



Submission on the *Health and Physical Education curriculum refresh*

Our feedback on the draft Years 0-10 learning area

April 2026

Who is Skylight Trust?

Skylight Trust provides leadership and services for tamariki (children), rangatahi (young people) and their whānau (families), who have experienced loss, grief, trauma and tough times. Our unique offering is a full spectrum of care for tamariki and rangatahi aged 5-24 with mild to moderate mental health concerns. We provide counselling, programmes, resources and training. Our work is evidence-based and trauma-informed.

Ngā whainga – Vision

In Aotearoa tamariki and rangatahi are empowered to thrive.

Tā mātou whakatakanga – Mission

Guiding tamariki and rangatahi hauora through responsive, informed and effective practice.

Ngā uara – Values

Ko tā te tamaiti - Child Centric

Ngākau pono - Integrity

Whakamanamanahia - Empowered / Uplifting Relationships

Tāngata Rite – Equity

We've got 30 years of experience in the health of young people in Aotearoa | New Zealand and we operate in over 300 schools across the country. We regularly partner with schools to deliver improved outcomes for ākonga and we currently operate in 31 schools as part of the Awhi Mai Awhi Atu Counselling in Schools Programme.

What we support

We support Health and Physical Education being retained as a learning area in the refreshed New Zealand Curriculum, for children and young people aged five to 15.

New topics are required to address today's culture and environment for young people

We support the addition of new material on topics like online safety, which is a huge concern for our young people, and we support a simple curriculum that is easy to teach and engage professional community bodies like Skylight to assist with delivering.

While there are many positives about our digital environment, evidence consistently shows links between online harm and –

- Anxiety and depression
- Low self-esteem
- Bullying and exploitation
- Social isolation and shame.

It is therefore very important that we ensure all young people are equipped with the tools for the world they live in. We are building online safety into our programmes and we are aware that free online safety training designed for anyone who works or volunteers with young people is available from bodies such as Netsafe.

Focusing on prevention as well as intervention

We support prevention and early intervention for the mental health of our tamariki and rangatahi in the education system and we support the integration of the education system with the hauora of tamariki and rangatahi and their whānau, and the communities they live in.

Our programmes – from Travellers to Tai-oranga, Te Korowai, and Pathfinders – and our delivery of counselling in schools through Awhi Mai Awhi Atu, have been developed off the back of evidence of what works, are trauma informed, and emphasise the importance of connection, identity and the use of proven frameworks such as Te Whare Tapa Whā, in the wellbeing of our young people.

Our programmes and counselling are strengths based and build resilience, improving the health and wellbeing of tamariki and rangatahi every day.

Individual, group and whole of school approaches are required to support improved health and education outcomes

We support targeted interventions for the individual ākonga and group work (which evidence suggests “works” for young people, builds peer connections and is a valid option for a range of mental health concerns such as anxiety, self-esteem, grief, depression). We also support taking a whole-school approach to mental health and wellbeing for our tamariki and rangatahi. The school climate, relationships, policies, and daily practices have a significant impact on the wellbeing of ākonga. Alongside individual and group work we need to ensure the curriculum focuses on changing the ecosystem around young people, not just treating distress once it appears.

Things to consider

Arguably a lot of what we are doing now and what we know works to support schools and kura to enhance the mental wellbeing of ākonga, their whānau and community, fits well with the refreshed curriculum, but we have some concerns.

Mental health is part of health

Skylight is concerned that the draft curriculum contains almost no explicit reference to mental health, emotional capability, or psychological development, despite these areas previously being foundational within Health and Physical Education in Aotearoa New Zealand.

Our concern is not about terminology, but about function: schools require clear curriculum guidance to support young people’s capacity to manage stress, regulate emotions, maintain healthy relationships, and engage positively in

learning. These capabilities underpin attendance, behaviour, achievement, and long-term participation in society.

Without explicitly naming mental health–related learning:

- Schools lose guidance on how to support student self-management, which directly affects behaviour, classroom calm, and learning time.
- Teachers are left without curriculum backing to address stress, anxiety, and emotional dysregulation, which are now common drivers of disengagement.
- Support is pushed downstream to crisis services, increasing pressure on health, justice, and social systems.
- Preventive, low-cost, school-based supports are replaced by reactive and more expensive interventions.

There is therefore good reason to include distinct mental health / emotional health / psychological learning.

Skylight is concerned that the draft Health and Physical Education curriculum includes very limited explicit guidance on mental and emotional development, despite these being longstanding components of this learning area.

While the curriculum refers broadly to students thriving and developing resilience, it does not clearly articulate expectations for learning related to emotional regulation, stress management, help-seeking, or the impact of school environments on student behaviour and engagement. These capabilities are foundational to learning, attendance, and positive participation in school life.

They are foundational to the programmes we have developed and what we know works.

