

The Teaching of Sexuality Education in Years 7 to 13

June 2007



Executive summary

OVERALL FINDINGS

In Terms 2 and 3, 2006, the Education Review Office (ERO) conducted an evaluation of the quality of sexuality education programmes in Years 7 to 13 in 100 primary (full primary and intermediate) and secondary schools. Sexuality education is one of seven key areas of learning in *Health and Physical Education in the New Zealand Curriculum*. The curriculum is compulsory up to and including Year 10.

This evaluation has found that the majority of sexuality education programmes were not meeting students' learning needs effectively. The findings identify two areas of particular weakness across schools. These are assessing learning in sexuality education and meeting the needs of diverse groups of students. Around two thirds of schools in this evaluation needed to improve their performance significantly in these areas.

ERO found good examples of how schools, parents, students and community agencies have worked together to identify and respond to student needs in sexuality education. In these schools governance and management supported community consultation and development of sexuality education programmes; resources, planning and content were relevant; teachers and students had a strong rapport and support networks were actively promoted; the schools were respectful to all students; and, the schools were safe for all students.

RECOMMENDATIONS FOR SCHOOLS

ERO recommends that schools:

- develop and implement school-wide guidelines for the planning, development and delivery of sexuality education;
- collect, analyse and use assessment information to track students' progress and achievement in sexuality education, and adapt programmes to meet students' needs;
- consult with the community every two years on how the school intends to implement the health curriculum, of which sexuality education is a part;
- provide students with a safe and inclusive learning environment that supports the effective delivery of sexuality education;
- ensure that their students have information about support services;
- develop their capability to deliver sexuality education programmes;
- when using outside providers to deliver aspects of sexuality education ensure that:
 - the outside provider delivers an identified part of the planned programme;

- the outside provider’s contribution is integrated into the overall approach; and
- they review and monitor the quality and effectiveness of the programme delivered by the outside providers; and
- regularly review the appropriateness of their sexuality education resources, to ensure that they met the current learning needs of all their students.

RECOMMENDATIONS FOR GOVERNMENT AGENCIES

ERO recommends that the Ministries of Education and Health:

- carry out further investigation into which resources are useful and well used, and for which groups of students, and identify any gaps in resource provision; and
- provide schools with further evidence-based best practice information on effective sexuality education, to inform the development and delivery of sexuality programmes.

ERO recommends that the Ministry of Education investigate the adequacy and effectiveness of current provision of professional development for teachers of sexuality education.

Introduction

Sexuality education is a key area of learning in *Health and Physical Education in the New Zealand Curriculum*, yet research tells us that many New Zealand teenagers have incomplete or inaccurate knowledge about safe sex practices. New Zealand has one of the highest rates of teenage pregnancies among comparable OECD countries. The rate of sexually transmitted infections, especially among Māori and Pacific youth, is increasing. Abortion rates too have been increasing over the last 20 years.¹ New Zealand research² shows that many teenagers have incomplete or inaccurate knowledge about safe sex practices.

As part of a whole-of-government approach, representatives from the Ministries of Women's Affairs, Education, Health, Youth Development, Social Development, Pacific Island Affairs and Te Puni Kōkiri are implementing a cross-sector, multi-faceted approach intended to:

- reduce the number of teenagers with sexually transmitted infections;
- reduce the rate of unplanned teenage pregnancies; and
- improve the ability of teenagers to avoid and/or deal effectively with coercive and other abusive behaviours.

As part of this work, the Ministry of Women's Affairs, as the lead agency, asked the Education Review Office to evaluate the teaching of sexuality education in schools.

OBJECTIVES OF THIS REVIEW

The purpose of this review is to assess the effectiveness of sexuality education programmes for students in Years 7 to 13, and specifically to evaluate:

- the quality and content of teaching and learning programmes in sexuality education provided by teachers in schools;
- the quality and content of teaching and learning programmes in sexuality education provided by outside providers to students in schools; and
- the extent to which teaching in sexuality education supports high quality learning outcomes for all students including Māori, Pacific, international, those of diverse sexual orientations and gender identities, those with special education needs, and those with strong religious or cultural beliefs.

1 Ministry of Health, *Sexual and Reproductive Health: a resource book for New Zealand health care organisations*, Wellington: Ministry of Health, 2003.

2 Ministry of Health, *Safer Sex Evaluation Summary*, Wellington: Prepared by TNS New Zealand Ltd for the Ministry of Health, 2005.

The planned outcomes of the study (this report and the companion report on good teaching practice) are:

- to improve teaching practice and professional development;
- to provide information that will assist curriculum resource planners and policy analysts working on sexuality education for Years 7 to 13; and
- to provide more information for parents.

SEXUALITY EDUCATION

The curriculum

Sexuality education is one of seven key areas of learning in *Health and Physical Education in the New Zealand Curriculum*. In December 2001,³ it became a requirement for sexuality education to be taught within a broader programme up to and including Year 10. At senior levels students' achievements may or may not be assessed against unit or achievement standards within the *National Qualifications Framework*.⁴

Boards of trustees are required to consult their community at least every two years on how the school intends to implement the health curriculum,⁵ of which sexuality education is a part.

The curriculum for sexuality education includes opportunities for students to develop:

- knowledge, understanding, and skills relating to sexual development – physical, emotional, and social;
- knowledge, understanding, and skills to enhance their sexual and reproductive health;
- personal and interpersonal skills and attitudes; and
- understanding and skills to enhance relationships.

The curriculum for sexuality education includes physical, emotional and social aspects of the students' sexual development, and students are expected to critically examine social and cultural influences on sexuality.⁶ At each level, programmes should have a clear focus and, at the appropriate levels, programmes should treat delaying sexual intercourse as a priority but should also focus on safe sexual practices. Sexuality education also involves awareness that people can differ in their sexual orientation.⁷ Prevention of sexual abuse is part of the 'mental health' key area of learning, and so is not covered in 'sexuality education'.⁸

ERO last reviewed the sexual and reproductive health component of the school curriculum in 1996.⁹ At this time, schools followed the *Syllabus for Schools Health Education in Primary, and Secondary Schools*¹⁰ and sexuality education was not compulsory.

The discussion section of this report includes a comparison of the findings of the 1996 and 2006 reviews.

- 3 New Zealand Gazette Notice, December 2001.
- 4 NCEA is New Zealand's main national qualification for secondary school students.
- 5 Ministry of Education, *Sexuality Education: Revised Guide for Principals, Boards of Trustees and Teachers* (Wellington: Learning Media, 1999), pp 14–17.
- 6 Ministry of Education (1999) *Sexuality Education: Revised Guide for Principals, Boards of Trustees and Teachers*. Learning Media, Wellington, pages 10–13 and page 44.
- 7 Ministry of Education (2002) *Inclusive Sexuality Education*. Learning Media, Wellington. page 9.
- 8 Ministry of Education (1999) *Health and Physical Education in the New Zealand Curriculum*. Learning Media, Wellington, page 38–39.
- 9 Ministry of Health, *Reproductive and Sexual Health Education: A report provided by the Education Review Office for the Ministry of Health*, 1996.
- 10 Ministry of Education, *Syllabus for Schools Health Education in Primary and Secondary Schools*. New Zealand: Government Print 1989.

Methodology

The evaluation framework and pre-evaluation questionnaire were developed in consultation with the inter-government agency sexuality education reference group and subject specialists.

SAMPLE

ERO evaluated the quality of sexuality education in 100 schools during Terms 2 and 3 of the 2006 school year. Information for this evaluation was collected in the course of the schools' regular reviews.

The schools represent 18 percent of New Zealand secondary schools, and 12 percent of intermediate schools. This percentage is sufficiently large to support useful conclusions.

The sample is representative of the school education sector in terms of the decile¹¹ range and status (state or integrated). It slightly over-represents urban schools as there was preferential sampling of secondary schools that are largely urban. It does not include private schools.

Further detail about the schools can be found in Appendix 2.

EVALUATION FRAMEWORK

ERO gathered information from schools about the following evaluation questions.

- How effectively does the content of the learning programme provide an appropriate sexuality education programme for students?
- How effectively are teaching and learning resources presented and used in the teaching of sexuality education?
- To what extent do teachers have the subject and pedagogical knowledge to provide an effective sexuality education programme?
- How effectively are the needs of diverse groups of students in the class identified and met by the teacher?
- How effective is the teacher's assessment of student learning?
- In sexuality education, how effectively are students motivated and engaged in learning in sexuality education?
- How effectively does the whole school culture support the development of positive attitudes towards sexuality and sexual diversity?

See Evaluation questions and indicators (Appendix 1).

11 A school's decile indicates the extent to which a school draws its students from low socio-economic communities. Decile 1 schools are the 10 percent of schools with the highest proportion of students from low socio-economic communities, whereas decile 10 schools are the 10 percent of schools with the lowest proportion of these students.

