SUPPORTING TEACHERS TO TEACH RELATIONSHIPS & SEXUALITY EDUCATION:

FPQ WORKFORCE DEVELOPMENT PROJECT

SCOPING PAPER

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ABOUT THE RESEARCHERS

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Dr Deana Leahy currently works in the Faculty of Education, at Monash University in Melbourne, Victoria. She has worked in the field of Health Education for over 20 years. Currently she coordinates Health Education Teacher Education courses in both primary and secondary degrees at Monash. She has also worked extensively in International contexts in the areas of Health Education and Sexuality Education. Her research is largely interested in exploring the possibilities of health education and the ethical implications of current approaches to teaching children and young people about health based on individualising approaches.

She has worked with Family Planning Victoria for over 10 years to develop approaches to building the capacity of teachers and schools to deliver comprehensive Relationships and Sexuality Education (RSE). In addition to this, Deana has also contributed her expertise to a range of organisations including ACHPER, Victorian Curriculum Assessment Authority, Curriculum Corporation and Home Economics Victoria.

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Dr Louise McCuaig currently coordinates the internationally recognised HPE teacher education program at The University of Queensland, School of Human Movement Studies. Louise’s innovative delivery of advanced PE and specialist Health Education courses has been recognised with the awarding of a Carrick Institute Citation for Outstanding Contribution to Student Learning (2006) and UQ Teaching Excellence award (2008).

Following a fourteen year teaching career in Queensland schools, Louise undertook a doctoral study exploring the role of teachers, teacher education and HPE in the moral education of young people. This work has inspired her current projects concerning health literacy and education in schools, healthy living across the lifespan and health education teacher education. As a leader of the HPE profession, Louise has conducted over 60 Health Education professional development events for teachers, chaired the 2009 Queensland Studies Authority Senior Health Education Review and currently serves on the ACARA Health and Physical Education Advisory Panel. In 2009, Louise’s contribution to health education teacher education was recognised with her induction into the Family Planning Queensland Roll of Honour.
EXECUTIVE SUMMARY

The need for comprehensive Relationships and Sexuality Education (RSE) in schools has been well-documented. Such programs have been shown to help delay first intercourse and increase the adoption of safer sexual practices in sexually active youth (National Guidelines Taskforce, 2004). Sexuality education programs are most effective when delivered before young people become sexually active, and when the programs emphasise skills and social norms (National Guidelines Taskforce, 2004). An absence or deficiency in providing comprehensive RSE programs can result in fear, lack of understanding, low-level decision-making skills, susceptibility to sexual abuse, increased rates of sexually transmitted infections and unwanted pregnancies. These findings are of significance as national reports reveal areas of significant concern regarding relationships and sexual health. For example, whilst recent Australian Institute Health and Welfare [AIHW] reports indicate that almost 20,000 children were victims of physical or sexual assault (AIHW, 2009) and a rising rate of sexually transmissible infections (AIHW, 2011).

Schools are widely recognised as key settings for the successful implementation of health promotion initiatives, including those relating to RSE. However, national and international research to date has demonstrated that effectively coordinated school health programs including those of RSE, have not been widely implemented. Across the evaluation literature pertaining to school based RSE, a recurring theme is teacher confidence and competence, which has consistently demonstrated a significant impact on whether teachers elect to deliver RSE or not (Smith et al., 2011; Ollis, 2010; ). In the absence of teacher confidence and competence, schools have tended to rely on health promotion professionals, external agencies and/or one-off issue related presentations. Such approaches do not reflect the features of successful health education programs which research has shown should be cohesively, systematically and meaningfully delivered within school contexts (St Leger 2006; Basch 2010; Marks 2010).

It is against this background, that Family Planning Queensland [FPQ] has sought to explore the most effective strategies and resource provision that can best enhance the delivery of RSE by schools and their teachers through the FPQ Workforce Development project. This multi-tiered program has been implemented across a number of regions in Queensland and has received support from both the Chief Health Officer and the Director General of the Department of Education and Training. The FPQ Workforce Development project has two major elements:

1. Professional development initiatives for teachers’ direct participation
2. Creating supportive environments for teacher practice

This scoping paper comprises one component of the FPQ Workforce Development project. Drawing upon qualitative data from formal feedback, current literature and the experiences of the authors, this scoping paper provides recommendations to FPQ regarding future strategies and actions to be undertaken within the FPQ Workforce Development project. Participants were recruited from the teachers and school adjunct staff who were currently engaged in FPQ Workforce Development activities across two regions (Sunshine Coast and Cairns), with a total of 16 participants subsequently interviewed. Qualitative methods were employed to gain an insight into participants’ thoughts about
RSE programs in light of their professional experiences as an RSE teacher, and recent professional development activity with FPQ. Data from the teacher interviews and focus groups was analysed and organised according to four research questions to identify key themes, issues and teacher needs to inform the concluding recommendations. Findings from this study indicate that:

- Despite a range of challenges, Queensland teachers continue to deliver RSE to the young people of Queensland.
- RSE programs demonstrate considerable variance across schools in relation to the level of accountability and status that is commensurate with program sustainability.
- Teachers continue to express concern regarding the allocation of time to RSE programs and teacher professional development.
- Teachers are seeking advocacy position statements that clearly articulate recent and relevant statistical data concerning health risks and diseases and evidence based statements confirming the effectiveness of RSE in schools.

Without exception, participants raised the impending implementation of the Australian HPE curriculum as a significant process through which the teaching of RSE would, or would not, be mandated across Australian schools. However, we would encourage FPQ to treat with some caution participants’ claims concerning the willingness and enthusiasm of HPE teachers to deliver RSE units of work. Indeed, feedback suggests that the engagement of HPE teachers in the delivery of RSE is a story of complexity and tension, particularly in relation to the privileging of PE over health related teaching and learning.

In responding to these challenges, we suggest that future teacher professional development programs and resources can be tailored to address the influence of these factors. We would recommend that in so doing FPQ considers the following concerns of HPE teachers as revealed in this scoping paper:

- Advocacy to support the allocation of sufficient time within the timetable to deliver both health and physical education content
- Providing strategies to ensure that the inclusion of RSE material does not compromise the amount and quality of physical activity in the school HPE program
- Acknowledging and engaging with assessment strategies within the context of the current national HPE reform agenda
- Opportunities to challenge the emphasis on teaching RSE as “women’s work” and strategies to encourage male PE teachers in their RSE endeavours

To summarise, the findings of this scoping paper encourage FPQ to recognise the opportunity to demonstrate leadership within the current HPE curriculum reform space through the provision of advocacy, professional development and resources that can assist teachers of HPE to design and implement HPE units of work that focus on and integrate RSE related content according to the new Australian HPE curriculum (ACARA 2012a, 2012b). In undertaking these activities we would further recommend that FPQ not only address the issue of curriculum content and design, but simultaneously direct attention to the importance of evaluating students’ learning through quality
assessment tasks. While we acknowledge that engaging with educational theory is no mean feat for a health sector organisation, such work will provide FPQ with an ongoing and possibly enhanced opportunity to produce RSE resources and professional development that effectively build capacity and achieve more traction within Queensland classrooms.

**KEY RECOMMENDATIONS**

In seeking to provide resources and programs to further enhance the capacity of teachers and adjunct health and wellbeing staff to deliver RSE, we would recommend that FPQ:

1. Develop and disseminate, through online mediums, advocacy position papers that provide school leaders and their teachers with:
   a. current statistics and research supporting both the need for and positive impact of school RSE,
   b. identification of mandated RSE components within the Australian curriculum, and
   c. pertinent sources that can provide the reader with further information and research.

2. Design and disseminate a range of HPE units of work that:
   a. reflect the Australian HPE Curriculum and its state derivative,
   b. demonstrate the integration of RSE and physical education content, and
   c. incorporate comprehensive and authentic assessment tasks.

3. Continue to provide professional development services to teachers and explore opportunities to include a section on employing educational theory to undertake the design and implementation of RSE according to the new Australian HPE curriculum and its state derivative.

4. Continue to provide professional development services to health and wellbeing adjunct staff (eg. school nurses) and include a section on advocacy strategies that can enhance their capacity to support and enhance the RSE teaching of their colleagues, including an overview of the physical and human resources they can access beyond their school community.

5. Continue to organise teacher networking opportunities that provide avenues for:
   a. FPQ to present new resources, research and topical issues,
   b. schools and teachers to share curriculum design and assessment practices from their school context, and
   c. encourage external providers and school community partners to engage with FPQ teacher networking strategies to enhance their understanding of the needs and interests of schools, teachers and students.
ACKNOWLEDGEMENTS

The researchers and Family Planning Queensland would like to express our sincere appreciation to the Sunshine Coast and Cairns staff who participated in this project.
INTRODUCTION

Almost one fifth of Australia’s population comprises children aged 0-14 years (Australian Bureau of Statistics [ABS], 2008) and many consider the health and wellbeing of these young people to be critical, as they are considered to be the key to Australia’s future (Australian Institute of Health and Welfare [AIHW], 2011). Although the health and wellbeing of Australia’s children and young people demonstrates a relatively high standard compared to global figures, national reports reveal areas of significant concern regarding relationships and sexual health. For example, a recent AIHW report indicates that almost 20,000 children were victims of physical or sexual assault (AIHW, 2009) and a rising rate of sexually transmitted infections (AIHW, 2011). A separate report states that 78 per cent of young people aged 15-17 have experienced some form of sexual activity, and less than 1 in 10 students believed they were at risk of infection with HIV/AIDS, a sexually transmitted infection, hepatitis B or hepatitis C (Smith et al., 2009). Additionally, Smith and colleagues (2009) found 38 per cent of young women reported experiencing unwanted sex. Not surprisingly, political and social commentary has identified schools as possible sites through which such health concerns can be addressed.

