Ollis, Debbie, Harrison, Lyn and Richardson, Anthony 2012, Building capacity in sexuality education: The Northern Bay College experience: Report of the first phase of the sexuality education and community support (SECS) project. Edited by Watson, Jan, Deakin University, Geelong, Vic.

This is the published version.

©2012, School of Education, Deakin University

Published by Deakin University.

Available from Deakin Research Online:

http://hdl.handle.net/10536/DRO/DU:30046609
Building Capacity in Sexuality Education: The Northern Bay College Experience

Report of the first phase of the Sexuality Education and Community Support (SECS) project

Debbie Ollis, Lyn Harrison and Anthony Richardson
May 2012
© School of Education, Deakin University

May 2012

National Library of Australia
Cataloguing-in-Publication data;
Ollis, D Harrison, L & Richardson, A
Building Capacity in Sexuality Education: The Northern Bay College Experience

Disclaimer
This report has been written as part of a project from the School of Education Deakin University. The views contained in this report are representative of the authors only. The publishing of this article does not constitute an endorsement of or any other expression of opinion by Deakin University. Deakin University does not accept any loss, damage or injury howsoever arising that may result from this article.

Acknowledgements
We would like to thank the following for their financial support to undertake this research:

• The Centre for Research in Educational Futures and Innovation: School of Education, Faculty of Arts and Education, Deakin University
• The Health and Wellbeing Programs Unit: Student Wellbeing Engagement Division of the Department of Education and Early Childhood Development (DEECD) for a grant to explore Capacity Building in Sexuality Education.

We would also like to thank the following organisations and individuals for participation in the research and their contributions to this report:

Working Party
Susan Parker Barwon Health
Lyn Harrison Deakin University (Geelong)
Debbie Ollis Deakin University (Melbourne)
Mandy Stevens Family Planning Victoria
Gordana Krsul Northern Bay P-12 College (DEECD)
Carol Littleg Northern Bay P-12 College (DEECD)
Ken Massari Northern Bay P-12 College (DEECD)
Jenny Seljak Northern Bay College P-12 (DEECD)
Mel Tilley Northern Bay College P-12 (DEECD)
Shona Friswell Parent/Community representative
Sharon Walker Parent/Community representative
Sue England School Nursing Program (DEECD)
Dave Moor School Nursing Program (DEECD)
Amanda Patterson School Nursing Program (DEECD)
Liz Sutherland Workers of Wellbeing (DEECD)

We would like to thank in particular Susan Parker from Barwon Health for her ongoing assistance and advice in carrying out the research for this report. In addition, we would like to thank Mandy Stevens from Family Planning Victoria for sharing her experience of working with schools in building capacity in sexuality education.

The Principal Fred Clarke, teachers, parents and students at Northern Bay College.

Research Assistants: Kath Herbert, Claire Mahara, Anthony Richardson and Laurel McKenzie

Steven O’Connor, Senior Policy Officer, Sexuality Education and Sexual Diversity (DEECD)

Editor: Jan Watson

Graphic Designer: Travis Zimmer
Building Capacity in Sexuality Education: The Northern Bay College Experience

*Report of the first phase of the Sexuality Education and Community Support (SECS) project*

Debbie Ollis, Lyn Harrison and Anthony Richardson

School of Education
Deakin University | Geelong VIC 3220 | Australia

ISBN: 978-0-9873319-0-8
May 2012
LIST OF FIGURES AND GLOSSARY

List of figures

<table>
<thead>
<tr>
<th>Figure</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Figure 1</td>
<td>Teacher perceived barriers to the implementation of sexuality education</td>
</tr>
<tr>
<td>Figure 2</td>
<td>Teachers' beliefs about sexuality education</td>
</tr>
<tr>
<td>Figure 3</td>
<td>Teachers' views of barriers to parental involvement in sexuality education</td>
</tr>
<tr>
<td>Figure 4</td>
<td>Parental views on who should be responsible for sexuality education in school</td>
</tr>
<tr>
<td>Figure 5</td>
<td>How parents would like to be involved in the sexuality education of their children</td>
</tr>
<tr>
<td>Figure 6</td>
<td>Parental views on teaching about laws or legislation related to sexuality issues</td>
</tr>
<tr>
<td>Figure 7</td>
<td>Parental views on teaching about legislation and sexual health issues</td>
</tr>
<tr>
<td>Figure 8</td>
<td>Student responses to reproduction topics</td>
</tr>
<tr>
<td>Figure 9</td>
<td>Student responses to puberty topics</td>
</tr>
<tr>
<td>Figure 10</td>
<td>Student responses to sexual activity questions</td>
</tr>
<tr>
<td>Figure 11</td>
<td>‘Wordle’ of key words from students written responses to the question, “Is there anything that you would like to learn about in sexuality education that has not been covered in the previous questions?”</td>
</tr>
</tbody>
</table>