Recommendation

- 1. Greater clarity is needed on how the curriculum supports mental health and students to develop self-management, emotional regulation, and coping skills necessary for managing challenge and change, maintaining engagement in learning, and participating positively in school life. The learning is implied, but not clearly named, structured, or supported at a system level.**

Holistic frameworks

Skylight notes that the draft Health and Physical Education curriculum no longer explicitly references Te Whare Tapa Whā or comparable holistic frameworks that have previously underpinned health learning in Aotearoa New Zealand.

Skylight's programmes and clinical practice are grounded in Te Whare Tapa Whā, reflecting the interconnected realities of children's lives.

In Skylight's experience delivering programmes and clinical services, holistic models are essential for helping children and young people understand how emotional, relational, physical, and environmental factors interact. These models support early intervention, shared responsibility across systems, and culturally responsive practice consistent with Te Tiriti o Waitangi.

The absence of such frameworks in the draft curriculum risks weakening coherence between education and health systems and places a greater burden on individual students to manage challenges that are often shaped by their wider environments.

We would like to see coherence, equity, and system alignment within the curriculum and note that Te Whare Tapa Whā remains widely used across health, education, and social services. Its removal from the curriculum weakens alignment between schools and the systems that support children and young people, including the wider ecosystem that Skylight operates in.

It is also counter-intuitive in light of recent research into the socio-economic and environmental determinants of mental health.

Even if holistic frameworks are not mentioned, mental, emotional, spiritual and physical health are deeply interconnected. Emotional distress, stress, and trauma commonly show up through physical symptoms such as fatigue, tension, sleep disruption, and reduced participation in learning and physical activity, while movement, regulation, and physical wellbeing strongly support emotional resilience and mental health. Making the mind-body connection explicit within Health and Physical Education would better reflect children's lived experience, strengthen prevention and early intervention, and align with holistic hauora frameworks long used across education and health in Aotearoa New Zealand.

Recommendation

- 2. Reinstating an explicit holistic framework or frameworks, such as Te Whare Tapa Whā, would strengthen curriculum coherence and system alignment and recognise the role of school environments, relationships, and wider contexts in the health of ākonga.**
- 3. The curriculum should recognise the interconnectedness of physical and mental health.**

Keep – and make explicit – what is working well

The current guidelines ([Mental health education guide](#)) are very good at protecting, preventing and intervening in the health (particularly mental health) challenges of our ākonga – our young people.

The guidelines focus on the following key areas:

- Teaching Interpersonal Skills: Students learn to communicate effectively and build relationships, which are crucial for mental health.
- Resilience and Wellbeing: The curriculum emphasises the importance of resilience and wellbeing, helping students cope with life's challenges.
- Holistic Understanding of Health: Mental health education is integrated into a holistic understanding of health and wellbeing, known as hauora.
- Support for Diverse Learners: The guidelines ensure that mental health education is accessible to all learners, including Māori and Pacific learners, disabled learners, and those with learning support needs.
- Whole-School Approach: Mental health education is delivered as part of a whole-school approach, involving the school community in its development and delivery.

We think these guidelines are essential for schools to create a supportive environment that promotes the mental health and wellbeing of all students and we ask that the curriculum reflects more of their content and principles.

Recommendation

- 4. Ensure the curriculum reflect the current guidance.**

Responding to grief, loss, and change

Skylight notes that the draft curriculum does not explicitly acknowledge grief, loss, and significant change as common experiences for many children and young people.

Through our work in over 300 schools, we see that bereavement, family disruption, illness, displacement, and cumulative stress are routine realities for tamariki and rangatahi and have a direct impact on learning, behaviour, and engagement.

Explicit curriculum guidance is needed to support schools to respond consistently and appropriately to these experiences, rather than relying on ad-hoc or crisis-driven responses.

Recognising grief and loss within Health and Physical Education would strengthen prevention, early identification, and timely support. It would build resilience and give ākongā important skills to navigate life's challenges.

Our Travellers programme is a strong example of a long-standing, government-supported initiative. For 25 years, it has been delivered in schools to build resilience among Year 9 students as they navigate key life transitions, while also helping schools meet this component of the refreshed curriculum.

We have another programme – Te Korowai – that does very similar things for Years 6-8 and would fit well with the needs of ākongā, schools, whānau and the wider community. We'd be very happy to talk with the Minister and Ministry representatives on embedding it within the school system.

We also deliver a group programme, Matika, for bereaved tamariki aged 6–12 in the Wellington region. We think it would be valuable to run it nationwide and with sustainable funding would be able to support schools and ākongā to navigate grief and loss by bereavement in a way that is resilience-building, trauma-informed and safe and supportive.

We note that from September 2026 all schools in England must include mandatory grief education – and there may be lessons from other countries that could assist the Ministry to develop the curriculum and supporting information.

Recommendations

5. Include responding to grief, loss and change explicitly in the curriculum.

- 6. Discuss with Skylight how Te Korowai could be embedded in the education system for Years 6-8 (building on what we have learnt for Travellers and Year 9 students).**
- 7. Explore with Skylight how programme such as Matika (for 6-12 year olds who have been recently bereaved) can support ākongā mental health and educational achievement.**

Teacher capability and confidence

When curriculum expectations around mental and emotional learning are implicit rather than explicit, implementation becomes highly variable. Teachers may feel uncertain about scope, boundaries, and their role in supporting students experiencing challenges or distress.

