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School practice in sexuality education
Catching On Everywhere

Sexuality education program development for Victorian schools

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The program development materials in this resource are designed for school leaders, teachers and other school staff when developing, delivering and evaluating sexuality education programs in their schools. The materials are designed to assist primary, secondary and special schools across all year levels. They have been developed through the key leanings from the Whole-school Sexuality Education Project (2006-2008).

The resource supports the important role schools play in the sexuality education of young people, a responsibility shared with parents and local health organisations.

It is compulsory for government schools to deliver sexuality education within the Health and Physical Education domain of the Victorian Essential Learning Standards (VELS). Sexuality education is most effective when it is delivered across curriculum and with a whole-school learning approach. A whole-school learning approach to sexuality education aims for maximum student learning in the classroom, in the school environment and in the school’s community partnerships.

This resource will assist schools in the consideration of the many complexities of the area. The case studies illustrate the variety of processes and creative solutions schools can undertake to tackle these complexities, all through a whole-school learning approach. The resource provides a tool for auditing curriculum, developed through the Victorian Curriculum Assessment Authority. Finally, the resource proposes a three-year program development plan based on the learning experiences of the many schools involved in the Whole-school Sexuality Education Project.

The resource is in two parts.

**Part 1 – Program planning: concepts and policy**

Part 1 of this resource provides a background to the Project, a literature review and an outline of the sexuality education policy environment.

**Part 2 – School practice in sexuality education**

Part 2 of this resource provides the Model for Whole-school Learning in Sexuality Education, five school practice examples, a three-year plan for program development and a sexuality education curriculum audit tool.
Model for Whole-school Learning in Sexuality Education
About the Model

The model on the next page is designed to show at a single glance how the whole-school approach can be utilised for maximum learning in sexuality education. Specific attention has been given to the three areas of the model throughout the case study presentations.

While each case study contains a specific focus on school organisation, ethos and environment, many comments related to this area are present throughout the case studies, especially in the ‘Program outline’ sections, which describe the steps schools undertook to develop their programs.

In the model, the provision of professional learning is appropriately located in school organisation, ethos and environment. However, in the case studies it was decided to place most of the comments on professional learning under the ‘Curriculum, learning and teaching’ heading. Much of the professional learning the schools undertook for the Whole-school Sexuality Education Project was in support of teaching skills and comfort in teaching the curriculum content.

Community links, partnerships and services is generally covered under the two case study headings ‘Student and family links’ and ‘Community connections’.

All schools participating in the Whole-school Sexuality Education Project were provided with a draft version of this model and periodically asked to provide feedback. That feedback, coupled with further advice from La Trobe University (Australian Research Centre in Sex, Health and Society) and the University of Melbourne (School of Education), has led to the final version presented here.

The Department of Education and Early Childhood Development acknowledges that the model for Whole-school Learning in Sexuality Education highlights areas of sensitivity for different school communities.

The preparation and implementation of any sexuality education program should reflect your school’s ethos, community and parental expectations, and be consistent with the prescribed guidelines of your educational sector. The principal should be consulted to clarify appropriate procedures, guidelines and documentation.
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PART 2
School practice in sexuality education

Curriculum, learning and teaching
- Provide P–12 sexuality education.
- Ensure the education is comprehensive, e.g. includes a focus on:
  - family
  - puberty and healthy development
  - the reproductive cycle
  - safer sex and STI prevention
  - abstinence
  - pregnancy prevention
  - fertility protection
  - gender identity
  - relationships
  - decision making
  - same-sex attraction
  - sexual safety
  - values.
- Ensure the education is covered across a range of domains e.g. H&PE, English, Interpersonal Development, Science.
- Utilise curriculum resources, e.g. Catching On resources.
- Ensure materials are readily available, e.g. library, classrooms, appropriate websites.
- Ensure all learning is respectful of diversity.
- Assess and report student achievement against the Victorian Essential Learning Standards.

School organisation, ethos and environment
- Ensure school is compliant with national & Victorian legislation and government strategies and that this is reflected in learning and teaching.
- Promote government student support policy, e.g. Safe Schools Are Effective Schools, The Framework for Student Support Services, in learning and teaching.
- Utilise the National Framework for Education about STIs, HIV/AIDS & Blood-borne Viruses.
- Ensure school-based policies and responses reflect and inform sexuality education learning and teaching:
  - code of conduct
  - sexual harassment
  - anti-homophobia and anti-bullying
  - student welfare policy.
- Ensure a ‘very safe’ environment for student learning.
- Actively promote social justice in student learning.
- Ensure staff role-modelling and proactive support of sexuality education.
- Seek student input, e.g. into what should be included in sexuality education.
- Display posters and other materials that support student learning.
- Provide professional learning for staff delivering sexuality education.
- Ensure problem-focussed, intervention and prevention-based education complements sexuality education program.
- Ensure student wellbeing support and prevention programs inform learning and teaching.
- Provide access to school nurse and SWC in private space.
- Provide support for student parents.

Community links, partnerships and services
- Develop parent partnerships that support their role as sexuality educators of their children.
- Promote a shared responsibility approach between schools, parents, and the local community (e.g. health, counselling, youth services & peak bodies).
- Use external providers in an integrated way and with a comprehensive, whole-school learning approach.
- Link with other school programs in networks/clusters for peer support & resource sharing.
- Utilise government policy and resource support.
About the school case studies

Of the 23 completed sexuality education programs of the Whole-school Sexuality Education Project, the Australian Research Centre in Sex, Health and Society identified a number of schools as providing examples of significant learning in the implementation of a sexuality education program.

These schools were invited to expand on their evaluation reports. Specifically, they were asked to provide more insight into the planning and implementation of their programs, and their learning experiences.

Five of these case studies are included in this resource. They chart the journeys and illustrate the commitment of the school leaders, teachers, school welfare staff, parents and local community workers involved in developing sexuality education programs for their schools. Not everything that was planned in the beginning worked, but their experiences provide valuable learning opportunities. These learning opportunities are drawn out in each case study.

Care was given to ensuring that each case study represented a different setting. The five case studies range across country and city settings, primary and secondary settings, Catholic settings, and a special school. And while the settings may be different, there is potential in each case study for new program developers to adapt the learning experiences and ideas to their own school setting, whatever it is.

It was also important to ensure that the case studies included a variety of learning needs, for example, learning around safer sex, teenage pregnancy and homophobia.

One of the criteria for schools to be included in the Whole-school Sexuality Education Project was that they must aim to develop programs that are ongoing and sustainable as the Department’s support for the schools was by necessity time-limited. The school’s ongoing commitment to their programs is evident in each of the case studies.

It is hoped that a close examination of each of these school’s journeys will assist developers of new school-based sexuality education programs.
About Cobden Technical School

School profile
Cobden Technical School is located on the outskirts of the township of Cobden, about 200 kilometres south-west of Melbourne. The school has 400 students in years 7 to 12. The school is divided into three sections: a junior school for years 7 and 8; a middle school for years 9 and 10; and a senior school for years 11 and 12.


School purpose
‘The development of the heart, the head and the hands in a climate of building respectful relationships, respecting oneself and others, taking responsibility for one’s actions.’

School values
The school’s expressed values are care and compassion, honesty, integrity and trustworthiness; developing competence and credibility; fairness and equity; understanding, tolerance and inclusion; and bravery and decisiveness.

Peer education at Cobden Tech
The school provides training for year 10 students to offer peer support for new students to the school. Year 11 students are trained to mediate between younger peers who are having difficulty resolving their differences. A student welfare assessment team, comprised of the student services manager (a social worker), the school nurse and the student counsellor, works to develop the confidence, self-esteem, wellbeing and interpersonal relationships between students.

Program outline
The goal of the Sexuality Examined program was to promote sexual health within the school to enhance the wellbeing of students, staff and the broader school community. A sexual health policy was developed early in the program and systems were developed to ‘concrete’ the sexuality education program into the school’s ethos and environment.
Because sexuality education was made a standing item on the staff meeting agenda to ensure that it retained its importance alongside other school priorities, the program continued to evolve.

Actions had timelines and were followed up to determine their success. Sexuality education was also ‘concreted’ into the staff professional learning calendar to ensure increased commitment to the program and the ongoing development of skills and knowledge.

Teachers kept records of what they taught in sexuality education classes, which was then reviewed by the sexuality education team. This made it possible to identify and respond to the needs of staff who required more support or guidance, and generated ongoing discussion among staff about what worked and what needed to change. As a result, from the start, there was a clear understanding about the program which led to greater staff engagement.

**Term one**

In term one, work focused on preparation for the program. Staff members were co-opted to the sexuality education team, and tasks were allocated to each member. A number of external events were attended, including Catching On training, the Department’s Sense and Sexuality conference, and a Victorian Essential Learning Standards (VELS) workshop, which clarified the Department’s requirements for sexuality education. Available resources to support the implementation of the program were also identified. Meetings were held with all staff to debrief and help them to make sense of what was required.

**Terms two and three**

In terms two and three an audit was conducted of the years 7 to 10 sexuality education curriculum, to clarify what was currently being taught. Based on the audit and the VELS requirements, the curriculum for years 7 and 8 was rewritten. A school health promotion policy was written, which also guided the development of the sexuality education curriculum.

**Term four**

In term four a number of events were organised for students, these included:

- adapting the Creating Conversations model for years 9 and 10 students to facilitate a sexual health school community forum
- adapting the Creating Conversations model to structure sexuality education with students in years 7, 8, 9 and 10
- facilitating a forum titled Whys and What Fors for students in years 9 and 10
- running a health week for students in years 9 and 10, which included activities related to healthy eating, body image and sexual health.
Program implementation

School organisation, ethos and environment

The student services manager took on the role of coordinating the Sexuality Examined program and the program team. The coordinator’s role was to motivate staff and generate momentum for the program within the school.

Sexuality education team

Membership of the program team was based on staff whose roles overlapped with sexuality education and whose teaching roles could be backfilled when required to attended training. The team consisted of the assistant principal, the year 7 and 8 coordinator (who is also the physical education and health teacher), the school nurse and a youth worker from the local community health service (the program partner).

The roles and responsibilities of the team evolved rapidly over the first year. This was due, in part, to changing perceptions about what was required for a successful program. There was a perception initially that the program would simply require engaging external experts to provide education for students and updating the school curriculum. However, it rapidly became apparent that the process required a more in-depth approach, including a review of the school’s ethos and culture.

Policy development

The development of the school’s sexuality education policy was an important factor in addressing the ethos and environment. The VELS informed the policy and provided a catalyst for discussions with parents and community groups about changes in the culture and curriculum at the school.

The program team drove development and implementation of the policy. All staff, parents and students in the school then ratified it. Transforming the sexual health policy into school practice proved to be a major task. The changes in the school ethos and environment came through discussion with staff and families. At times they had to be informed that changes were expected by Department policy. For example, many believed that there were no same-sex attracted people in the area. [This belief is not supported by research evidence that reports that same-sex attracted young people can be found everywhere but are more likely to hide in rural areas and to experience less acceptance. See, for example, Hillier et al. 1999 and 2005, included in the ‘References’ section in Part 1 of this resource.]

