SUPPORTING TEACHERS TO TEACH RELATIONSHIPS & SEXUALITY EDUCATION:

**FPQ WORKFORCE DEVELOPMENT PROJECT**

SCOPING PAPER EXECUTIVE SUMMARY

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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
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.

*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.