconsistently aspects of Health Education have been implemented.
As you make sense of this new curriculum, ask yourself if you think this one will be any better implemented, and the reasons for this.

NZHEA position – at the moment
For the moment, the NZHEA approach is one of acting in good faith, which may or may not be consistent with other groups and individuals invested in (aspects of) Health Education. We are preparing a range of first-step PLD materials – recorded PPT presentations, with pdf versions of these or PLD activity sheets to aid unpacking and planning (see link above). We're finding that rather than react (only) to what is obvious on the surface, taking the time to work through the details is a more productive way to identify the strengths and shortcomings of the curriculum – within the constraints of how all learning area curricula have to be structured and organised - with a view that we can give constructive feedback and recommendations for changes in due course.

Note that the year 11-13 senior subject development is not yet underway and that all the curriculum statements released on the 20th and 28th October only cover years 0-10.

What is important to stay focused on is that **the curriculum subject is Health Education** and that sits in the Health and Physical Education learning area. It is not a collection of 'subjects' based on the key areas of learning that we have known across the 1999 and 2007 curricula (ie the contexts for learning). None of mental health, sexuality education, food and nutrition, or body care and physical safety are subjects of themselves, but contexts or topics within a body of knowledge called 'Health Education' – although it seems some of these contexts seem to have grown an assumed 'subject' status all their own.

PLD priorities for 2026
The Ministry are putting a **high priority around Year 9** and are encouraging teachers to do some initial planning and trialling across 2026 as this will be the cohort that first encounter the new (yet to be developed) qualification system. Our PLD support in 2026 will similarly need to prioritise this.

See the year-by-year unpacking activities in the PLD folder. Later in term 4 we hope to have made a start on some topic-specific PLD resources as well.

2. What's changed, strengths and weaknesses

To state the obvious - this new curriculum is structured differently
We've moved from a framework where the strands were framed by the socioecological perspective (see below) ie *Personal health and physical development, Relationships with other people, and Healthy communities and environments*. But to piece together the learning a separately listed range of contexts (the key areas of learning) needed to be interpreted in relation for four underlying concepts and then shaped in relation to the achievement objectives under each strand. *And we wonder why the 1999 and 2007 curricula were not well understood or implemented across primary and secondary – as much as some of us enjoyed the flexibility and freedom this provided.*

This is a much more **prescriptive curriculum**. The **Knowledge** and **Practice** statements (which to all intents and purposes replace the notion of achievement objectives) have the knowledge, (concepts, contexts and

topic specific content, and what to do with the knowledge) already 'built in' – in other words, **what we've had to piece together these past 25+ years now comes prepackaged – *well sort of*.**

Knowledge strand: *The facts, concepts, theories and principles to teach*
A lot of the knowledge listed for each year is framed with language and ideas that are at a (much) higher level that what is realistic to teach students – especially across the primary years. This knowledge still needs to be interpreted and taught in a way that will make sense to the year level of students.

Some Knowledge may only take a short time to teach, some may be more implicitly taught (ie complex ideas that will be meaningless to young children, but the teacher knows this is what sits behind what they are teaching) while other Knowledge is quite explicitly taught (ie it is the content knowledge that students learn and can understand). **All Knowledge must be covered with each Year level**

Practice strand: *The skills, strategies and applications to teach*
There are fewer of these than Knowledge statements – with a view that several pieces of knowledge will come together. In most cases one or two pieces of knowledge provide the basis for the Practice statement, but a few knowledge statements remain just as knowledge. **All Practices must be covered with each Year level.**

The framing of the curriculum across 1999 and 2007

<table>
<tr><td rowspan="2">The 1999 and 2007 curriculum statements framed Health Education knowledge in relation to the sociological perspective</td><td>Strand A</td><td>Strand C</td><td>Strand D</td></tr>
<tr><td>Personal health and physical development</td><td>Relationships with other people</td><td>Healthy communities and environments</td></tr>
<tr><td></td><td>Personal/self</td><td>Interpersonal/others</td><td>Community/societal</td></tr>
<tr><td>Expanded into ACHIEVEMENT OBJECTIVES covering 8 levels of the curriculum where it was expected that:
NZC Level 1 ~ years 1-2
NZC Level 2 ~ years 3-4
NZC Level 3 ~ years 5-6
NZC Level 4 ~ years 7-8
NZC Level 5 ~ years 9-10
NZC Level 6 - year 11
NZC Level 7 - year 12
NZC Level 8 – year 13</td><td>Personal growth and development