Curriculum, learning and teaching

The sexuality education curriculum for years 7 to 10 was audited using the Department’s Catching On for Years 9 and 10 resource, to determine what needed to be changed. Once gaps were identified, changes were made and the new sexuality education curriculum was piloted.

The review and rewriting of the sexuality education curriculum provided staff with opportunities to exchange ideas and discuss concerns which made it possible to work towards a shared understanding of what was required of them.
The main challenge for the program team was to gain the support of staff and parents. It was important for change to be incremental, as staff were working hard to adjust to a number of other changes including the introduction of the VELS.

Staff needed time to absorb the changes in order to genuinely commit to them and make sexuality education more interesting for students. Initially, when the new sexuality education curriculum was introduced, only a small number of staff volunteered to deliver it. However, overtime this changed and there was an increase in the number of staff members who felt comfortable teaching the subject.

Another challenge to the implementation of the new sexuality education curriculum was the level of experience of students. Many had no first-hand experience with some of the areas in the new curriculum, such as drug use, drink spiking, date rape or same-sex attraction. They were aware of them from watching television but had no experience from within their own local culture. As a result, students found it difficult to relate to the content that covered these areas. Issues such as sexually transmissible infections, alcohol and pregnancy were of more interest to the students, as they saw education around these issues as relevant and useful.

The team worked with parents and other staff to inform them about the importance of the broad nature of the sexuality education curriculum; however, education about difference and social acceptance was more difficult to teach ‘in the abstract’. To try to make these areas more relevant to students the team developed scenarios to assist them to conceptualise the issues. While these scenarios were successful, the team faced a further challenge in ensuring that staff and parents understood why these aspects of the curriculum were relevant to students.

At the end of the first year the curriculum was reviewed. As it evolved and the program team became clearer about the VELS and what was required, it became clear that the curriculum as planned had been too advanced for each year level. As a result, some adjustments were made to meet the needs of the students.

Because staff members documented what they taught in each class, ongoing reflection on the curriculum has been possible. As a result the curriculum was reviewed, evaluated and improved progressively. This process also ensured consistency between policy, curriculum and practice.

**Professional learning**

Teachers varied in their comfort levels and willingness to teach, and overall, there was a need to convince some about the importance of sexuality education. Some had no previous experience, others did not feel that sexuality education was relevant to students at the school. For some, more training and skills development was important for them to feel more competent. All staff who were involved in teaching sexuality were supported by the team. One strategy the team used was to engage external speakers, particularly around issues that staff did not feel were relevant to students at the school. This was very well received.
To ensure that all staff understood the importance of the new sexuality education curriculum, professional learning was provided for health teachers. This helped to develop skills, increase knowledge and allowed them to work through concerns and make suggestions. Time away from the school was useful, but actually getting everyone together was challenging because of the difficulty finding replacement staff.

As the school identified that sexuality education needed to be discussion based, experienced teachers were an important resource because they were confident and willing to develop their skills further. It was also apparent that, when the teachers were more comfortable, the students were more likely to engage in discussions without embarrassment or awkwardness.

Because of the high turnover of staff in the first year of the program, the program team needed to work closely with staff to monitor the quality and consistency of sexuality education and ensure that new staff were appropriately skilled.

Staff who were teaching sexuality education for the first time were mentored by the program coordinator, who ‘team-taught’ and provided feedback and support as needed for less experienced teachers to develop their skills and knowledge. Regardless of the level of professional learning, support and mentoring, some staff still had difficulty overcoming personal barriers to teaching about sexuality.

**Student and family links**

Students were consulted about what they wanted to cover and how they wanted sexuality education classes taught. To do this, they were provided with an outline of the requirements for the program and invited to provide feedback on the relevance of the content to them. Students were invited to attend a sexuality education information session and assist in the adaptation of the Creating Conversations model, including the development of questions for students and parents.

Many students had no prior experience with this area and were initially embarrassed hearing teachers initiate discussions about sexuality. Boys appeared to be embarrassed by female staff teaching the subject and indicated they would be more comfortable with a male teacher. This proved a barrier as the school had few male teachers who felt comfortable discussing sexuality and the local community health centre had few male staff available to assist in sexuality education.

Parents were informed that teaching sexuality education was not optional because of Department policy. Communications with parents focused on how sexuality education would be taught. This approach was deemed necessary as it was felt that some parents might feel that sexuality education could lead to encouraging early sexual activity. Parents accepted the program, although some were not initially convinced that the broad content was relevant to their children.

Parents were primarily informed about the program through the school newsletter, parent-teacher meetings and the Whys and What Fors information night for parents and female students. Attendance of 15 parents, out of a potential 90 was considered to be positive as many students lived a long way from the school and their parents were unable to get away from their farms to attend.
The school purchased a contraceptive kit teaching aid, which provided samples of contraceptive methods and printed information. The evening involved parents coming together as a group and discussing sexually transmissible infections and contraceptives with their daughters. Many parents were surprised at the range of contraceptives available and approached staff with concerns which made it apparent that they had some gaps in their own knowledge.

The program team plans to continue to engage parents through further parent information nights, including an evening for boys and their fathers. It is anticipated that given the first session was well received, parent attendance would increase. Word of mouth was the most successful way of promoting the event at the school.

Community connections

Partnership with the local community health service proved a valuable resource overall, and a close working relationship was developed. This was strengthened through collaboration in program activities. The service’s community youth worker assisted in adapting the Creating Conversations model for sexuality education, as well as assisting in curriculum planning and providing resources.

The health service also participated in the school’s health promotion days and school community information nights. As a result of issues raised at the information nights, the youth worker developed education sessions for students and parents. The health promotion days were attended by local district nurses, a physiotherapist and a representative of the local health club, to raise students’ awareness about services in the area.

A significant community connection made was with Camperdown College, a secondary school in a nearby town. The program coordinators from both schools shared information and ideas, pooled funding to pay for external speakers and collaborated on the development of sexual health policy. Networking between the schools (and other schools at training programs) enabled members of the sexuality education team to reflect on the program in the context of others and to rethink goals and actions.

Resources

The resources of most value to the school were those that were accessible and engaged the students. Resources that utilised humour were very popular among students and were particularly useful in engaging the male students.

Pamphlets provided by the community health service were also popular; students’ appreciated the clear and concise information and being able to take the pamphlets away to read in private.

Resources that were easy to access were also valued by the team. This included networking DVDs and CDs onto school computers for use in the classroom.
Resources used


Reflections on program implementation

The team broke the program into small manageable tasks and shared responsibilities for implementation among team members. This had the benefit of increasing the involvement of staff and sharing the workload. The team worked together to review each other’s work, which ensured continuity if a member left the school.

The task of changing the school culture initially appeared overwhelming. Many staff members and parents did not understand the importance of the program. Some considered providing sexuality education for secondary students to be a challenge as this was the first time many students had been exposed to formal sexuality education. In this context the team felt that they faced the challenge of bridging gaps in the knowledge of the students as well as educating staff and the local community about the importance of the new broad-based sexuality education program.

There are few resources in Cobden and many Melbourne based sexuality education specialist services that provide external speakers were heavily booked and reluctant to travel to the country. Furthermore, these agencies levy additional cost for country trips, over charges for city visits, which makes them cost prohibitive. Some of the program’s momentum was lost in efforts to secure speakers from the city.

The team identified that they could have involved their community health project partner in the program to a greater extent, as they had significant contributions to make in the education of staff and students.

Future plans include increasing links with the community health centre and enlisting a representative as a member of the sexuality education team.
About Kalianna Special School

**School profile**
Kalianna Special School is located in Bendigo and caters for students aged five to 18 years of age who have a mild to moderate intellectual disability. The school has over 120 students, a number of whom have additional disabilities or impairments, including language delay, social or emotional challenges, autism or physical disabilities. Kalianna has two sub-schools, a primary-middle school and a senior-transition school, each with its own coordinator.

**School motto**
The school motto is ‘Education for independence’. This reflects its philosophy that all students have the right to actively engage in quality education programs so that they become independent, accepted and contributing members of the community.


Program outline

**Goal**
To improve the knowledge and ability of young people with a mild intellectual disability by creating a whole-school curriculum in sexuality that values independent decisions about their sexual health and their positive choices within their relationships and sexuality.

**Sexuality education team**
The program coordinator was the school’s acting vice-principal who also taught sexuality education. With many years experience in teaching in this area, the program coordinator was comfortable with, and appreciated the value of, broadening the curriculum. In her role as acting vice-principal, the program coordinator was able to provide leadership support for the program.
Program implementation

School organisation, ethos and environment
The school worked to raise awareness with students and families that relationships and families come in many forms. Plans were made to invite the local same-sex attracted support group to provide a presentation to staff.

In challenging the school culture, staff agreed that they would enact a policy of ‘no tolerance’ of derogatory remarks. For example, the school had an issue with the word ‘gay’ being used in a derogatory manner in the yard; some students didn’t understand what the word meant and others did not understand the homophobic connotations of such language.

The staff also agreed it was important to ensure that students understood not to tease or bully other students for their sexual choices.

Curriculum, learning and teaching
Activities carried out in this area included:

- professional learning with staff to explore personal values and beliefs concerning sexuality education, and increase knowledge and skills for teaching sexuality education
- an audit of existing resources and their utilisation in the classroom.

A continuum model
The school’s sexuality education curriculum was redeveloped by teachers at the school and the new program was based on a ‘continuum model of sexuality education’. This model provided opportunities for students to learn at their own pace and according to their own abilities, and was specifically designed for special needs students. A booklet describing the continuum model was developed and published for use by other schools.

The continuum identified what information students needed before they left the school, and allowed learning to be sequenced according to individual needs. A checklist provided a list of topics that needed to be covered in the continuum, in the order learnt by most students. Teachers signed off on these as they were covered.

Teachers were responsible for assessing and determining where their students were on the continuum and for moving them forward from these points at a pace appropriate to their needs. This allowed teachers to review the progress of individual students and to determine their support and information needs. It also ensured that student knowledge was constantly reinforced and built upon.

Teachers needed to be very comfortable teaching sexuality education to provide the kinds of explicit information that students required. They could not brush over a topic that they were not comfortable with. Intellectually disabled young people are often uninhibited in the questions they ask, which requires teachers to provide very specific information around issues and to discuss them comfortably. This highlighted the importance of professional learning for all staff.
Working with students required teaching in a manner that accommodated the student’s varying levels of comfort and knowledge and was accessible to the capacity of individuals, which varied significantly. Some students were open to talking and learning about sexuality and others were more reluctant. Opportunities were provided for students to follow up at home using web-based resources.

Prior to the implementation of the program, the main information sources for the students had been their peers and parents. Some had not had any sexual health information and others had received misinformation. Many students were unable to read or read well enough to access the information developed for students in mainstream schools. To avoid students becoming sexually active without having the information they needed to be safe, the teacher’s role as provider of reliable, accessible information about sexual health was critical.