Review officers made evaluative judgements on the responses to each of these evaluation questions. They identified whether the teaching of sexuality education was highly effective, effective, partially effective or not effective for each area of investigation. Table 1 gives a definition of each of the terms in the context of this evaluation.

Table 1: Definition of ratings for evaluation questions

Level of effectiveness	Definition
Highly effective	Clear, consistent and convincing evidence of teaching practice that reflects indicators of high quality teaching.
Effective (with minor weaknesses)	Clear evidence of teaching practice that reflects indicators of high quality teaching (practice reflects indicators but may not be as consistent or convincing across all sources of evidence).
Partially effective (with substantial weaknesses)	Limited evidence of teaching practice that reflects indicators of high quality teaching.
Not effective	No evidence of teaching practice that reflects indicators of high quality teaching.

ERO also asked schools about:

- how they consulted their school community about sexuality education;
- the content and time they allocated to sexuality education programmes;
- the resources teachers used to teach sexuality education programmes;
- the level of teachers' confidence and qualifications for teaching sexuality education;
- the professional development undertaken by teachers in sexuality education;
- their use of outside providers to teach sexuality education;
- the rates of student exemption from sexuality education classes; and
- student access to non-teaching staff and people outside the school who provide support and guidance about sexuality and health issues.

Review officers gathered data for this evaluation using ERO's Evaluation Indicators.¹²

DATA SOURCES

Schools were given a self-evaluation questionnaire before the ERO on-site review. Although all schools completed this self-evaluation, the varied quality and completeness of responses meant that the data set for each question ranged between 70 and 100 schools.

During the review ERO collected data from various school and classroom documentation including: strategic plans; annual reports and self-review information; documents that support teaching and learning such as assessment policies and procedures, curriculum guidelines, and planning guidelines; classroom records such

¹² Education Review Office (2003) *Evaluation Indicators for Education Reviews in Schools*. ERO, Wellington.

as teachers' work plans and assessment documents; samples of students' work; and information provided to parents and the school community.

ERO also had discussions and interviews with the principal and school leaders, teachers and school staff and students.

Review officers discussed their findings with board members and school managers in each school. Schools had the opportunity to provide further information in response to the findings if they wished.

QUALITY ASSURANCE

The methodology and evaluation framework were reviewed and agreed on by an external working group that included subject experts.

A small group of specially trained review officers conducted this evaluation.

Completed evaluation worksheets were moderated nationally to check the consistency of the judgements made by review officers. Two moderation meetings were held with review officers – early in the data collection phase and about half way through the data collection phase. These meetings provided assurance that all review officers were making consistent judgements for each evaluation question.

Schools' self-reporting

This section provides descriptive information about schools' sexuality education programmes, based on information from a written questionnaire completed by the schools in the survey.

The information includes: compliance with requirements to consult the community; the content, time and resources for sexuality education; the skills and confidence of those delivering the sexuality education (teachers and external providers); student exemption; and other services to which students had access. (See Appendix 3).

COMMUNITY CONSULTATION

Consultation with the community about the delivery of health education, including sexuality education, has been compulsory since 1989. In 2001 the legislation was amended so that the maximum period between consultation with the community increased from 18 months to two years. It is now compulsory to teach a sexuality education programme in all state and state-integrated schools.

Compliance

Seventy-three schools consulted their community at least every two years. The remaining 27 schools did not meet legislative compliance for community consultation.

Changes as a result of consultation and legislation

Some schools noted that their consultation with parents had led to some changes to how they implemented their sexuality education programmes. These changes included:

- increased parental involvement in the delivery of sexuality education programmes;
- bringing forward planned course content for younger children;
- increasing the focus of sexuality education programmes on relationships and abstinence; and
- offering students the option of attending co-educational or single sex classes for their sexuality education programmes.

Thirty-three schools said they had made changes to their consultation process as a result of the 2001 changes in legislation.

CONTENT, TIME AND RESOURCES

Topics taught

From the information provided by schools there appeared to be a strong focus on puberty and a lesser focus on relationships at the primary schools. Primary schools reported that they seldom taught students about contraception, sexually transmitted diseases or decision-making about sexual behaviour.

The information provided by secondary schools showed a stronger focus on contraception, relationships and sexually transmitted infections. There was less focus on pubertal change than in primary school programmes, but it remained a common part of secondary school programmes. In some schools, pubertal change was accompanied by study of sexual maturation, and in others sexual maturation, rather than pubertal change, was taught.

Time allocation

Kirby¹³ suggests 14 hours or more per year are required for effective sexuality education.

Fifty schools reported time allocated to Years 7 and 8. The average time was 10 hours for each year level. Forty-four schools reported time allocated to Years 9 and 10. The average was 8 hours for Year 9 and 11 hours for Year 10. Thirty-seven schools reported the time allocated to a senior year level sexuality education. Students who studied towards certain unit or achievement standards could have 20 to 30 hours' sexuality education. Otherwise, between one and 12 hours was allocated to each year group.

Resources used in sexuality education programmes

Schools reported using a wide range of resources. Of the most commonly used resources, 30 percent were published by the Ministry of Education (particularly *Curriculum in Action*), 18 percent by Family Planning Association, 7 percent by Parenting with Confidence (*Sex with Attitude*) and 4 percent each by Johnson and Johnson, Ministry of Health and National Centre for Religious Studies. A wide range of other publishers of book, video and internet resources made up the other 33 percent.

13 Kirby, D. *Looking for the reasons why; the antecedents of adolescent sexual risk taking, pregnancy and child bearing*. Washington DC: 1999. National Campaign to prevent Teen Pregnancy, Task force on Effective programmes and Research.

TEACHERS

Qualifications

Just under a third of the schools in the survey reported that their teachers had qualifications in teaching sexuality education. About half the schools reported that their teachers did not have qualifications, and about one quarter of the schools did not complete this question.

A greater percentage of secondary schools than primary schools reported that their teachers had specific qualifications in teaching sexuality education.

Confidence

Well over half the schools said that their teachers were confident about teaching sexuality education. Many attributed this confidence to recent professional development or the qualifications of their teachers.

Four schools reported that their teachers were not confident teaching this subject and said this was because of a lack of professional development and, in some cases, a general discomfort about teaching the subject. These schools used outside providers to support their sexuality education programmes. The remaining 30 schools did not answer this question.

Professional development

Nearly two-thirds of the schools in the study reported that their teachers had undertaken some form of recent professional development on sexuality education. A greater percentage of secondary schools than primary schools stated that their teachers had specific professional development on sexuality education.

The most common providers of professional development were colleges of education.

The self-evaluation questionnaire did not ask about the effectiveness or frequency of the professional development provided.

OUTSIDE PROVIDERS

Sixty-two schools used an outside provider to support and/or deliver their sexuality education programmes. Public health nurses were the most commonly used outside providers in primary and intermediate schools, and Sex with Attitude was the most common outside provider in Years 9 to 13 secondary schools. Those schools with students in Years 7 to 13 used these two providers equally (Sex with Attitude (12) and Public Health Nurse (13)). The Family Planning Association was the other major provider that worked in 17 schools.

The self-reported data about schools' use of outside providers (including guest speakers) were limited, with only 46 schools providing the required detail.

Most of these schools (29) said that they used outside providers for up to 15 percent of their programme. In many cases this was a single guest speaker for a class, or an assembly presentation.

Twelve schools used outside providers for between 20 and 75 percent of the programme at one or more year levels. Half of these were intermediate schools where an outside provider presented puberty talks, and the teacher taught the rest of the programme. The other schools used an outside provider to present a series of interactive sessions as part of the programme.

Five schools had used an outside presenter for the entire programme. Two of these were limited programmes, consisting only of puberty talks, and two were comprehensive sexuality education programmes developed with student consultation. One school used a qualified outside provider because its own staff were not adequately trained.

In secondary schools the use of outside providers was typically for a one-hour presentation. Many curriculum leaders noted that these presentations were separate from their planned sexuality education programme. Full primary and intermediate schools were more likely to use outside providers to deliver core programme material.

RATES OF EXEMPTION OF STUDENTS FROM THESE CLASSES

Eighty-five schools reported on exemption. Just under half (37) reported that they had exempted a small number of students from sexuality education classes. In 30 of the schools, fewer than one percent of the students (85 students) had been exempted. In six schools, up to three percent of each class (a total of about 75 students) had been exempted. At the special school, very high needs students participated in some, but not all of the programme. Forty-eight schools reported that students could have been exempt, but did not indicate the approximate percentage of exempt students.

The main reasons for exempting students were religious and cultural beliefs. Some of these students attended most of the programme, but did not attend the parts that included content on contraception, sexually transmitted infections and abortion.

STUDENT SUPPORT

National and international research¹⁴ identifies easily accessible sexual health services for students as being an important element of a high quality approach to sexuality education.

Secondary schools

Secondary schools reported that their students had access to people who could give them support and guidance about sexuality issues. These included: school guidance counsellors; public health nurses; nurses from iwi providers; form teachers; deans; school chaplains; hostel matrons; and other students (through peer support networks).

