

SEX EDUCATION IN SCHOOLS

“...schools have a responsibility to provide students with opportunities to develop essential knowledge, skills, attitudes and values to enable them to make informed decisions about their health behaviours.”

“...the enhancement of a child’s health status improves their educational achievements.”

(Student Health and Wellbeing Curriculum Framework)

UTILISING THE STUDENT HEALTH AND WELLBEING CURRICULUM FRAMEWORK

The process for any Education Queensland School developing or refining sex education programs should begin with this policy document produced in 2005 by the Queensland Government Department of Education and Training

- Priority areas:

- Nutrition and Physical Activity

- Skin Cancer and Sun Safety

- Mental Health

- Drug Education

- Road Safety

- Sexual Health**



GUIDELINES FOR ADDRESSING SEXUAL HEALTH

The policy document gives specific guidelines for educators to consider:

- Address developmentally appropriate content
- Use scientific/medical terminology
- Facilitate learning and display sensitivity
- Increase staff skills and confidence
- Clearly define roles for staff/support personnel
- Inclusive policy and procedures
- Obtain support and cooperation from parents/guardians and the community



PRACTISES TO BE AVOIDED

Special note is given in the policy document of what not to do:

- Use one-off education sessions
- Replace the central role of the teacher with external service providers
- Make personal disclosures and present personal values
- Teach concepts that are not relevant/appropriate or out of context.



WHERE TO ONCE THE POLICY DOCUMENT HAS BEEN EXAMINED?

Consider your student cohort:

- Gender mix
- Religious/cultural minorities
- Cognitive ability
- Patterns of social and relational behaviour
- Stage of development
- Sensitivities based on specific experiences of students



WHERE IS SEX EDUCATION GOING TO FIT INTO THE SCHOOL CURRICULUM?

Sex education should be ongoing and comprehensive, individual schools will need to tailor integration into their particular curriculum:

- Use of personal development and health essential learnings in HPE P-9 curriculum.
- Rich tasking across curriculum areas using sexual health topics.
- Identify opportunities to embed sexual health topics into senior curriculum offerings such as biology.
- Create opportunities for peer education, particularly focusing on senior health education students and the health actions they could be carrying out in their school environments.
- Include sexual health topics in pastoral care programs.
- Construct a developmental timeline of appropriate sex education topics for ascending year levels.



WHO WILL DELIVER SEXUAL HEALTH EDUCATION IN SCHOOLS?

- As for numeracy, literacy and physical activity all teachers are expected to be teachers of health and wellbeing.
- Significant professional development will need to occur in schools to make this the reality.
- External providers should be working predominantly with teachers rather than students to develop expertise and confidence.
- Student welfare staff such as the nurse and guidance officer should be integrated into health and wellbeing learning experiences but should not take over the role of the teacher.
- Health and wellbeing education should be delivered to students by a teacher they know well.



WHICH EXTERNAL PROVIDERS CAN SUPPORT SEXUAL HEALTH EDUCATION IN QUEENSLAND SCHOOLS?

- FPQ
- Queensland Health – School Nurses
- Brisbane Sexual Health Clinic
- Local GP's



RESOURCES AND WEBSITES THAT MAY HELP.

- FPQ – High Talks
- Queensland Health – I Stay Safe
- Health Promoting Schools Manual – A toolbox for creating healthy places to learn, work and play.
- Australian Health Promoting Schools Association: ahpsa.org.au



THE COORPAROO SECONDARY COLLEGE JOURNEY IN SEXUAL HEALTH EDUCATION



WHAT WERE WE DOING ALREADY?

- A subject audit was conducted to ascertain where health and wellbeing education topics were being addressed in the curriculum.
- The pastoral care program was examined to identify how and when health and wellbeing topics were being covered.