**Interactive quizzes**

One strategy that worked well was the use of interactive quizzes. Students worked in groups and were encouraged to discuss the questions until an answer was agreed on. This meant their attention was engaged and different levels of ability were not noticeable, thus enabling students who didn’t know an answer to still feel they were successful. It also provided an opportunity for students to learn from the open discussion in the larger group – which enabled them to hear the right and wrong answers.

The school previously used this method of working with students to facilitate a drug education night for students and parents, with about 50 per cent of parents attending.

The students at the school developed the quiz questions in collaboration with the sexuality education program coordinator and filled information show bags for attendees with information from local community health centres. The process was an important step towards encouraging parents to be more open and to talk with their children.

**Making sexuality education explicit**

Another strategy to ensure information was accessible to students was to make sexuality education explicit. Many students had difficulty understanding information that was implied or indirect and learnt best from information related to their own experience and context. For example, talking about same-sex relationships required teachers to define what homosexuality and lesbianism meant; and talking about sexual harassment involved providing examples from real life experiences at the school or from the general community. It was also necessary to provide actual examples of condoms and lubricants when talking about protection.

**Team-teaching**

Team-teaching by a male and female teacher was a strategy that allowed students to hear the differing perspectives of men and women. It also provided opportunities for students to practise speaking about sexuality with members of the opposite sex and learn that concerns are shared across genders.

Girls were more accepting of same-sex attraction than boys. This influenced the boys’ willingness to be more open to discussion on this topic.
Some obstacles

While teachers reached the point of achieving a comprehensive continuum for sexuality education it was not without obstacles or controversy. To ensure that staff were willing and able to teach the new curriculum, it was important to provide opportunities for them to examine their own values and beliefs concerning sexuality education, and to improve their knowledge and skills.

Staff members were involved in developing the curriculum to reflect the continuum and were invited to participate in identifying the gaps in the curriculum for each sub-school and how to address any shortcomings. This made it possible for staff to gain a sense of ownership of the curriculum.

Some staff did not believe that there were gay or lesbian students at the school and could not see the relevance of same-sex attraction in the curriculum. In discussions it was agreed that same-sex attraction was relevant, as some students experiment with or question their sexuality, and others worry about what same-sex attraction means. There was also recognition that it was possible that a student who was same-sex attracted might not be ‘out’ in the school community. Any misgivings staff had about including safer sex and contraception in the curriculum was overcome as a student at the school had become pregnant in a previous year.

Staff were initially resistant to the new curriculum. Some didn’t see the need for the program or its relevance to the students at Kalianna. Others thought the program was a waste of time, or were concerned that the focus of the program was on same-sex attracted students rather than all relationships. The program coordinator reinforced that sexuality education had always taken place at the school but that student learning had been casual and ad hoc rather than planned and formal.

It became apparent that a lot of information exchange had occurred in school corridors as staff discussed incidents that had occurred. To formalise the sexuality education curriculum and develop a culture at the school where every student could feel comfortable approaching at least one staff member to discuss sexuality concerns was an aim of the program, and the new curriculum was a key strategy for achieving this aim.

Supporting teacher comfort

It was critical to the successful implementation of the program that teachers were very comfortable teaching sexuality education, not only around body parts but a broad range of sexual issues. As discussed previously, students required very detailed, specific information so teachers providing sexuality education needed to be committed to it. This support was also required for parents, some of whom also needed information and support from teachers. Shifting individual’s comfort levels was a process that could not be rushed or forced.

The program coordinator noted that telling staff they had to teach something was rarely successful. Rather it was pivotal that staff were supported to reach a point where they understood the importance and were comfortable. Teachers needed to be aware of their own biases and prejudices and to understand how these affected their teaching.
They also needed to understand their role in assisting students to feel safe with their sexual decisions. Teachers who were not comfortable teaching sexuality education were given the opportunity to have a colleague cover the session for them until they did feel comfortable.

Shifting the comfort levels of staff involved a number of strategies. One such strategy was the teacher survey recommended in the Department’s Catching On for Years 9 and 10 resource manual. The survey results provided opportunities at staff meetings to discuss areas of discomfort and to address concerns.

In response to the staff survey, Family Planning Victoria were invited to provide professional learning for staff. The session addressed concerns, informed staff about the importance of sexuality education and highlighted the potential negative effects of inadequate sexuality education on students’ wellbeing. Many staff members reported that it was useful to have an external health professional reiterate the importance of sexuality education. Open discussions continued in staff meetings and concerns were brought into the open and addressed.

Team-teaching was encouraged and staff were supported to try new approaches. The mixture of older and younger staff members meant a sharing of ideas, knowledge and values across staff.

**Professional learning**

Many staff members had limited experience in sexuality education and some were uncertain about terminology. External training provided opportunities to address lack of confidence and experience. The Department’s Sense and Sexuality conference was one such opportunity. Staff who attended this conference facilitated sessions and provided resources such as web links for others who were unable to attend. Experienced staff members mentored others with less experience and confidence.

After each formal staff development session, informal discussions were held in staff meetings to express concerns and brainstorm ideas. Opportunities for small group discussions were useful for staff members who were not comfortable expressing their opinions in front of the larger group. A similar process was used following sessions provided by community groups.

Staff were involved in a range of ways in developing the curriculum, including identifying the program goals, exploring links between the program and the VELS and identifying resources and how to use them in the classroom.

Staff in the primary, middle and senior schools were encouraged to assist in developing the continuum for their sections. This made it possible for them to see the importance of sequencing sexuality education for the students, the benefits of this for the students, and the relative ease of communicating the needs of individual students between staff.

**Sustaining change**

Continual review and improvement was seen as important for maintaining the momentum of the new curriculum. Sexuality education was included in staff performance and development plans, and in the school’s annual implementation plan. School policies were reviewed to ensure that the needs of all students were addressed.
The rate of acceptance of the program within the school differed, and a year after the program started some staff members still needed support to teach or discuss sexuality with students. However, most were able to discuss sexuality more openly than they had previously as a result of ongoing professional learning. There was increased awareness that some members of the school community may be same sex-attracted, and recognition that their needs should also be considered. Most staff members appreciated the importance of the sexuality education continuum and were willing to assist in teaching it regardless of their personal values and beliefs.

Student and family links
Involving parents in the program and ensuring their support was a school priority. However, because many staff members had misgivings about sexuality education, engaging parents was given less priority in the early part of the program than addressing staff acceptance and comfort. As a result, contact with parents focused on information and inviting them to participate in program activities, rather than engaging them more directly in the development of the program.

Some parents had limited literacy skills and needed to have information presented to them in a simple manner. This was another challenge for implementation of the program. Discussions were undertaken with parents about the importance of broadening sexuality education in the school, and every effort was made to ensure that they understood and supported the school's sexuality education curriculum.

Not all parents supported the program initially and gaining their support became a priority, so that students could speak about sexuality with both their teachers and their parents. Another strategy used to engage parents was a student-parent quiz that encouraged open communication between parent and child.

Community connections
One of the most significant benefits of the program was the development of connections between the school and community agencies. The school worked with the Department of Human Services and St. Luke's Disability Support Services in Bendigo on a number of programs to provide support for students and their families. Other agencies with which the school worked included Family Planning Victoria and the Bendigo Health Care Group.

These services supported the program in a number of ways, including offering professional learning for staff and participating in program activities. This involvement had the added benefit of raising awareness among staff, students and parents about the services and other resources that were available in the community. The program also increased staff confidence to approach community organisations and utilise them as a resource.
Resources

The school conducted an audit of the resources available in the school for sexuality education. The audit reminded staff about existing resources and identified others to assist with each continuum-learning criterion. The process of reviewing resources also involved facilitating discussion between staff members on the practical application of the resources within classrooms and at each sub-school level.

Staff were kept up to date with the latest information related to sexuality education at staff meetings and provided with updated resources to use in lessons. Though this was a time-consuming process it enabled staff to evaluate the effectiveness of resources and ensure that they were comfortable using them.

Newspaper articles were an important resource for exposing students and teachers to a diverse range of issues. As most students would not read the newspaper of their own accord, staff members photocopied relevant articles from the newspaper and read them to students to trigger discussions.

For older students, websites provided resources that were both accessible and interactive. Most students have access to computers, at home or at school, and enjoy interactive websites. The Hormone Factory was popular. This is a website for children aged 10 to 12 years who are curious about the changes puberty brings. The aim of the website is to support parents and teachers to talk to children about sexual and reproductive development, and to answer the questions children often ask, as well as those they might not ask but wonder about.

The Ted Calway Show, an animated interactive program, was another resource that students valued. The Department provides the show on Digilearn, their website for teachers.

Some of the older students enjoyed the Reach Out! website, which covers human relations and information about getting through tough times, dealing with stress, working through problems, as well as specific information on sex and pregnancy.

Other useful resources included the Streetwize Communications website which provided information via comics, animated cartoons, posters, postcards and pamphlets on issues such as the law, health, employment, alcohol and other drugs use, violence and Indigenous specific issues.

Also popular was the Youth Challenge website. This website provides resources to assist students to focus on issues such as sex, race and disability discrimination; and sexual harassment and rights in the workplace. The website also encourages young people to explore the relevance of human rights to their own experiences and communities.
Resources used

- Keep It Simple Guide to Safe Sex, ANCAHRD (2000), Canberra, ACT.
Reflections on program implementation

The school’s aim was to provide opportunities for all students to:

- achieve a positive attitude to learning
- develop their confidence and self-worth
- accept challenges and change
- build positive relationships with others.

The whole-school sexual health continuum was seen as a strategy for achieving social competency and student wellbeing. Other strategies include programs of positive discipline, counselling, parenting, family wellness and wellbeing.

A challenge to addressing diversity within the school culture was that many members of the school community had little or no exposure to areas such as same-sex attraction and diverse family relationships. While colleagues in Melbourne were familiar with these areas, many of the staff and students at Kalianna had not encountered them before.
ST BRIGID’S CATHOLIC COLLEGE

Creative Connections Program

About St Brigid’s College

School profile

St Brigid’s is a coeducational Catholic secondary college in the rural city of Horsham, that aims to foster the full potential of all students by promoting personal learning, individual determination, responsibility and academic excellence. The school aims to promote the integral development of students – physical, emotional, intellectual, oral, aesthetic and spiritual – in accordance with our belief that each student is unique.

The college has a student wellbeing program that supports teachers and school leaders to implement whole-school, student wellbeing approaches with a focus on school improvement and enhanced learning outcomes. Student wellbeing is set within a framework of a strategic whole-school approach and the promotion of student resilience. The school has a designated student wellbeing coordinator.


Program outline

The goal of the program was to enhance the current approach of sexuality education by addressing issues specific to a rural setting. To achieve this goal the college undertook a number of activities. A program team was established with representation from staff, students, parents and community organisations. All staff were engaged in an audit of the current sexuality education curriculum to determine what was being taught. All students were surveyed to evaluate the content and delivery of sexuality education in the school.

The audit and survey results were then reviewed in the context of a whole-school approach to sexuality education, the VELS and the Catholic education curriculum. Gaps in the existing curriculum were identified and addressed. Professional learning was provided for all staff, links with community agencies were enhanced and existing resources were reviewed and updated.