Indeed, schools are widely recognised as key settings for the successful implementation of health promotion initiatives. The World Health Organisation [WHO] (1997) states, “the extent to which schools can become instruments of health promotion for children and adolescents is fundamental in determining whether they will be both educated and healthy, and whether they can lead fulfilling lives and contribute to building a better world” (p. i). This position is further reflected in the WHO’s Health Promoting Schools (HPS) approach, an internationally recognised strategy for the design and delivery of positive and comprehensive school health promotion programs. This approach recognises that schools exhibit a number of characteristics which are critical to the successful implementation of health promotion initiatives including: the close and regular student-teacher contact; the capacity to capture all children irrespective of socioeconomic status, ethnicity, or location; coverage of formative years; and, the unique opportunities to provide a sustained and reinforced program (Basch, 2010; Marks, 2010: NHMRC, 1996).

In Australia, health sector advocates have long argued that the, “interaction between schools and young people, and the overall experience of attending school, provides unique opportunities for health promotion which can be sustained and reinforced over time” (National Health & Medical Research Council, 1996, p.1). Notwithstanding the success or otherwise of HPS initiatives, the HPE curriculum and school pastoral care programs continue to be regarded as the optimal site to achieve maximal influence on the health behaviours of young people (Rowling et al., 1998). However, some HPE researchers (e.g. Evans, Rich & Davies, 2004; Macdonald, 2011; Tinning, 2000) have offered a cautionary perspective, arguing that schools and HPE more specifically, should avoid making promises for the demonstrable improvement in student health outcomes.

Such caution appears well founded as, to date, research indicates that effectively coordinated school health programs and policies have not been widely implemented (Basch, 2010). Past and current
Australian health education initiatives have provided a clear indication of what does not work (St Leger, 2006; McCuaig & Nelson, 2012). Failed programs:

- employ ‘quick fix’ strategies that adopt a ‘one size fits all’ approach,
- provide ad hoc programs that lack accountability and sustainability,
- rely on external speakers and isolated individuals to deliver programs,
- reinforce deficit models of students, and
- have limited or no quality partnerships with students, families and communities.

Central to this failure is the perception by schools and teachers that health promotion organisations attempt to dictate school policy and practice, with schools viewing health and education sector goals as having competing agendas and languages (McCuaig, Coore & Hay, 2012; Leow, Macdonald, Hay & McCuaig, 2012). As Ridge et al (2002) argue, the “language that emanates from the health sector is not central to the running of schools, or a part of teachers’ thinking” (p. 28). Although health-related programs are increasingly drawing on educational theory to guide practice (St Leger, 2006), strategies often emphasise health promotion notions of intervention which seek to address a perceived health crisis. For example, Bay-Cheng (2003) argues that school based sexuality education “was conceived as a remedy to the physical problems of masturbation or [sic] and STIs...This instrumentalist, problem-oriented model has endured over the past century, though the target problem has been substituted many times to fit contemporary concerns” (Bay-Cheng, 2003, p. 64). Such approaches tend to focus on isolated health or risk behaviours which contradict the language of schools that typically focus on building general knowledge and skills (St Leger, 2006; Jourdan et al., 2010). Finally, sustainability of school based health education has been compromised when program impetus and energy comes from dedicated but isolated individuals scattered across the education system (NHMRC, 1996).

**Relationships and Sexuality Education**

Yet the need for comprehensive relationships and sexuality education (RSE) in schools has been well-documented. Such programs have been shown to help delay first intercourse and increase the adoption of safer sexual practices in sexually active youth (National Guidelines Taskforce, 2004). Sexuality education programs are most effective when delivered before young people become sexually active, and when the programs emphasise skills and social norms (National Guidelines Taskforce, 2004). An absence or deficiency in providing comprehensive RSE programs can result in fear, lack of understanding, low-level decision-making skills (Bearinger et al., 2007), susceptibility to sexual abuse (Halstead & Reiss, 2003), increased rates of sexually transmitted infections and unwanted pregnancies (Goldman, 2008).

Nonetheless, historically in Queensland at least, RSE has struggled to achieve a formal and compulsory role within the schooling programs of Queensland young people. Even in the face of medical experts’ concerns regarding the rising incidence of venereal disease during the 1960s and 70s (Queensland Health Education Council [QHEC], 1962, 1970), the pre-eminent QHEC (1970) was convinced that “sex education of the child is something that should be carried out by the parent” (p. 3). Following considerable and heated social and political debate in the subsequent decades,
Queensland was to eventually introduce the Human Relationships Education [HRE] program into Queensland schooling in 1988. Given the contestation surrounding this initiative and the associated arrival of RSE in Queensland classrooms, the design and implementation of the *HRE for Queensland State Schools: Policy and Guidelines Statement* was to attract considerable scrutiny (Logan, 1991; QDE, 1988). Accordingly, HRE programs placed an emphasis on the development of “high ethical standards in personal behaviour and social relationships” (QDE, 1988, p. 2), and did not focus on the delivery or content of sexuality education, instead providing general definitions and vague guidelines regarding the delivery of relationships education.

However, Australian curriculum reform activities in the early nineties resulted in the design of an Australian Year 1 – 10 Health and Physical Education [HPE] Key Learning Area (QSCC, 1999). This curriculum document was to provide the first mandated inclusion of comprehensive RSE into the core curriculum of all Queensland schools. Nonetheless as a result of the complexity of KLA syllabus implementation during a time of political turmoil, little in the way of formal accountability protocols were devised and school administrators were thus relatively free to choose what and how to implement programs of HPE within their schools. Consequently individual schools were not required to report on the content, quality and level of compliance of HPE programs (McCuaig, 2008).

Interestingly, the formal union of HE with PE during this reform agenda, and the right of schools to teach this KLA as they saw fit, has been particularly problematic for HE, which experiences a double marginalisation: marginalised in school timetables by its association with PE and marginalised within HPE courses (McCuaig, 2008).

Whether schools are formally providing RSE or not, such programs can only ever serve as one source of information given the diversity of alternative options available within the lives of contemporary Australian students. Australian youth are exposed to knowledge, skills and attitudes about sexuality through their parents, peers, television, music, magazines and the media every day. That being said, there is considerable evidence to suggest that education and parent communities strongly support the teacher’s role in this process, as their daily contact with young people facilitates their capacity to provide an accurate and credible resource for students (McCuaig & Nelson, 2012). Literature pertaining to school health programs has consistently identified the classroom teacher as the most significant component of effective school health education (Ridge et al, 2002). Classroom teachers, with their specific knowledge of students, can deliver health knowledge and skills through student-centred pedagogies, respond to specific needs and create the caring relationships that underpin school connectedness and students’ wellbeing (ACU National & Erebus 2008; St Leger, 2006).

However, these positive attributes are reliant upon the level of confidence and competence that schools and their teachers exhibit in relation to the delivery of RSE to students.

**Teachers and the delivery of RSE in Schools**

In fact across the evaluation literature of school based RSE, a recurring theme is teacher confidence, which has consistently demonstrated a significant impact on whether teachers elect to deliver sexuality education or not (Duffy et al., 2012; Kehily, 2002; Walker, Green & Tilford, 2003; Ollis, 2010). The reasons for teachers’ lack of confidence in teaching RSE are multiple, complex and start with teacher education programmes that often do not adequately equip pre-service teachers with
the knowledge, tools and resources to effectively teach sexuality education (Duffy et al., 2012; Walker, Green & Tilford, 2003). Teachers typically have gaps in their knowledge about sex and sexuality and there is often little in the way of in-service training or ongoing curriculum development within this vital area of education (Duffy et al., 2012, Walker, Green & Tilford, 2003; Ollis, 2010). Consequently, teachers tend to either avoid sexuality education altogether, rely on outside organisations to deliver RSE, or feel unprepared as they enter the sexuality education classroom (Duffy et al., 2012).

Schools and their teachers’ commitment to the delivery of RSE is critical, as values are transmitted most powerfully within school contexts through the selection of mandated school curriculum content, not only through what is said but also what is not said. A refusal to talk with young people about sexuality in ways that resonate with their daily lives could paradoxically encourage young people to engage in higher levels of sexual activity (Laskey & Beavis, 1996). In a study of four Australian primary schools, Milton (2003) found that all the programmes included: information about pubertal changes, reproductive systems and functions including intercourse, conception, pregnancy and birth, and relationships education. However, only two of the schools included information on contraception and STIs, while no schools included any form of sexual identity/orientation guidance (Milton, 2003).

Additionally, research surrounding the most recent national HPE curriculum reform indicates that those PE teachers who had engaged in the delivery of health education, including RSE, subsequently found themselves teaching the most morally contested subject matter within contemporary Australian curricula (Macdonald & Kirk, 1999). Although health education has long been considered morally problematic as it “advocates that individuals ought, or ought not, to behave in certain ways” (McPhail, 1986, p. 156), the breadth and depth of morally contestable topics within contemporary curricula, particularly those encapsulated by RSE, has led conservative critics to state that (H)PE teachers are rapidly “moving into areas that lie beyond their professional remit and qualified professional judgments” (Education Forum, 1998, p. 67).

In the absence of teacher confidence and competence, schools have tended to rely on health promotion professionals, external agencies and/or one-off issue related presentations rather than a cohesive, systematic and meaningful health education provision. All of these concerns and issues signal the need for professional development which is widely acknowledged as key to building teacher confidence and understandings, thus increasing the likelihood that teachers will deliver sexuality education within their classrooms [Duffy et al., 2012; Walker, Green & Tilford, 2003; Ollis, 2010]. However, the limited support and training to ensure the uptake of health education principles and pedagogical approaches – including sexuality education – by teachers has been of considerable concern (Rowling, 1996; Ridge et al, 2002). It is against this background, that Family Planning Queensland has sought to explore the most effective strategies and resource provision that can best enhance the delivery of RSE by schools and their teachers.
PROJECT OVERVIEW: SUPPORTING TEACHERS WHO TEACH RSE IN SCHOOLS?

