



## Submission of Bloom-ED

Feedback on the New Zealand Draft Health and Physical Education Curriculum

April 2026

## About Bloom-ED

Bloom-ED is the Australian national peak body advocacy group committed to ensuring evidence-based Relationships and Sexuality Education (RSE) is offered to all young people in their homes, schools and communities. We affirm that successful RSE has many positive outcomes that result in healthier hearts, minds, bodies and people. We are a collective of educators, researchers, sexologists, students, teachers, parents and activists who operate as an alliance in conjunction with other organisations to advocate for comprehensive RSE.

Our website and more information about our advocacy work can be found here: <https://www.bloom-ed.org>

Bloom-ED welcomes the opportunity to submit to New Zealand's Ministry of Education regarding the draft Health and Physical Education (HPE) curriculum for Years 0–10. We have a strong history of consulting with Ministries of Education on curriculum content, with a specific focus on evidence and rights-based relationships and sexuality education (RSE) for young people. Whilst our primary focus is the Australian context, we recognise significant alignment between the two countries and are pleased to contribute to this consultation.

## Summary Recommendations

1. Bloom-ED recommends updating the HPE purpose statement to reflect Aotearoa New Zealand's context, name RSE explicitly, and position students as active agents in their wellbeing.
2. Ensuring all documentation foregrounds the interconnectedness of health and physical education so HPE is understood as one holistic learning area, not two separate strands.
3. Bloom-ED recommends updating the HPE introduction so it reflects contemporary diversity and digital contexts, commits to scaffolded UNESCO-aligned learning, names required educator competencies for quality RSE, and affirms HPE's lifelong importance for student wellbeing.
4. Strengthen Phase 1 RSE by aligning content with UNESCO's key concepts, using strengths-based language, clarifying key terms, and prioritising foundational learning on identity, belonging, body knowledge, safety, and early consent to ensure clear progression into later phases.
5. Introduce puberty education earlier, define consent clearly, and explicitly include diverse family structures to ensure Phase 1 builds strong, inclusive foundations for healthy relationships and wellbeing.
6. Increase the focus on consent in Phase 3, add key learning on gender identity and sexuality diversity, and expand sexual health content (including safer sex, contraception, and STI/HIV prevention) so all students receive inclusive, accurate, judgement-free information that supports their safety and wellbeing.

7. Strengthen Phase 3 by using accurate language for sexual assault, expanding consent and sexual health learning (including STI prevention, PEP/PrEP, contraception and pregnancy options), and providing practical opportunities for students to practise communication, condom use, and consent skills.
8. Strengthen curriculum clarity by using consistent, precise terminology across all phases and building a whole-school approach to RSE that extends beyond the HPE curriculum, and mandate compulsory RSE training in all initial teacher education programs alongside ongoing professional learning to ensure confident, evidence-based delivery.
9. Embed disability-inclusive, accessible RSE across all phases so disabled ākonga in both mainstream and special school settings can access learning through adapted content, flexible delivery, and disability-affirming pedagogies, ensuring all students can participate fully, safely, and with dignity.

## Introduction and Summary of the Issues

Bloom-ED firmly supports the rights of all people of Aotearoa New Zealand and, drawing on international evidence-practice frameworks such as the International Technical Guidelines on Sexuality Education (United Nations Educational, Scientific and Cultural Organization, 2018), the World Association of Sexual Health (WAS) Declaration of Sexual Rights (WAS, 2014) and their Sexual Justice Declaration (WAS, 2025), urges the New Zealand Government to align with globally recognised standards in RSE. We call on the Ministry of Education to revise the draft curriculum to embed high-quality, evidence-based, and culturally responsive RSE, supported by clear and practical guidance for teachers.

Bloom-ED acknowledges that young people are navigating increasingly complex and rapidly changing social environments. Additionally, schools are important settings for providing them with the skills and knowledge needed to build respectful, safe, and healthy relationships. Without accurate, inclusive information about bodies, consent, and relationships, students are more likely to engage in risky sexual behaviours, leading to higher rates of unintended pregnancies, STIs (including HIV), and reduced use of protective behaviours (including condom use) (Goldfarb & Lieberman, 2021; Goldfarb & Lieberman, 2026). Furthermore, students who receive only binary and heteronormative content that often shames sex and sexuality are marginalised if they have diverse sexuality or gender identities, or are students with intersex variations, and face increased risk of bullying, victimisation, and poor wellbeing (Goldfarb & Lieberman, 2021; Goldfarb & Lieberman, 2026). Beyond individual impacts, ineffective RSE results in broader social and economic costs (Vrankovich et al., 2026). High-quality RSE can reduce healthcare burdens, lower rates of gender-based violence, improve mental health, and support the development of a more respectful, safer, and equitable future workforce.