Program coordination

The program was coordinated by the health and physical education coordinator and the student wellbeing coordinator. Both were given time release to work on the program. This was considered an important aspect of its success. The program coordinators had the support of a whole-school sexuality education program team that was formed to assist with the program.
The team included representation from students, parents and a number of staff members including the director of studies, the faith development coordinator, the studies development coordinator and two health education teachers. In addition, external agency representatives included the school focused youth services coordinator, a representative from the local centre against sexual assault, a police officer and a community health nurse.

**Program implementation**

**School organisation, ethos and environment**

The school's strong partnerships with a number of community agencies played an important role in addressing negative attitudes, stigma and stereotypes within the school community. This included homophobia, discrimination, misinformation, STIs, teenage pregnancy and feelings of shame.

Members of the program team investigated the possibility of setting up a same-sex attracted youth support group in the local area, and this was handed over to others in the community as a result of the partnership links established in the program.

**Curriculum, learning and teaching**

A priority for the introduction of the program into the school was to ensure that all staff had a shared understanding of the sexuality education program at the school. It was agreed that this process could not be forced and that adequate time needed to be set aside to involve staff and ensure their support.

The program coordinators realised that their own enthusiasm for the program was contagious and that this influenced other staff members, making it easier to recruit them. As staff members understood the importance of the program and felt more comfortable and confident teaching it, their commitment to the program grew.

The support of the leadership team, including the Catholic Education Office, also sent the message to staff that the program was important, which increased their interest.

**Curriculum audit**

The curriculum coordinator in consultation with the program team developed the curriculum audit, which provided the framework for changing the school ethos and environment. This simple, one-page tool was handed to teachers in a staff meeting, however, it was only completed by a small number of staff. To increase staff feedback, the audit was then given to key learning area coordinators.

While most staff members were supportive of the program, a small number of teachers were not comfortable. Those who were uncomfortable with the subject were able to opt out of the program until they were more comfortable and confident. The curriculum audit provided evidence of a need to broaden the existing sexuality education program, which also convinced more staff members to become involved.
The relative ease of ensuring staff support for the program was also attributed to the small size of the school. The small number of teachers meant that it was easier to involve them all and ensure their enthusiasm and support. On the other hand, the relatively small size of the school meant that teachers already had many different roles within the school. This made it more challenging to accommodate the additional workload caused by the new sexuality education curriculum.

The program team examined the audit findings alongside the results of a survey of parents, students and staff that was undertaken as part of a review of student wellbeing. This combined evaluation provided a useful insight into the views of the total school community. A key finding of the evaluation was that while in general the college sought to focus on the student as a whole person, in sexuality education the focus had primarily been on physical development.

In response to the audit, the program aim was to develop a coordinated, sequential sexuality education curriculum appropriate to a rural setting. In considering the structure for the curriculum, the program team identified key references including the Department’s Model for Whole-school Learning in Sexuality Education (page 1), the Victorian Education Learning Standards, the Catholic curriculum and the SHine SA curriculum model.

Further audits are planned for staff meetings. The program team will collate the results of and provide staff with a written summary of the results and seek their feedback to gauge support for planned changes. A further strategy planned to enhance future audits is to not only focus on what was taught but also how it was taught.

The new curriculum was linked with a number of existing systems and strategies in the school. These included the National Safe Schools Framework, the VELS, the MindMatters strategic plan and the Health Promoting Schools Model. These links reiterated for the school community that sexuality education is a legislative requirement and part of the core business in St Brigid’s College.

**Professional learning**

The student survey results indicated that students found existing sexuality education in the school uninteresting and they were critical of the capacity of staff to teach the subject. As a result, professional learning was made a priority. Some staff members were not comfortable teaching sexuality education and others had a limited understanding of the importance of a whole-school approach. Professional learning was seen as a way to improve the quality of sexuality education.

A full day was set aside for all staff to receive professional learning; however, the school was unsuccessful in their attempts to engage an external trainer. Some city agencies that provide sexuality education training for teachers were unwilling to travel to a rural area and others had heavy bookings and were unavailable.

In the absence of external facilitators, the college initiated a range of other strategies. These included learning from each other; collaboration between teachers within the school and from other rural schools; experienced staff supervising less experienced staff in the classroom; and bringing in local experts, such as a community health nurse. This provided staff with the opportunity to update their knowledge in particular areas and develop an understanding of what was being taught in the classroom.
Networking with other schools at the sexuality education workshops provided through the Whole-school Sexuality Education Project was also useful. For example, the Sense and Sexuality conference and the Catching On training were important for staff to examine their attitudes, understand sexuality education and increase their knowledge and skills. Staff who attended these sessions picked up valuable information from discussions with colleagues. On their return, they were able to pass on their learning to the team members of the sexuality education program and the college’s student wellbeing team.

However, the program team identified that it would be useful to engage external facilitators to identify opportunities to further increase staff confidence and improve the program. In future, the college plans to pool resources with other local schools and book external facilitators well in advance.

**Student and family links**

The involvement of students and parents in the program was considered necessary to ensure that the program met the needs of students at the college.

**Involving students**

Two primary strategies for involving students were developed, student representation on the program team and the student survey. The survey was adapted from the Sexual Health Information Network (Shine SA) in South Australia. The survey was approved by the college principal and the Catholic Education Office and completed by 245 students.

The student survey provided useful feedback on what they wanted. Students reported that they wanted more information on sex and the law, sexual harassment, assault, rape and human reproduction. Students also indicated that the classroom environment and structure was essential in the provision of quality sexuality education.

Twenty-four per cent of students commented that they wanted separate single-gender sexuality education classes so they would feel less embarrassed and be more prepared to ask questions.

A significant number of students also thought that sexuality education classes should be conducted in a circle so they would feel equal and included.

Students indicated that teacher confidence was important and suggested that some teachers needed professional learning to become more confident.

**Involving parents**

Getting parents involved was a more gradual process. A letter from the school principal was sent to all parents informing them of the program content, delivery and intention to conduct a student survey. Parents were invited to make contact with the program team to express any concerns they had about the program. No concerns were expressed.

The school plans to further involve parents through a parent and student information evening to improve communication between students and parents and enable students to teach their parents about what they are learning.
Community connections

The college’s existing partnerships with community agencies were strengthened through the program, which provided capacity building opportunities within the college networks. This was valuable as the college felt that the program would be difficult to implement without this support.

The first step in establishing collaborative partnerships with the local community was to invite agency representation on the program team. It was seen as critical that the school was linked to well-respected health and community agencies. Community agencies were also invited to present to staff and students. Students were taken to a number of agencies on excursions.

Links to these agencies were also included on the school intranet, and both students and teachers were provided with contact lists for agencies in their school planners.

The school purchased pamphlet stands for the entrance and the Student Wellbeing Coordinator’s office, and filled them with information for parents and students about available community supports.

A student project involved the development of their own business card-sized help cards listing the contacts of community health services. These cards increased awareness about community resources. Most students kept the cards as they made them themselves.

Resources

The availability of appropriate resources was an essential component of the program. The audit identified that the school’s resources were predominately printed materials and that many had limited or outdated content. To update resources, the program coordinators found it valuable to exchange ideas and suggestions with colleagues at training sessions provided through the Whole-school Sexuality Education Project. As a result, a number of resources were identified that would assist the program and a list of these was presented to the program team.

Each resource was reviewed to determine its suitability to the needs of the college. The librarian provided valuable assistance in the review, which was time consuming and at times frustrating, as many of the resources were deemed to be inappropriate in the Catholic context.

Efforts were made to find Australian resources, which were seen as most relevant to students. While this process was time consuming the investment was seen as worthwhile, as staff were confident that the resources were appropriate and relevant.

Applying the resources

One valuable resource was the Teen Arts Pregnancy Project, an arts/theatre group conducted by Transvision Arts, funded by the School Focused Youth Service and supported by Wimmera Health Care Group. This involved working towards a performance for year 10 students, which was facilitated by the community health nurse.
The content and form of the performance was determined by the students in collaboration with teachers and program coordinators. The performance explored issues of teenage pregnancy, peer pressure, sexual coercion, teen sexuality and other issues relevant to young people in a small town, and provided an opportunity to explore the issues presented in an innovative and creative way.

Students were able to choose a number of ways to be involved in the performance including acting, singing, song writing, photography and filming. The student's involvement in the creative process promoted a sense of ownership and relevance, increased self-esteem and facilitated peer education. Students were able to explore issues specific to young people in rural areas and to broaden their understanding of the issues. The final performance was conducted at a local community agency.

Another valued resource was the Core of Life program, a health education program providing information about pregnancy, birth, and early parenting. This was presented to students by the local community health nurse who engaged students using video, discussions and role-play. These sessions also provided professional learning opportunities for staff who supervised the classes. The information was then translated into a performance piece with the Teen Arts Pregnancy Project.

Other resources which were approved for use in the school included the Choices, Decisions, Outcomes program, a values-based program for young people that encourages responsible decision-making regarding sexuality. The program was presented in small group workshops. This gave students the opportunity to share their ideas and opinions and ask questions in an informal atmosphere that encouraged open and honest discussion.

A resource which proved very popular with students was Underworld, a CD-ROM which provides an interactive, animated, musical, detective investigation into the female reproductive system. It explores issues of sexuality using humour, characters, songs and video. The CD was networked onto the school's computers and students enjoyed listening with their own headphones. While this CD was approved by the program team, some parts were deemed inappropriate in the Catholic context and were not made available to be viewed by students.

A number of resources were identified on the SHine SA website, including a number of tools for schools working in sexual health and student wellbeing.

A number of resources were purchased to enhance the overall delivery and approach to sexuality education in the school. High quality resources were considered to increase staff confidence in teaching sexuality education. In the future, the school plans to purchase a number of other resources for parents and establish a parent library.

**Resources used**


Core of Life website:  
<http://www.coreoflife.org/about/whatis.html>.

Hormone Factory:  

MindMatters website:  

Positive Women website:  

Sexual Health and Relationship Education (SHARE). Curriculum Years 8, 9, 10, (2004), available from Family Planning Victoria:  
<www.sexlife.net.au>.

SHine SA website:  

Talking Sexual Health – A teaching and learning resource for secondary schools, available for download through the Department’s Catching On-line sexuality education website:  

Underworld – sex education for teenagers, available from:  

**Publications**

- Australian Research Centre in Sex, Health and Society (2002). *Secondary Students and Sexual Health*.

- Boyd, Bultiude, Gradon, Hastings, Starkey, Wright (2006), Health & Physical Education – Levels 5 & 6 (two books), Titon Education Pty Ltd.


**Reflections on program implementation**

The sexuality education team was considered critical to the success of the program. It had the support of the Catholic Education Office and of the leadership at the school, including the school principal. The team met twice to work through the aims, objectives and timelines for the program and to assist in the development of the student survey.
The involvement of school leaders ensured that the necessary resources were available, including time release to attend professional learning sessions.

