



NCIWR Submission on the Education and Training (System Reform) Amendment Bill

January 2026

Introduction

We would like to thank the Education and Workforce Committee for the opportunity to provide input on this issue.

The National Collective of Independent Women's Refuges (NCIWR) is a non-governmental organisation with 41 member agencies, that has delivered services to women, children, and whānau affected by family violence in Aotearoa for over 50 years. We represent victim-survivors of family violence, specifically wāhine and tamariki, the primary groups subjected to and impacted by family violence.

Position Summary

This bill creates a new power for the Minister of Education to directly set curriculum statements (without a review or report from the Ministry) alongside the removal of biennial community consultation requirement about the delivery of the health curriculum in kura and schools.

Research shows high rates of physical and sexual violence experienced by youth aged 12–18, most often perpetrated by male peers, boyfriends, or acquaintances. However, students are exposed to the conditions which embed, condone, justify, and perpetuate this relational violence much earlier. Relationship and sexuality education, when done well, is a key tool in preventing family, partner, and sexual violence.

Our position is that these amendments politicise curricula within schools and kura by giving unprecedented power to the Minister of Education. Given the additional amendment to remove consultation about health curriculum delivery our concern is that this bill has the potential to further undermine relationship and sexuality education.

We recommend that this bill does not pass.

Key Concerns

1. The politicisation of school/kura curriculum

This bill gives the Minister of Education the power to make prescriptive curriculum statements – this, in effect, will politicise the public education system across Aotearoa. The consequences of this are that education curricula will be vulnerable to recurring change and upheaval. This amendment leaves the public education curricula susceptible to influence by political agendas.



2. Impact on health curriculum, particularly relationship and sexuality education (RSE)

The removal of consultation about the health curriculum closes off the ability for meaningful discussion between communities and schools about key topics such as RSE. This is an issue for several reasons:

- i) The amendment to remove consultation opportunities between communities and schools about health curricula (including RSE) negates the ability for school communities to resist further politicisation of RSE programmes.

This amendment needs to be considered within the current context of hostility towards relationship and sexuality education. The removal of the 2020 RSE Guidelines was a political decision made as part of the coalition government negotiations. The new RSE framework is not fit for purpose – it lacks a gendered lens, focuses on teaching risk avoidance, and removes acknowledgement (and tailoring) towards the needs of Māori, Pasifika, LGBTQIA+, disabled, and other systemically disadvantaged youth.

Given this context, the removal of consultation is a silencing strategy – whānau as well as representative groups for marginalised communities who could use these forums to advocate for inclusion and diversity will no longer be able to.

- ii) RSE is most effective if there is a whole of school/wider community approach to its principles – removing community consultation lessens opportunity for communities to be part of the discussion around approaches to RSE.

The core tenets of good RSE (respect and inclusion) cannot be treated as theoretical concepts existing as part of a lesson plan – for RSE to be truly effective for young people, and to work as a primary prevention method for family, partner, and sexual violence, students need to be part of an environment where they are encouraged to, and witness others living these values.

The removal of community consultation limits the ability for the wider community to be involved in meaningful discussions about the content of health curricula like RSE. This weakens the ability for best practice prevention by undercutting the ability for schools and communities to discuss and align on RSE.

For clarification about any of the points in our submission please contact

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