Regular physical activity

Safety management

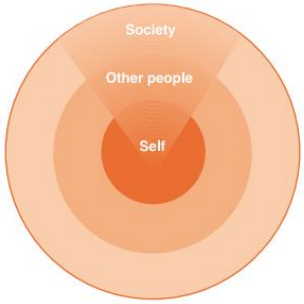
Personal identity</td><td>Relationships

Identity, sensitivity and respect

Interpersonal skills</td><td>Societal attitudes and values

Community resources

Rights, responsibilities, and laws

People and the environment</td></tr>
<tr><td> 
</td><td colspan="3">Underpinned by four mutually defining underlying concepts
1. Hauora as a holistic multi-dimensional understanding of health
2. The socioecological perspective (SEP) as a way to consider the interrelatedness of personal/self, interpersonal/ relationships with others, and community/societal factors
3. Health promotion as a way to understand how to take action to promote health and wellbeing
4. Attitudes and values that establish the social justice related purposes of the learning.</td></tr>
<tr><td colspan="4">And this learning all came to life in the key areas of learning (contexts, topics) of mental health, sexuality education, food and nutrition, and (aspects of) body care and physical safety.</td></tr>
</table>

The framing we are moving to is based more on global definition of health *(noting that this seems more by default than design)*

***Health is 'a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.'* (WHO, 1948)**

Knowledge strands		**Body Mind** *(aka physical and mental health)*	**Relationships**	**Sex Education***
		Physical and mental wellbeing	**Social well-being**	*Mix of physical, mental and social well-being in sexuality specific contexts*
Main topics in each knowledge strand	**Year 1**	• Growing bodies • Nutrition • Self-care	• Self and others • Boundaries and staying safe	
	Year 2			
	Year 3			
	Year 4	• Growing bodies • Nutrition • Self-care	• Self and others • Consent • Staying safe online • Stereotypes	
	Year 5			
	Year 6			
	Year 7	• Adolescent change • Nutrition • Self-care • Alcohol and other drugs	• Self and others • Consent • Staying safe online • Stereotypes	
	Year 8			*Age of consent, conception, harmful behaviours*
	Year 9	• Adolescent change • Nutrition • Self-care • Alcohol and other drugs	• Self and others • Consent • Staying safe online • Stereotypes	*Age of sexual consent and consent in healthy sexual relationships, sexual development and health – STIs and contraception, sexual safety online*
	Year 10			
		Each Knowledge strand is unpacked into specific KNOWLEDGE and PRACTICE statements, under each main topic heading. In most cases, one or more KNOWLEDGE statements contribute to each PRACTICE statement.		
***Other NZHEA commentary and resourcing about this unrepresentative naming and framing of 'sex education' will follow. See Ministry materials about RSE accompanying the curriculum.**				

Part of the development of these new learning area curriculum statements was to consider how knowledge could connect across the curriculum. Teachers of Health Education are strongly encouraged to browse the following:

	Science		Social science	Technology
Phase/ Year	*[Print pages 10-11, 18-20, 26-28, and 37-39.]*		*[Print pages 9-10, 18-19, 28-29, 39-40.]*	*[Print pages 7, 10, 15 and 21.]*
Knowledge strand	**Body systems**	**Organism diversity**	**Civics and Society**	***(food related)***
Year 1	Body basics		Belonging and community	Materials and ingredients
Year 2	What organisms need to survive'		Group rules, routines and social organisation	
Year 3	Support and movement		New Zealand Days of commemoration (includes health-related days)	
Year 4	Digestion		Democracy	
Year 5	Reproduction	Reproductive strategies	Laws and judicial system	
Year 6	Interconnected systems (digestive, respiratory, circulatory)	Evolution and inheritance	Rights and responsibilities (includes Bill of Rights and Human Rights)	
Year 7		Cells and organisation	Democracy and government	Food and processing technology
Year 8	Reproductive structures and processes' [*includes puberty and human reproduction – note the strong Health connection here*] Digestive system Gas exchange	Genetic material and inheritance Adaptation and evolution	Government structures and systems	
Year 9	Human transport system (circulatory system)	Determining organism traits	Government in New Zealand	Food Technology Processing technology
Year 10	Regulation and response in the human body Hormonal control Nervous control	Disease and immunity	Political ideologies, parties and human rights (with a whole sub section on *Human rights and democratic values*) See also the Geography Knowledge strand	

Also the Oral language Knowledge strand for years 0- 6 in English contains many communication and listening skills highly relevant to Health Education and year 9-10 Text studies has some useful links to media literacy.

The growing list of strengths and weaknesses

Depending on your point of view the strengths and weaknesses may vary and what is viewed as strength to one person maybe a weakness in the eyes of another. From an NZHEA perspective this is some of what we're thinking about while we are familiarising ourselves with the material.

Strengths *and weaknesses*

- There is still plenty of familiar Health Education material and many links to other parts of the curriculum.

- There is updated material e.g. online safety issues.
- The Knowledge is grouped into main topics and these show progression in breadth and depth across the year levels.
- It provides much more direction around what is expected to be taught – there is no need to piece together the underlying concepts, the key areas of learning, and the achievement objectives from across the strands.
- The 'Practice' strand provides useful guidance for what students are expected to be able to do with their knowledge (and presumably provide an indication of the type of evidence of learning that can be used for assessment and judging level of achievement).