Some students had access to general practitioner services through their schools. Secondary schools also reported that their students had access to support from the following outside agencies: the Family Planning Association; youth health centres; iwi health services; community health centres; mental health services; and local churches.

Primary schools

The full primary and intermediate schools reported a more limited range of adults from whom students could seek support and guidance about their sexual development. These adults included the Resource Teacher: Learning and Behaviour (RTL), the office administrator and part-time guidance counsellors.

The schools also reported that their students had access to support from the following outside agencies: public health nurses; general practitioners; and Child, Youth and Family.

Access/referral

Schools differed in the way that they thought students would make contact with the external organisations. A few secondary schools reported that they expected that their students would have learned about the appropriate agency through sexuality education classes and would refer themselves; other schools expected that the school nurse or guidance counsellor would refer them and sometimes accompany students to an appointment. Only one secondary school said that it would involve parents in open communication.

Primary schools were more likely to discuss a referral with the child's parents.

Schools did not monitor the extent to which students used these services.

14 Health Funding Authority
New Zealand, *Sexual and
Reproductive Health:
Literature Review Findings*,
Wellington: 2000.

ERO's evaluation

This section provides ERO's evaluation of the effectiveness of the sexuality education in the 100 schools in the study, analysed under each of the evaluative questions.

CONTENT

How effectively does the content of the learning programme provide an appropriate sexuality education for students?

Standard

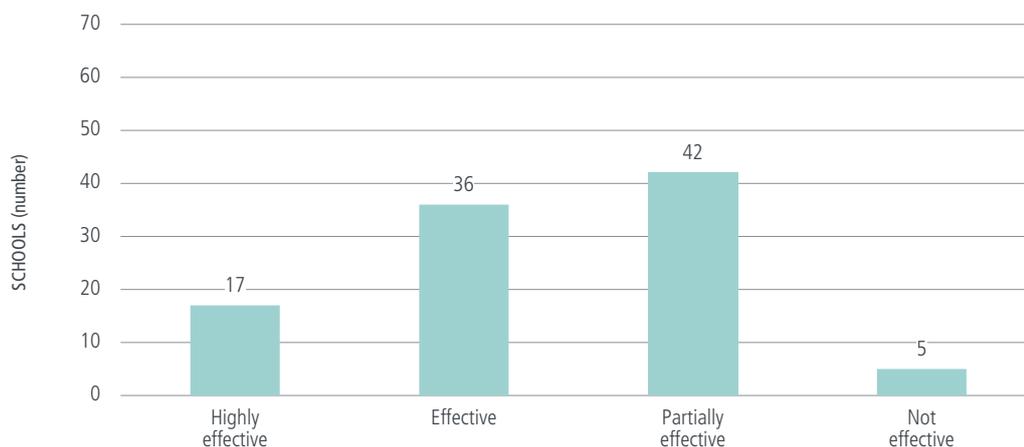
When looking at the content of learning programmes, ERO expects to see evidence of a well-designed and well-implemented curriculum that reflects national requirements, student learning needs, and community needs and aspirations.

ERO evaluated the content of sexuality education programmes in relation to the following indicators:

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

Overall effectiveness

ERO found that 53 schools provided appropriate content for their sexuality education programmes. Forty-two schools needed to improve some aspects of the content, while five schools needed to improve the entire content of their sexuality education programmes.

Figure 1: Effectiveness of the content of learning programme

Curriculum guidelines

Just over half the schools (55) had curriculum guidelines that followed a logical sequence for each year level.

About a third of schools (31) needed to improve some aspects of their guidelines. These schools did not give their teachers adequate information to assist their planning and teaching.

The remaining schools (14) either did not have any school-wide guidelines for teaching this aspect of the curriculum or had guidelines they did not use.

Students' learning needs

About half the schools (47) had processes in place to identify students' learning needs and to seek the views of parents and caregivers about sexuality education. Sometimes teachers collected information on student learning needs before beginning the unit but did not use this to tailor the programme.

Effective schools

Teachers used a range of processes to identify the learning needs of their students, including brainstorms, pre-tests, questionnaires and post boxes (for students to ask questions anonymously and have them answered safely in class) and individual or peer discussions.

Many of those schools that identified students' individual learning needs effectively, found that these covered the full spectrum of sexual and reproductive health issues.

When consultation with parents or caregivers led to changes in sexuality education programmes the result was generally:

- increased parent involvement;
- course content being taught earlier and more explicitly;
- increased work on relationships; and
- a more positive portrayal of abstinence for young adolescents.

Ineffective schools

Over half the schools (53) needed to improve the ways they identified and integrated students' learning needs and parents' and caregivers' views into their sexuality education programmes. Weaknesses included:

- integrating the views of parents and caregivers into planning the content of programmes but not collecting information on students' learning needs; and
- collecting information on students' learning needs and parents' and caregivers' views, but not using this information to adapt the content of the programme.

In 15 percent of schools there was no match between the identified learning needs of students and the taught programme. Students identified gaps between their needs and the programme that was delivered. These gaps related to: contraception; abortion; pregnancy; sexually transmitted diseases; non-heterosexual people; and sexual intercourse.

Balanced content/meeting curriculum requirements

About half the schools (51) had a broad approach to sexuality education that included pubertal change alongside relationships, decision-making and societal changes.

The content of the sexuality education programmes in the remaining schools (49) had a strong focus on the physical changes of pubertal change with little inclusion of any other content.

Integrated content

Just over a quarter of the schools (26) integrated sexuality education effectively into the wider school curriculum. In these schools, sexuality education was most likely to be integrated into other key areas of the health and physical education programme.

In primary schools, school-wide programmes, such as values or virtues, helped to teach and establish expectations for behaviour and responsibilities in a way that integrated elements of sexuality education.

Well-planned integration in secondary schools was led by teachers who had a specific role in coordinating the school-wide programme. These teachers worked with their colleagues to make sure that sexuality education was integrated into the wider health and physical education programmes.

RESOURCES USED IN THE LEARNING PROGRAMME

How effectively are resources used in the teaching of sexuality education?

Standard

Effective schools ensure that they have resources that contribute to and support teaching. Resources should be appropriate and relevant to the lives and experiences of students.

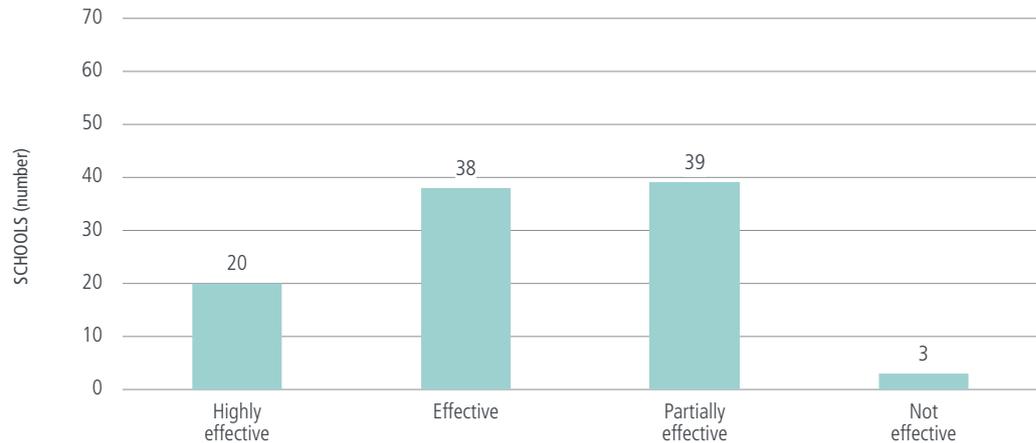
This section reports on the provision and use of resources in the sexuality education programmes. ERO evaluated how well resources were used for teaching sexuality education in relation to the following indicators:

- appropriate teaching and learning resources held by the school are used in the teaching of sexuality education; and
- appropriate teaching and learning resources held by outside providers are used in the teaching of sexuality education.

Overall effectiveness

Fifty-eight schools used resources effectively when teaching sexuality education. Thirty-nine were partially effective. Three did not use resources effectively.

Figure 2: Use of resources in sexuality education programmes



Provision and use of resources by teachers

Effective schools regularly updated resources to keep them relevant to students' needs and experiences.

Over half the schools (54) used appropriate resources effectively when teaching sexuality education. Teachers in these schools used a wide variety of resources from various organisations and providers including the Ministry of Education, the Ministry of Health, and the Family Planning Association. These resources included video and audio material as well as pamphlets, booklets, books and kits.

In nearly half the schools (46) the range of resources was limited and many were outdated and not relevant to students' needs and experiences. Some of these schools were not aware of other resources available to them.

Provision and use of resources by outside providers

Sixty-five schools used outside providers. Of these schools, over one third (24) could demonstrate that their outside provider used appropriate resources for teaching sexuality education. The remaining schools (41) kept little information on the resources used by outside providers and did not know how well they were received by students.