It is through this lens that Bloom-ED has conducted a complete review of the draft curriculum, including all sections from the purpose statement through Phases 1–4 and the conclusion. This submission will respond sequentially to each element under the appropriate heading. First, the positive and aligned elements of the draft will be noted. Then, our concerns will be detailed, including information on where the draft deviates from globally recognised best practices. Finally, explicit recommendations will be given, in numbered form, at the completion of each appropriate heading. It is our aim that the recommendations will be tabled for discussion and then adopted in their entirety in a revised draft of the curriculum to provide New Zealand schools with world-leading RSE education for the benefit of teachers, students, and community.

## Response to Question 8: Purpose Statement

Bloom-ED welcomes the strong commitment to teaching and learning about relationships and identity within the purpose statement. It is essential that students can confidently and safely navigate all types of relationships throughout their lives, including sexual relationships, and are supported to be their authentic selves and discover their complex identities safely.

RSE should encompass age-appropriate teaching on human sexuality and development, addressing the physical, emotional, personal, and social dimensions of relationships and sexual health. Accordingly, human sexuality should be explicitly embedded within HPE and reflected within the purpose statement.

We are concerned that the current HPE purpose statement is not grounded in the unique social, cultural, and environmental context of Aotearoa New Zealand, including connection to place, belonging, and Te Tiriti o Waitangi responsibilities. As it stands, it reads as a generic statement that misses the nuance and cultural complexities required to ensure the statement resonates for the communities of Aotearoa New Zealand.

HPE should be underpinned by the concept of hauora, which recognises the interconnected nature of physical, mental, emotional, social, cultural, and spiritual wellbeing. Hauora is already widely used in educational settings to support the overall wellbeing of people and communities. This concept is absent from the current draft and should be included in future versions to position health and wellbeing as shaped by relationships, communities, culture and environment, rather than as an individualised set of skills.

Additionally, we encourage reframing of language that currently positions young people merely as 'informed citizens.' Young people should be cast as active, capable agents (Hendriks et al., 2025). HPE must enable students to make confident decisions about their health and wellbeing, and engage meaningfully with their communities.

### **Recommendation:**

Bloom-ED recommends:

1. Revising the purpose statement to explicitly reflect the unique social, cultural, and environmental context of Aotearoa New Zealand, including Te Tiriti o Waitangi obligations and the Māori concept of hauora.
2. Explicitly naming RSE within the purpose statement as a core component of HPE.
3. Strengthening existing language that positions students as informed citizens to reflect students as active agents in their own health and wellbeing.

## Response to Question 9: Learning Area Structure

Bloom-ED notes that the current learning area structure does not adequately reflect the interconnected nature of HPE. Health and physical wellbeing are not separate concerns but are deeply intertwined, and the curriculum framework should make this relationship explicit. Students' capacity to engage in physical activity is shaped by their emotional, social, and mental health, just as their physical health in turn supports broader wellbeing outcomes.

### **Recommendation:**

Bloom-ED recommends:

4. Revising the learning area structure to foreground the connections between health and physical education, ensuring students and educators understand HPE as a unified, holistic learning area rather than two separate strands.

## Response to Question 10: Introduction

The current introduction provides a broad overview of the content within the HPE curriculum; however, it does not adequately reflect the importance of HPE within the contemporary context in which young people live. Greater recognition of diversity (particularly diversity of sex, gender, and sexuality) is needed, in addition to acknowledgement of diverse family structures, the pervasive influence of technology, online environments, media, and other factors that shape young people's understanding of their relationships, bodies, and identity.

Bloom-ED affirms that the introduction should position HPE as a dynamic and responsive learning area that provides students with knowledge and the critical skills needed to navigate a complex and evolving social world. These factors play a significant role in shaping students' wellbeing, relationships, sense of identity, and overall development. Failing to acknowledge these components reduces the introduction to a static description that is disconnected from young people's lived experiences.