Representation from the curriculum coordinator and the faith development coordinator on the program coordination team helped to ensure that links were made with the Religious Education curriculum and that the team had the support of the Catholic Education Office.

The establishment of the team provided the opportunity to develop collaborative partnerships with well-respected health and community agencies. This ensured that a comprehensive approach to the program was adopted and that there was strong support for the program goals to be achieved. The program team provided a diversity of views and links to a number of useful programs, resources and community services.

The Department’s Model for Whole-school Learning in Sexuality Education (page 1), provided a useful framework for the program team. The team reflected on the model in the context of the Catholic Education Curriculum, which provided the program team with focus and direction.

Other strategies for increased engagement with the community might have been more team meetings and involving community partners in a parent and community information session.

One difficulty that emerged for the program team was its large size and diversity. Negotiating meeting times when all parties were available often proved difficult. The result was that there were fewer meetings than had been originally envisaged.
About Spensley Street Primary School

School profile
Spensley Street Primary School is located in the inner north-eastern Melbourne suburb of Clifton Hill. It features four open-plan teaching areas and has a philosophy of multi-aged, developmental learning. The school’s classes have children of different ages spanning two or three year levels who are grouped by ability for learning.

The general aim of education at Spensley Street Primary School is to provide an environment which fosters the personal, social, intellectual, physical and creative development of each child. The school wants children to become successful learners in an environment and with teaching styles which encourage this.

School vision
The school vision states: ‘Spensley Street Primary School is a school where the needs of the whole child – social, emotional, educational and physical – are uppermost. We support an assessment program that values achievement in all these areas. We believe that the needs of the whole child are best met through a broad-based, developmentally appropriate, integrated curriculum in a multi-age structure.’


Program outline
Sexuality education review
A review of sexuality education in the school prior to this program indicated that the content did not meet the needs of the school’s diverse family groups, for example, same-sex parents and blended families. As a result, it was decided that the program needed to be redefined to ensure that it was relevant to every child in the school.

A working party was established to implement recommendations from the review. Staff were given the opportunity to influence the development of the new program. Resources for the school library were investigated and purchased. Using this collaborative process, guiding principles for the sexuality education program were developed and presented to the staff, the Education Policy Committee, the School Council and the Parents’ Association.
Designing the program

In designing a new program, the school’s goal was to create a whole-school approach to sexuality education that values each person’s physical, mental, social and emotional health within a supportive and safe environment that recognises and values diversity. It was decided to engage an experienced sexuality educator to implement the program in the school.

A position was advertised for an experienced educator with expertise in sexuality education with primary school-aged children. Interviews were held and a consultant appointed. By coincidence, the successful candidate was also a parent at the school. The program team had identified the need to appoint a consultant who understood and could be trusted to be sensitive to the needs of the school community and with whom they could work very closely.

Program team

The school’s vice-principal coordinated the program, and was supported by a whole-school sexuality education program team. The team included staff, parents and external experts in sexuality education. The team met regularly to keep the program on track, discuss challenges and identify solutions.

The team spent a lot of time working through the issues concerning sexuality education before getting into the practicalities of implementing the program. It was particularly important to ensure appropriate attention was given to feedback from parents. The principal and vice-principal sat with the parents and talked about what the issues were and how to resolve them.

The consultant identified the parameters of the program in consultation with staff, gathered feedback from students and developed the program detail. Parents were provided with written information about the program and feedback was invited from staff and from parents at a parent information evening.

The new sexuality education curriculum was then implemented, with the consultant working with students in the classroom in the presence of the teachers. To evaluate the program, feedback was sought from staff, parents and students.

Program implementation

School organisation, ethos and environment

The school community were informed about why changes were planned and how the sexuality education program was being taught.

A review of school policies concerning sexuality education was undertaken by the consultant and changes suggested, including the inclusion of statements about diversity being acknowledged, valued and celebrated. These changes were adopted, the school’s vision statement was updated and curriculum groups were asked to ensure the curriculum was changed accordingly.
One of the outcomes of this review process was to make the curriculum leadership group more aware of the importance of recognising and valuing diversity in all policy documents. Teachers found it helpful to regard sexuality education from a whole-of-curriculum approach, to discuss a developmentally-appropriate program and to evaluate resources. Learning about practical classroom strategies and approaches to particular issues was also seen as important.

Opinion varied within the school community about sexuality education. There was frank debate amongst staff, parents and members of the working party about how to address the issue of the age at which children should be told about sex and relationships. Overall, staff, students and parents agreed that the program was thoughtfully developed and generally worked well.

Professional learning helped to foster the school's health promoting environment, specifically in attempting to prevent and respond to incidents of harassment and bullying related to sexuality, gender and family structure. Professional learning of staff was undertaken to support teachers to gain an understanding of, and comfort with, a whole-school sexuality education environment.

**Curriculum, learning and teaching**

To ensure the momentum of the program was maintained, a detailed work plan was implemented, which included timelines, actions to be taken and who was accountable for them. Staff meetings were important to ensure this accountability and the program was a regular item on the staff meeting agenda. This ensured that staff understood their responsibilities and supported the program. Team discussions were facilitated with new staff members as part of their orientation.

Some individual support was also provided for teaching staff. It was agreed that only permanent staff could be involved in sexuality education with the children. The consultant was the only person to teach the program, but the class teacher was present and encouraged to be active in all sessions.

All teachers at the school were required to support the consultant in classroom presentations and assist in the education of students who raised questions and issues in their classes. Teachers were also expected to follow up the formal classroom presentations with class discussions and individual student discussions as the need arose.

**Professional learning**

The school allocated a sexuality education professional learning day for all staff which provided opportunities for discussion regarding attitudes and language. Those with greater knowledge, skills and comfort acted as role models for those who were less confident. A curriculum day was also allocated for professional learning.

A concern had been expressed by same-sex parents in the school that, while their families represented a significant presence in the school, they were invisible in the existing program. Representatives of these families were invited to address the staff about the impact of this on their children. The Rainbow Network, which works with same-sex attracted young people in the community, also addressed the staff at the curriculum day.
Other professional learning activities included a Protective Behaviours revision session for staff. Teachers reported that it was extremely helpful to spend time discussing aspects of language related to sexuality. This ranged from thinking about the importance of the accurate and sensitive use of inclusive language, for example, saying ‘parents and carers’ rather than ‘mum and dad’ and becoming more aware of put downs (for example, use of ‘gay’ as a derogatory term).

**Student, family and community links**

The school already had parent and student involvement embedded in the school culture. It was apparent from parent/carers’ feedback that some families noticed issues that teachers did not. As a result, a number of processes were established to ensure parent/carers’ involvement in the program. These involved including a parent/carers’ representative on the program team and inviting parents/carers to attend curriculum committee meetings. The school also facilitated a parent/carers’ information evening, which was well attended.

These strategies allowed for an exchange of information and points of view, provided valuable input, and emphasised the collaborative nature of the program. Information was also provided to parents through discussion at the Education Policy Committee, Parents’ Association and through information provided in the school newsletter, information sheets and homework sheets.

Homework sheets were used to engage students and their parents/carers in open dialogue about sexuality education.

The Rainbow Network, a Victorian Statewide Network that works with same-sex attracted young people in the community, provided program advice on sexual diversity.

**Resources**

The consultant developed a number of program resources. Most were designed in response to issues raised in the classroom. The educator listened to students’ questions and concerns and designed resources in response, carefully providing the opportunity to explore the session further.

The characteristics of resources that were valued by the school were those that met the unique needs of the students. Students enjoyed resources that they could visualise, as this enabled discussion. They also enjoyed resources that required physical interaction so they were not just sitting and talking.

The school had purchased a number of commercial resources – some were very successful, others less so. A number of books were described as ‘twee’ or ‘not quite hitting the mark’.

The resources and support from the Department were a key factor in the success of the program. The Department’s support provided the program team with expert advice and support from external consultants. The program team felt that the Department was interested in what they were doing and this generated enthusiasm at the school.
Reflections on program implementation

It was seen as important that the sexuality education program was given a central place in the school curriculum and the vice-principal was able to put supports in place to ensure tasks and ongoing discussions about the program occurred.

Teachers participated in training sessions with enthusiasm and interest. Feedback regarding the various sessions was positive. A high degree of openness and trust was apparent in staff discussions, which translated into a strong interest by teachers in the classroom program. Teachers indicated that that professional learning had provided them with more confidence and interest in the program, and better informed them about issues associated with sexuality and diversity.

It was important to consider the school’s multi-age classroom structure in working with students, which meant that any sexuality education class could have up to three year levels present and students with mixed levels of ability. This provided potential for younger students to be exposed to information that was seen as appropriate to older students. Some parents were concerned about this. Other parents were concerned that their children were not getting enough information in the classes. To manage this issue the school engaged parents in the development of the sexuality education curriculum.

The key investment in resources for the program was the employment of the sexuality education consultant at the school. Having an external person involved in the review of school policies was advantageous as it provided a valuable perspective and the policy review was completed quickly and easily.
ST CHARLES BORROMEO CATHOLIC PRIMARY SCHOOL

Whole-school Sexuality Education

About St Charles Borromeo Catholic Primary School

School profile
St Charles is located in the Melbourne suburb of Templestowe. Set in 13 acres, the school provides children with the unique advantages of access to extensive facilities, whilst the small school size ensures an intimate, caring community in which all the children are known to, and valued by, the entire team of dedicated staff. The classes are composed of children of different ages in multi-age settings. There is a focus on the needs of individual children rather than the children as a group.

School vision
The school aims to build a strong sense of community with a family spirit that involves children, parents, each member of the school staff and the parish priest. The school believes in the Catholic Church and wants the school community to reflect the values of Jesus such as compassion, forgiveness, honesty, justice and equality.


Program outline

Program goal
The goal of the program was to embed sexuality education in a safe and supportive environment for children from prep to grade six, using a whole-school approach.

The process
To prepare teachers, the program was outlined to all staff and their feedback was sought. A forum of regular staff meetings was established to keep teachers informed and report on the progress of the program. Meetings were also an opportunity to develop shared meanings and discuss values, which established open, trusting dialogue between staff.

Strategies were established for student involvement in student action teams, to identify what was important to the students and identify how to bring about changes to address the issues they raised. Program goals were developed in consultation with the students.

Parents were informed about the program initially through the school newsletter. Weekly parent group meetings were held to maintain dialogue and inform parents, and to provide opportunities for parents to give their feedback on the program.
A curriculum audit was undertaken, future directions identified and the sexuality education curriculum mapped. A family forum facilitated by students was planned. Students were trained to prepare them for this event.

Appropriate resources were identified, purchased and information on sexuality education was distributed to parents, students and staff.

Partnerships with existing community organisations were established, and community supports for students and their families were identified.

**Program coordination**

When the program commenced, St Charles already had a student wellbeing coordinator and a community youth worker embedded in the school community. These two workers were key in the implementation of the program. The coordinator's role was to prepare the school community for the program, including staff, students, and parents and families.

The coordinator was responsible for developing a program implementation plan, identifying core program activities, communicating with the school community about the program, embedding the program in the school's ethos by establishing links to existing structures such as the Catholic curriculum and values education, and for the program evaluation.