SUBJECT AND PEDAGOGICAL KNOWLEDGE

To what extent do the teachers have the subject and pedagogical knowledge to provide an effective sexuality programme?

Standard

ERO evaluated subject and pedagogical knowledge¹⁵ of teachers and outside providers in relation to the following indicators:

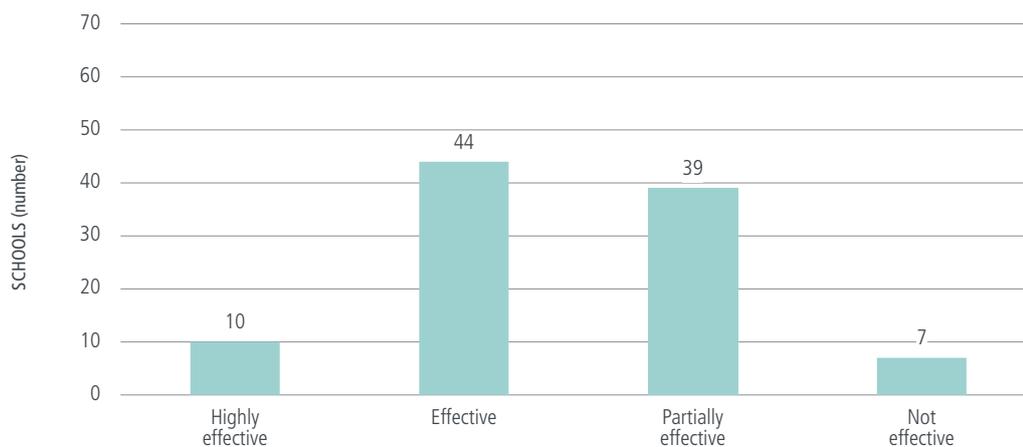
- the teachers/outside providers deliver programmes and accurate information to students (appropriate to their understanding and life experiences); and
- the teachers/outside providers have pedagogical knowledge to identify and respond effectively to the learning needs of students.

Overall effectiveness

ERO found that over half the schools (54) had teachers or outside providers with effective subject and pedagogical knowledge for teaching sexuality programmes.

Thirty-nine schools had teachers or outside providers with partially effective subject and pedagogical knowledge, while the remaining seven schools had teachers and/or outside providers with insufficient knowledge to teach an appropriate sexuality education programme.

Figure 3: Subject and pedagogical knowledge of teachers and outside providers



¹⁵ Pedagogical knowledge includes the general concepts, theories and research about effective teaching, regardless of content.

Subject and pedagogical knowledge of teachers

Just over half the schools (51) had teachers with good subject knowledge and pedagogical knowledge for teaching sexuality education. These teachers had the following in common:

- comprehensive knowledge about sexuality based on professional development or tertiary study;
- commitment to implement a high quality sexuality education programme;
- access to regular, relevant professional development;
- the ability to develop good rapport with students;
- well-developed and planned programmes;
- processes in place to identify and meet the changing needs of their students; and
- support from other staff.

In the remaining schools (49), teachers needed to increase their subject and pedagogical knowledge to teach sexuality education effectively. Many of these teachers lacked a strong subject-knowledge base and/or had not had any recent professional development in this subject.

Some schools had allocated sexuality education classes to beginning teachers or non-specialist teachers, and had not provided sufficient mentoring or professional development to support these teachers to undertake this responsibility well.

Subject and pedagogical knowledge of outside providers

Sixty-two schools used an outside provider to present sexuality education to students. Most of these schools did not collect information on the effectiveness of these providers. Twenty-eight schools formally reviewed subject material presented by their outside providers and 13 appraised the quality of the presenters.

Many schools based their confidence in the outside provider on the provider's standing in the community and on their own relationship with the provider, rather than on evidence of student learning.

ERO found that there was no direct correlation between the use of outside providers and effectiveness. Of the 21 schools that were highly effective across all subject areas:

- 10 used an outside provider or guest speaker for some of the programme;
- two had the outside provider run a four-session programme, (Postponing Sexual Involvement);
- eight used invited guest speakers, for example, the Family Planning Association; and
- one used an outside provider (Te Puawai Tapu) for the entire programme.

ERO found examples of outside providers working very effectively with schools to complement and/or provide the sexuality education programmes. This worked well when the presenters and schools were in agreement about the school's objectives, the needs of the students and the way the programme would be delivered to meet these objectives and needs.

Some examples of the use of effective outside presenters included:

- the outside provider targeting the needs of a particular group of students;
- a college of education advisor providing guidance to sexuality education teachers; and
- presentations by medical doctors.

Of the 22 schools that were not effective in any of the seven areas, none was relying fully on outside providers, and six were not using outside providers. Of the 22, about a third (7) used outside providers for about a half of their sexuality education programme – this was usually for puberty talks in intermediate and full primary schools; and nine used outside providers for about 10 percent of their programme.

Some weaknesses of outside providers

In secondary schools, outside providers typically delivered a one-hour presentation, and many curriculum leaders noted that these presentations were separate from their planned sexuality education programme. Presenters using single sessions had a limited ability to identify and respond effectively to the learning needs of individual students.

Outside providers were less likely to use interactive approaches or strategies that allowed students to ask questions anonymously. Some students said that they would prefer to ask questions of a teacher they knew.

In a small number of integrated schools, students said that the church-approved presenter avoided answering particular questions.

Schools with less effective working relationships with outside providers were more likely to view their presentations as supplementary to, and separate from, the core programme.

In some cases students were receiving conflicting messages because of the different emphasis placed by outside providers on some key issues. For example, some providers promoted the effectiveness of condoms in reducing the chance of sexually transmitted diseases, while others told students that condoms did not eliminate the risk.

MEETING THE NEEDS OF DIVERSE GROUPS OF STUDENTS

How effectively were the needs of diverse groups of students in the class identified and met by the teacher?

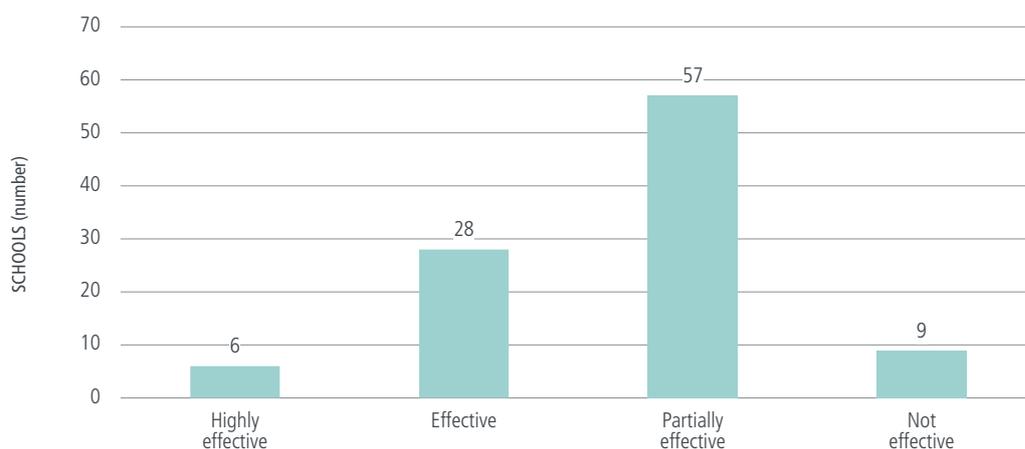
The New Zealand student population is diverse. Gender, ethnicity, socio-economic background, home language, and individual student ability all need to be taken into account by teachers. Teachers need to be able to teach all students in their class, regardless of student and/or teacher background.

This study aimed to evaluate how effectively teachers were meeting the needs of: Māori students; Pacific students; international students; students of diverse sexual orientations and gender identities; students who may hold strong religious or cultural beliefs; and students with special educational needs.

Overall effectiveness

ERO found that teachers in 34 schools were effective or highly effective at meeting the needs of all their students. Teachers in fifty-seven schools were partially effective and, in nine schools, teachers did not meet the needs of all of their students. These schools generally applied a ‘one size fits all’ approach to sexuality education.

Figure 4: Needs of diverse students



When ERO looked at the responsiveness of schools for each group of students it found that about a fifth of schools were meeting the needs of each separate group. The group most likely to have their needs met were those with strong religious or cultural beliefs, who were enrolled in integrated schools.

Māori students

Nearly 20 percent of schools provided evidence that their sexuality programmes were effectively inclusive of Māori students.

The use of Māori staff, or appropriate Māori external providers, supported the provision of relevant and appropriate sexuality education programmes for Māori students. Highly effective schools adapted mainstream programmes to include content that was relevant to the context of their Māori students.

Pacific students

Of the 84 schools with Pacific students, about 25 percent had some evidence that the school was effective in providing sexuality programmes that were appropriate and inclusive of the beliefs and perspectives of Pacific students, and 60 percent had no evidence of this. Some co-educational schools provided smaller and/or single sex classes in response to requests from Pacific students and parents.