This research project aims to explore the effects of a Family Planning Queensland Workforce Development project conducted in three regions in Queensland from February 2011 – June 2012. The research is specifically aimed at exploring the impact of direct professional development initiatives on teacher participation in delivering relationships and sexuality education in schools. A key focus of the research is to understand teachers’ delivery of RSE, and in turn, what strategies would better support their endeavours in the future. This research comprises one component of a multi-tiered program that has received support from both the Chief Health Officer and the Director General of the Department of Education and Training (DET) in November 2010. The project was trialled in three locations throughout February – June 2011, focusing on schools in the North Coast (Sunshine Coast) and Far North Queensland (Cairns) Education Regions. The project continued into the 2011/12 financial year. Funding for this project ceased in July 2012. FPQ is still to receive formal notification on if the funding will continue in the future.

The FPQ Workforce Development project has two major elements in terms of implementation. The first of these focuses attention on professional development initiatives for teachers’ direct participation. Teacher professional development has formed a key strategy in responding to the growing numbers of Queensland young people with poor sexual health outcomes (Queensland Health, 2009). As noted earlier, there is overwhelming evidence that young people who participate in school based RSE have better health outcomes and improved decision making skills (Formby et al., 2011; Grunseit & Kippax, 1993; Kirby, 1994). Research also consistently shows widespread support amongst parents for the delivery of RSE within the context of formal schooling, with reports showing that support averages around 80% of parents in favour of their children being taught information by teachers (Footprints, 2011; Leahy, Horne & Harrison, 2003).

Within this element, FPQ and its project officers will provide opportunities for teachers to:

- further develop their learning and assessment strategies
- strengthen local practice networks
- learn more about local services and people available to support classroom projects
- participate in both face to face and online learning collaborations

The work endeavours to build on the existing skill base of teachers by encouraging discussion within existing networks to address the pedagogy of effective methods of RSE. Integral to this is the understanding that a teacher’s role is to facilitate learning for students; to encourage them to develop moral, ethical and knowledge-based literacies and that this core role of teachers can be (and is already being) applied to RSE. This project is aligned with the professional standards for teachers developed by the Queensland College of Teachers (2006) and the newly released Australian Institute of Teachers and School Leaders [AITS][1] standards (AITS, 2010). At both the national and state level these standards have a strong emphasis on teachers as reflective practitioners who exist within professional practice communities. Using a workforce development framework, FPQ has adopted...
the position that in seeking to improve teacher practice in RSE, FPQ can best attend to three distinct elements; building knowledge, build skills and address issues related to access.

A second element draws attention to the role that FPQ can play in creating supportive environments for teacher practice. Informal feedback mechanisms within the FPQ organisation have highlighted the relationship between teachers’ confidence and the presence or otherwise of management or administrative support. Therefore, an additional focus of this project is to build teachers’ awareness of the supports that exist for good practice, including:

- gaining explicit support for project activities at the region/district level
- preparation of communication strategies/media briefings from both Queensland Health and Department of Education and Training for dissemination in regional media
- market research in pilot areas to ascertain parent/carer support of RSE
- the supporting of inter-school networks of teachers engaged in RSE

This scoping paper provides an overview of a more formal account of teachers’ RSE needs to recommendations to FPQ regarding possible strategies and actions that can further support their endeavours to develop teachers’ capacity to deliver school based RSE. In short, this research seeks to provide insight into the following research questions and sub-questions:

- How do teachers and schools deliver RSE?
  - How is RSE delivered in schools?
  - What are the barriers to effective RSE in school settings?
  - What are the enablers to effective RSE in school settings?
  - What are the expressed RSE needs of teachers?

In concluding this section, it is important to note that the participants were specifically selected to provide formal feedback as they already had a diverse range of engagement with the services and resources provided by FPQ.

**METHODS**

This section provides an overview of the research methods underpinning this phase of the FPQ Workforce Development project. As demonstrated by the above research questions, the researchers had a strong interest in sourcing a more formal appraisal of teachers’ perspectives on the delivery of RSE in schools and the subsequent needs associated with this role. As such, the project employed qualitative methods that would provide insight into the participants’ thoughts about and responses to RSE programs in light of their professional experiences as an RSE teacher and recent professional development activity with FPQ.

Qualitative study is about creating understanding from the participant’s point of view (Greene, 1995). Interviews are based on two assumptions that are critical to the technique, namely that the respondent’s answers are reliable and that the questions are reliable indicators of the subject of the
research (Brewer, 2000). The set of questions posed to participants during an interview are formulated into an interview schedule that provides a verbal stimulus to evoke a response. Open-ended questions result in an unstructured or semi-structured interview and give respondents access to their meaning-endowed abilities and produces deeper and richer insight (Brewer, 2000). It is generally agreed that interviews vary in their purpose, structure and intensity (Padgett, 2008).

In this study, participants were recruited from the teachers and adjunct health staff who were already participating in FPQ Workforce Development activities across two regions, Sunshine Coast and Cairns [See Tab. 1]. These teachers’ “voices” were considered to be useful in providing formal feedback on the usefulness of FPQ services to date and a deeper, more contextualised insight into the issues and challenges identified in the preceding review of literature. A total of 16 participants were subsequently interviewed which reflected instructions from FPQ regarding the size and available funding for this phase of the project. Participants were informed by FPQ officers about the research project at one of their scheduled project meetings and invited to participate. In addition to this, “Plain Language Statements” providing an overview of the required contribution were distributed to participants. Participants were asked to attend a focus group/interview to be scheduled at a convenient time and place for participants. Informed consent documentation was collected at the beginning of each interview/focus group with all of these sessions taking between 60 - 90 minutes. All interview/focus groups were conducted at venues that were of most convenience to participants with researchers travelling to the venue.

Table 1.

Summary of Project Participants

<table>
<thead>
<tr>
<th>Participant</th>
<th>Region</th>
<th>Role of Interviewee</th>
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<tbody>
<tr>
<td>Mary</td>
<td>Sunshine Coast</td>
<td>Health &amp; Wellbeing Program Coordinator</td>
</tr>
<tr>
<td>Brad</td>
<td>Sunshine Coast</td>
<td>HPE Head of Department [HOD]</td>
</tr>
<tr>
<td>Sally</td>
<td>Sunshine Coast</td>
<td>HPE HOD</td>
</tr>
<tr>
<td>FG1</td>
<td>Sunshine Coast</td>
<td>HPE HOD + 7 HPE teachers</td>
</tr>
<tr>
<td>Christine</td>
<td>Cairns</td>
<td>HPE HOD</td>
</tr>
<tr>
<td>Jane</td>
<td>Cairns</td>
<td>School Based Youth health Nurse (Jane)</td>
</tr>
<tr>
<td>FG2</td>
<td>Cairns</td>
<td>HPE HOD + 2 HPE Teachers</td>
</tr>
</tbody>
</table>
The teacher interviews involved a semi-structured interview process that was guided by an interview schedule comprising of a series of open-ended questions, with the interviewer encouraged to provide sub-questions to prompt and develop participant’s responses (see Appendix A). Prior to commencement of the project, researchers collaborated with FPQ colleagues and project officers to formulate interview questions according to the research questions noted above. The questions focussed on: practices of RSE; barriers and issues related to teaching RSE; and, identification of enablers that would support teaching RSE. Focus groups and teacher interviews were conducted by one researcher with all conversation recorded on a digital voice recorder. Following the interviews, all recorded information was transcribed in full with pseudonyms subsequently assigned to all participants.

Data from the teacher interviews and focus groups was analysed through the qualitative methods of constant comparison and thematic analysis (Emmison & Smith, 2000). The findings were summarised according to four key questions:

- Who should FPQ support and why?
- What are the challenges for teachers of RSE?
- What best supports teachers of RSE?
- What do teachers of RSE need from FPQ?

Data analysis involved a comparison of the findings across the interviews and feedback to identify key themes, issues and teacher needs to inform the later discussion and concluding recommendations.

**ETHICAL CONSIDERATIONS**

Prior to the collection of data all participants were provided with a verbal overview of the project and provided with informed consent documentation that contained information about the study and a separate consent form. All consent documentation complied with The Southern Cross University Human Research Ethics Committee [Approval Number: ECN-12-059]. Participants were also provided with an opportunity to read and consider the interview schedule questions at the beginning of each interview or focus group and informed of their right to halt or withdraw from the interview at any time. All of the teacher interviews and focus groups were conducted by one researcher acting as discussion facilitator with all proceedings recorded and transcribed in full. Pseudonyms were assigned to all participants.
FINDINGS AND DISCUSSION

In this section we present the data obtained from the participant interviews and focus groups according to four research sub-questions:

- Who should FPQ support and why?
- What are the challenges for teachers of RSE?
- What best supports teachers of RSE?
- What do teachers of RSE need from FPQ?

WHO SHOULD FPQ SUPPORT AND WHY?

Overall, feedback from the participants indicated that Relationships and Sexuality Education (RSE) was currently delivered in schools by a range of individuals and organisations including school staff, FPQ educators and adjunct health and wellbeing staff such as school nurses. In general, participants indicated that RSE units of work had typically been delivered through Junior HPE and Science courses, pastoral care or health and wellbeing programs and isolated RSE events. For example, Mary noted that more recently her work in RSE had contributed to a school-based health and wellbeing program that aimed to be a broader enrichment programme, and to tackle some curriculum aspects that weren’t - didn’t seem to be covered anywhere else. For some three years, she had delivered the Family Planning Queensland syllabus on sexuality education, and some dove-tailed related drug education.