The school's youth worker was a key partner in the program. She worked with teachers in the classroom and was able to assist in identifying areas where professional learning for teachers was required. Because she understood the values and culture of the school she was able to integrate the program and challenge staff where appropriate.

**Program implementation**

**School organisation, ethos and environment**

The first step in developing the school ethos and environment was to ensure the commitment of the school leadership to the program. The leadership team were provided with regular updates by the program coordinator to ensure they were aware about and supportive of changes that were occurring. In addition, it was seen as important to meaningfully engage all stakeholders from the beginning of a program to ensure that they supported the change.

The school recognised the importance of providing an environment where conversation and debate could take place around sexuality and the importance of communication in the program. The program coordinator identified the need for open communication, and structures and processes to support communication.

**Staff involvement**

Staff were invited to reflect upon the school's existing sexuality education program, alongside the Department's Model for Whole-school Learning in Sexuality Education (page 1), and identify what changes were required. This encouraged dialogue about what the school was doing well and what needed to be improved; enabled conversations to occur; and provided teachers with the opportunity to reflect on their own values concerning sexuality education.
Change management

Changes were introduced carefully and patiently and integrated into other systems in the school, as well as the Catholic curriculum. Sexuality education needed to be understood as integral to the school rather than as another project added onto existing projects. Incorporating sexuality education into school policies and curriculum gave it meaning and sent the message about the value placed on it by the school’s leadership team.

Student wellbeing program

The sexuality education program sits within an existing student wellbeing program developed by the Melbourne Catholic Education Office and implemented in 2000 at St Charles Borromeo.

The central aim of the student wellbeing program is to strategically build the capacity and confidence of teachers and school leaders to implement whole-school approaches to student wellbeing, with a focus on school improvement and enhanced learning outcomes.

Student wellbeing is set within a framework of a strategic whole-school approach, the promotion of student resilience and a model of primary prevention and early intervention.

Curriculum, learning and teaching

To review the school’s curriculum, a comprehensive mapping of the curriculum and programs relevant to sexuality and relationships was developed. This map was informed by an audit of the existing integrated units of work, school policies and programs (including external support programs) and personnel, to identify what was currently being done. This generated conversation and led to identifying future directions for sexuality education which were then embedded in the school development plan.

Teachers were provided with time release from their usual duties to attend professional learning and to assist with the implementation of the program. An action plan was developed to identify tasks, timelines and people responsible for each task. While some of these tasks were easily achieved others required a considerable investment of time. It was important to continually review progress and be flexible where necessary to ensure the goals were achieved.

It was apparent that most teachers did not have the skills to facilitate sexuality education without further training and support. Professional learning focused on the provision of information; exploring values and beliefs; and how to deliver sexuality education in practice.

In future, there are plans to further professional learning opportunities by establishing a partnership with a cluster of schools to learn together and share resources. This will allow staff to explore opportunities and to mentor others who are less confident or comfortable teaching sexuality education.
**Student and family links**

The school considers that it is in partnership with the students and is driven by the student voice. Student action teams, based on a model developed by the Australian Youth Research Centre, ensure that students have an authentic role in all areas of the school, including the development of school policy. Students are encouraged to identify what is important to them and to communicate how this can be incorporated into the organisation of the school. This model provided opportunities for students to be involved (with the program coordinator) in shaping the program goals and identifying what needed to be done to achieve these goals.

**Student and parent forum**

A student and parent information forum was facilitated to provide parents with information on the sexuality education program and develop shared values between the parents and students. The children were invited to facilitate the evening with the support of the community youth worker. The students made letters of invitation and sent them to their parents. This was a particularly successful strategy with 50 per cent of parents attending.

Prior to the forum the students received training and support from the community youth worker to develop the necessary skills and design the event. This included developing a student-parent quiz.

The forum provided a number of interactive games, which stimulated discussion between parents and students. The evening began with the students presenting a parents-versus-students quiz to impart knowledge and generate discussion about what everyone knew.

The community youth worker facilitated a session about developing boundaries and emotions. She presented scenarios and invited participants to identify what they would feel in that situation and where they would feel it in their body. This led to an explanation of ‘boundaries’ that people develop to protect their bodies and hearts.

Communication was another important component of the evening. The students gave a presentation to parents on communication styles with an emphasis on assertive communication.

The participants then played a game of ‘Dolphin Tiggy’ in which they practised assertive communication, expressing their feelings and focusing on solutions.

Another assertiveness game was played with the aim of reminding parents how hard it can be to make the best decision on the spot, and emphasising the importance of practising for difficult times. This included being able to talk to friends, parents and others about difficult situations and the importance of being open and listening to children before giving advice.

**Community connections**

The school’s ethos and environment framework was supported by close partnerships with community agencies whose expertise complemented what was happening in the program.
Development of community partnerships was already underway before the program commenced. The school youth worker liaised with other community organisations to make contacts and create an awareness of the value of school and community partnerships.

The school also formed a partnership with Parentzone, a service of Anglicare Victoria that offers a variety of services and resources for families, including groups for parents to discuss family concerns, and information for educators and others working with children and families. An information evening was also held for students and their parents. Parentzone attended the evening and provided information for parents on specific issues.

To further develop links with community organisations, the program coordinator developed a list of local community supports and made them available to teachers.

**Resources**

There were a number of useful resources used in the program, including the *Talking Tactics Together* manual. The manual was originally developed for drug education but was easily adapted to sexuality education. It provided opportunities for parents and children to converse and listen to one another, strengthen positive role modelling, increase knowledge and understanding, build resilience and enhance links between teachers, students and families.

A number of picture storybooks purchased by the school also proved to be valuable resources. The books enabled parents to read to their children and this facilitated dialogue. Parents provided the program coordinator with further recommendations for books.

Other recommendations were made by People Making, a Melbourne-based bookshop that provides resources on mental health and life issues. People Making attended the parent and student information evening and provided parents with a list and samples. Parents ordered books and resources that they felt would be helpful to support their child.

In addition, the program coordinator took note of the resources that were most frequently ordered and bought copies to be accessed by parents who could not afford to purchase the resources themselves.

Because the school does not have a library, all government resources came to the coordinator’s office. This provided the opportunity for the coordinator to become familiar with each resource and discuss with staff the relevance of each to the classroom setting.

**Resources used**


**Reflections on program implementation**

Policy review, development, implementation and distribution were an important aspect of addressing the school culture. Engaging staff in the audits and in policy development to support sexuality education led to them developing understanding and a sense of ownership for the program.

This was not universal. Some staff members were concerned about the fit between sexuality education and the Catholic curriculum. However, through their involvement in the development of the program they realised the strong connections between the two. This was pivotal to reducing resistance and assisted to ensure that the policies were living documents that influenced the school culture.

Prior to the implementation of the program, the school had worked successfully to maximise the involvement of parents. This was achieved through a number of strategies including a weekly parent group in which parents were invited to identify issues that concerned them.

Communication with parents also occurred through the school newsletter and parental involvement on a number of committees including the Student Wellbeing Core Team. These strategies assisted in developing a trusting relationship between parents, the program coordinator and the community youth worker. While these relationships took a long time to develop, they were seen as important to ensure that parents felt comfortable articulating their concerns.

To encourage parent participation, the program coordinator had an open door policy and parents would often drop into her office to discuss suggestions and concerns. Given the efforts to achieve parental involvement, it is not surprising that the sexuality education program was easily able to engage parents.
3

Resources Used in the Whole-school Sexuality Education Project
The below table is a general outline of the resources schools reported they used during their participation in the Whole-school Sexuality Education Project.