In the 15 percent of schools that were effective, the mainstream programmes were adapted so that they were more appropriate for Pacific students.

Some schools had a Pacific dean or youth worker who gave advice to the teaching staff, and who had a pastoral role among the Pacific students. This support helped schools deliver a relevant sexuality education programme to these students.

International students

About 20 percent of schools with international students provided evidence that their sexuality programmes were effective, appropriate and inclusive of these students' beliefs and perspectives. Many of these schools developed and implemented specific programmes for international students that followed consultation with students, parents and communities. In one school a needs analysis had been undertaken to develop learning programmes.

Effective schools had teachers from different cultural backgrounds, and used multilingual visual resources to support the programme. Where international students participated in mainstream sexuality programmes, the teachers adapted the programme and extended their sensitivity to encompass the known beliefs and perspectives of international students in the class.

Strong religious/cultural beliefs

Nearly a third of the schools taught a sexuality education programme that was appropriate and inclusive of the religious or cultural beliefs and perspectives of the students. Integrated schools were more effective at meeting the needs of this group.

Special needs

About a fifth of the schools had adapted their sexuality education programmes for students with special educational needs. These schools typically used Individual Education Plans (IEPs) to identify the students' needs and described how the classroom programme would be adapted to meet their needs.

Sexual orientation and gender identity

Twenty percent of the schools (mostly secondary schools) had evidence that their sexuality programmes provided opportunities for students to explore and challenge issues such as homophobia, diversity and acceptance. These schools offered broad perspectives on sexuality and tended to have other pastoral initiatives that supported students' diverse sexuality education needs.

Programmes in the majority of schools in the study reflected an assumption that their students were heterosexual.

ASSESSMENT OF STUDENT LEARNING

How effective is the teacher's assessment of student learning in sexuality education?

Standard

Assessment is an ongoing process that involves gathering, analysing, and using meaningful data about student learning. Assessment information helps teachers to develop a good knowledge of their students and set the next steps for students' learning. It is necessary for teachers' reflection on the effectiveness of their teaching strategies and for school self review.

This section reports on the effectiveness of assessment of learning in sexuality education in relation to the following indicators:

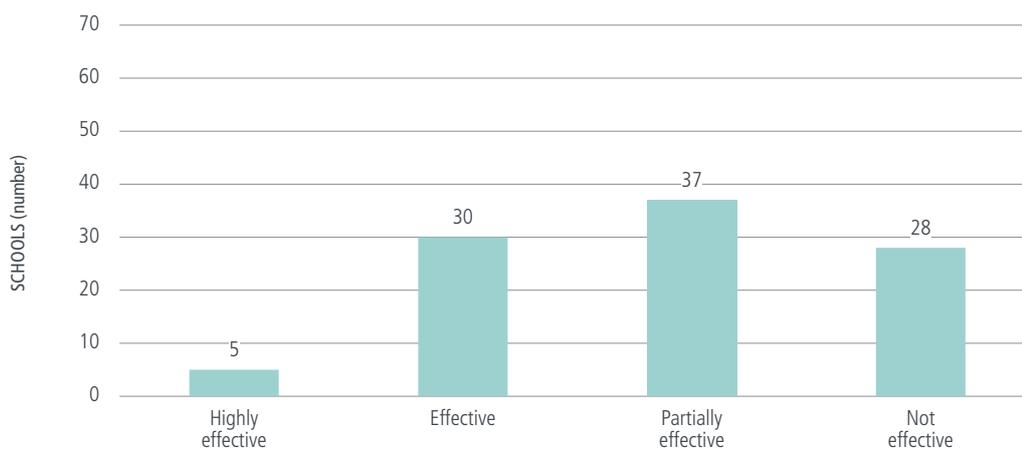
- assessment records demonstrate that students are making appropriate progress and achievement in sexuality education;
- appropriate assessment information is used to inform the evaluation of the effectiveness of classroom programmes;

- the school has appropriate systems for reviewing the effectiveness of its sexuality education programme;
- students are taught to evaluate their own learning in sexuality education; and
- the teacher communicates effectively with parents about the educational progress and learning needs of their child in sexuality education.

Overall effectiveness

ERO found that assessment of student learning in sexuality education was highly effective in five schools and effective in 30 schools. Assessment of student achievement was partially effective in 37 schools, and 28 schools were not effective at assessing student learning in sexuality education.

Figure 5: Assessment of student learning



Student progress

In about one fifth of the schools (17), assessment records showed that students were making progress in sexuality education. At Years 7 and 8, these schools used pre-and post-testing to assess student progress. Some secondary schools used NCEA achievement standards to provide information about achievement. Just under half of all schools (48) had some limited student achievement information. The remaining schools (34) collected no assessment information on how well their students were learning.

Programme evaluation

Just under one fifth of the schools (18) used student assessment information to review their classroom programmes. In the most effective schools, teachers used assessment information, student feedback and teacher reflection to review the quality of their programmes. One third of schools (36) used incomplete information to review classroom programmes. The remaining schools (45) did not review the effectiveness of their programmes.

School self-review

In one third of schools (31) the review of the quality of their school sexuality education programmes was effectively done. These schools reported that their self-review had resulted in improvements to the sexuality programmes. One third of schools (29) had partially reviewed their school-wide sexuality programme. Self-review in these schools was incomplete because of an over-reliance of informal data and a lack of student achievement data. The remaining schools (40) did not review their sexuality education programmes.

Student evaluation

Students in one quarter of schools (23) evaluated their learning in sexuality education effectively. Self-evaluation processes included written self assessment against criteria, reflective writing in log books and one-to-one conferences with teachers and peers.

Students in one third of schools (33) evaluated some of their learning but were not assisted by teachers to consider their next learning steps and/or gaps in their learning.

Nearly one half of schools (44) did not engage their students in evaluating their own learning in sexuality education.

Communication with parents

One quarter of schools (23) communicated effectively with parents about their children's learning in sexuality education. These schools mainly used written reports that included a separate section on sexuality education.

About two-fifths (37) of schools gave parents information on their children's learning in sexuality education as part of an overall grade and comment for health or religious education. The remaining schools (39) did not give parents any information on their children's learning in sexuality education.

STUDENT MOTIVATION AND ENGAGEMENT

How effectively were students motivated and engaged in learning about sexuality education?

Standard

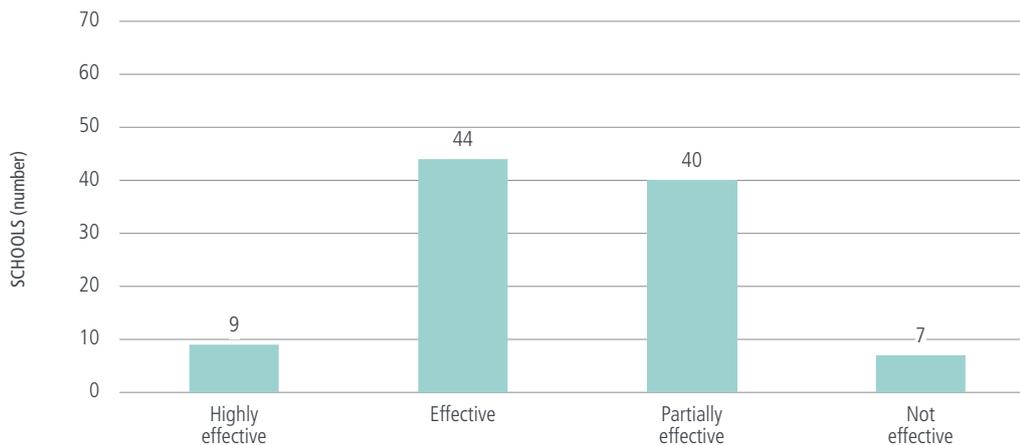
Student engagement is a precursor to student learning. This section reports on how effectively teachers engaged students in learning about sexuality education in relation to the following indicators:

- students have access to learning experiences in sexuality education that meet their particular aspirations, interests and needs;
- there are strong, positive and supportive relationships between students and the teacher in the sexuality education learning environment; and
- there are strong, positive and supportive relationships between students and the outside provider in the sexuality education learning environment.

Overall effectiveness

ERO found that teachers in nine schools were highly effective at engaging students, and effective in 44 schools. Teachers were partially effective in 40 schools, and not effective in seven schools.

Figure 6: Student motivation and engagement



Student engagement with teachers

In about half the schools (51), there were strong, positive and supportive relationships between students and the teachers. These schools had teachers that were approachable, trustworthy and able to respond to students' questions. They knew their students well, and used this knowledge to engage students in their programmes by adapting content and pedagogy.

In the other half of schools poor programme organisation, limited consultation with students and weak teaching practice limited the quality of student engagement with teachers. Students commented that their needs were not well met when teachers did not answer their questions, or when lessons repeated material about pubertal change that had been covered in previous years.