Bloom-ED strongly encourages the Ministry of Education to ensure that this introduction reflects a clearly scaffolded approach to learning that outlines in detail the content across teaching phases to ensure age-appropriate consistency for all students. This should include practical alignment with UNESCO's International Technical Guidance on Sexuality Education (2018), particularly its eight key concepts, which are mutually reinforcing and intended to be taught in an integrated way to promote student wellbeing, safety, and development. Within the HPE curriculum, these concepts should be revisited at multiple stages with increasing complexity, building on prior learning to ensure scaffolding and appropriate knowledge and skill building for all young people.

Bloom-ED also recommends that the HPE curriculum explicitly reference the competencies and values required of educators to deliver high-quality, inclusive, and evidence-based RSE, either within the introduction or in a dedicated section. Finally, to support the acknowledgement of RSE as a core component of HPE across the lifespan, the introduction would benefit from a clear concluding statement emphasising the importance of HPE for lifelong learning, safety, and wellbeing.

### **Recommendation:**

Bloom-ED recommends:

5. Revising the introduction to better reflect contemporary social contexts, including diversity, digital environments, and evolving understandings of relationships and identity; and articulating HPE as a dynamic and responsive learning area.
6. Embedding a clear commitment to scaffolded learning aligned with UNESCO's key concepts.
7. Including explicit reference to educator competencies for delivering quality RSE.
8. Inserting a concluding statement recognising the lifelong importance of HPE for student wellbeing, safety, and development.

## Response to Question 12: Phase 1 Teaching Sequence

The Phase 1 teaching sequence establishes the foundation for learning in HPE, particularly RSE. At this stage, Bloom-ED emphasises the importance of strong alignment with the scaffolded, UNESCO-aligned approach outlined in the introduction so that early learning is coherent, developmentally appropriate, and builds effectively across subsequent phases. Additionally, the framing of curriculum content within Phase 1 should adopt a strengths-based approach that promotes agency and self-efficacy. A strengths-based approach helps support children to develop confidence, a positive sense of identity, and an understanding of relationships grounded in respect, care, and inclusion. This approach also supports student wellbeing and promotes positive engagement with learning from an early age.

Bloom-ED also encourages the inclusion of clear and accessible definitions of key concepts such as health, wellbeing, diversity, relationships, and identity. Establishing a shared understanding of this language supports the whole-school community and ensures consistency in content delivery and the building of health literacy.

Phase 1 should articulate and prioritise the development of a child's sense of self and belonging. This includes building early body knowledge, understanding emotions, recognising trusted relationships, and understanding safety whilst developing safety-related skills, both in physical environments and online contexts. Foundational concepts of consent and bodily autonomy should also be introduced in scaffolded and age-appropriate ways, supporting children to understand personal boundaries, respect for others, and help-seeking behaviours.

### **Recommendation:**

Bloom-ED recommends:

9. Strengthening the Phase 1 teaching sequence relating to RSE by aligning content explicitly with UNESCO's eight key concepts within the International Technical Guidance on Sexuality Education.
10. Adopting a strengths-based approach to framing learning and ensuring the curriculum is written using strengths-based language.
11. Incorporating clearer definitions of key terms within the curriculum document and including them within the glossary.
12. Prioritising and including foundational learning related to sense of self, belonging, body knowledge, safety (including online safety), and early concepts of consent and bodily autonomy, with clear progression into later phases.

## Response to Question 13: Phase 2 Teaching Sequence

### *Puberty Education*

Puberty education is essential for students to have an understanding of the physical, emotional and social changes that they may experience as they develop into adolescence and adulthood. Bloom-ED is concerned that age- and stage-appropriate education on puberty does not explicitly begin until Years 5 and 6, with no mention of the word 'puberty' in the draft curriculum prior to this. With young people reaching puberty earlier than ever before, teachers need to address topics earlier than suggested by the draft Aotearoa New Zealand curriculum to ensure safety, student wellbeing and healthy development (Sun et al., 2024). Delays in teaching may mean that many students experience puberty-related changes before receiving any formal education, increasing the risk of confusion, distress, misinformation, and reduced capacity to recognise what is normal, safe, or healthy (Collier-Harris & Goldman, 2017).