***Strengths and* weaknesses**

- Some awful naming of the content areas e.g. '**Body Mind' instead of physical and mental health** or wellbeing (ie calling what it is as knowledge, based on the WHO definition of health), and **'Sex Education'** and only at years 8-10 – *we are still seeking clarification about WHY this naming and if this is meant to be the specified parts of 'sexuality education' parents can withdraw their children from – the guidance provided suggests so but this is still only a guide and not a succinct statement – see the RSE Factsheet.*
- The lack of a clear conceptual framework as in the 1999 and 2007 curriculum statements. It can be inferred but it is not explicit.
- The reduced amount of societal and community focus – but see the Social Sciences Civics and society domain for this.
- The sheer amount of knowledge to cover at each level – across all learning areas.
- The amount of interpretation still needed to turn the knowledge strands into taught knowledge suitable for each year level – especially at primary school levels.
- Overall some 'unevenness' with seemingly a lot on some topics at one level and little at the next which leads to something of a scattergun effect of topics – some in complete isolation of other topic learning that would support it at that year level.
- The implications of doing a little bit of everything at each year level – and how to combine this into a meaningful, coherent, time limited, learning programme. Noting that cross curriculum planning at years 1-8 may help with this.
- The timing is tight for teaching everything listed given limited timetabled time for each learning area/subject, especially across years 7-10. See the approximate time allocation for learning areas in Te Mātaiaho page 13 –screenshot following.

Advice on approximate time allocation across learning areas to support curriculum implementation in Years 0–8 and Years 9–10

	Time allocation period	Teaching and learning time	English (reading, writing)	Science	Technology	Optional Learning Languages and/or additional activities
			Mathematics and Statistics	Social Sciences	Health and Physical Education	
					The Arts	
Years 0–8	**Week**	20 hours	15 hours[8]	2 hours	3 hours	0.5 hours
	Term (approx. 10 weeks)[7]	200 hours	150 hours	20 hours	30 hours	5 hours
	Year (200 hours × 4 terms)	800 hours	600 hours	80 hours	120 hours	20 hours
Years[6] 9–10	**Week**	20 hours	8 hours	6 hours	4.5 hours	1.5 hours
	Term (approx. 10 weeks)[7]	200 hours	80 hours	60 hours	45 hours	15 hours
	Year (200 hours × 4 terms)	800 hours	320 hours	240 hours	180 hours	60 hours

Strengths and weaknesses - Sexuality education

The need for a prescriptive curriculum to identify specific sexuality education knowledge becomes apparent when we have to navigate Education and Training Act (2020) Section 51 *Release from tuition for specified parts of the health curriculum*. The way sexuality education appears as 'sex education' in this new curriculum is problematic. It should be easy – anything with an obvious 'sexual' component = sexuality

education (sexual development, sexual health, sexual relationships, online and digital sexual content, sexual and gender identities, etc).

One of the legacies of the (now removed) Ministry of Education Relationships and Sexuality Education guide was the unintended tangling of non-sexual aspects of relationships and other related learning, with self-evident sexuality education. It meant that the health education that parents could withdraw their children from became very messy to determine. *See the final section in this newsletter*.

While it might be tempting to comment on the invisibility of sexuality and gender identity matters, we need to carefully unpack the specific *health* knowledge associated with all identities (which there is scope for across the curriculum) not just rainbow identities. *See further discussion later in this newsletter*.

Recommendation:
As highlighted in previous communications, with the removal of the RSE guide it is recommended teachers access the UNESCO ***document International technical guidance on sexuality education: An evidence-informed approach*** (2018) – this document refers to 'comprehensive sexuality education' which covers the same ideas as RSE.

See also the NZCER report on the RSE framework and the Ministry of Education "Factsheet" for RSE on the curriculum website and page 12 of Te Mātaiaho.

Other predictable tensions

We can see that some teachers may like this added direction and support, while others may find it limiting and almost claustrophobic to have to teach prescribed content – and all the listed content for that year level. Do note however, there is still flexibility around the choice of resources and the teaching and learning activities that can be used, and most Knowledge and Practice learning still has a degree of flexibility around context. How it's all organised and packaged into a learning programme is also still the job of the teacher.

We've come through this century focusing on designing learning to meet the *learning* needs of the students in context of their local communities – although in Health Education this was all too often interpreted as *health/ behavioural* needs. We still sometimes find ourselves explaining that Health *Education* is not personal therapy for 'kids that need it' and the panacea for a host of social problems. Nor is it a response *only* to what young people subjectively say they want to learn about and that it is only about 'them' and meeting 'their needs' (*the fact they know to say they want to learn about a topic suggests they already know something and without objective evidence fails to identify what they don't know and are yet to learn, there is the risk that little new learning results*).

Note that one of the PLD presentation discusses Health Education vs health promotion to address what Health Education in a curriculum is and is not for, and where consideration of whole school approaches to the promotion of wellbeing, need to be considered.

As a disciplined course of learning, like maths, science or English, Health Education should be teaching students about *things that they don't yet have knowledge of and what they don't yet understand*. To justify its position in the curriculum Health Education needs to move beyond validating what young people think they (already) know, reacting (only) to the immediacy of current health and social issues, and to open their eyes to health issues that *may affect them* and *do* impact other people in their communities – and the world.