AUDIT OUTCOMES

- No sequential health and wellbeing program could be identified
- No budget allocation in the AOP was assigned to health and wellbeing education
- All students in year 8 & 9 were engaged in a formalised health and wellbeing education program through their compulsory participation in HPE. The focus in these year levels was on interpersonal skills development, relationships and exploration of changes associated with adolescence
- In years 10, 11 & 12 health and wellbeing education was made up of one-off lectures and incidental classroom discussions.



ACTIONS STARTING WITH THE POLICY DOCUMENT

- All staff were given a copy of the The Student Health and Wellbeing Curriculum Framework
- The school nurse and I addressed a full staff meeting to outline the advantages to students of embarking on a comprehensive and developmental Health and Wellbeing program.



GETTING STAFF ON BOARD

- All staff were informed by administration that they would be expected to deliver health and wellbeing education.
- A number of objections were received by the principal.
- The proposal was modified to include for 2009 only those staff who were confident in delivery of the topics outlined in the framework.
- Financial and professional commitment to inservicing of staff in health and wellbeing education was given by the administration team to build confidence and capacity for 2010 and beyond.



PRIORITISING

- Year 12 school leavers were seen as the priority for health and wellbeing education opportunities for the remainder of 2009.
- A sixteen week program was developed focusing on sexual health, drug education, nutrition and fitness and mental health. Year 12 students are engaged in the program during their normal sport slot on a Wednesday afternoon.
- Sexual health education has been integrated into the grade 10 science curriculum to reach all students in the year level cohort.
- A core of enthusiastic teachers has been built into a HRE team planning for a whole school approach in 2010. We have made a start!



BARRIERS TO EFFECTIVE SEXUAL HEALTH EDUCATION

- Schools are not familiar with the resources and services provided by external providers that can support delivery of HRE.
- Teacher confidence is impacted upon by the sensitive nature of some topics.
- Teacher enthusiasm is affected by already stressful workloads. 'Not something else to do!'
- HRE is not adequately funded in schools.
- External agencies are being used in a teaching rather than mentoring role. The one-off lecture approach doesn't work.
- There is a lack of subject specific curriculum resources that demonstrate how HRE can be embedded across areas.
- Students in the same year level are not always at the same developmental stage.
- Some topics do not suit the mixed gender make up of state school classrooms.



2010 AND BEYOND!

- A comprehensive and sequential HRE program has the commitment of the school administration, all Heads of Department and 80% of teaching staff.
- This program is being developed by a team of 18 teachers who have taken responsibility for specific topics within the framework and are preparing units of work for specific year levels in line with the sequential mapping of content we have agreed on as a team.
- The principal has committed to including HRE actions, outcomes and budget requirements in the 2010 school annual operation plan.
- HRE will occur for all year levels on a weekly basis, delivered by a teacher they know well who has been thoroughly trained in the content they will be delivering.
- All staff at CSC will engage in HRE professional development to build on our capacity to deliver quality outcomes for students.
- Evaluation processes will be ongoing and inclusive.



BEYOND OUR SCHOOL

- Health Promoting Schools is an international initiative which is gaining momentum in many nations. South Australia is leading the way in this country and improved outcomes for students have been substantial.
- A National Framework for Health Promoting Schools 2000-2003 provides a blueprint for implementation.
- Queensland Health and Education Queensland in 2004 collaboratively developed a Toolbox for creating healthy places to learn, work and play which is our state's guidelines for establishing a health promoting school.
- At CSC we are endeavoring to establish a health promoting schools cluster with our neighboring schools and central external providers including FPQ.



ONE SIZE DOES NOT FIT ALL!

- Schools are a reflection of society but they are also societies themselves. Health and Wellbeing Education programs must be tailored to suit specific socio-cultural needs.
- Some teachers and students will embrace Health and Wellbeing Education with gusto and enthusiasm. Others with trepidation. Inclusiveness and respect must be applied to the request that all teachers/students engage with Health and Wellbeing Education.
- Schools are at different starting points with their implementation of the Student Health and Wellbeing Curriculum Framework. Making a start is the most important thing. Working together will produce quality outcomes.