Student engagement with outside providers

Sixty-two schools used an outside provider to present sexuality education to students. The majority of these schools had not formally collected information about the level of student engagement with these providers. From the information held by schools, ERO found that effective outside providers gained high levels of student engagement through respectful and polite interactions, and frank, direct delivery. Weaknesses, where they were reported, included mixed feelings about the style of delivery, for example delivering large-group presentations that were not linked to the classroom sexuality education programme.

SCHOOL CULTURE

How effectively does the whole school culture support the development of positive attitudes towards sexuality and sexual diversity?

Standard

A supportive school environment helps students to develop good relationships with others, work in cooperative ways and participate appropriately and responsibly in a range of social and cultural settings.

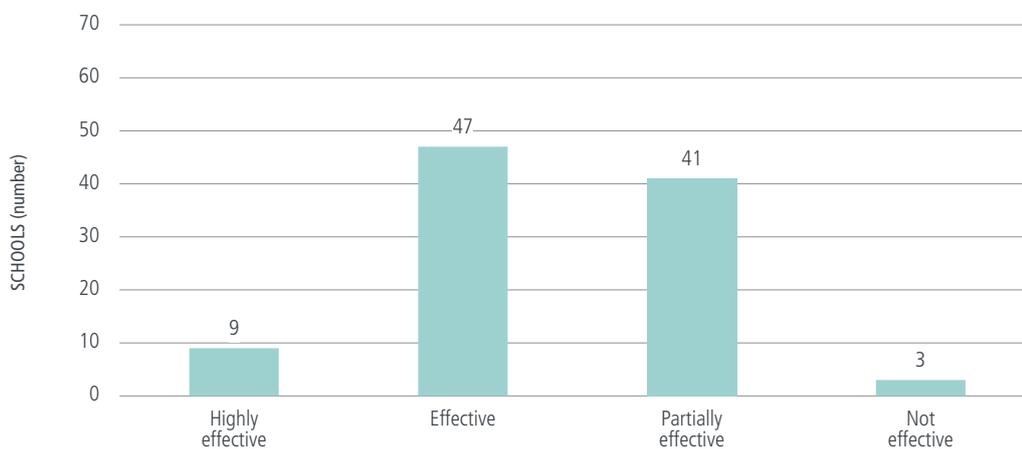
This section reports on how effectively the whole school culture supported the development of positive attitudes towards sexuality and sexual diversity. ERO evaluated this in relation to the following indicators:

- the school actively develops and maintains a culture of respect for others;
- there are effective support networks readily accessible by all students; and
- the school environment is inclusive and safe for staff and students.

Overall effectiveness

ERO found that nine schools had a whole school culture that was highly effective at supporting the development of positive attitudes towards sexuality and sexual diversity. Another 47 schools had a school culture that was supportive overall of the development of positive attitudes towards sexuality and sexual diversity. Forty-one schools needed to improve in some aspects of their culture. The culture in three schools was not supportive of the development of positive attitudes towards sexuality and sexual diversity.

Figure 7: Positive attitudes to sexuality and sexual diversity



School culture of respect

Just over half the schools (51) had developed a school culture that respected all people. Students at these schools had access to a range of pastoral and health care services. These services were further supported by pastoral initiatives like peer mediation, leadership development activities, and anti-bullying programmes.

Nearly half the schools (49) needed to improve their school culture. While many of these schools had policies that aimed to promote respect for all people, these policies were not fully and/or consistently enacted by staff and/or students.

Support networks

ERO found that just over half the schools (52) had effective support networks for students. Health and support services were more extensive in secondary schools than primary.

In secondary schools with effective support networks students typically had access to:

- school-based health clinics or regular visits from medical staff and public health nurse;
- guidance counselling;
- support groups for non-heterosexual students;
- school deans and pastoral care networks;
- Māori, Pacific and Asian support services; and
- community health services.

Primary schools tended to rely on staff with counselling experience to support their students or referred students to external health services.

Nearly half the schools (48) needed to improve the range and access of support services for their students. Many of these schools were not aware of the community services their students could use. Some students reported that they did not think that some services were sufficiently confidential or welcoming for all students.

Safe and inclusive school environment

Almost half the schools (43) took all reasonable steps to provide a safe and inclusive school environment for staff and students.

In secondary schools, some students were confident in expressing or disclosing their sexual identity to their peers and teachers, and were able to report bullying when it occurred. In these schools there were strategies to make sure that staff and students with a range of sexual identities were safe and respected.

The remaining schools (57) were less safe and inclusive for all staff and students. In many of these schools, some teachers and students did not feel safe about openly disclosing their sexual identity, and reported that bullying, including text bullying, occurred.

Summary of findings

This section presents the overall findings of this evaluation and compares these with the findings of ERO's 2006 evaluation of the quality of teaching of Health and Physical Education and ERO's 1996 review of sexuality education.

OVERALL EFFECTIVENESS

ERO evaluated the overall quality of teaching of sexuality education by investigating the following seven areas:

- the content of the sexuality education programme;
- the use of teaching and learning resources;
- the subject and pedagogical knowledge of teachers;
- how well schools were meeting the needs of diverse students;
- assessment;
- student engagement; and
- school culture.

For each area, ERO identified some highly effective and ineffective schools. There were no schools that were highly effective across all seven areas, and none that were not effective across all areas. In summary:

- Twenty-one schools were effective or highly effective across all seven areas.
- Fifty-seven schools were effective in some areas but only partially effective in other areas.
- Twenty-two schools were partially effective with substantial weaknesses or not effective in all areas investigated.

Overall, just over a fifth of the schools reviewed were effective or highly effective in all aspects of this evaluation.

ERO found that the majority of schools have areas for improvement in their teaching of sexuality education. Of special concern are the 20 percent of schools that had substantial weaknesses in their teaching of sexuality education.

The findings identify two areas of particular weakness across schools. These are assessing learning in sexuality education and meeting the needs of diverse groups of students. Around two thirds of schools in this evaluation needed to improve their performance significantly in these areas.

COMPARISON BY SCHOOL TYPE

ERO compared the performance between schools of different deciles, and primary and secondary schools.¹⁶

Primary and secondary schools

Secondary schools were more likely than primaries to have teachers with better subject and pedagogical knowledge, and students who were effectively motivated and engaged.¹⁷ The finding that secondary schools were more likely to have teachers with better subject knowledge and pedagogy than primary schools is consistent with the information provided by schools in the first section of the findings. It is not surprising that teachers with the knowledge and skills to teach well were more able to engage their students in learning than those that had incomplete skills or knowledge.

School decile group

ERO found that mid and high decile schools were more likely to have teachers with better subject and pedagogical knowledge than low decile schools.

State and integrated schools

The review found no differences between state-integrated and state schools other than that integrated schools were better at meeting the needs of students who might hold strong cultural or religious beliefs.

2006 ERO REVIEW OF THE QUALITY OF TEACHING OF HEALTH AND PHYSICAL EDUCATION

ERO evaluated the quality of teaching of Health and Physical Education, of which sexuality education is a part, in 2006. The findings from this evaluation are highly consistent with the sexuality education evaluation. Both reports identified assessing student achievement and teaching diverse students as key areas of improvement for schools.

Similar to the sexuality education evaluation, ERO found that many schools did not have effective school-wide processes for the planning, assessment, reporting, and evaluation of health and physical education. ERO also identified a group of schools that were not consulting regularly with their school communities about the content and implementation of the health education components of the curriculum.

16 This was done statistically by applying a Mann-Whitney or Kruskal-Wallis H test with a significance value set at less than 0.5 percent.

17 For statistical analysis of findings by school type, the full primary and intermediate schools were grouped as 'primary' (38 schools), and all schools that included students beyond Year 8 were grouped as 'secondary' (62 schools).

1996 ERO REVIEW OF SEXUALITY EDUCATION

ERO last reviewed the sexual and reproductive health component of the school curriculum in 1996.¹⁸ At that time, schools followed the *Syllabus for Schools Health Education in Primary, and Secondary Schools*¹⁹ and sex education was not compulsory. Consequently, ERO did not use the same evaluative questions in this evaluation as in the 1996 review. Nevertheless some comparisons can be made.

Improvements since the 1996 report include the following:

- more schools meet legislative requirements;
- more schools have teachers with specialist training in sexuality education;
- more time is allocated to teaching sexuality education;
- fewer schools rely exclusively on outside providers, and more schools are delivering sexuality education without using outside providers;
- better support networks exist for diverse groups of students; and
- secondary school programmes take a less biological, more relationship-focused approach with a new emphasis on making decisions about sexual involvement, and are led by health or religious education departments rather than science departments.

Similarities with the 1996 report include:

- a pattern of student participation reducing with each year level;
- limited scope of sexuality education at Years 7 and 8; and
- limited levels of support services provided for some students.

¹⁸ Education Review Office, *Reproductive and Sexual Health Education*. A report provided by the Education Review Office for the Ministry of Health, New Zealand: 1996.