Drawing on his long engagement with the delivery of RSE in school communities, Brad also noted the tendency for Health education topics such as RSE to be plonked in the timetable as sort of a space and delivered by a range of subject area teachers across a school. In these circumstances, teachers were not specifically selected as a result of their disciplinary knowledge, passion or interest in the subject. Instead some of them were phys. ed. teachers. Some of them were Home Ec. teachers. Some of them were science teachers that were interested in doing it or got shafted into doing it. Such a perspective reflects the thoughts of the FG1 teachers who stated that RSE had typically been delivered through a relatively isolated program for all year levels 8 to 12, such as the ACCESS program. According to most participants, this approach to the delivery of RSE was most common in the senior school where Year 11 and 12 students received a relatively random collection of learning experiences within the context of Human Relationships Education [HRE]. Teachers of the FG1 team indicated that such programs invariably involved a range of isolated specialist visits that had focussed on topics and issues deemed necessary for the students’ imminent departure from formal schooling. As with many of the participants, Christine acknowledged that these approaches went against what research tells us, but it was all they could do given the timetable and performance pressures that exist in the senior years. In this sense those providing feedback thought that schools had adopted a something was better than nothing perspective.
In their RSE teaching experiences, participants stated that when RSE programs have been delivered as a component of the formal curriculum, such material was inevitably delivered to Year Nine students. Christine confirms this perspective, stating that she thought Year 9 was a vital time to deliver RSE in schools as it was perceived as being the most “risky” time for students. Brad also mentioned that schools tended to include RSE units of work within the context of their Queensland Studies Authority Senior Health Education courses, which were typically delivered by members of the HPE staff, with the responsibility for program management residing with the HPE Head of Department [HOD].

As with Mary, School Based Youth Health Nurse [SBYHN] Jane has witnessed considerable change in the nature and delivery of RSE, change that had resulted in her increasing responsibility for the delivery of such materials. Invariably such change has resulted from the removal of RSE within the core HPE curriculum, and the subsequent placement of such work within Extra lesson programs that have sought to address health and wellbeing and other valuable life lessons (for example study skills). In her experience, Jane has found such an approach to result in health education content being ignored as teachers use the extra lesson to “value add” to their own preferred subject area. In discussing why this might have been the case, this school nurse suggested that it was probably due to a number of reasons. First she talked about the priority given to academic studies and that RSE, as with other health areas, was not considered important. Additionally, though related, the extra lessons were not assessable. She also hinted that many teachers flatly refused to teach RSE for moral reasons and/or that they believed that RSE had never been a part of their “brief”. As Jane notes, in such circumstances adjunct health and wellbeing staff are entirely reliant upon the support of FPQ as they often find themselves designing, advocating for and supporting teachers’ delivery of RSE units of work.

Similarly, FG2 teachers stated that wellbeing programs were an increasingly popular approach to the delivery of health education and were largely coordinate by the school nurse and taught by random teachers who were not necessarily trained in RSE or indeed wellbeing. The HPE teachers of FG2 often had little knowledge of the specific content of such programs and the extent to which they articulated with or overlapped with their own HPE programs. From these teachers’ perspective, it appeared that lots of health workers came through schools, however due to structural constraints (eg. available time, clashes with assessment) the programs didn’t happen and thus students missed out.

Not surprisingly, every participant drew attention to the critical role that adjunct health and wellbeing staff (eg. school nurse, youth counsellor, chaplain, youth worker, indigenous community liaison officer and guidance officers) play in identifying emerging RSE related concerns and issues amongst the student body. As Brad noted, specific needs or concerns that emerged through these channels often provide the motivation for new or one-off initiatives conducted by a range of teaching and adjunct staff and/or external providers. However, feedback from all the participants suggested that there was not a lot of consistency in how this happened, and that often there was no sense of what was going to be next and when.
Interestingly, although feedback from participants consistently registered the ad-hoc allocation of staff to the teaching of RSE, many indicated that where RSE programs had changed within a school, such changes had been accompanied by school leaders’ recognition that teachers were valuable as they not only deliver RSE learning experiences, but are available for ongoing support and follow-up to students. For FG1 teachers and Brad, an improvement in the quality of delivery of RSE also results when there is an embedding of this sort of stuff into courses such as Junior physical education, as fewer teachers are charged with the responsibility of RSE.

However, for many participants, the role of HPE departments in the delivery of RSE was a tale of complexity and inconsistency. As noted earlier, the majority of participants were trained HPE teachers who stated that they felt very confident, competent and enthusiastic about teaching RSE. Yet for some, such as Mary who was not a trained HPE teacher, PE teachers had not always demonstrated an enthusiasm for the delivery of RSE. Instead, they often provide a relatively ad-hoc connection to RSE that occurs when units on drug education and puberty are delivered within their HPE. As Christine explains, RSE has achieved a tenuous position within HPE programs as HPE HODs can privilege, marginalise or remove entirely health topics or issues within their programs according to their own and their HPE staff’s priorities and interests. In her experience, Christine also noted that the gender of the HPE staff had an impact to the extent that the absence of female staff often resulted in a distinctly Sports Science flavour which steers the overall HPE programming decisions away from health and RSE in favour of PE.

In concluding their commentary regarding who was most likely in need of support from FPQ, the majority of participants in the project identified the design and implementation of the impending Australian HPE curriculum as the critical impact factor. Most participants suggested that the release of this curriculum would result in an increasing and more accountable role for teachers of HPE. A similar story, albeit one with far less responsibility, emerged in relation to the role of science teachers who, according to participants’ feedback, tended to focus on matters pertaining to physiology. However some suggested that learning experiences related to contraception have increasingly been taught in school science courses.

**WHAT ARE THE CHALLENGES FACED BY TEACHERS OF RSE?**

Traditionally, those charged with the responsibility for the delivery of RSE within school communities have identified the sensitive and moral nature of the content to be one of the major challenges facing teachers. However, feedback from this project’s participants indicated that many teachers, and particularly trained HPE teachers, felt comfortable with RSE material and welcomed the opportunity to provide students with the ability to have the strength of self or make the right decisions at the right time to establish a healthy relationship or not stay in an unhealthy relationship. Indeed FG2 teachers talked about how much they enjoyed teaching RSE and felt that it was one of the most rewarding subject areas to teach.

Nonetheless, over the years of their professional experience, participants such as Christine had noted that teachers often struggled with content surrounding the more contemporary issues of sexting, online pornography and sexuality, with many of the teachers stating that their peers...
invariably privileged the delivery of the plumbing to avoid the “messiness” of these topics. For Brad the challenge of ensuring that teachers change their language so that you’re not being discriminatory is of considerable concern and an issue that he believes warrants specific support.

However, school nurse Jane provides a considerably more conservative picture concerning the teachers’ engagement with the subject matter of RSE. Of particular concern for Jane was the resistance she had experienced when general teaching staff were allocated RSE responsibilities in the absence of consultation regarding their interest and willingness. In her time as a SBYHN Jane had organised numerous professional developments to help teachers manage their new briefs, only to be met with a big mutiny. In response, Jane had frequently sought the support of FPQ to offer sessions that could build teachers’ capacity. However, her endeavours had been met with either low numbers (two teachers attended) or resistance to engagement with teachers working on their laptops or reading documents during the sessions.

Notwithstanding this resistance towards RSE’s subject matter, the perennial issue of time was to dominate participants’ feedback regarding the barriers to effective RSE in schools. In considering this barrier, appropriate curriculum time was identified as posing the most significant hurdle, with Brad emphatically arguing:

\textit{I’ll tell you what doesn’t work is setting it up in your school so kids go and do something once a week like travelling to health once a week with - for two reasons. [For RSE] To be done effectively, relationships with kids is important...The other thing is it will become a timetable junking ground. So some schools have that odd spot in their timetable and they give it a name, and then they junk all the stuff that doesn’t fit into subjects into it and someone gets it once a week.}

Brad further suggests that a primary outcome of this “timetable junking ground” situation is that a program inevitably fails to carry status with students, parents and teachers due to the lack of assessment and reporting. As this HPE leader notes, parents will look on the report card and go, what’s that? Oh, it’s nothing. We just do it once a week. It’s stupid. Parents will go along and go, fair enough. But if it’s got a label like English, maths, history, HPE - recognisable title - then they’ll take it more seriously. Drawing on his professional experience, Brad also argues passionately that the ad-hoc placement of RSE in the school curriculum program results in poor management and accountability. In other words, the random allocation of, for example, a Head of Middle Schooling who is simply allocated the coordination according to load, may have the best of intentions, but as RSE is not their subject specialty the resulting program may become a low priority. Where other participants had been involved in a Wellbeing, Extra Lesson or Access program, timetable complexity and clashes had also comprised a key challenge as these limitations reduced the capacity of schools to allocate appropriate teachers to the program.

According to FG2 teachers, time constraints were also associated with a narrowing of the RSE curriculum as teachers tended to rush the latter sections of units which typically focus on relationships, resulting in the science related dimensions of RSE dominating the available learning time. In other words, by the time they covered all of the plumbing and the facts, there was little time
left to cover relationships. This meant that the social and emotional aspects of RSE tended to get brushed over or left out altogether. Additionally, the teachers suggested that they often got off track with discussion and rarely got through their class content for the day. As a consequence, in the next lesson there was a ‘backlog’ of information to get through which undoubtedly contributed to the end of term time squeeze. Finally, interview feedback from the participants indicated that few had experienced a situation where they received sufficient planning time to create comprehensive RSE units of work with a lot of curriculum development done on the run.

Time however, was not the only barrier. Additional challenges were raised by participants such as Mary who considered the allocation of classroom space to be of concern. As she notes, you need the right sort of space. I think that really helps. A space that’s not too crowded with desks, so kids can get up and move when the activity needs it, and that is also private enough, so that there’s not school - people walking past when the bell goes, and in between classes. Teachers also talked about the level of student maturity as having a significant impact on the success of RSE classes. This was talked about mostly in a negative sense, although one teacher did say that if students were mature and open then the class was often fantastic. Thus it became an enabler.

Drawing on her teaching experiences to date, Mary provides a useful summary of the key barriers to successful school based RSE programs which she suggested included:

- behavioural expectations and behaviour management of the school,
- programming - the when and where and how,
- professional development of staff, and
- peer support or collaboration amongst staff.

As noted briefly above, the impending implementation of the Australian HPE curriculum is generating mixed feelings regarding the delivery of RSE. Many of the participants share Mary’s belief that perhaps things will be changing a little bit now with the national curriculum. Rather than seeing this necessarily a challenge, Mary believes that the imminent arrival of an Australian HPE is timely and will facilitate future opportunities for schools to decide whether there’s still a place for this and what aspects should be emphasised when and if science and HPE are to have an increased accountability for the delivery of RSE. As Brad poignantly notes, whenever there’s a curriculum document in health written, it’s like a land grab, that every interest group wants a piece of the action. This perspective found reinforcement in the comments of Sally, who states,

> I’m worried in the national curriculum, they say 80 hours and that’s what? Two hours a week and you’re supposed to do so much activity and you got to fit all this in. So you’ve got all those different topics and they go, oh, you’ve got these three lessons on sex health.