Clear curriculum signals support teacher confidence, professional judgement, and consistency across schools. This is particularly important given increasing pressure on teachers to respond to complex emotional and behavioural needs without clear guidance or adequate support.

Organisations such as ourselves want to support teachers to deliver the curriculum in a way that is engaging, mana enhancing, and safe. Enabling schools to partner with specialist providers like Skylight, would strengthen teacher capability, reduce uncertainty, and support high-quality, consistent practice across the system.

It would also enable schools to draw on evidence-based expertise, reduce pressure on teaching staff, and ensure students receive timely and appropriate support.

Recommendation

- 8. Make expectations for mental and emotional learning explicit within the curriculum and signal the role of trusted community providers, such as Skylight, in supporting teacher capability, confidence, and consistent implementation across schools.**

Supporting students through transitions

Many of the challenges faced by tamariki and rangatahi arise during periods of transition – starting school, moving classes or schools, entering adolescence, exam pressure, or family change.

A curriculum that more clearly supports emotional regulation, coping, and help-seeking during transitions would better reflect the realities of school life and reduce the risk of disengagement during key developmental stages.

We have got programmes that would help support schools to deliver the curriculum if this was included specifically.

Recommendation

9. Clearly support emotional regulation, coping, and help-seeking during transitions within the revised curriculum.

Cultural diversity and inclusion in health education

Skylight notes that references to diverse cultural perspectives on health, including Pasifika and Asian worldviews, are largely absent from the draft Health and Physical Education curriculum. This does not reflect the cultural diversity of the student population in Aotearoa New Zealand or the realities of the school communities we work alongside – particularly in places like Porirua.

In our experience delivering programmes and counselling in schools, culturally grounded understandings of health, identity, relationships, and whānau / family play a significant role in how young people experience distress, seek support, and engage with learning. Explicit recognition that health is understood and expressed differently across cultures supports inclusion, strengthens engagement, and helps schools respond more effectively to the needs of all learners.

The absence of these perspectives risks narrowing health education to a single cultural lens and limits opportunities for students to develop understanding, respect, and connection across difference.

As a Te Tiriti-based organisation, we think there is an opportunity to better reflect our foundational document in the curriculum in a way that enhances the

mana of both tangata-tiriti and tangata whenua and embraces the cultures of Aotearoa New Zealand.

Information about identity, diversity, and relationships

Skylight is also concerned that the draft curriculum contains very limited reference to sexual orientation, gender identity, gender diversity, or intersex variation. As a result, many young people may miss out on age-appropriate, evidence-based learning that supports understanding of themselves and others, and that reflects the world they live in.

Through our Pathfinders programme and other school-based work, Skylight supports young people – including non-binary youth and young women – to develop confidence, resilience, and a positive sense of identity during childhood and adolescence. Our experience is that access to accurate, inclusive information reduces confusion, isolation, and distress, and supports safer relationships and help-seeking.

Clear, factual curriculum content in this area supports all students. It provides those exploring their identity with reassurance and understanding, while also building empathy, respect, and healthy relationships across peer groups. When such learning is absent or unclear, schools can be left without guidance, and young people may turn to less reliable sources of information.

Inclusive curriculum signals support positive identity development, reduce stigma, and align classroom learning with the realities faced by many young people.

Recommendation

10. Ensure the Health and Physical Education curriculum includes age-appropriate, evidence-based learning that reflects the cultural diversity of students in Aotearoa New Zealand and provides clear guidance on identity, relationships, and diversity.

Leveraging community expertise

Skylight welcomes the opportunity for the refreshed curriculum to explicitly recognise the role of trusted community providers in supporting curriculum delivery, professional learning, and student support.

Partnerships between schools and specialist organisations support evidence-based, developmentally appropriate practice that is responsive to local need, and reduce pressure on schools to hold all expertise internally. Such partnerships strengthen implementation, build confidence, and support more consistent outcomes for students.

We've been particularly encouraged by support offered by Regional Ministry of Education staff for collaboration between Skylight and a cluster of schools (in Rotorua) to deliver the Travellers programme and we are extremely happy to be delivering counselling in schools in partnership with the Ministry and schools in Wellington, the Waikato and South Canterbury. We would like to partner further with the Ministry and schools to deliver improved health and education outcomes for ākongā.

Recommendation:

11. That the Ministry supports, including financially, partnerships between schools and community mental health organisations for curriculum outcomes.

Conclusion

Skylight supports the intent to simplify and clarify the Health and Physical Education curriculum. We believe this can be achieved while still making explicit the mental and emotional capabilities that underpin learning, behaviour, and long-term outcomes for children and young people. Clear guidance, coherent frameworks, and alignment with practice across education and health systems will help ensure the curriculum delivers on its aims for all learners.

We would be happy to answer any questions the Ministry may have.