It is important that students are aware of bodily changes and healthy development prior to the onset of puberty, which can occur from the ages of six to eight. UNESCO (2018) makes clear that these topics are developmentally appropriate to introduce significantly earlier than the current draft proposes; at the age of five, students should learn to define puberty, understand associated changes, and acknowledge that puberty is a normal element of healthy development. Phase 2 should include information on menstrual hygiene management options and what is physiologically typical in most male and most female bodies. Additionally, conditions such as endometriosis, polycystic ovarian syndrome, and premenstrual dysphoric disorder should also be introduced to ensure students are aware of when symptoms warrant medical attention.

### *Consent Education*

Bloom-ED strongly supports the shift towards mandatory education on consent from Years 0 and beyond, within the proposed HPE curriculum changes. These changes ensure that students are provided with the necessary tools to safely identify, discuss, and negotiate consent across their lives and relationships. We also support the development of consistent, prescribed topics and lesson plans that will assist educators in delivering RSE content consistently across cohorts, whilst acknowledging a current lack of accessible, inclusive, and comprehensive resources in this space.

However, Bloom-ED also encourages Phase 2 to include an explicit, expansive definition of consent rather than permission-based definitions, which can limit teaching and understanding. Students should be taught that consent applies across all relationship types (friendships, family, colleagues, and romantic and sexual partnerships) not only in sexual contexts. By empowering students to develop tangible consent skills, set safe boundaries, and communicate their preferences, teachers will be able to support healthy relationships across the lifespan. Furthermore, Phase 2 should build on the foundations of respect, care, and inclusion established in Phase 1 by explicitly including diverse family structures, including LGBTQIA+, intergenerational households, and single-parent families.

### **Recommendation:**

Bloom-ED recommends:

13. Including puberty education earlier within the curriculum in age- and stage-appropriate ways as per UNESCO's International Technical Guidance on Sexuality Education.
14. Providing a standardised and expansive definition of consent that helps build safe, healthy relationships for all students.
15. Including explicit references to diverse family structures, including LGBTQIA+ and single-parent households, to build upon the foundations of respect, care and inclusion identified in Phase 1.

## Response to Question 14: Phase 3 Teaching Sequence

### *Consent Education*

Phase 3 provides an emphasis on developing student confidence, assertiveness and critical analysis skills in relation to HPE. However, the depth of content does not appear to provide adequate scaffolding for age- and stage-appropriate development. Consent education must be driven from a strengths-based approach, where students develop their sense of self, understand their right to bodily autonomy, and promote respect for others across broad conversations that consistently scaffold and reinforce consent knowledge and skills using the comprehensive consent definition established in Phase 2.

### *Diversity Within the Curriculum*

Bloom-ED emphasises the need for inclusive education that acknowledges diverse sex, sexualities, genders, and identities. The Phase 3 draft lacks any reference to gender identity and provides no resources for students on where to seek help, advice, or support. This stands in clear contrast to global best practices and fails students, particularly given that schools which actively prioritise inclusive language and education are associated with significantly higher positive mental health and wellbeing outcomes than those which do not.

### *Safety and Safer Sex Practices*

The framework around sexual education in Phase 3 includes information on the nature of sexual activity, the mechanics of conception, and legal aspects; however, it offers no information on safer sexual practices or HIV and STI prevention and treatment. Providing students with access to information on condom use, contraceptive options, HIV and STI prevention methods such as PrEP, and harm minimisation strategies gives them the agency to make informed choices for their bodies and health. Access to evidence-based, medically accurate information on sex, sexual health and sexual wellbeing has been found to increase the likelihood of making positive and informed choices. Inclusion of these topics is supported by UNESCO's International Technical Guidance on Sexuality Education (UNESCO, 2018) and by decades of research on best practice in sexuality education (Goldfarb & Lieberman, 2026). Therefore, Bloom-ED strongly affirms the need and value of comprehensive inclusion of sexual activity and sexual health topics in Phase 3.

### **Recommendation:**

Bloom-ED recommends:

16. Increasing the focus on consent in Phase 3 to include bodily autonomy and explicit reference to consent in the context of sexual relationships, including the right to cease sexual activity at any time, through the teaching of knowledge and skills.
17. Adding key learning around gender identity and diversity in sexuality to ensure all students and their families feel safe and included.
18. Expanding the sexual health information in Phase 3 to include detail on safer sex, contraception options, HIV and STI prevention and treatment, and providing judgement-free resources from trusted organisations for students who need to seek further information.