Indeed the participants of this project suggested that considerable questions still surrounded the new Australian HPE curriculum and its impact on RSE delivery with Mary asking, It’s not optional really, is it? Christine also noted that at this point in time there were more questions than answers, while FG2 teachers felt that the situation was still a case of wait and see. Indeed, many of the teachers suggested that they were awaiting a more concrete directive from education authorities regarding the place of RSE within the Australian HPE curriculum. Meanwhile, many of those afforded
a curriculum leadership responsibility were keeping an eye on developments to try and anticipate future changes, needs and resource requirements.

Additionally, Brad noted that there are considerable tensions surrounding the allocation of health education to a group of teachers who are traditionally movement people... For some, the health is something they will suffer through. Some are more passionate about it. Some don't see a link between physical education and health education. Brad was concerned that the introduction of the national HPE curriculum may result in a decreased time allocation to PE and as a result, the pressure would be on from all the phys. ed. staff under the HOD to maximise the time they get in physical activity. Of greatest concern is the possibility that the HPE timetable allocation will be reduced to two lessons a week, and as RSE is generally delivered within the classroom environment, it would typically be one of the first topics to be dropped. In responding to this pressure, Brad believes that HPE HODs and teachers will need to design integrated units of work where concepts surrounding social relationships, self-worth, connectedness and emotional health can be delivered through the physical context.

**WHAT BEST SUPPORTS TEACHERS OF RSE?**

Without exception, all of the participants raised the issue of positive school leadership as one of the critical success factors of school based RSE. For example in Mary’s experience, considerable support from school leaders and the high expectations of student behaviour tend to reduce the perception of barriers and challenges surrounding the delivery of RSE. Additionally, when school leaders and her peers had actively sought to discuss the various logistics and objectives of a school RSE program, then the achievement of her desired outcomes appeared more realistic and viable. Not surprisingly, Brad also identifies school leaders as being critical enablers, albeit as the first of many factors that facilitated the effective delivery of RSE in schools. Christine noted that support from school leaders had ensured that past RSE programs were positively valued by staff, students and parents.

For some participants, an additional source of support from school leaders was to be found in the high expectations of student behaviour as if you can’t get kids onside or have the right manner with them, the program will not work regardless of resources, room allocations or interactive learning experiences. For example, Mary believes that school expectations regarding student behaviour serve as an enabler as it increases teachers’ confidence that activities such as role play and scenario building which generate a gut feeling [that] would say that’s not going to work, or there’d be this group of kids in the class that will muck it up for you, can in fact be delivered successfully.

In articulating the exact content that has comprised her RSE programs, Mary states that she has always tried to deliver the learning outcomes in the Family Planning Queensland - that High Talk unit. For Mary, the High Talk resource provides a well-articulated collection of 10 to 12 learning outcomes per year level which are matched by one or two lessons that provide a useful framework. Additionally, the resource provides her with a clear statement of what the students will know and understand or be able to do at the end of it. Upon reflection, Mary states that the learning experiences within her RSE programs have tended to emphasise more of the relationships material
and less of the physiology, as the students generally state that they are “sick of” the physiology based information.

As has been clearly articulated in previous sections, for many of the HPE teachers assessment was seen to be a key facilitator of a sustainable RSE program within schools. Christine in particular drew attention to the range of past assessment tasks that facilitated students’ engagement with RSE materials and a clear process of evaluating student learning. Such tasks had included the production of a ‘teen magazine’ that focussed on sex and relationships and contained sections about how to know if you had an STI for example, and a section for responses to scenarios by young people along the lines of “what should I do?”. Another task involved students planning how to have a safe party which included thinking about the impact of alcohol on decisions and sexual decision making and keeping safe. In contrast, Mary’s professional experiences had provided her with the opportunity to deliver RSE where little or no assessment of student learning was conducted. Although she suggests that the lack of assessment and reporting can be an issue at some schools in terms of motivation and might not encourage students to treat the subject seriously, the absence of assessment nevertheless was quite nice that it’s not - that it’s relaxed ...and pleasant and fun and happy, instead of being too confronting and too serious.

For Brad another important enabler of quality RSE was the knowledge and characteristics of those charged with teaching this material. A willingness to leave prejudices behind, resist the temptation to make assumptions, adopt appropriate language and an enthusiasm to connect with young people were all identified as the characteristics of an effective RSE teacher. A factor that was constantly reinforced by this HPE HOD was the need for teachers to change their language so that you’re not being discriminatory, and he believed that FPQ workshops had proved invaluable in supporting teachers to recognise and adopt these changes.

In considering those factors that were potential enablers for school RSE, FG1 teachers also focussed attention on the characteristic features of a good RSE teacher. Importantly, such teachers need to be confident in teaching what they're teaching and comfortable with sharing those things with the kids. One teacher who had been a HRE coordinator considered familiarity with the content and knowledge of RSE to be crucial, particularly as students could then ask any questions that aren’t in the book and give some examples to the kids if necessary. These teachers also acknowledged the importance of building trust and that good RSE teachers were non-judgemental and needed to be comfortable with students wanting to shock you with their personal stories and issues. As a point of summary however, the FG1 HPE HOD was keen to point out that such attributes were a fundamental pedagogy for teaching anyway? They're not specific to the sexual relationship education, they are teaching pedagogy. Although the rapport might be especially important because of the touchy nature of the subject.

Other enablers identified by the participants included the usefulness of in-house evaluation processes that could provide evidence of the success, or otherwise, of various RSE initiatives operating within his school. Such evaluations were considered essential to ensuring that allocated resources, such as teacher’s time and funds for professional development, guest presenters and teaching materials, were being effectively utilised. Not surprisingly, an enabler that was routinely
acknowledged was the considerable support that teachers receive from health and wellbeing adjunct staff and local health clinics, community organisations and services. As one FG1 teacher explained, *we don't have to take it all on board ourselves.*

Finally, participants felt that the successful delivery of RSE within school settings was reliant upon the presence of a confident and informed advocate, and many of the participants in this project had readily undertaken this role. Brad in particular emphasised the role of subject area Heads of Department and the need for RSE to be owned by a curriculum leader who could advocate and fight for space and time within the core school curriculum. In the majority of Australian secondary schools, community, political and system imperatives have resulted in a crowded curriculum and accordingly there is serious *competition for space* in the school timetable and within the allocation of HPE time. As he further explains:

> ...in schools that are only being given maybe 120 minutes a week for the KLA, then you’re going to find schools that will leave it out because it’s too hard. It’s important, but it’s eating into our oval time. So we’re not going to do it or it’ll be done in that two lesson sort of thing. You don’t want it to be done in two lessons. You want it to be done as a unit that has some culminating activity that draws kids in.

Here the importance of the upcoming Australian HPE implementation emerged yet again as possibly providing the impetus for RSE’s inclusion in the core curriculum of Australian schools. Inclusion in the core curriculum inevitably results in the allocation of responsibility to a curriculum leader and the status which can ensure the accountability and sustainability of program delivery. If RSE *squarely sits under the national curriculum to year 10* then, for Brad, one of the most important advantages of this situation is that there is a specific HOD who can advocate for the learning area:

> It sits in that document. It's about harm minimisation health model, so that's where it should sit. So whoever is in charge of that KLA should be the one who's advocating, should be the advocate for having it placed in a subject and having a place. However, there is competition for the space... They'd be making sure that the KLA had significant time in the curriculum.

**WHAT DO TEACHERS OF RSE NEED FROM FPQ?**

In considering a response to this question, Brad noted that first schools needed to recognise a need for support and that the most important resource currently available was access to the professional development provided by FPQ. In relation to the issue of more professional development, there was little debate from the remaining participants, who all reinforced the positive impact that FPQ programs and services had exerted on building their own, and colleagues’, capacity to deliver RSE programs.

Nonetheless, Brad further qualified his statement by suggesting that schools and teachers need to *do the family planning in-service and give themselves a good slab of time to do it.* Here, he returned yet again to the importance of the FPQ professional development as an effective strategy for ensuring teachers have confidence in the language they use with students, and their presentation of
relevant and accurate statistics and research. Brad also enthusiastically described the work of FPQ in providing some language around talking to parents if any parents are concerned, the idea of – or [sic]? if you talk about safer sex, you will promote sex. In contrast, Brad feels that following FPQ professional development, he and his colleagues have had access to research that provides a convincing, evidence-based response to such concerns across the school community. As he further explains,

*The media has driven enough information to parents that sexuality education is very important. They may not realise the research around good sexuality education decreases the chance of having sex, not increasing it. They mightn’t understand that, but they do understand - the vast majority of parents understand that it’s important.*

Regarding this issue, Brad suggested that advocacy would continue to be a core feature of a school’s delivery of RSE and he found considerable support for this position from other interviewees. For example, instead of raising specific professional development or resource needs, FG1 tended to focus on the need for advocacy to and from school leadership for the various resources of time and professional development, and a more general recognition that personal life experience did not mean you really understand it to roll it out correctly or talk to your students. This group of teachers felt that appropriately informed school leaders could be more proactive in providing parents with the statistics concerning unprotected sex, STIs and unwanted pregnancies, which they suggested, would encourage all members of the school community to *take responsibility to help achieve a decrease in the statistics*. Teachers from FG2 believed that providing school leaders with support or inservice and having a good relationship with the P&C was also important to ensuring a ‘smooth ride’ for their RSE programs.