<table>
<thead>
<tr>
<th>Resource</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Battle of The Sexes</strong></td>
<td>A sexual health module used at Healesville High School.</td>
</tr>
<tr>
<td><strong>Catching On for Years 9 and 10</strong></td>
<td><em>Catching On for Years 9 and 10</em> is a learning and teaching resource developed by the Department of Education and Early Childhood Development to be used as part of a sexual health curriculum. It is distributed free of charge to teachers who complete a professional learning program. ARCSHS run these programs several times a year.</td>
</tr>
<tr>
<td><strong>Centrelink multicultural liaison worker</strong></td>
<td>Used at Noble Park Secondary College.</td>
</tr>
<tr>
<td><strong>Choices, Decisions and Outcomes</strong></td>
<td>This program, used at St Brigid’s Catholic Primary School, is ‘a value-based education program for adolescents encouraging responsible decision-making with regard to sexuality’.</td>
</tr>
<tr>
<td><strong>Closets, Classrooms &amp; Change – Challenging homophobia in schools</strong></td>
<td>The Victorian Equal Opportunity and Human Rights Commission offers this low cost half-day workshop.</td>
</tr>
<tr>
<td><strong>Core of Life</strong></td>
<td>This program covers the areas of parenting, pregnancy, birth and breastfeeding. It is presented using an interactive, multimedia, hands-on approach to adolescents in an informal classroom setting. Information is also given to students on contraception, STI prevention and infertility related to STIs. The program refers to local resources and service providers.</td>
</tr>
<tr>
<td><strong>Creating Conversations</strong></td>
<td>Adapted from the Department’s drug education resources by a number of schools for sexuality education purposes.</td>
</tr>
<tr>
<td><strong>Drug &amp; Alcohol Services</strong></td>
<td>Each health region in Victoria has a drug and alcohol service which can be consulted for information and assistance with education programs.</td>
</tr>
<tr>
<td>Family and Reproductive Rights (Victoria)</td>
<td>This service aims to provide culturally appropriate intervention to prevent the occurrence of female genital mutilation (FGM) in Australia, and to assist those women and girls living in this country who have already been subjected to this practice. The service targets people from communities that traditionally practise FGM now living in Australia, and the health and community workers providing services to these communities.</td>
</tr>
<tr>
<td>Family Life</td>
<td>This agency offers a broad range of educational services for schools (primary and secondary).</td>
</tr>
<tr>
<td>Family Planning Victoria/Action Centre</td>
<td>Family Planning Victoria offers professional learning for teachers, programs for students in primary and secondary schools and consultation with schools about program development. The Action Centre specialises in providing sexual and reproductive health services for young people.</td>
</tr>
<tr>
<td>Kaleidoscope</td>
<td>This is a school program that addresses issues related to sexual diversity in schools and organisations. The Kaleidoscope Project is funded by the Good Shepherd Youth and Family Services. A manual is available throughout Victoria on request.</td>
</tr>
<tr>
<td>Let’s Party</td>
<td>This resource was used at Healesville High School.</td>
</tr>
<tr>
<td>Let’s Talk About …</td>
<td>This resource was used to facilitate conversations between students and parents at the Corio/Norlane school cluster.</td>
</tr>
<tr>
<td>Life’s a Ball</td>
<td>Elite athletes, who have received professional training by an educational psychologist, conduct life skills workshops.</td>
</tr>
<tr>
<td>Make it real</td>
<td>A movie about HIV/AIDS in Kenya (for African students).</td>
</tr>
<tr>
<td>Monash City Council show bags</td>
<td>Used at Wellington Secondary College.</td>
</tr>
<tr>
<td>Multicultural police</td>
<td>Used at Noble Park Secondary College.</td>
</tr>
<tr>
<td>People Living with HIV/AIDS (PLWHA) Speakers Bureau</td>
<td>Key messages are delivered on safer sex, STI prevention, sexual safety, and the promotion of safer behaviour for the youth of Victoria. Homophobia, sexuality, social justice and equity of access are discussion points.</td>
</tr>
<tr>
<td>Resource Name</td>
<td>Description</td>
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<tr>
<td>PFLAG (Parents, families and friends of lesbians and gays)</td>
<td>Guest speakers (parents of gay women and men) talk to students about addressing homophobic language, behaviour and attitudes.</td>
</tr>
<tr>
<td>Pride and Prejudice</td>
<td>Pride and Prejudice is a school-based program designed to challenge attitudes of students toward sexual diversity and homophobia.</td>
</tr>
<tr>
<td>Reducing the Risk</td>
<td>This teen pregnancy prevention program incorporates resilience-building curriculum. It was used at Western Port Secondary College.</td>
</tr>
<tr>
<td>Respect Protect Connect (girls/boys)</td>
<td>This service provides young people with early intervention and prevention programs to strengthen connectedness to the family, school and community. Respect Protect Connect is a collaborative partnership between two organisations. The young women’s component is provided by Women’s Health in the South East (WHISE). The young men’s component is provided by South Eastern Centre Against Sexual Assault (SECASA).</td>
</tr>
<tr>
<td>Romeo and Juliet and healthy relationships</td>
<td>These sessions were run by the adolescent health nurse with year 10 classes. The facilitated discussions allowed students to consider healthy and unhealthy relationships, sex and the law, STI prevention/treatment and contraception. Used at Eumemmerring College.</td>
</tr>
<tr>
<td>Sex-ual (play presentation)</td>
<td>This play looked at youth issues of today, centred on growing up, puberty, body image, sexuality and homosexuality. This play stars an actor from Neighbours and The Secret Life of Us. Used at Eumemmerring College.</td>
</tr>
<tr>
<td>Sexual decision making</td>
<td>These were workshops organised by Shelford Girls’ Grammar.</td>
</tr>
<tr>
<td>Sexual Sanity</td>
<td>Sexual Sanity is a two video kit with a handbook of teacher resources to accompany the video. The program looks at sexual abstinence for teenagers in a very engaging way.</td>
</tr>
<tr>
<td>SHARE Training</td>
<td>A program provided through Women’s Health East.</td>
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<tr>
<td>SHine SA</td>
<td>Sexual Health and relationships (Share) training and resources based in Adelaide.</td>
</tr>
<tr>
<td>Program</td>
<td>Description</td>
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<tr>
<td><strong>Teen Arts Pregnancy Project</strong></td>
<td>This is an arts/theatre program presented by Transvision Arts. The themes are broadly set in collaboration with the teachers and program directors. Students determine the content and form through a process of exploring issues around teen pregnancy.</td>
</tr>
<tr>
<td><strong>The Australian Research Centre in Sex, Health and Society (ARCSHS)</strong></td>
<td>ARCSHS offers evaluation and research consultancy, provides resources for schools and runs training programs for teachers.</td>
</tr>
<tr>
<td><strong>Tissues (Teen Issues)</strong></td>
<td>This is a play portraying youth issues such as anorexia, bulimia, unhealthy and bad lifestyles, alcohol and other drugs abuse, youth suicide, depression, youth mental illness, parenting issues, sexuality and relationships. The play emphasises the importance of counselling.</td>
</tr>
<tr>
<td><strong>Underworld CD-ROM</strong></td>
<td>This CD-ROM is a learning tool delivered with graphics and engaging humour. While it is primarily focussed on female reproductive health, there is also information relating to STIs, relationships, gender identity, sexual preferences and so on.</td>
</tr>
<tr>
<td><strong>Virtual Parenting</strong></td>
<td>The ‘reality babies’ component of the program was used.</td>
</tr>
<tr>
<td><strong>Way Out</strong></td>
<td>This service aims to raise awareness in rural Victoria about homophobia, and to build strong connections between same-sex attracted young people and their community.</td>
</tr>
</tbody>
</table>
Implementing a Sexuality Education Program – a Three-year Plan
Implementing a Sexuality Education Program — a Three-year Plan

This three-year program development plan has been developed from the key learnings of all the participating schools in the Whole-school Sexuality Education Project.

Implementing a whole-school learning approach in sexuality education requires cultural change, which can take time. This plan breaks the process into small steps. It is important not to stop the sexuality education that your school currently provides. By using this plan, you can achieve a whole-school learning approach that can improve upon the current classroom program and the school’s polices, environment and partnership strategies.

**Year one**

**Year one goal:** to review the school organisation, ethos and environment.

**Objectives** – By the end of year one, you will have:

- reviewed and developed policies concerning gender inclusiveness, sexuality, diversity, pregnant and parenting students, staff and student behaviour, prejudice, discrimination and harassment and other social and emotional wellbeing matters, and developed a communication strategy to ensure that the process and changes are known and understood by the total school community
- identified and established effective working relationships with community partners
- have processes in place to ensure that the school is safe for all students.

**Step 1**

**Principal initiates a steering group to drive the change process.**

To effectively implement sexuality education using a whole-school learning approach, leadership is essential, and it must come from the principal as well as from other key members of the school community. The first step is to develop a committed team or steering group within the school to drive the process.

The steering group should be made up of classroom teachers, parents, student welfare or pastoral staff, the school nurse, members of the school leadership team and representatives of outside agencies. If the principal is not a member of the group, the group should report and have access to the principal.
Step 2
Steering group identifies tasks necessary to achieve the goal and objectives for the year.

Set aside time to draw up a clear plan that identifies what you want to achieve (objectives), timelines, who will be responsible, and how you will know when you have been successful. Continually review and update the plan as the year continues.

Step 3
Identify and foster links with local agencies; establish links with parents in the school community.

Community agencies can be an important teaching resource. Their involvement with the school can also assist with familiarising students with their services, should they need them at any time.

Criteria for agency selection should be their accessibility, youth friendliness and their ability to integrate their role into a sexuality education program planned by the school.

For an effective relationship between the school and a local agency, it is critical that the differing contexts are clearly understood and roles are articulated.

Parent participation in the steering group is desirable. This is not an easy area and many schools have struggled to find ways to meaningfully engage parents at this level. Every attempt should be made to involve parents and work around issues of timing and availability, as well ensuring they are regarded as legitimate members of the school community. At a minimum, parents should be kept informed.

Step 4
Review school culture – including practices and policies for students, staff and parents.

A whole-school learning approach needs a strong policy framework. Identify policies which relate to student conduct, welfare, bullying, sexual harassment etc., and ensure they are consistent with and inform learning and teaching in sexuality education.

Auditing and reviewing these policies may mean, for example, specifically naming homophobia within a bullying policy or specifying the use of sexist language as prohibited within the code of conduct.

Where no policy exists for a critical area, it should be developed.

When all revised policies are in place, a plan should be established for a cycle of ongoing review and a clear means by which policies will be brought to the attention of parents, teachers and students at least once each academic year.
Implementing a Sexuality Education Program – a Three-year Plan

Step 5

Communicate with all staff and keep them informed about the change process.

While not all staff teach sexuality education, an across-curriculum approach is desirable. Furthermore, those teachers selected for the delivery of the sexuality education may otherwise teach and assess outside of the Health and Physical Education domain. By keeping all staff informed about the processes that are underway on a regular basis, those with doubts will be kept well informed, and those who support sexuality education will form an important support base for the change process.

Step 6

Review channels of communication.

Consult with parents, students and agency partners about the communication processes.

Develop a strategy for implementing and communicating revised policies and practices to the total school community.

Engaging at least the support, and ideally the help, of parents is a difficult but worthwhile task. Consulting parents about how they want to be informed is a first step in developing an effective strategy.

Establish and maintain channels of communication.

Newsletters and information nights have been used by many schools. In one school case study, the students wrote personalised invitations to their parents to attend an evening event, with an excellent turnout.

Implement the strategy.

While engaging parents has not always been easy, work which engages even a small group of parents can make a difference to the success of a sexuality education program.
**Year two**

**Year two goal:** to continue to oversee the implementation of changes in the school organisation, ethos and environment.

**Objectives** – By the end of year two, you will have:
- reviewed the work from year one
- reviewed existing sexuality education curriculum
- reviewed existing sexuality education resources and developed a strategy for acquiring new resources as needed
- identified training needs, planned and implemented professional learning for all staff and specialist staff
- prepared plans for the introduction of a revised sexuality education curriculum in year three.

**Step 1**

*Steering group continues to function under the leadership of, or reporting to, the school principal.*

If changes to the steering group are made, it is important that new members are properly briefed and understand the process that is underway. The principal should continue with active involvement or engagement with the group.

**Step 2**

*Review work from year one.*

Use the plan drawn up in year one that outlines how you will know when you have been successful. Also consider the reflections of each person involved and other members of the school community. Continue to monitor the practices implemented as a result of the work achieved in year one.

**Step 3**

*Steering group identifies the tasks necessary to achieve the goal and objectives for the year.*

Undertake a planning process similar to that recommended in year one. Inform the work for this year with the review of year one.

**Step 4**

*Review existing sexuality education curriculum.*

Use the Sexuality Education Curriculum Audit Tool provided in this resource and other curriculum policy advice provided through the Victorian Curriculum Assessment Authority’s Sexuality Education and the VELS website: <vels.vcaa.vic.edu.au/support/domainsupport/hpe/sexuality.html>.
Step 5

Review staff professional learning needs.

All staff: professional learning is an essential component of developing staff confidence.

Specialist sexuality education staff: professional learning is important for specialist staff who teach sexuality education, as well as for all school staff, although their needs will be quite different.

Step 6

Organise professional learning.

Identify the best person, agency or service to provide professional learning to meet the specific needs of staff members. A local agency may already provide appropriate training. The Department's Catching On-line sexuality education website is another good starting point for identifying potential services: <www.education.vic.gov.au/studentlearning/teachingresources/health/sexuality>.

Step 7

Monitor and evaluate changes from year one.

Continuous monitoring and evaluation informs present and future planning. It allows you to learn from your mistakes and build on your strengths.

Step 8

Develop curriculum plans for year three.

By the end of year two, you should be ready to implement a new sexuality education curriculum with students. School policy changes should be well established and understood by all members of the school community. Also, staff should be trained and ready to implement the new sexuality education program, and to support it in curriculum areas that do not directly deliver the sexuality education curriculum.
Year three

Year three goal: to continue to oversee the work from years one and two, and to introduce the revised sexuality education curriculum to students.

Objectives – By the end of the year you will have:
- reviewed the implementation of plans from years one and two
- implemented the sexuality education curriculum with students
- reflected on and evaluated the three-year plan
- used the learning to commence work on a new planning cycle next year.

Step 1
Steering group continues to function under the leadership of, or reporting to, the school principal.