¹⁹ Ministry of Education, *Syllabus for Schools' Health Education in Primary and Secondary Schools*, (New Zealand: Government Print, 1989.)

Discussion

This evaluation has found that the majority of sexuality education programmes were not effectively meeting students' learning needs. Sexuality education in many schools was characterised by a 'one size fits all' approach for all students. ERO identified an overall pattern across some schools of teaching sexuality education in isolation of other subjects, with little or no meaningful assessment of students' needs, inadequate and/or inappropriate resources and teachers who were not well prepared to teach this subject. This combination resulted in the poor delivery of sexuality education.

ERO found good examples of how schools, parents, students and community agencies have worked together to identify and respond to student needs in sexuality education. In these schools: governance and management supported community consultation and development of sexuality education programmes; resources, planning and content were relevant; teachers and students had a strong rapport and support networks were actively promoted; the schools were respectful to all students; and, the schools were safe for all students.

CURRICULUM MANAGEMENT

Effective sexuality education needs to be tailored to the needs of students within the context of the Health and Physical Education Curriculum. ERO is concerned that many schools delivered the same sexuality education programmes from one year to another in isolation of other aspects of health and physical education and with little consideration to students' individual needs. This meant that many of the sexuality education programmes did not build on students' prior learning, were often repetitive (for example, repeating pubertal change), were not connected to the Health and Physical Education curriculum and did not meet students' individual needs.

Sexuality education is a challenging area to teach well. Teachers need clear school-wide guidelines that outline the purpose of sexuality education, the linkages of sexuality education to other areas of the curriculum, the progression from one year to another, the approach to consulting with the community, how this information should be used to adapt programmes, how to assess students' prior learning and the processes in place for school-wide review of sexuality education. These guidelines can provide teachers with the basis to adapt and deliver high quality sexuality education programmes. Unfortunately there were some schools that did not provide this systemic support for their teachers.

Schools should develop school wide guidelines that:

- outline the purpose of sexuality education;
- show links between sexuality education and other areas of the curriculum;
- indicate progression from one year to another;
- outline the approach to consulting the community;
- show how information from the community should be used to adapt programmes;
- illustrate how to assess students' prior learning; and
- outline the processes in place for school-wide review of sexuality education.

Recommendation

That all schools develop and implement school-wide guidelines for the planning, development and delivery of sexuality education.

ASSESSMENT

ERO found that the majority of teachers were not using their knowledge of their students to develop an appropriate sexuality education programme that linked to the curriculum. The majority of schools were not effectively assessing their students' learning in sexuality education. This meant that they could not be confident that their programmes were meeting their students' needs. Teachers need to assess their students both formally and informally to adapt any school-wide sexual education programme to match their students' needs.

Recommendation

That sexuality education teachers collect, analyse and use assessment information to track students' progress and achievement in sexuality education, and adapt programmes to meet students' needs.

COMMUNITY CONSULTATION

Assessment of students' prior learning and needs should also include the views of parents and caregivers about sexuality education. A quarter of schools were not regularly consulting their communities about their health programmes. Schools are required to consult their communities about the content and delivery of health programmes. This information can provide teachers with a greater awareness of the context for students' understanding of sexuality, thereby helping them to adapt their programmes to more aptly reflect the realities of their students' lives.

Recommendation

That boards of trustees ensure that their schools consult the community, every two years, on how the school intends to implement the health curriculum, of which sexuality education is a part.

SAFE AND INCLUSIVE LEARNING ENVIRONMENT

Sexuality education occurs within the wider context of the school environment. Ideally, the school environment should support sexuality education by providing a safe and inclusive culture for learning. Nearly half of the schools needed to improve how effectively their school culture supported the development of positive attitudes towards sexuality and sexual diversity.

Part of providing students with a safe and inclusive learning environment is ensuring that they also have access to appropriate support services. Sexuality education programmes may raise issues for students that require more specialised support than teachers can offer. ERO found that nearly half the schools needed to improve students' access to support services, both in the school and in the community.

ERO found that secondary schools were better able than primary schools to provide a range of different support services for their students. This is to be expected as it is likely that secondary school students will have more need for support services, in relation to their sexuality and sexual development, than primary school students. However, primary schools still need to ensure that their students have access to support, which may be provided by the school or by community groups.

Recommendations

That schools provide students with safe and inclusive learning environments that support the effective delivery of sexuality education.

That schools ensure that their students have information about support services.

TEACHER QUALIFICATIONS AND KNOWLEDGE

Teachers need to be seen by students as approachable and to be able to respond to students' questions when delivering sexuality education. Half the schools had teachers with good subject and pedagogical knowledge for teaching sexuality education; and a similar proportion demonstrated good student engagement skills. ERO found that teachers with good subject and pedagogical knowledge had typically received recent professional development training in sexuality education and had the professional support of other staff.

Some schools had allocated sexuality education to non-specialist teachers and had not supported these teachers with professional development and/or mentoring. This lack of professional support had had a negative impact on the ability of these teachers to teach effectively.

Primary school teachers were less likely than secondary school teachers to have effective subject and pedagogical knowledge. This finding is also supported by the information from schools which showed that primary school teachers were less likely to have qualifications and less likely to have had recent professional development in this area.

Recommendations

That the Ministry of Education investigate the adequacy and effectiveness of current provision of professional development for teachers of sexuality education.

That schools develop their capability to deliver sexuality education programmes.

OUTSIDE PROVIDERS

The majority of schools used external providers to present part or all of their sexuality programmes. Many schools reported that this worked well for them and gave their students valuable information. Unfortunately most of the schools that used external providers did not review the effectiveness of their contribution to the sexuality education programme.

Boards of trustees and senior management are responsible for the quality of the programme offered, and should use self-review processes to evaluate the effectiveness of the programme. This includes:

- the qualifications and experience of outside providers involved in delivering the programme;
- the effectiveness of the outsider provider's contribution to the overall sexuality education programme;
- the effectiveness of the outside provider's teaching methods; and
- the use and effectiveness of resources used by outside providers.

From the information ERO gathered, there was no relationship between the use of providers and effectiveness of the sexuality programme. Where a school has a planned, well-integrated approach to sexuality education, the appropriate use of an outside provider can enhance a sexuality education programme. However, it is critical in these situations that the school works in partnership with the provider so that there is a shared understanding of the agreed content, available teaching resources and desired learning outcomes.

Recommendations

That when schools use outside providers to deliver aspects of sexuality education they ensure that:

- the outside provider delivers an identified part of the planned programme;
- the outside provider's contribution is integrated into the overall approach; and
- they review and monitor the quality and effectiveness of the programme delivered by the outside providers.

RESOURCES

In nearly half of the schools the range of resources used by teachers was limited and many resources were outdated and not relevant to student needs and experiences.

Some of the schools were not aware of the resources available to them. Most schools did not regularly update resources to keep them relevant to the students' needs and experiences.

This review did not evaluate the value of specific resources or seek to identify any gaps in provision.

Recommendations

That all schools regularly review the appropriateness of their sexuality education resources, to ensure that they meet the current learning needs of all their students.

That the Ministries of Education and Health carry out further investigation into which resources are useful and well used, and for which groups of students; and identify any gaps in resource provision.

That the Ministries of Education and Health provide schools with further evidence-based best practice information on effective sexuality education, to inform the development and delivery of sexuality programmes.

Conclusion

Effective sexuality education programmes give children and young people important information about their development, and opportunities to discuss and explore issues related to their sexuality and sexual health. Schools must be aware of their students' needs and parents' views of sexuality education when designing and implementing these programmes.

Teachers who are confident, qualified and able to establish good teaching relationships with students are essential for teaching sexuality education. Schools need to give their teachers school-wide systems that support and promote high quality sexuality education in a safe and inclusive learning environment. Where outside providers are used to deliver all or part of the sexual education programme their contribution must be well planned, integrated and monitored.

ERO found that the majority of schools needed to improve one or more aspects of the design and implementation of their sexuality education programmes and that many schools did not give their teachers the support required to deliver high quality sexuality education programmes.

This report and the accompanying ERO report, *The Teaching of Sexuality Education in Years 7 to 13: Good Practice, June 2007*, give boards, schools and their communities information about how effective sexuality programmes can be delivered to students. The purpose of these reports is to help all schools review and improve their sexuality education programmes, leading to improved outcomes for students.

Recommendations

RECOMMENDATIONS FOR SCHOOLS

ERO recommends that schools:

- develop and implement school-wide guidelines for the planning, development and delivery of sexuality education;
- collect, analyse and use assessment information to track students' progress and achievement in sexuality education, and adapt programmes to meet students' needs;
- consult with the community, every two years, on how the school intends to implement the health curriculum (of which sexuality education is a part);
- provide students with a safe and inclusive learning environment that supports the effective delivery of sexuality education;
- ensure that their students have information about support services;
- develop their capability to deliver sexuality education programmes;
- when using outside providers to deliver aspects of sexuality education, ensure that:
 - the outside provider delivers an identified part of the planned programme;
 - the outside provider's contribution is integrated into the overall approach; and
 - they review and monitor the quality and effectiveness of the programme delivered by the outside providers; and
- regularly review the appropriateness of their sexuality education resources, to ensure that they meet the current learning needs of all their students.