However, numerous participants focussed more attention on the role of FPQ in providing teachers with information and strategies that would enhance their approaches to the teaching and learning of RSE. In terms of approaches that were utilised to deliver RSE, participants raised the importance of providing teachers with insight into how they can present RSE material through highly interactive approaches. As Mary enthusiastically explains, her RSE has always been underpinned by a passion for very interactive activities that get students to think about their opinions and decide on a course of action, share those with the group or the class, and listen to other people’s opinions. Christine also discussed the importance of group work, discussion, scenario setting, problem-solving and values clarification and the need for a move away from pen and paper approaches to teaching and learning. In terms of the program planning and curriculum decision making that underpins such approaches, this HPE HOD talked about the need to support teachers in undertaking a process that included identifying student need instead of basing programs on teachers’ anecdotal understanding of what such needs were. For example, Christine suggested that teachers should currently be concerned about the contemporary and prominent issues of: sexting, pornography, sexualisation of young people, teenage pregnancy and the increase in rates of chlamydia.

Additionally, Christine suggested that for some, the interactive approach to teaching and learning in RSE could be a put off. She states:
I think the barriers that staff face are mainly their own personal comfort levels. Also, do they feel they have the knowledge and skills to do that facilitation, because they can all pull out a textbook and teach the parts, those sorts of things. So I think those are the two main ones and also probably the other barrier they find is gauging for their group of students so that it’s not giggles and silliness and stupidity, that they’re pitching at the right level. So they probably need to know how to pitch and that’s why we use Lou and those High Talk resources.

Regarding the specific resources that are currently available, feedback from the participants provides an inconsistent picture. For some teachers, current FPQ resources including High Talk and other resources such as Talking Sexual Health from La Trobe University continued to provide the content and learning experiences for RSE programs. However, other participants noted a distinct lack of contemporary resources. Whilst the High Talk resources were routinely praised, they were also quite dated. In thinking about trying to redevelop and reinvigorate RSE, Christine expressed a desire for support around accumulating resources that were up to date and relevant to new concerns, including sexting and pornography. Other teachers raised the issue of resources that provided more life-like models for use within the classroom. For those teachers on the Sunshine Coast, attendance at the FPQ network meetings had also proved highly useful in terms of identifying new resources and exploring innovative RSE strategies. As Sally notes, it is about that network. It’s about information, it’s about sharing and getting support from your colleagues whether they be school based nurses, whether they be teachers, whether they be whatever. Whatever’s working, that’s what we want.
DISCUSSION

In this section we draw upon the review of literature, our own experiences within the field of school based RSE and commentary provided by the participants to present a range of common themes, issues and needs that will shape FPQ’s future endeavours to build the capacity of teachers to deliver RSE in school settings. Although a wide range of issues could be addressed within this paper, we have focused attention on those aspects of teacher’s work that appeared to have the greatest impact on the successful and sustainable delivery of RSE within Queensland schooling. Additionally, we draw upon the recent Sexuality Education in Australian Schools (Smith et al., 2011) which provides a large scale, national counterpoint to the qualitative data of this pilot study.

At the conclusion of this section we draw on this discussion to identify three relatively consistent models of RSE delivery in Queensland school settings. In so doing, we wish to provide a visual map of the accountability pathways that determine the nature, status and sustainability of RSE within school settings and, drawing on this visual representation, identify some of the strengths and weaknesses of each model that contribute to the specific RSE professional development and resource needs of schools and teachers. In conclusion, we present an overview of the opportunities and possible future strategies that each model represents for FPQ in relation to their goal to enhance the teaching workforce’s capacity to deliver RSE in Queensland schools.

Significance of Relationships and Sexuality Education in school settings

As the above feedback suggests, despite contestation and a variety of policy, curriculum and implementation challenges, Queensland teachers continue to deliver RSE to the young people of Queensland. Few of the participants who were interviewed in this study rejected outright the inclusion of RSE into a school’s education program, and the majority of interviewees suggested that this position was supported by the wider community, school leadership, parents and the students themselves (Footprints market research 2011; Smith et al 2011).

Across the breadth of commentary there appears to be little disagreement as to the rationale underpinning the need for RSE programs within Queensland schooling. Of prime concern were students’ needs and timely life experiences, either anecdotally or formally evaluated, which underpinned the endeavours of these teachers and health and wellbeing staff to include RSE in a school’s curriculum. Commentary provided by Brad captures the general sentiments of participants when they were asked about the goals and objectives of school based RSE: It’s important and it’s central to kids’ lives at that age. They’re becoming very sexual people at that age and that’s when to go.

Although the majority of participants acknowledged ongoing tensions regarding RSE advocacy to parents and the community, this advocacy was situated within a context of a perceived acceptance within society that schools would provide students with RSE knowledge, skills and attitudes. However, without question, all participants raised the impending implementation of the Australian HPE curriculum as a significant process through which the teaching of RSE would, or would not, be mandated across Australian schools. The upcoming national HPE curriculum reform represented a
critical moment in the capacity of their school to guarantee the delivery of RSE through the school’s compulsory core curriculum. This response generally reinforces findings from other research which suggests that teachers of RSE would prefer *sexuality education being included in the school curriculum and a part of the mandatory content in health education* (Smith et al. 2011, p.5). However some participants, particularly those who were engaged in delivering co-curricular RSE programs, expressed concerns or ambiguity regarding the:

- allocation of sufficient time to compulsory HPE programs,
- capacity of HPE teachers to deliver an appropriate program,
- “carving up” of RSE across subject areas, and
- impact of assessment on the quality or “feel” of RSE programs.

In relation to specific RSE topics, knowledge and skills that schools were delivering to students, many participants emphasised a need to move beyond “the plumbing” to address more important issues of interpersonal communication, rights and responsibilities (legal and moral), feelings, emotions and the importance of accepting and acknowledging others’ sexuality. As with the recent *Sexuality Education in Australian Schools* report (Smith et al., 20110), a number of teachers raised concerns regarding the need to focus “more strongly on negative outcomes of sexual behaviour” (p. 5). As one of this study’s curriculum leaders explained:

> It seems to get treated very biologically and clinically. You’re never actually engaged that it’s a worthwhile human activity. People are cautious to discuss it in that way, so we tend to talk to kids in the future tense - when you have a relationship, when you decide to become in some way sexually active - rather than acknowledging that they’re sexual now and getting them to talk about things that are now and real.

**Importance of school leaders and accountability for RSE sustainability in schools**

Nonetheless, the extent to which RSE programs had achieved the level of accountability and status that is commensurate with program sustainability varied considerably. Although participants suggested that many schools were in the process of re-embedding RSE into the core and compulsory HPE program for Years 8 – 10, other schools continue to deliver this work through co-curricular health and wellbeing programs and/or ad-hoc events that focussed on specific RSE issues or provided “booster” information sessions for senior students. This emphasis on delivery of RSE through a Year 9 and 10 core curriculum with little in the way of comprehensive RSE for Years 11 and 12 students reflects current trends in the delivery of sexuality education across Australia (Smith et al., 2011). At times ad-hoc RSE events were provided to students directly in response to the emergence of specific needs that had been reported to adjunct health and wellbeing staff or school leaders. As this feedback indicates, these ad-hoc events are subject to the vagaries of school interest, timetabling and communication with some students missing out on organised events all together.

Historically, research has demonstrated that the allocation of RSE time within the school curriculum, and for teacher professional development and curriculum design activities, has been considered by
teachers to be the primary barrier mitigating the delivery of comprehensive RSE in school settings (McCuaig, 2008). Findings from this current project overwhelmingly reinforced teacher’s concerns regarding the barrier of time. As others have more recently noted, “time constraints and exclusion from the curriculum” (Smith et al, 2011, p. 5) have resulted in sexuality education being marginalised or removed from the core school curriculum of schools. Interestingly, as with the findings of this study, researchers within this national survey found, “for the majority of teachers the external factors such as higher authorities, parents and the media had either no or only little influence on the content of sexuality education” (Smith et al, 2011, p. 5).

Not surprisingly then, as national and state mandated curriculum documents provide the strongest accountability mechanism within schooling contexts, and therefore have the most significant influence on the allocation of time and school resources, the upcoming Australian HPE curriculum reform has figured largely in the plans and commentary of the participants. The majority of participants are currently, or intending to, use this HPE curriculum reform agenda as a “policy stick” to enhance the allocation of time and resources to RSE. Even those participants who were neither HPE teachers or delivering RSE through HPE programs, signalled an intent to advocate for the inclusion of RSE into the new HPE program or work closer with the HPE department to tease out who would be responsible for teaching the various aspects of RSE in the future.

However, research surrounding the most recent national HPE curriculum reform initiative provides a sobering insight into the opportunities for RSE posed by a compulsory HPE, not least of which is the considerable competition for curriculum space and time within this subject area itself. As Brad eloquently notes, whenever there’s a curriculum document in health written, it’s like a land grab, that every interest group wants a piece of the action. At this stage, the new Australian HPE curriculum comprises of two strands (Personal, social and community health; Movement and physical activity) which will be interpreted by schools and state authorities as an indication that each strand should be allocated half of the available learning time (ACARA, 2012b). Currently, the draft Australian HPE curriculum contains a breadth of health issues including:

- Resilience
- mental health and wellbeing
- Alcohol and drugs
- Sexuality and reproductive health
- Food and nutrition
- Safety
- Health benefits of physical activity (ACARA 2012b)

As a consequence of this diversity, HPE teachers will be required to employ relatively sophisticated curriculum design and implementation skills to ensure all the material is adequately covered.

It is therefore a strong recommendation of this report that FPQ recognises the opportunity to demonstrate leadership within this curriculum reform space through the provision of advocacy, professional development and resources that can assist teachers of HPE to design and implement HPE units of work that both focus on, or integrate, RSE related content according to the new
Australian HPE. Such work can also incorporate strategies and guidelines for those health and wellbeing staff (eg. school nurse) who will work in partnership with or for teachers of HPE as they deliver this new curriculum.

