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

Summary report

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UNIVERSITY OF CANTERBURY
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NZHEA
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Introduction and method

Introduction

This summary report presents findings from a nationwide survey of secondary school teachers' perspectives on teaching relationships and sexuality education (RSE) in New Zealand. The summary provides context and method for the research, findings and recommendations for a range of stakeholders in RSE.

Research Context

The data collection method was an anonymous self-reported online survey designed to elicit quantitative and qualitative data. With respondents from across New Zealand, 191 surveys were completed. The survey was completed disproportionately, with decile 7-10 schools over-represented and decile 1-3 schools under-represented. Teachers came from a range of school types and taught either year 9 and 10 RSE, or year 9 and 10 as well as NCEA-level RSE. Descriptive statistics were used to analyse the quantitative data, while qualitative data were analysed using thematic analysis. Ethical approval was gained from the Human Ethics Committee at the University of Canterbury.

Research Method

Best practice RSE increases young people's knowledge, critical thinking, and positive attitudes related to sexual and reproductive health and relationships (UNESCO, 2018). The Ministry of Education (2020a) asserts that a comprehensive approach to RSE begins early in a child's life and progresses throughout the years of formal schooling. The Ministry of Education's guidance (2020a) as well as the statement of National Educational and Learning Priorities (NELP) coming into effect in 2023, make it clear that expectations for RSE go beyond solely health education teaching and link to a whole school approach for the promotion of student wellbeing.

Research literature from New Zealand generally highlights the inadequacies, gaps, and inconsistencies in RSE practice (Classification Office, 2020; Education Review Office, 2018; Family Planning, 2019; O'Neill, 2017). This research base has primarily been informed by young people's perspectives and the evaluative work of the Education Review Office and reveals a gap in understanding of teachers' perspectives of teaching RSE in New Zealand. The purpose of this research project, therefore, was to gain a contemporary view of the experiences of secondary school teachers in New Zealand in relation to relationships and sexuality education (RSE).

"THE QUALITY OF RSE YOU GET AT MY OWN SCHOOL VARIES ENORMOUSLY DEPENDING ON THE TEACHER IN FRONT OF THE KID. I CAN'T FANTHOM HOW DIVERSE THE RANGE OF QUALITY VARIES FROM SCHOOL TO SCHOOL, AREA TO AREA"

Findings

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

Teachers' answers indicate an almost even split between schools who teach RSE in health education (36%) or as part of a health and physical education course (39%), with few participants reporting RSE being integrated across the curriculum (4%). Time to teach RSE is open to interpretation given the way schools timetable RSE. It is noteworthy that the hours in Year 9 and 10 are generally consistent with each other but, in Year 10, ākonga 1 get slightly more time for RSE and Year 9 students are more likely to get no RSE. While data should be interpreted with caution, it appears a majority of schools are not meeting the MOE guidance of 12-15 hours of RSE per year.

Topics covered in RSE across Years 9 - 13

The list of RSE topics teachers were asked about was based on those identified by the Education Review Office (2018), with the addition of 'modern developments in HIV'. This list is:

- Anatomy, physiology and pubertal change
- Friendship skills
- Relationships
- Conception and contraception
- Gender stereotypes
- Communication skills
- Consent and coercion
- Gender and sexuality diversity
- Sexually Transmitted Infections
- Modern developments in HIV
- Digital and cybersafety in sexual situations
- Pornography
- Alcohol and drugs as they relate to sex
- Sexual violence

For Years 9 and 10, most teachers indicated that they purposefully plan for all but two topics – modern developments in HIV, and sexual violence. Pornography, digital and cyber safety in sexual situations, and alcohol and drugs as they relate to sex, were also less commonly covered. It is noteworthy that 95% of teachers reported purposefully planning for and teaching about consent. Teachers reported that for Years 11-13, alcohol and drugs as they relate to sex, sexual violence, and pornography were more likely to be reported to be more often purposefully planned for or maybe included in learning at this level.

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

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

"I BELIEVE OUR SCHOOL HAS EXCELLENT RSE EDUCATION AT Y9 AND Y10. BUT THE LACK OF ANYTHING BEYOND THIS IS SAD, AS STUDENTS NEED TO BE READY AND OFTEN AREN'T AT Y10"

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

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

Deliberate actions to promote ākonga wellbeing in relation to RSE matters

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

Confidence across aspects of RSE

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

Barriers and enablers to effective practice in RSE

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

Word cloud of key words given in response to three open-ended survey questions

What's on top for teachers?