## Response to Question 15: Phase 4 Teaching Sequence

### *Consent Education*

Bloom-ED welcomes the Phase 4 framing of consensual sexual relationships as safe, respectful, and mutually pleasurable, and the acknowledgement of sexual desires and thoughts as a typical part of development. However, we note that the use of 'non-consensual' instead of 'sexual assault' or 'sexual abuse' softens the language and thus minimises the perceived severity and real-world impact. Therefore, we strongly recommend replacing terms such as 'non-consensual situations' and 'non-consensual distribution of intimate content' with accurate language such as 'sexual assault' and 'image-based abuse.' Furthermore, health system navigation should be embedded within the curriculum through specific mention of RSE-related services, including sexual health services, local sexual assault support services, psychological support services, reporting guides, and other health and wellbeing resources to further strengthen support for students in accessing care.

Finally, the expansion of consent education must include opportunities for students to demonstrate their skills in providing consent, practising refusal skills, and accepting rejection or 'no' appropriately, all whilst students are supported within a strengths-based learning environment. Learning how to say or show 'yes' and 'no', and how to navigate emotional complexity when others say 'no', are vital elements of student wellbeing and safety.

### *Safety and Safer Sex Practices*

Currently, Phase 4 includes limited information on contraception, HIV and STI prevention, and broader sexual health options available to young people. The International Technical Guidance on Sexuality Education (UNESCO, 2018) outlines that the HPE curriculum must include a broader knowledge base and approach these topics from a judgement-aware, medically accurate perspective, empowering students to understand and make choices for their own bodies. Learning outcomes within Phase 4 should therefore focus on knowledge translation to allow students to demonstrate learned skills. For example, having physical access to contraceptive options such as NuvaRing, intrauterine devices and Implanon can help reduce stigma, reduce fear, and deepen students' understanding of the reproductive choices available to them. Information and resources regarding pregnancy choices and appropriate referral pathways should also be provided to students.

Additionally, information on the prevention and treatment of HIV and STIs must be included, rather than focusing simply on negative health and wellbeing impacts. Details on HIV and STI prevention, including condom use, PEP (medication taken following potential HIV exposure) and PrEP (medication taken to prevent HIV infection), as well as HIV and STI testing and treatment, including contact tracing, should be explicitly integrated within the curriculum. Information on health services available to young people (including youth health clinics, primary care, and local sexual health clinics) should be clearly signposted. The curriculum should also provide opportunities for students to learn how to discuss HIV and STI testing with partners, request sexual health screenings from medical professionals, manage communication following a positive result, and identify additional support available to them. These are all essential components of a robust, evidence-informed curriculum.

**Recommendation:**

Bloom-ED recommends:

19. Revising the language used when referring to sexual assault, replacing 'non-consensual' with terminology that better reflects the realities and impacts of sexual assault on victim-survivors.
20. Including practical opportunities for students to practise giving consent.
21. Expanding the sexual health framework to include detailed information on all STI prevention methods including PEP and PrEP, and contraceptive options, including information and resources on pregnancy choices.
22. Including opportunities for students to familiarise themselves with correct condom use, and providing access to contraceptive options in the classroom to ensure they can make informed choices for their bodies.
23. Including opportunities for students to role-play communication with partners, health professionals, and others regarding their sexual health needs and status.

## Response to Question 16: Overall Comments

Bloom-ED appreciates the opportunity to submit to New Zealand's Ministry of Education regarding the draft Health and Physical Education (HPE) curriculum for Years 0–10. We reiterate the importance of a comprehensive sexuality education framework that is evidence-based, medically accurate, and developmentally appropriate, and is led by global best practice as detailed by UNESCO (2018). Bloom-ED affirms that RSE should begin in Phase 1 (Years 0–2) and progressively build on concepts throughout, scaling up knowledge and skills across domains including consent, respectful relationships, sexuality, gender identity, communication, and sexual health.

The current proposal requires strengthening of the language and expansion of the frameworks provided to ensure students are active agents in their own learning. Furthermore, it must maintain fidelity to the cultural context of Aotearoa New Zealand, including the Government's Te Tiriti o Waitangi obligations and the Māori concept of hauora. We recommend that the draft be revised to reflect the interconnectedness of health education and physical education rather than having them as two distinct streams, and to explicitly state the importance of RSE to the overall health and wellbeing of students. The draft must align the curriculum with UNESCO's (2018) standards and key concepts, acknowledging globally recognised best practice standards and embedding these in teacher training competencies.