In undertaking these activities we would further recommend that FPQ not only address the issue of curriculum content and design, but simultaneously directs attention to the importance of evaluating students learning in RSE programs. As McCuaig and colleagues have argued (2011), a significant contributor to the sustainability issues of school based health education programs, such as RSE, has been the limited attention that health sector organisations have afforded assessment when providing resources and professional development programs to schools and teachers. Assessment as a message system in schooling essentially operates to define, communicate and ascribe value. For example, at the bureaucratic level of school administration and curriculum development, assessment serves as a marker of institutional value in the sense that officially prescribed foci of assessment are positioned as elements of learning and practice that warrant accountability (Ranson, 2003). Elements of learning and practice for which accountability is not required are consequently positioned as comparatively less significant. As all participants confirmed, such positioning has an influence on the operationalisation of the curriculum at the level of schools, where certain elements of the curriculum are afforded differential attention depending on the accountability imperatives associated with those elements (Hardman & Marshall, 2000). Furthermore, in relation to the enacted curriculum at the level of the classroom, assessment also operates either intentionally or inadvertently to value some knowledges and their display over others.

Acknowledging and engaging with assessment within the context of the current national HPE reform agenda can thus enhance the relevance, potency and purchase of FPQ resources and professional development programs for teachers. Indeed, participants in this research project continuously referred to the issue of assessment and its capacity to facilitate teachers’, students’ and parents’ appreciation of RSE and strengthen the accountability and sustainability of RSE within school programs. Although some interviewees, such as Mary, expressed concern that assessment would detract from the positive and relaxed “feel” of her RSE learning environments, there was nonetheless general recognition that within the current audit culture of contemporary schooling (Ball, 2003), assessment has become a, if not the, pre- eminent determinant of a subject’s status within school communities.

FPQ can approach the provision of assessment in a number of ways. First, as many of the interviewed Sunshine Coast teachers valued the Speed Networking sessions offered by FPQ, we would recommend that this initiative continue and alternate between the provision of resources and information by FPQ and the sharing of assessment tasks and units of work by teachers. However, we believe cautionary feedback from one participant who was concerned that a wholesale handover or dissemination of one school’s curriculum and assessment tasks would not reflect good practice is worth considering. For this innovative HPE HOD, such a process runs the risk of schools implementing work without considering the needs, interests, resources and capacities pertinent to their own student and school communities. Instead, a summary of the process and tasks that were undertaken in constructing the unit according to contemporary educational theory, national and...
state curriculum documents and students’ and school needs and resources, would provide a much more effective strategy in developing the RSE capacity of current teachers.

Confidence and competence of RSE teachers

Notwithstanding the importance of curriculum and assessment, one of the most significant barriers to the effective delivery of RSE within the context of both the core and co-curriculum programs, has been the commitment, confidence and competence of those afforded the responsibility to teach such programs. As past research has demonstrated, classroom teachers who have a specific knowledge of their students and expertise in the delivery of health education, can teach health knowledge and skills through student-centred pedagogies, respond to student needs and create the caring relationships that underpin the delivery of sensitive and morally contested health education material, including RSE (Ballard et al. 1994; ACU National & Erebus 2008; St Leger 2006). In general, the teachers and adjunct staff who either participated in or where referred to during the interviews, sited these features as evidence that they had both the confidence and competence to effectively deliver RSE in school settings.

However, as with the findings of Smith and colleagues (2011), those teachers who currently or would soon be allocated the responsibility for delivering RSE identified a range of needs that they felt would enhance their teaching practice. Accurate and recent statistical data, appropriate use of language, information regarding the impact of communication technologies and social media on relationships and sexuality, current legal positions on young people’s rights and knowledge about emerging issues such as sexting, were all identified by interviewees as areas of need. Participants also consistently stated that there was considerable need for succinct and well-articulated position statements that could support the wide variety of advocacy strategies that underpinned the successful delivery of RSE in Queensland schools. In this regard, curriculum leaders and health and wellbeing staff drew attention to the importance of recent and relevant statistical data concerning health risks and diseases, evidence based statements confirming the effectiveness of RSE in schools and confirmation of the fact that RSE is a mandated component of the Australian HPE curriculum. Few teachers expressed a preferred mode of delivery for these materials, however research would suggest that for many school teachers, online access has become one of the most desired approaches (Smith et al., 2011).

Still, we would recommend that FPQ treat with some caution participants’ claims concerning the willingness and enthusiasm of HPE teachers in the delivery of RSE material within junior HPE programs. Without exception, the engagement of HPE teachers in the delivery of RSE appeared to be a story of complexity and tension, particularly in relation to the privileging of PE over HE. As the recent Sexuality Education in Australian Schools survey reports, “the vast majority of sexual health teachers in Australia are female Health and PE teachers aged 20 to 39. This indicates that sexuality education still is delegated to female teachers and therefore following the traditional context in which sexuality education was taught” (Smith et al., 2011, p. 5). Indeed, Queensland HPE researchers have revealed the privileging of masculine discourses within the HPE department (Rossi, Sirna & Tinning, 2008). Furthermore, research surrounding the most recent HPE reform project indicated that Queensland PE teachers readily connected with the physical education and sport elements of
the curriculum, but the health promotion discourse embedded within the syllabus went largely unheeded. During this most recent of HPE reform agendas, evidence suggested that PE teachers were ill-equipped, both professionally and philosophically, to embrace and construct the kinds of holistic health programs advocated within the new HPE KLA, including those associated with RSE (Glover & Macdonald, 1997, Macdonald et al, 2002; Tinning, 2001 & 2002). To date, little research has provided evidence that this state of affairs has significantly changed.

In responding to these challenges, we would recommend that FPQ incorporates a multi-pronged strategy that specifically focuses on the interests, needs and concerns of HPE teachers. According to the data of this study, HPE teachers, or those who worked with them, were primarily concerned about three issues in relation to their current or future role in delivering RSE:

1. Securing sufficient time within the timetable to deliver both health and physical education content
2. Ensuring that the inclusion of health related content such as RSE material does not compromise the amount and quality of physical activity in the school HPE program, and
3. Emphasising the teaching of RSE as “women’s work” and the inconsistent lack of involvement and enthusiasm from male HPE staff.

However, “fixing” these challenges is not only beyond the realistic capacity of FPQ, but does not fall within the remit of their work. Nonetheless, in identifying these as significant barriers to the delivery of RSE within programs of compulsory junior HPE, we would suggest that professional development programs and resources can be tailored to minimise or address to some extent their influence. For example, FPQ has more recently invested in providing schools and their teachers with examples of “good practice” units of RSE through online and face-to-face modes of dissemination. It would be of use if a range of these exemplar units could specifically focus on providing integrated units of work which demonstrate the capacity of physical activity contexts to provide a vehicle for the delivery of RSE content (ACARA, 2012b). Of particular benefit will be the articulation of how the interrelatedness of the new Australian HPE curriculum’s five “big ideas” or propositions – strengths-based approach, focus on the educative outcomes of the learning area, value learning in, about and through movement, develop health literacy, and include a critical inquiry approach (ACARA, 2012a) can be enacted through RSE related material. In particular, FPQ can explore the manner in which a strengths-based approach can facilitate innovative approaches to students’ learning in and through physical activity.

Models of RSE delivery and accountability in school settings

To conclude this discussion section, we have devised a visual summary of the three dominant models of RSE delivery in Queensland schools and the workforce development possibilities posed by each model. One of the primary reasons for doing so is to provide individuals and organisations, such as FPQ, with an understanding of the accountability mechanisms operating within the context of each model, and how these can impact upon the reception and status of school RSE programs. As we have noted above, an understanding of the accountability and status of a school’s RSE program can
either bolster or temper an organisation’s anticipated outcomes and promote the establishment of more realistic objectives.

As Wiefferink and colleagues (2005) succinctly argue;

*Top-down approaches fall short because they tend to neutralize or bypass the development of user capacities and congruent belief structures, whereas bottom-up projects tend to ignore teachers’ need for procedural clarity and practicality* (p. 324).

In other words, RSE programs that fail to account for both the user capacities and belief structures of teachers, and the procedural practicality provided by education authorities/school leaders, may well overestimate the capacity of their endeavours to influence RSE practice in schools. On the basis of the findings in this current study, we would further argue that the success of a school’s RSE program will be determined by first the strength and certainty that education sector curriculum, policy and assessment imperatives will be translated into the classroom. A second overriding determinant will be the extent to which school staff and leaders believe that the outcomes (eg. student assessment) of these imperatives within their school setting must be reported to school leaders, parents and education sector authorities.

Drawing on the findings of this scoping study, the three diagrams on the following pages provide a summary of the typical accountability pathways, with the weight (strength) and continuity (certainty) of each line within the diagram reflecting the status of the accountability and reporting messages that occur within each model. Following each model we present an overview of the opportunities and possible future strategies that each model represents for FPQ in relation to their goal to enhance the teaching workforce’s capacity to deliver RSE in Queensland schools. However, it is important to recognise that within a school setting one or more of these models may be employed, further contributing to the complexity that faces those who wish to enhance the effectiveness of RSE delivery within such settings.
Delivery and accountability pathways of RSE in school communities:

Core Curriculum Pathway

Education Sector: Curriculum & Assessment Imperatives

School Principal & Leadership team

Core Curriculum Leaders & Teachers
Typically HPE HOD & Teachers

Core Junior & Senior Curriculum
Typically Junior HPE & Senior Health Education

External Providers & Organisations

Pastoral Care Leaders

Adjunct Health & Wellbeing Staff

Student health concerns, needs and interests

Parent/Carer Body
Model One: Core Curriculum Pathway

Model One is characterised by a strong emphasis on curriculum and assessment sector imperatives. In this model, the delivery of RSE is grounded in the compulsory core curriculum of the school, typically through the delivery of the school’s Junior HPE program. Responsibility for the delivery of the program is allocated to a subject area curriculum leader, usually the HPE Head of Department, with an expectation that student performance in RSE will be assessed and reported on according to the schools typical protocols. In addition to this core program, pastoral care and ad-hoc initiatives may be delivered by adjunct health and wellbeing staff or external providers, however these programs typically serve to address emergent issues or to provide a “top up” of information to students undertaking their senior studies.