A major criticism of our education system in recent years, and one underpinning current curriculum redevelopment, is around the highly inconsistent quality of learning and educational outcomes experienced by students across different schools (and even within schools). The flexible curriculum that 'set the direction for learning' that we've been used to has been an enabler of these inconsistencies. Whereas overseas countries might look to the flexibility and opportunities of our (previous) curriculum, many of the educationally higher performing countries New Zealand has been looking to for evidence of what to improve upon, have a far more prescriptive curriculum than we have had for over 25 years and we (now) look to them for solutions to address long known about educational inconsistences, variability, inequities, and disparities of our education system. *Go figure.*

Whether current developments, and a move to a far more prescribed curriculum, will swing the pendulum too far in the other direction, remains to be seen.

What not to be distracted by (or waste time complaining about!)
The overall formatting of the curriculum into Phases and year levels and by **Knowledge and Practice strands** is common across all curriculum statements. Remember these curricula are for years 1-10, and eight of the year levels are taught by primary teachers with general education qualifications, not secondary teachers with HPE specialist degrees. *Primary school teachers have to teach across ALL learning areas*. Hence a consistency of format and approach to curriculum design is essential.

It is also recommended that teachers familiarise themselves with the Ministry provided materials that explain the intent of 'Knowledge-rich' and the 'Science of learning'. See Te Mātaiaho for more information.

3. What's missing – and tensions arsing about these
(or time to acknowledge the elephant in the room)

The following discussion deals with two issues:

1. **The removal of hauora from the HPE learning area**
2. **The near absence of mātauranga in the Health Education (but inclusion of te ao kori in PE)**

Notes:
It is stressed that this discussion is not about dismissing or minimising the issue but trying to give voice to some of the significant barriers encountered when trying to meaningfully incorporate aspects of mātauranga in English medium curriculum teaching and learning, with a view that another way forward can be found. These are the issues that require deeper consideration and critical thought which have been drowned out by the noise of political and popular opinion.

These tensions surfaced pre-curriculum development and would appear to have continued as the curriculum has been developed. The explicit exclusion of mātauranga from the Health Education statement appears to be the consequence of several factors – not only an assumed political reason.

Please note that this curriculum does not prevent the addition of local indigenous knowledge where it can support the Knowledge and Practice strand statements. However, it is worth considering the following tensions to ensure that good intentions to embrace mātauranga are not - instead – misrepresenting or misinterpreting the very foundations of it.

For the purpose of this discussion, that it is Māori knowledge is intrinsic in the term 'mātauranga'.

The removal of 'hauora' from the curriculum

One of the obvious changes that will be immediately apparent with this new curriculum is the removal of the concept of hauora which has featured for the past two curriculum statements. Concerns about the use of the term 'hauora' in the English and Māori medium curriculum statements predates curriculum redevelopment. Before jumping to conclusions as to why this has happened, it's worth understanding a little of what has been simmering away for some years around the use of this term. Although this discussion doesn't provide an answer to the reasons why – *we don't know for sure* - it lays out some issues that recently resurfaced with the Review of Achievement Standards (RAS) that appear to have continued, and if anything gained more attention, especially around the need to preserve the integrity of mātauranga as an interconnected body of indigenous knowledge.

It is worth noting that in the revised Te Marautanga o Aotearoa statement, the name of the wahanga ako has changed from Hauora to Waiora. We have as yet to fully understand the reason for this and how this relates to the removal of hauora from the English medium curriculum.

Ever wondered why the HPE learning area whakataukī is *He oranga ngākau, he pikinga* ***waiora*** but at the same time the term hauora was adopted for the 1999 curriculum?

- What we do know is that the term 'hauora' was problematic for some Māori at the time of the 1999 HPE curriculum development, and this was echoed with the writing of Te Marautanga o Aotearoa in 2007. That is, concerns about the use of the term in the English medium curriculum have an almost 30 year long history.
- It is also problematic that the term 'hauora' is often used (now) as a direct translation of 'health' – think of all the agencies with names in te reo Māori that are a very literal word translation - where health is taken to mean the same as hauora stripped of any cultural meaning.
- Although it has been difficult to substantiate, the term 'hauora' appears (or is claimed) to be quite a new term with no obvious or (yet) known documentation of the kupu predating the 1980s. There is also a suggestion that, despite its widespread use now, the origins of the term could be quite regional – and as will be noted again later, regionalism seems to (now) be playing a big part in what does and does not make it into national curriculum and related statements.
- With the (now defunct) Review of Achievement Standards (RAS) that started in 2020 – and presumably with this curriculum development as well, it was known there was no agreed meaning of the term hauora among Māori advising Ministry developments and the curriculum meaning we've used across 1999 and 2007 NZC statements was not shared or supported by everyone advising the RAS process.
- Also, the spiritual dimension of hauora has always been problematic given the legislated secularity of state schooling for years 1-8, the combined implications of the Bill of Rights (1990) and the Human Right Act (1993), and New Zealand's culturally and religiously diverse and non-religious society.