If changes to the steering group are made, it is important that new members are properly briefed and understand the process that is underway. The principal should continue with active involvement or engagement with the group.

Step 2
Review work from the previous two years.

Revisit the criteria for how you would know what you did was successful. Consider the reflections of each person involved and other members of the school community. This will help to establish an ongoing cycle of monitoring progress and continuously improving practice.

Step 3
Steering group identifies tasks necessary to achieve the goal and objectives for the year.

Undertake a planning process similar to that recommended in years one and two. Inform the work for this year with what you have learned from the reviews of the previous two years.

Step 4
Implement sexuality education curriculum in specialty areas.

Develop evaluation measures and a tool to ensure that you can monitor the effectiveness of the program and build in modifications as necessary.
Step 5

Continue staff updates.
Schedule regular times at staff meetings. Seek feedback from all staff at updates, not only from those that teach sexuality education. Remember to seek input about informal and out-of-school activities as well as classroom activities.

Continue parent updates.
Consult with parents about how they would like to be informed. Try different ways of doing this to ensure the widest possible communication is achieved.

Step 6

Ensure a sustainable sexuality education program.
Continue the cycle, and evaluate, reflect, modify and update plans to ensure the program remains relevant and effective.
Model for Whole-school Learning in Sexuality Education

Sexuality Education Curriculum Audit Tool
The Victorian Curriculum Assessment Authority (VCAA) developed this audit tool. Further copies of the tool, and other curriculum policy advice related to sexuality education, are available on VCAA’s Sexuality Education and the VELS website: <vels.vcaa.vic.edu.au/support/domainsupport/hpe/sexuality.html>.

**Purpose**

This audit tool will assist schools to evaluate their curriculum against the Victorian Essential Learning Standards (VELS) by identifying:

- the components of sexuality education that are currently included in the school curriculum
- topics and themes relevant to sexuality education that are not currently addressed in the school curriculum and could be included in the future
- the learning and teaching resources required to support the teaching of specific topics or themes relevant to sexuality education
- the additional skills and support required to implement a comprehensive sexuality education curriculum.

The tool will also assist schools in placing sexuality education in the context of the VELS.

**VELS domains included in the tool**

This audit tool focuses on the VELS domains of Health and Physical Education and Interpersonal Development. These two domains have the strongest curriculum links to sexuality education. Audit pages have been provided for these two domains.

The audit tool identifies the relevant elements of the Standards for the ‘Health knowledge and promotion’ dimension of Health and Physical Education and the ‘Building social relationships’ dimension of Interpersonal Development. Specific examples from the learning focus statements have been provided for both these dimensions. Teachers can draw on these examples to assist in developing learning and teaching activities relevant to sexuality education.
Other VELS domains that can be included

Other VELS domains can provide opportunities to address topics relevant to sexuality education. As such, a blank format has been provided to allow schools to investigate further domains in their audit. Some suggestions are outlined below.

**English**
- Themes for texts.
- Exploration of complex and challenging issues.

**Civics and Citizenship**
- Contemporary social issues.
- Human rights.
- Discrimination.
- Values of society.
- The role of the Australian Government in the global community (including Australia’s role in the United Nations) through contexts such as government responses to sexuality-related issues, for example, the prevention of HIV/AIDS.

**Geography**
- Global patterns of development, considering classifications used by United Nations agencies, non-government organisations (NGOs) and other organisations.
- The impact of HIV/AIDS on development levels.
- The impact and/or effectiveness of development-related projects, policies and strategies (such as the use of foreign aid, or social reform in relation to HIV/AIDS) on physical and human landscapes, locally, nationally and globally.

**History**
- Investigate significant events or movements that have resulted in improvements in civil or political rights for groups of Australians such as the right to vote for women, gay rights, abortion and feminism.

**Science**
- The human body as an organism composed of different cells and systems working together.
- The relationship between system failure and disease in humans.
- Disease at the cellular, tissue and human body levels.
- The role of DNA and genes in determining patterns of inheritance.

**Adapting this tool**
Schools are encouraged to adapt this tool to meet specific needs.
<table>
<thead>
<tr>
<th>LEVEL</th>
<th>Health and Physical Education</th>
<th>Included in the past:</th>
<th>Will include in the future:</th>
<th>Resources for learning and teaching:</th>
<th>Resources for teacher professional learning:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Health knowledge and promotion</td>
<td>Where?</td>
<td>Where? When? Context?</td>
<td>What do you need to teach this topic?</td>
<td>What skills and support do you require?</td>
</tr>
<tr>
<td>1</td>
<td>Standards do not apply for this dimension at this level.</td>
<td></td>
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<tr>
<td></td>
<td>Key concepts found within the learning focus</td>
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<td></td>
<td>• changes as people grow and develop, how bodies change over time</td>
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<td></td>
<td>• emotions and the ways people express these</td>
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<td>• begin to learn about the development of personal identity</td>
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<td>• safe behaviours</td>
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<td>2</td>
<td>Standards do not apply for this dimension at this level.</td>
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<td></td>
<td>Key concepts found within the learning focus</td>
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<td></td>
<td>• needs at various stages of life</td>
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<td>• what students like about themselves</td>
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<td>• how students are similar to others and how they are unique</td>
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<td>• safe behaviours</td>
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| 4     | **Health knowledge and promotion** | • transitions  
• changes associated with puberty  
• roles and responsibilities  
• reproductive systems  
• sexual development and sexual maturation  
• the ways that people view each other based on gender etc. |                                                                                      |                                                                 |                                                                 |
| 5     | At Level 4, students identify the likely physical, emotional and social changes that occur during puberty. They identify and discuss the validity of the ways in which people define their own and other people’s identity. They describe the actions they can take if they feel unsafe at home, school and in the community. They describe the physical, social and emotional dimensions of health and establish health goals and plan strategies for improving their personal health. They describe a range of health services, products and information that can be accessed to help meet health needs and concerns.  
At Level 5, students describe the physical, emotional and social changes that occur as a result of the adolescent stage of the lifespan and the factors that influence their own development. They describe the effect of family and community expectations on the development of personal identity and values. They identify outcomes of risk-taking behaviours and evaluate harm-minimisation strategies. They identify the health concerns of young people and the strategies that are designed to improve their health. They describe the health resources, products and services available for young people and consider how they could be used to improve health. | • physical, social and emotional changes during adolescence  
• the influence of family on personal identity and values  
• community attitudes and laws influencing the sense of right and wrong  
• sexual health of young people (e.g. safer sex, contraception, abstinence, prevention of STIs)  
• access reliable information about health issues  
• barriers and enablers to accessing health services |                                                                 |                                                                 |
At Level 6, students identify and describe a range of social and cultural factors that influence the development of personal identity and values. They identify and explain the rights and responsibilities associated with developing greater independence, including those related to sexual matters and sexual relationships. They compare and evaluate perceptions of challenge, risk and safety. They demonstrate understanding of appropriate assertiveness and resilience strategies. They analyse the positive and negative health outcomes of a range of personal behaviours and community actions. They identify the health services and products provided by government and non-government bodies and analyse how these can be used to support the health needs of young people.

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<thead>
<tr>
<th>Standards</th>
<th>Key concepts found within the learning focus</th>
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<tbody>
<tr>
<td>• factors influencing the development of identity</td>
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<td>• variations in relationships over time</td>
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<td>• roles and responsibilities in sexual relationships</td>
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<td>• sexuality and sexual health e.g. safer sex practices, sexual negotiation, same-sex attraction and the impact of alcohol on sexual and personal safety</td>
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<td>• assumptions, community attitudes and stereotypes about young people and sexuality</td>
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<td>• support strategies for young people experiencing difficulties in relationships or with their sexuality</td>
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<td>• policies/practices related to sexual harassment, homophobia and discrimination</td>
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<td>• Medicare</td>
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### Level 1

(Interpersonal Development is not organised by dimension at this level.)

At Level 1, students identify the qualities of a friend and demonstrate care for other students. They contribute to the development of positive social relationships in a range of contexts. They use appropriate language and actions when dealing with conflict. Students describe basic skills required to work cooperatively in groups.

**Key concepts found within the learning focus:**
- Qualities of a friend
- Identify words which describe emotions
- Skills required to work with others cooperatively

### Level 2

At Level 2, students behave appropriately in a range of social situations. They identify the feelings and needs of other people. Students identify and accept that there are consequences for their actions. They take appropriate steps to resolve simple conflicts.

**Key concepts found within the learning focus:**
- Qualities that contribute to the development and maintenance of friendships
- Recognise and describe the feelings and emotional responses of others
- Conflict resolution
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<td>3</td>
<td>At Level 3, students demonstrate respect for others and exhibit appropriate behaviour for maintaining friendships with other people. They support each other by sharing ideas and materials, offering assistance, giving appropriate feedback and acknowledging individual differences. They work with others to reduce, avoid and resolve conflict.</td>
<td>• skills and strategies for getting to know and understand others • different types of friendships and relationships • expectations of friendships and relationships • empathy • giving and receiving feedback • strategies for dealing with conflict</td>
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<td>At Level 4, students demonstrate, through their interactions in social situations, respect for a diverse range of people and groups. Students describe the impact of bullying. They accept and display empathy for the points of view and feelings of their peers and others. They identify and use a variety of strategies to manage and resolve conflict.</td>
<td>• similarities and differences in values and beliefs of a range of individuals and groups • inclusion, belonging, tolerance • the impact of exclusion and bullying • the influence of peers</td>
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| 5     | Building social relationships | At Level 5, students demonstrate respect for the individuality of others and empathise with others in local, national and global contexts, acknowledging the diversity of individuals. They recognise and describe peer influence on their behaviour. Students select and use appropriate strategies to effectively manage individual conflict and assist others in resolution processes. | - respect for the individuality of others and acknowledgement of diversity of individuals  
- differing values and beliefs held in local, national and global contexts and the impact these have on relationships  
- the influences of peers on behaviour  
- various forms of bullying and the consequences for the bully and the victim  
- strategies to build and maintain positive social relationships | | | |
| 6     | | At Level 6, students demonstrate awareness of complex social conventions, behaving appropriately when interacting with others. They describe how local and global values and beliefs determine their own and others’ social relationships. They evaluate their own behaviour in relationships, identify potential conflict and employ strategies to avoid and/or resolve it. | - complex social conventions when interacting with others  
- local and global values and beliefs, and the impact on their own and others’ social relationships  
- barriers to achieving positive relationships  
- strategies that could be used to overcome barriers to effective relationships  
- strategies for managing peer influence on relationships  
- skills and strategies to prevent and resolve conflict | | | |
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<tr>
<th>LEVEL</th>
<th>Domain:</th>
<th>Dimension:</th>
<th>Included in the past:</th>
<th>Will include in the future:</th>
<th>Resources for learning and teaching:</th>
<th>Resources for teacher professional learning:</th>
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<td></td>
<td>Standards</td>
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<td>Where? When? Context?</td>
<td>What do you need to teach this topic?</td>
<td>What skills and support do you require?</td>
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Catching On Everywhere