A considerable strength of this model, as demonstrated by the feedback in this report, is to be found in the strong accountability mechanisms (eg. assessment and reporting) which enhance the status, sustainability and teacher commitment to RSE within the school context. However, as outlined within the discussion, this model is not without its challenges for those seeking to enhance the delivery of RSE within school communities.

In seeking to provide resources and programs to further enhance the capacity of teachers to deliver RSE within the context of Model One, we would recommend that FPQ:

- Develop and disseminate, through online mediums, advocacy position papers that provide school leaders and their teachers with:
  - current statistics and research supporting both the need for and positive impact of school RSE,
  - identification of mandated RSE components within the Australian curriculum, and
  - pertinent sources that can provide the reader with further information and research
- Design and disseminate a range of HPE units of work that:
  - Reflect the Australian HPE Curriculum and its state derivative
  - Demonstrate the integration of RSE and physical education content
  - Incorporate comprehensive and authentic assessment tasks
- Continue to provide professional development services to teachers and explore opportunities to include a section on employing educational theory to undertake the design and implementation of RSE according to the new Australian HPE curriculum and its state derivative.
- Continue to organise teacher networking opportunities that provide avenues for:
  - FPQ to present new resources, research and topical issues
  - Schools and teachers to share curriculum design and assessment practices from their school context.
Delivery and accountability pathways of RSE in school communities:
Co-Curriculum Pathway

Education Sector:

Parent/carer Body

School Principal

Student health concerns, needs and interests

Pastoral Care or Wellbeing Leaders

External Providers & Organisations

Assorted Teachers & Adjunct Health and Wellbeing Staff

Co-Curriculum Program
Typically Pastoral Care or Wellbeing Hour
Model Two: Co-Curriculum Pathway

Model Two is characterised by a strong emphasis on education sector policy related to student health and wellbeing and/or a need to address specific RSE related issues within the student population. In this model, school RSE programs are delivered within the context of co-curriculum programs, usually through an ACCESS, health and wellbeing or pastoral care timetable allocation. Responsibility for the program is often allocated to a relatively isolated but passionate teacher or health and wellbeing staff member, although at times the program will come under the purview of a school leader (e.g. Dean of Students, Head of Social Justice). Typically this program is delivered by a range of staff across the school community, and does not involve any assessment of student performance and may or may not be included in formal accountability or reporting protocols, including those disseminated to sector authorities. A considerable weakness of this program is the tendency for those subject teachers who are charged with delivering RSE often using this time to service their own subject area.

In seeking to provide resources and programs to further enhance the capacity of teachers and health and wellbeing adjunct staff to deliver RSE within the context of Model Two, we would recommend that FPQ:

- Develop and disseminate, through online mediums, advocacy position papers that provide school leaders and their teachers with:
  - current statistics and research supporting both the need for and positive impact of school RSE,
  - identification of mandated RSE components within the Australian curriculum, and
  - pertinent sources that can provide the reader with further information and research
- Design and disseminate a range of “short and sharp” units or collection of lessons that provide:
  - an innovative and interactive series of learning experiences that focus on a specific RSE component
  - structured “step by step” approach that would require little preparation
  - RSE learning experiences that are appropriate for students from Years 11 - 12
- Continue to provide professional development services to health and wellbeing adjunct staff (e.g. school nurses) and include a section on advocacy strategies that can enhance their capacity to support and enhance the RSE teaching of their colleagues, including an overview of the physical and human resources they can access beyond their school community.
- Continue to organise teacher networking opportunities that provide avenues for:
  - FPQ to present new resources, research and topical issues
Delivery and accountability pathways of RSE in school communities:

Ad-hoc RSE Events and Initiatives

Education Sector Policy

Parent/carer Body

School Principal & Leadership team

Pastoral Care or Wellbeing Leaders

External Providers & Organisations

Student health concerns, and needs

Ad-hoc events

Ad-hoc events

Ad-hoc events
Model Three: Ad-Hoc RSE Events or Initiatives

Model Three is characterised by a strong emphasis on specific student needs which have been either formally or informally identified by school leaders and/or health and wellbeing staff. In this model, RSE materials are delivered through a range of ad-hoc events and initiatives which may or may not involve school teachers. Advocacy, organisation and responsibility for the program is usually undertaken by a relatively isolated but passionate teacher or health and wellbeing staff member, although at times these events are coordinated by a member of the school’s leadership team (e.g. Dean of Students, Head of Social Justice). Typically these events are delivered by external providers who have little or no connection to the school community. This model of RSE delivery does not involve any assessment of student performance and may or may not involve formal evaluation and accountability processes. Students are rarely asked to share or demonstrate the learning outcomes that they have received as a result of their engagement with the program.

In seeking to provide resources to further enhance the capacity of those organisations that may provide such services and/or school staff responsible for the delivery of these events, we would recommend that FPQ:

- Develop and disseminate, through online mediums, advocacy position papers that provide school leaders and their teachers with:
  - current statistics and research supporting both the need for and positive impact of school RSE,
  - identification of mandated RSE components within the Australian curriculum and its state derivative, and
  - pertinent sources that can provide the reader with further information and research
- Encourage external providers and school community partners to engage with FPQ teacher networking strategies to enhance their understanding of the needs and interests of schools, teachers and students

LIMITATIONS OF STUDY

A range of limitations of the study flag a cautionary note in relation to any conclusions from our findings. First, our participants were purposively selected by Family Planning Queensland and thus represented those teachers who had already engaged with the services and resources of the organisation. As such, the findings presented here tended to reflect a more positive perspective of RSE and FPQ than may be found in the broader Queensland school community. Secondly, as we have focussed on a few participants, the small school sample size mitigates any capacity for generalizability, although more recent large studies such as the Sexuality Education in Australian Schools (Smith et al., 2011) would appear to provide considerable reinforcement of our findings. Finally, the findings in general reflect the perspectives of one, representative, member of the school community and as such, we acknowledge that this perspective may or may not accurately reflect the positions, perspectives and activities of the school, teachers and community.
CONCLUSION

Research undertaken in Australia across the Health and Physical Education spectrum (Macdonald et al, 2008; Williams et al, 2011), suggests that the “edumarket” related to health issues is strong. Government, non-government, face-to-face, online and fee-for-service and free providers of curriculum and pedagogical support are burgeoning. Teachers and principals access this support to complement their authority, expertise, resources and time availability for preparation (Williams et al., 2011). It is within this highly contested and complex “edumarket” that FPQ must engage in efforts to provide workforce development support to schools and their teachers.

As with past research, the findings presented in this paper suggest that Queensland schools can provide a more effective RSE when programs are delivered through the school’s core curriculum by committed, confident and well trained teachers who are supported by school leaders and appropriate accountability measures such as student assessment. Although this ideal was consistently promoted as the optimal and preferred approach, health education research has demonstrated the impact of the complex and relatively “messy” context that are characteristic features of contemporary schools:

The educational setting has different issues and contexts than does the public health setting. Classroom complexities, including teacher characteristics (e.g., teacher resistance; multi-levels of teacher training, education, and preparation); family characteristics (e.g., socioeconomic status, level of education) and involvement; children’s characteristics (e.g., special needs, social skills, academic abilities, gender); classroom characteristics (e.g., social climate, materials, support); and school characteristics (e.g. peer influence, size of the school, grade levels, resources) have to be taken into consideration. (Vartuli & Rohs, 2009, p. 503)

All of these factors emerged within the context of this project and, in so doing, highlight the need for Family Planning Queensland to continue their efforts to secure and apply an understanding of schools, educational theory and teachers’ work in their endeavours to strengthen the teaching workforce’s capacity to delivery RSE within Queensland schools.

According to the findings of this report, the upcoming implementation of the Australian HPE curriculum will provide FPQ with both a focus and rationale for the development and delivery of resources and initiatives that can best develop the capacity of the teaching workforce to deliver RSE programs within school communities. In seeking to make the most of this curriculum reform “moment”, we would recommend that FPQ continues, and where possible strengthens, its commitment to engaging teachers in a professional and educational dialogue concerning the curriculum, assessment and pedagogy dimensions of RSE in order that quality RSE can be instantiated in the practices and experiences of Queensland classrooms.

While we acknowledge that engaging with and advocating for educational theory is no mean feat for a health sector organisation, such work will provide FPQ with an ongoing and possibly enhanced opportunity to produce RSE resources and professional development that has more traction and effect at the level of the classroom. As many commentators have noted, a genuine desire for
developing young people’s health related knowledge, skills and attitudes through education and schooling is likely to be more efficacious when health sector organisations employ and engage with educational theory rather than simply focusing on health related content and models. Given the respect that the teaching profession currently hold for FPQ, and on the basis of the past commitment to supporting and not replacing teachers in the delivery of school based RSE, we believe that FPQ is in a strong position to become leaders in the highly contested and complex health education in schools landscape.
Appendix A: Interview Schedule

Mapping RSE Practice

Interview Schedule

Name: ___________________________  Preferred Pseudonym ______________________

Years Teaching: _______  Current Role and responsibilities: ______________________

Relationships and sexuality education (RSE) in schools involves the following activities, programs, policies or components...

Regarding the following seven statements, I want you to consider your responses in light of your recent/current experiences delivering RSE within school contexts:

A. Relationships and sexuality education (RSE) in schools should try to achieve...
B. For Relationships and sexuality education (RSE) to be effective, teachers need to...
C. For Relationships and sexuality education (RSE) to be effective, school leaders need to...
D. For Relationships and sexuality education (RSE) to be effective, members of the school community need to...
E. The major facilitators of quality Relationships and sexuality education (RSE) in schools are...
F. The major barriers of quality Relationships and sexuality education (RSE) in schools are...
G. To enhance Relationships and sexuality education (RSE) in our school, I would make the following recommendations...

If you had to provide advice to another school regarding strategies that can initiate or enhance their RSE program, what would you recommend?
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¹ At the time that this project was undertaken, Dr Deana Leahy was employed at Southern Cross University. In January 2013, Dr Leahy moved to her current position as Senior lecturer, Monash University, Victoria.