The ongoing tension around spiritual wellbeing as a dimension of health

One curriculum issue that we have persistently had to navigate for over 25 years is around spiritual wellbeing - what this means for Māori in relation to wairua and other ideas related to cultural beliefs about metaphysical matters, and for non-Māori who hold a diversity of other views – some based on religious beliefs and some not – and to maintain a *health* focus and purpose for this.

Given the secularity of the curriculum (Years 1-8 specifically – see Section 97 of the Education and Training Act 2020), as well as the NZ Bill of Rights (1990) and Human Rights (1993) law, a secular understanding of 'spirituality' was required for teaching and learning in the State curriculum. Note that State integrated, independent and special character schools that feature aspects of faith-based teaching in the curriculum have some alternative and added considerations under the E&T Act.

Education and Training Act (2020) **Section 97 Teaching in State primary and intermediate schools must be secular** *[secular = not connected with religious or spiritual matters]*

The relevant clauses within these Acts need to be understood in relation to each other
Bill of Rights (1990)

13 Freedom of thought, conscience, and religion: Everyone has the right to freedom of thought, conscience, religion, and belief, including the right to adopt and to hold opinions without interference.	**15 Manifestation of religion and belief:** Every person has the right to manifest that person's religion or belief in worship, observance, practice, or teaching, either individually or in community with others, and either in public or in private.

Human Rights (1993) Part 2 Unlawful discrimination
Section 21. Prohibited grounds of discrimination
(1) For the purposes of this Act, the prohibited grounds of discrimination are—
(c) religious belief
(d) ethical belief, which means the lack of a religious belief, whether in respect of a particular religion or religions or all religions:

Read more at the Ministry of Education Religion in schools link. See also the 'Civics' section of the Social Science curriculum.

The (near) absence of te ao Māori and aspects of mātauranga in Health Education

(but leaving doors open to add local content)
The changes to the Education and Training Act 2020 enabled and encouraged the introduction of far more mātauranga into English medium local school curricula, as did the Review of Achievement Standards (RAS) focus on mana ōrite mo te matauranga Māori (equal status for Māori knowledge) that was introduced with the NCEA change package in 2020 (now defunct and with only new Level 1 standards developed). Note that pending changes will reframe some of this legislation.

Thinking critically about the implications for mātauranga as an interconnected body of indigenous knowledge, when selected parts of it are incorporated with disciplinary subject knowledge, raises all sorts of ideological tensions. It is acknowledged there are differing perspectives about these ideas between Māori, as well as for non- Māori, which is part of the bigger issue.

The following is not an exhaustive list of what has been encountered as aspects of mātauranga are introduced into Health Education, but it does identify some of the tricker situations that have emerged from the earlier Review of Achievement Standards (RAS) development (and presumably persisted across curriculum development).

***Primary schools**: note that although this has unfolded in secondary school contexts, the following commentary has the same relevance for the primary sector.*

(Some of) The ideological tensions

- The earlier RAS developments quietly surfaced a number of ideological tensions around the consequences for mātauranga as an interconnected body of knowledge when it was cherry-picked

for the knowledge that seemed relevant for each subject. In essence, what every NCEA subject was asked to do during early RAS developments was to use te ao Māori like a grab-bag or the proverbial cherry tree laden with fruit, where we got to pick and choose the 'best' and most accessible bits of mātauranga. This was typically the knowledge people had easy access to or was already popularly known about) – and it was all done with few checks and balances around the consequences of that for mātauranga as a body of indigenous knowledge.

- The nature of Health Education knowledge comes very close to people's lived existence and when indigenous knowledge, considered to be relevant to the subject, is selected and squeezed through the curriculum wringer it's not landing well with some Māori - especially those doing the deeper thinking and seeing what is happening to mātauranga as a result ie it's potentially being colonised (again!) *e.g. when mātauranga*
  - *Has critical thinking lenses applied to it and is analysed, evaluated compared with or challenged by alternative perspectives, deconstructed and reconstructed*.
  - *Is viewed and understood through non-indigenous concepts, language and world views*.
  - *Is removed from being taught through the medium of te reo Māori where the deeper meaning of the ideas can be maintained*.
  - *(As a knowledge project) seems to be more about 'preserve and reproduce' (the knowledge) and less about (re)interpret and (re)create knowledge (etc) – or that only some have the authority for the reinterpretation and creation of new knowledge*.

- There is also the ongoing issue of regionalism and whose (regional/local) knowledge and which dialect(s) should feature in a national curriculum statement and resources. *On the matter of indigenous or indigenised health models for example: although Durie's te whare tapa whā seems ubiquitous, it is not always the model of choice for people from different iwi around the motu*.

- There are persistent and ongoing challenges to do with appropriation, assimilation, colonisation, homogenisation, and a lack of permission to use mātauranga.