RECOMMENDATIONS FOR GOVERNMENT AGENCIES

ERO recommends that the Ministries of Education and Health:

- carry out further investigation into which resources are useful and well used: and for which groups of students; and identify any gaps in resource provision; and
- provide schools with further evidence based best practice information on effective sexuality education, to inform the development and delivery of sexuality programmes.

ERO recommends that the Ministry of Education investigate the adequacy and effectiveness of current provision of professional development for teachers of sexuality education.

Appendix 1: Evaluation questions and indicators

QUESTION 1: CONTENT OF THE LEARNING PROGRAMMES

How effectively does the content of the learning programmes provide an appropriate sexuality education for students?

Possible indicators/sources of evidence:

- School guidelines for sexuality education have appropriate sequences and coherent progression over the years.
- There are appropriate procedures to determine students' learning needs in sexuality education.²⁰
- There are appropriate procedures to determine parents and caregivers' concerns and ideas for their children's learning in sexuality education.
- There is a match between the identified learning needs of students in sexuality education and the taught programme.
- The taught programme provides students with opportunities for learning about positive sexuality education and opportunities to learn about aspects of sexuality other than physical changes at puberty.
- Elements of sexuality education are effectively integrated into the wider Health and Physical Education learning programmes and into other curriculum areas.
- The school meets the legislative requirements for consultation about the implementation of the health curriculum as stated in Section 60B of the Education Act 1989, as amended by the Education Standards Act 2001.²¹
- Any other factors/indicators.

QUESTION 2: RESOURCES USED IN THE LEARNING PROGRAMME

How effectively are resources used in the teaching of sexuality education?

Possible indicators/sources of evidence:

- Appropriate teaching and learning resources held by this school are used in the teaching of sexuality education class.
- Appropriate teaching and learning resources held by outside providers are used in the teaching of sexuality education class.
- Any other factors/indicators.

20 This indicator was merged with the next two and they are reported in the findings under "Students' learning needs."

21 This compliance point is reported along with the self report information about legislative changes.

QUESTION 3: SUBJECT AND PEDAGOGICAL KNOWLEDGE OF TEACHERS AND OUTSIDE PROVIDERS

To what extent to the teachers and outside providers have the subject and pedagogical knowledge to provide an effective sexuality education programme?

Possible indicators/sources of evidence:

- The teachers provide programmes and accurate information to students (appropriate to their understanding and life experiences).²²
- The outside providers provide programmes and accurate information to students (appropriate to their understanding and life experiences).²³
- The teacher has pedagogical knowledge to identify and respond effectively to the learning needs of students.
- The outside provider has pedagogical knowledge to identify and respond effectively to the learning needs of students.
- Any other factors/indicators.

QUESTION 4: TEACHING FOR DIVERSE GROUPS OF STUDENTS.

How effectively are the needs of diverse groups of students in the class identified and met by the teacher?

- Māori students;
- Pacific students;
- International students;
- Students of diverse sexual orientations and gender identities;
- Students who may hold strong religious or cultural beliefs; and
- Students with special educational needs.

22 This indicator was merged with one other and is reported in the findings under "Subject and pedagogical knowledge of teachers."

23 This indicator was merged with one other and is reported in the findings under "Subject and pedagogical knowledge of outside providers."

QUESTION 5: ASSESSMENT OF STUDENT ACHIEVEMENT

How effective is the teacher's assessment of student learning in sexuality education?

Possible indicators/sources of evidence:

- Assessment records demonstrate that students are making appropriate progress and achievement in sexuality education.
- Appropriate assessment information is used to inform the evaluation of the effectiveness of classroom programmes.
- The school has appropriate systems for reviewing the effectiveness of its sexuality education programme.
- Students are taught to evaluate their own learning in sexuality education.
- The teacher communicates effectively with parents about the educational progress and learning needs of their child in sexuality education.
- Any other factors/indicators.

QUESTION 6: STUDENT MOTIVATION AND ENGAGEMENT

How effectively are students motivated and engaged in sexuality education?

Possible indicators/sources of evidence:

- Students have access to learning experiences in sexuality education that meet their particular aspirations, interests and needs.²⁴
- There are strong, positive and supportive relationships between students and the teacher in the sexuality education learning environment.
- There are strong, positive and supportive relationships between students and the outside provider in the sexuality education learning environment.
- Any other factors/indicators.

QUESTION 7: POSITIVE ATTITUDES TOWARDS SEXUALITY AND DIVERSITY IN SCHOOL CULTURE

The whole school culture effectively supports the development of positive attitudes towards sexuality and diversity.

Possible indicators/sources of evidence:

- The school actively develops and maintains a culture of respect for others.
- There are effective support networks readily accessible by all students.
- The school environment is inclusive and safe for staff and students.
- Any other factors/indicators.

²⁴ This indicator was merged with one other and they are reported in the findings under "Student engagement with teachers."

Appendix 2: Sample characteristics

Table 1: School types

School Type	Sample percent	National percent	National number	Sample as a percentage of national number
Full primary (Years 1–8)	23	63	1127	2
Intermediate (Years 7–8)	15	7	123	12
Secondary (Years 7–15)	18	6	102	18
Secondary (Years 9–15)	41	13	233	18
Composite (Years 1–15)	2	3	135	1
Special school	1	8	45	2
	100	100	1765	6

Table 2: School decile ranges

Decile	Sample percent	National percent
Low decile (1–3)	20	28
Middle decile (4–7)	44	42
High decile (8–10)	36	30
Total	100	100

Table 3: School status

School status	Sample percent	National percent
State	83	82
Integrated	17	18
Total	100	100

Table 4: School locality

Locality	Sample percent	National percent
Urban	88	66
Rural	12	34
Total	100	100

Appendix 3: Self-reporting tables

Table 1: Topics taught

Topic	Schools up to Year 8	Schools with Years 7 to 13	Schools Year 9 and up	Total
Physical				
Pubertal change ^a	23	11	11	45
Contraception	1	6	16	23
Sexually transmitted infections	1	9	20	30
Emotional				
Decision-making ^b	0	10	12	22
Social				
Positive relationships	16	11	21	48
Childbirth and parenting	1	5	2	8

Table 2: Teacher qualifications by number of schools and school level

Teacher qualification in sexuality education	Schools up to Year 8	Schools with Years 7 to 13	Schools Year 9 and up	Total
With qualifications	2	5	18	30
No qualifications	25	10	12	47
No information provided	10	3	10	23
Total	38	21	41	100

Qualifications were:		
Schools up to Year 8	Teaching diploma/degree	2
Schools with Year 7–13	Teaching diploma or papers	3
	Degree PE or health major	2
Schools Year 9 and up	Teaching diploma/degree	9
	Degree PE or health major	9

a Sexual maturation was taught in 10 Year 9 and up schools as a separate topic to pubertal change.

b Postponing sexual activity and/or safer sexual activity.

Table 3: Teacher confidence in teaching sexuality education

Teacher confidence in sexuality education	Schools up to Year 8	Schools with Years 7 to 13	Schools Year 9 and up	Total
Confident	19	14	25	58
Some or mostly confident	6	4	7	17
Not confident	4	0	0	4
No information provided	9	3	9	21
Total	38	21	41	100

Table 4: Teacher professional development

Teacher PD in sexuality education	Schools up to Year 8	Schools with Years 7 to 13	Schools Year 9 and up	Total
Recent professional development	16	14	30	60
No recent professional development or No information provided	22	7	11	40
Total	38	21	41	100

Table 5: Source of teacher professional development*

Source of professional development training	Schools up to Year 8	Schools with Years 7 to 13	Schools Year 9 and up	Total
Colleges of Education	8	7	18	33
Family Planning Assoc	1	3	9	13
In house	6	3	3	12
DHB/PHN	3	3	2	8
National Centre for Religious Studies**	1	3	2	6
Total	19	19	34	72

* Some schools listed two or three professional development providers.

** PD offered includes short courses and a NZQA registered diploma.

Table 6: Outside providers used by schools to deliver, or to complement the planned sexuality education programme*

Outside provider organisation and name of programme(s)	Schools up to Year 8	Schools with Years 7 to 13	Schools Year 9 and up	Total
Parenting with Confidence (Sex with Attitude)	0	12	18	30
Public Health Nurse	10	13	1	24
Family Planning Association	2	6	9	17
NZ Police (KOS, DARE Kiwi Can)	4	2	1	7
District Health Board (sexual health)	0	3	3	6
Family Education Network (Postponing Sexual Involvement)	0	2	3	5
Life Education Trust	3	2	0	5
Other	2	10	16	28
Total	21	50	51	122

* Some schools listed two or three outside providers.