We are extremely concerned by the lack of inclusion of gender identity, diverse sexuality, and the realities of modern family structures. We affirm that these must be included to ensure all students feel safe and comfortable, and have the capacity to enhance their overall health and wellbeing.

Bloom-ED also wishes to emphasise that high-quality RSE cannot be confined to the HPE learning area alone. A whole-school approach is essential to ensure consistency, safety, and cultural responsiveness across all aspects of school life (Goldfarb & Lieberman, 2021; Ollis, 2014; Pound et al., 2017; UNESCO, 2018). This includes embedding RSE principles within pastoral care, wellbeing policies, anti-bullying frameworks, digital citizenship, and school-wide commitments to inclusion and Te Tiriti o Waitangi. International evidence shows that when RSE is reinforced across the wider school environment; through teacher practice, leadership, community engagement, and supportive policies; students experience stronger wellbeing outcomes, greater safety, and more coherent learning. To achieve best practice, the curriculum must explicitly position RSE as a shared responsibility across the whole school, not solely the domain of HPE.

Bloom-ED also acknowledges that many teachers lack the preparation and confidence to deliver effective Relationships and Sexuality Education (RSE), or to address related issues in their various pastoral care roles. Current university programs are inadequately preparing the teaching workforce to respond to issues related to gender, relationships, sexuality, and sexual health that affect children and young people. The current workforce largely feels that initial teacher education programs are leaving teachers unprepared and unsupported to provide evidence-based RSE, and students are at risk of receiving poor-quality content. Therefore, the rollout of this new curriculum requires mandatory RSE training to be embedded in university teacher training programs to ensure teachers are prepared to foster

safe, inclusive, and respectful learning environments that aim to enhance the lives and wellbeing of students.

Bloom-ED is extremely concerned that the draft HPE curriculum includes no explicit guidance on accessibility or on how disabled ākonga, who learn across both mainstream and special schools in Aotearoa New Zealand, will access RSE. A review of the draft curriculum reveals that students with disability were overlooked in this process, as the draft provides no direction on adapting content, removing barriers, or ensuring that RSE is delivered in ways that meet diverse cognitive, communication, sensory, and developmental needs. This omission risks perpetuating inequities, particularly given that disabled young people experience higher rates of violence, exclusion, and barriers to sexual health information (Andreassen et al., 2024). To uphold Te Tiriti obligations, equity commitments, and the rights of disabled learners, the curriculum must explicitly embed disability-affirming, accessible RSE guidance across all phases, including expectations for adaptation, teacher capability, and implementation in both mainstream and special school settings.

Bloom-ED also acknowledges that resources and information on how to navigate sexual health systems must be included to ensure students can safely and easily advocate for their own needs, and know where to go for help when needed. Similarly, instruction on STI and reproductive health must include modern treatment options including PEP and PrEP, and information on pregnancy support, including termination. Providing students with the opportunity to practise tangible skills such as safe and correct condom use and role-playing sexual health conversations will strengthen their capacity to be active agents in their health choices and bring the Aotearoa New Zealand curriculum up to best practice standards for RSE.

Bloom-ED upholds that empowering young people with both knowledge and skills across RSE, using a strengths-based lens, is the primary safeguard against violence and childhood sexual abuse. We urge New Zealand's Ministry of Education to adopt the recommendations as described and once again appreciate the opportunity to contribute as Australia's peak body advocacy group for Relationships and Sexuality Education (RSE).

### **Recommendation:**

Bloom-ED recommends:

24. Strengthening the curriculum's conceptual clarity and coherence to ensure consistent and precise terminology across all phases, with no euphemistic or ambiguous language.
25. Mandating teacher preparation and ongoing professional learning, including compulsory RSE training in all initial teacher education programs.
26. Enforcing a whole-school approach to RSE that ensures RSE extends beyond the curriculum and impacts school staff, students, and parents across the whole-school community.
27. Explicitly embedding disability-inclusive and accessible RSE guidance across all phases of the curriculum, ensuring disabled ākonga in both mainstream and special school settings can access learning through adapted content, flexible delivery, and disability-affirming approaches. This must include clear expectations for curriculum

adaptation, teacher capability, and the use of inclusive pedagogies so that all students, regardless of cognitive, communication, sensory, or developmental needs, can participate fully, safely, and with dignity.

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