- A focus on tikanga as the way into mātauranga often tends to result in a form of quasi-social studies knowledge and losing sight of the *health* purpose of the learning (*another illustration of the tension of mātauranga being an interconnected knowledge vs the disciplinary nature of academic knowledge*). When the learning focus shifts to how some cultural practices or tikanga may contribute to the health and wellbeing of people for whom is it relevant – and often by assumption or inference and not as deliberate teaching and learning - it shifts the learning focus toward learning about the cultural practices of Māori - which is more a social science focus - and away from the knowledge that is about *health*.

While the past few years of embracing te ao Māori and aspects of mātauranga in English medium was done with the very best of intentions, it now seems we're being asked (by some people at least) to pull back and take stock of what has been done to mātauranga and question if this 'grab-bag' approach is appropriate. *Just to note:* ***It will be interesting to see how the Waiora wahanga ako in Te Marautanga o Aotearoa is redeveloped.***

Something to think about: what do you prioritise – students or knowledge?
This is a loaded question but in the spirit of a continuum-type activity, it is deliberate.

If you think about the issue of teaching and learning mātauranga in English medium schools as a *four-corner continuum activity* - not to suggest that these are the only four positions, but using the process of this activity, it's a discussion starter.

- If you had to position yourself with one statement in the box below, which *most closely* reflects your current position?
- Once decided, how would you amend this statement to fully reflect your position on mātauranga in the English medium curriculum?

- If you favoured a knowledge position, what might be the implications for the learning of Māori students specifically, and all students generally, related to mātauranga?
- If you favoured a student focus what might be the implications for mātauranga as a body of indigenous knowledge?
- Do you hold the same views about prioritising a *knowledge focus or student focus* when considering the teaching of academically disciplined subject knowledge? Why or why not?

Obviously, there is no single answer to this, and people's views vary considerably - and for all sorts of reasons. That is the point of the discussion.

It's about sharing and disseminating the knowledge: Any mātauranga can be taught in English medium schools where it can be made sense of through other concepts, questioned and analysed, changed and adapted to fit new situations.	**It's about education for all students:** As learning has to be useful for all learners and any inclusion of mātauranga in the English medium school curriculum should be for the learning benefit of all students, regardless of their background.
It's about addressing educational inequities for Māori students: As the majority of Māori students attend English medium schools, and the greatest educational disparities at present are around the education of Māori students, mātauranga should be an integral part of the English medium curriculum for the benefit Māori learners.	**It's about preserving and protecting the knowledge:** Most (all?) mātauranga should be taught in Māori medium settings through the medium of te reo Māori, embraced within tikanga, and where overall the learning is an integral part of a lived experience that preserves and protects indigenous knowledge.

For now this is FAR bigger than just Health Education and these ideological tensions have implications for the entire English medium curriculum, and it is hoped that further guidance is forthcoming in future as Māori scholars grapple with these complex issues.

For now, when planning to incorporate aspects of mātauranga in your learning programme be thinking about the following:

- How do you know the mātauranga is relevant to local iwi and hapu, and is the use of kupu Māori appropriate for the regional dialect - *is it mātauranga and te reo Māori from mana whenua or from elsewhere*? How could you find out if you don't know?
- Is the way you are 'treating' mātauranga deemed acceptable to iwi and hapu? Again, how do you know or where could you find out?
- Is the messaging within the selected mātauranga consistent with other education policy or is it introducing knowledge that could be deemed problematic in State schools?

FYI Māori Ministerial Advisory Group for English and Māori Medium
If you are not already aware of it there was a Māori Ministerial Advisory Group set up in 2024 who will continue their role until 2026. The list of names of members of this group is a matter of public record. This Ministerial Advisory Group is made up of experienced practitioners **to help improve outcomes for**:

- **Māori learners in English medium and Māori medium settings**
- **all learners of the Māori language in English and Māori medium settings.**

See also the original Beehive press release.

If you know or have access to any of these people, see if there is opportunity to engage them in discussion about curriculum developments.

4. Identity matters

That diverse sexuality and gender identity is not explicit in the curriculum is no surprise given the coalition government directives and the reasons for the removal of the Ministry of Education Relationships and Sexuality Education (2020) guide.

But note that like the previous curriculum, the idea of 'identity' still features – just not with reference to specific identities. Under the *Learning Area Structure* statement on page 4 of the new curriculum it states:

'The year-by-year teaching sequence lays out the knowledge and practices to be taught each year. In Health and Physical Education, the teaching sequence for Years 0–10 is organised into two Knowledge Strands:

- ***Health Education:** Focuses on physical, emotional, and social wellbeing. It develops students' **understanding of identity**, body, emotions, relationships, safety, and health-related choices across personal, community, and societal contexts…..'*

Across the Knowledge and Practice statements are various considerations for learning about identity in its relationship to health and wellbeing.

See also the 'Civics' section of the Social Science curriculum.