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

In the classroom / teachers' work

A lack of time was commonly cited as a current issue impacting upon the ability to teach a quality RSE programme. Teacher knowledge and teacher confidence was signalled as critical to teaching RSE, as well as being trained to teach the subject. Comments also acknowledged that RSE can be a challenging subject to teach. Also connected to teachers' work in the classroom was discussion of ākonga interest and engagement in RSE, and how teachers work to make the subject relevant to their students' needs. One area of need for teachers in relation to responding to students' needs and engaging learners was resourcing for embedding Indigenous knowledges in RSE.

In the school / leadership and culture

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

In the community / school-community connections

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

"WE NEED TO STOP SCHOOLS GETTING AN OUTSIDE PROVIDER IN AND THEN SAYING YES WE DO RSE AND TICK A BOX. THAT IS NOT QUALITY RSE".

"SENIOR MANAGEMENT SUPPORT AND TIMETABLING SIGNIFICANTLY LIMITS THE ABILITY TO DELIVER QUALITY RSE, LET ALONE OTHER IMPORTANT HEALTH TOPICS"

Recommendations

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

Curriculum, teaching and learning

1. RSE teachers should be provided opportunities to develop a strong understanding of, and reflect in their practice, policies relevant to teaching RSE. For example, the RSE guide (Ministry of Education, 2020a), the NELP (Ministry of Education, 2020b), the Human Rights Act 1993, Our Code Our Standards (Education Council, 2017), the education sector commitment to the Treaty of Waitangi (Section 9 of the Education and Training Act 2020).

2. Senior and middle leaders could use needs assessment and evaluation frameworks to ascertain RSE teachers' PLD needs, plan, provide/access PLD to address these needs, and determine the impact of the PLD on teaching.

3. Initial teacher educators to work together across tertiary institutions to develop a community of practice and share ideas for effective practice in preparing teachers to teach RSE, in order to enhance teacher confidence and capability to teach RSE after graduating.

4. Resource developers and external providers should work with teachers in secondary schools to support and enhance their RSE knowledge, confidence, and practice, rather than directly deliver RSE to ākonga.

5. Middle leaders and RSE teachers should be supported to build communities of practice, leveraging off existing strengths, and working collaboratively to enhance overall practice in RSE.

6. Middle leaders and teachers should seek and act on student voice, in conjunction with achievement data and curriculum progressions, when planning RSE programmes of learning, including at senior / secondary level in non-NCEA opportunities for RSE learning.

7. Middle leaders and teachers should be encouraged to take an approach to planning that occurs over time, is responsive to identified ākonga learning needs, is integrated across a health education programme (and/or with other areas of the curriculum), and is strengths-based and sustainable.

"IT COMES DOWN TO HOW MUCH THE SCHOOL VALUES RSE, WHO IS LEADING IT, THE RESOURCES AND DEVELOPMENT AROUND HOW THEY ARE USED. HOW MUCH TIME SCHOOLS ALLOW TEACHERS TO COVER THIS INFORMATION"

Ethos and environment

1. Senior leaders should allocate sufficient time for health education so that RSE has a commitment of at least 12-15 hours of face-to-face teaching time in years 9 and 10.

2. Senior leaders should create space in the senior secondary level timetable for non-NCEA learning in RSE which is taught by trained health education teachers, again in line with the 12-15 hours per year level recommendation.

3. The school board could meaningfully include RSE in strategic planning, curriculum reporting by the principal, and the two-yearly community consultation.

4. Senior leaders, middle leaders, and teachers should be supported to clarify and strengthen their understanding of the realistic and measurable learning outcomes of RSE, and what schools can be and are accountable for through a whole school approach. This includes connections to the NELP (Ministry of Education, 2020b) and up-coming curriculum refresh, including a progressions approach (Chamberlain et al., 2021) to local curriculum design.

Community connections

1. Senior leaders could provide culturally responsive opportunities for parents and whānau to meaningfully contribute to local RSE curriculum design.

2. Senior leaders, principals' groups, professional organisations, and community organisations should advocate, when opportunities arise, for quality learning, status, quality teachers, PLD and better policy implementation for RSE.

3. Better support for school boards to undertake the two-yearly community consultation, including understanding of legal requirements and recommended processes, and support for schools if consultation yields dissenting views within the school community.

4. Ministry of Education should consider mechanisms for promoting and raising the profile of RSE in schools and among school communities.

5. Middle leaders and health education teachers should be provided opportunities to access the resources available to ensure understanding of legal requirements and recommended processes, as well as making use of available tools to conduct the consultation in culturally responsive ways.

6. Parents and whānau could take an active interest in RSE, both inside and outside of the two-yearly community consultation.

"RSE NEEDS TO BE TAUGHT BY SPECIALIST HEALTH TEACHERS NOT JUST ANYBODY. SO THAT IT IS NOT JUST LEFT TO CHANCE WHETHER A STUDENT RECEIVES QUALITY RSE"

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Access the full report at:
https://www.familyplanning.org.nz/media/305050/teachers-rse-survey-2022.pdf

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