Let's unpack 'identity' and 'health' (education)
Concepts and theories about identity are a significant feature of the disciplinary knowledge of psychology. For example:

APA Identity definition used internationally
Identity: *an individual's sense of self defined by (a) a set of physical, psychological, and interpersonal characteristics that is not wholly shared with any other person and (b) a range of affiliations (e.g., ethnicity) and social roles. Identity involves a sense of continuity, or the feeling that one is the same person today that one was yesterday or last year (despite physical or other changes). Such a sense is derived from one's body sensations; one's body image; and the feeling that one's memories, goals, values, expectations, and beliefs belong to the self.*

Social identity: *the personal qualities that one claims and displays to others so consistently that they are considered to be part of one's essential, stable self. This public persona may be an accurate indicator of the private, personal self, but it may also be a deliberately contrived image.*

With definitions like these it's not difficult to make some obvious connections between the concept of identity and health that affect everyone in the population in some way. Learning related to identity development and the importance of identity for wellbeing ends up being woven across a variety of learning.
So how/why does *Health* Education learning give focus to specific identities?

The key questions to ask - and based on evidence - include:	**Some responses include:**
What identity-related issues **can impact the wellbeing of anyone**, regardless of the nature of a person's identity(ies)?	*Based on definitions above* - belonging to groups, being understood and accepted, fitting in, friendships and relationships, sense of self, self-worth and self-esteem, pressures to conform, body image, values, beliefs, life expectations and aspirations … etc
How and why do some people with marginalised identities have a **different experience of health** and wellbeing? *Or stepping it up a bit …*	Being treated (un)fairly, stereotyping, in/excluded in communities, or discriminated against, unequal access to opportunities and resources (e.g. when systems and practices favour (assume) dominant identity needs) – because their identity does not reflect dominant or accepted societal views and expectations.

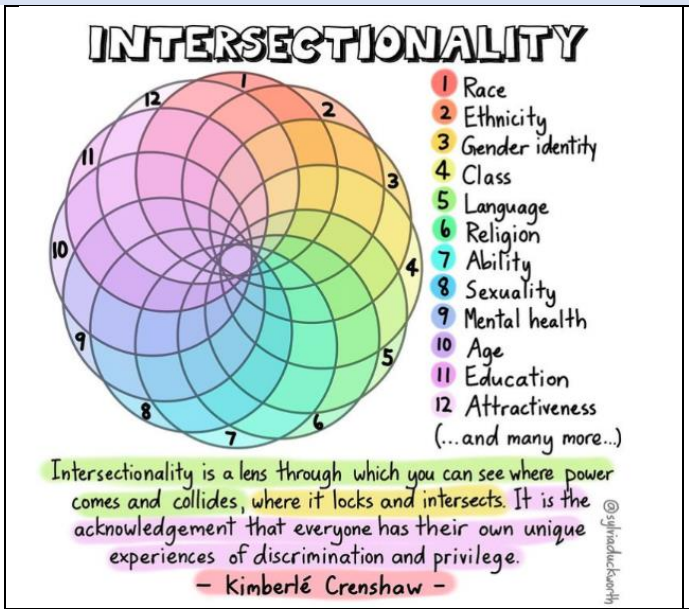
What role does power and privilege play in the subordination and marginalisation of some identities and how does this impact health and wellbeing?	Think of 'identities' based on the following - whether these are descriptors chosen by people to identify themselves, or assigned by others 'identifying' groups in society: • Being physically disabled or neurodiverse, health status • Cultural, ethnic, geographic, or national identities • Sex, sexuality and gender identities • Hobbies, interests, sports and arts, and forms of expression associated with subcultures • Body size and appearance • Role in society – job or careers, social position, student • Role in the family or whānau • Age group • Socio-economic status • etc In a time-limited teaching programme – **should a specific identity or groups of identities be prioritised? What are the arguments for and against this** – based on Health Education knowledge learning?

With this 'health' (education) framing of the learning, the focus is not so much learning about various forms of identity(ies) as such, but what impacts the health of people based on their identities – typically the isms, phobias and stigma associated with perceptions of 'difference'. As well as the health impacts, health learning focuses on the reasons why these injustices exist and what needs to be done for a fairer, more inclusive society that supports the health and wellbeing of everyone, regardless of their identity.

Also, some learning about diverse identities (as listed above) can also be supported through use of inclusive language, terms of reference and examples, across a wide range of topic specific learning.

The sort of detail that goes into the curriculum is not about listing every identity for whom there are specific health considerations as that's what gives context to learning about the ways identity and health are interconnected. That is, it's the sort of detail that features in resources that support curriculum implementation.

Also, ***if*** we're building knowledge toward understanding the concept of **intersectionality** at senior secondary level, and how people's different experiences of the world are at the intersections of the many aspects of their identity and who they are, then reducing the focus to single aspects of identity misses the (health and wellbeing) point of the learning.



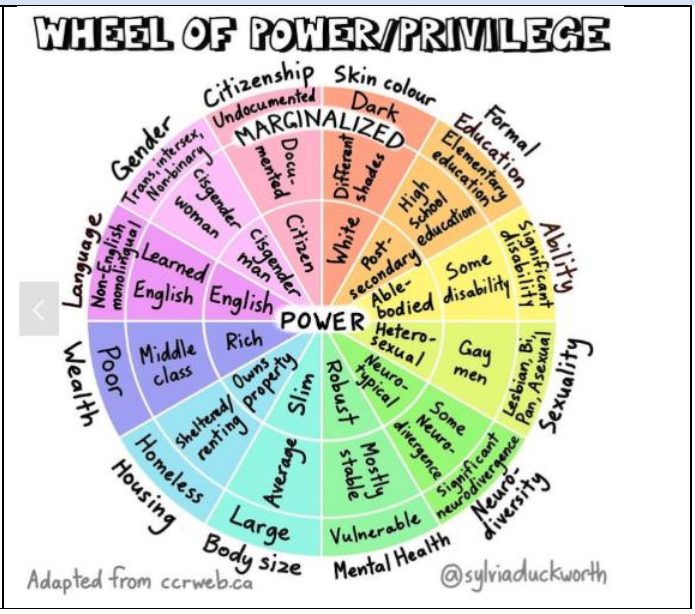


Diagram source: https://www.cultivate.co/insights/why-intersectionality-matters-at-work-part-one

Note: See the NZCER report on the RSE framework and the Ministry of Education "Factsheet" for RSE on the curriculum website.

Whole school approaches to the promotion of student wellbeing

If in future the opportunities in the curriculum prove limiting for consideration of sexuality and gender identities there is always the whole school environment which must comply with legislation – namely the Education and Training Act (see below), the New Zealand Bill of Rights Act 1990 and Human Rights Act 1993. This is where general learning about identities and being inclusive can be put into practice beyond the curriculum.

Although Education and Training Act 2020 revisions are pending, the wording of Section 127 of the Act is not signalled for change, just the numbering of the subsections. Think about the implications of the following.

Current wording:

127 Objectives of boards in governing schools

(1) A board's primary objectives in governing a school are to ensure that—

(a) every student at the school is able to attain their highest possible standard in educational achievement; and

(b) the school—

(i) is a physically and emotionally safe place for all students and staff; and

(ii) gives effect to relevant student rights set out in this Act, the New Zealand Bill of Rights Act 1990, and the Human Rights Act 1993; and

(iii) takes all reasonable steps to eliminate racism, stigma, bullying, and any other forms of discrimination within the school; and

(c) the school is inclusive of, and caters for, students with differing needs; and

Proposed changes: Paramount objective of boards in governing schools (name change)

(c) to ensure that the school—

(i) is a physically and emotionally safe place for all students and staff; and

(ii) gives effect to relevant student rights set out in this Act, the New Zealand Bill of Rights Act 1990, and the Human Rights Act 1993; and

(iii) takes all reasonable steps to eliminate racism, stigma, bullying, and any other forms of discrimination within the school:

(d) to ensure that the school is inclusive of, and caters for, students with differing needs:

5. Community consultation (Section 91) and release from sexuality education (Section 51)

Community consultation
Note that Section 91 of the Education and Training Act 2020 (community consultation about the health curriculum) looks like remaining, despite EROs recommendations in Dec 2024 that it be removed. This will be the fourth curriculum where this 40-year-old law has had to be applied … and the relevance of it grows less and less.

If you are due to carry out this two-yearly requirement this year or early next, treat it largely as business as usual. Your school still has to prepare a delivery statement about how the school plans to deliver its Health Education programme for the next two years and you can only inform parents about what is known and planned – noting that senior secondary Health Education remains as is for a bit longer with years 11-13 still to be developed. If the curriculum changes mean this is a complete unknown for your school for now, it may be that you signal to the community that this is the case and an update will be available in due course, so the delivery statement is only based on what is known now.

What will be different in future is that with a more prescribed curriculum there is no choice about the content to be taught. It is only in the overall programme design – the sequencing and organisation of units, the choice of resources and learning activities, and in some cases the context, that there is some remaining flexibility. That is, there is no scope for parents to recommend changes to the content of the health curriculum if it is compliant with the national curriculum statement.

We're updating our NZHEA community consultation resource to accommodate some small changes in approach, in consideration of these implications, and this will be available over the next week or two.

Release from tuition for specified parts of health curriculum (sexuality education)
Section 51 of the Education and Training Act will also remain, although we haven't yet reconciled why the curriculum has a knowledge strand called 'sex education' the legislation calls is 'sexuality education' and the Ministry Factsheet refers to 'relationships and 'sexuality education'. Confusion will no doubt follow as a result. *Put it in your feedback*.

We did note this statement in Te Mātaiaho on page 12.

> › **Health curriculum**: A parent of a student enrolled at a state school may ask in writing that the principal or person responsible for teaching and learning ensure that the student is released from tuition in specified parts of the health curriculum related to sexuality education.[3] From Year 8, a specific focus on sex education is introduced in the learning area to make it easier to identify content that parents are likely to consider to be sexuality education.

That this is *saying "make it easier to identify content that parents **are likely to** consider to be sexuality education"* is rather non-committal and rather suggests it will fall upon teacher, leaders … and us … to work out what is and is not 'sexuality education' for the purpose the Section 51 of the Act.