Glossary

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>NBC</td>
<td>Northern Bay P-12 College</td>
</tr>
<tr>
<td>SECS</td>
<td>Sexuality Education and Community Support Project</td>
</tr>
<tr>
<td>CSE</td>
<td>Comprehensive Sexuality Education</td>
</tr>
<tr>
<td>SRE</td>
<td>Sex and Relationships Education</td>
</tr>
<tr>
<td>PD</td>
<td>Professional Development</td>
</tr>
</tbody>
</table>
EXECUTIVE SUMMARY

The Sexuality Education and Community Support (SECS) project aims to introduce a P-12 approach to sexuality education at Northern Bay P-12 College (NBC) through a collaborative partnership process between the schools within the College and local, regional, and state health and education agencies and has set out to change current sexual health education practice in the College and assist other schools in the region to do the same. The Project’s goal is a ‘sustainable, responsive, whole school, regionally consistent, best practice sexuality education’.

During this first or establishment phase of the SECS project strategies have been implemented to begin the process of building capacity in sexuality education at NBC. These strategies are aimed at developing a sustainable approach during the next three and a half years.
The importance of a productive working group representing the various stakeholders has been emphasised by the following key milestones:

- Development of an action plan that has been modified in line with the organic and action research nature of the project.
- The development of a 2-day professional learning program for a core number of teachers and support staff. Participants now feel confident to deliver the classroom program rather than relying on the school nurses and external agencies to run ‘one off’ puberty programs with grades 5 and 6.
- The importance of the two initial ‘champions’ who have driven the implementation of phase one, has diminished as other school based members of the working party – in particular the teacher representatives, have also become key drivers in developing and implementing sexuality education at the classroom level.
- This capacity building has resulted in teachers on the working party taking on mentoring and leadership roles with their teaching teams to build the capacity of other teachers and in providing professional development for the College as a whole.
- There was some concern about an initial lack of clarity about the use of agency resources that caused some delays in progress – the importance of establishing a shared vision about purpose, leadership and scope was evident.

KEY FINDINGS
Finally, the role of the College leadership and commitment to the project has been an important element. During this first phase this commitment has grown as the leadership have taken on key roles in developing a vision for the project, often under contested conditions, and increasing their visibility with the school and community in relation to the project’s importance and sexuality education at NBC.

Baseline Data

Base-line data have been collected and analysed on teacher attitudes, preparedness and willingness to teach sexuality education; parent and student views on what sexuality education should involve for grades 5 and 6 and help seeking behaviours, and the experience of targeted professional learning designed to build capacity. Overwhelmingly all groups saw the need for a comprehensive sexuality education program at the College, even though there were differences in views about content and emphasis. The following is a summary of key findings from the data.

Teachers and other College personnel

- Members of this group acknowledged the importance of networking, acquiring new pedagogical skills, and up to date resources.
- Leadership from the top was seen as a key requirement for success
- The need for ongoing professional learning was emphasised
- A focus on respectful relationships as well as biological changes should be core to any program that should start in Prep.
- Confident and informed parents were seen as vital to success
- There was a concern about parent backlash
- Significant barriers to success were: lack of knowledge, confidence, training, skills or resources, or the challenges of addressing cultural and religious differences

Students

- Students were much less certain than parents that the topic of reproduction (the physical mechanics, conception and pregnancy) was important.
- Students thought that learning about love and being close was important
- A significant number of students did not want masturbation taught.
- Boys want to know significantly more about sex and sexual feelings than girls
- Boys want to know more about masturbation and love than girls
- Grade 6 students want to know more about each of the above than grade 5 students
- Love and being close was the issue students wanted to know most about in the sexual activity category
- Boys want to know more about contraception, STIs and feeling safe than girls
- Boys are most interested in discrimination and the laws and girls are most interested in knowing what to do
- A high percentage of students indicated that they would not seek advice and/or information from the Internet or teachers.
- Students were more likely to ask mum than dad for information
Parents

- Despite teachers’ concerns parents were largely supportive of sexuality education.
- Like their children, parents thought that love and being close was important for their children to learn.
- Unlike their children, parents were more willing to identify learning about masturbation as important.
- There were conflicting expectations around who should teach their children sexuality education, although a significant number of parents (38.5%) thought parents should be solely responsible for teaching sexuality education. Most regarded it as a partnership between parents and the College.
- 40% of parents want information on sexuality and nearly 60% of parents want information from teachers and/or the school on how to talk to their children and to assist with sexuality education.
- Mirroring many of the concerns expressed in stakeholder interviews parents identify the greatest barriers to their involvement in sexuality education as being religion, culture, confidence and language.
- Parents were unsure about the inclusion of sexual pleasure and sexual diversity in sexuality education.
- There were divergent views about the age at which sexuality education should be initiated.

Key Resources

The availability of key resources, such as DEECD’s Catching On Early and the components of Safe Landing (forthcoming) has also had an enabling and capacity building impact on teacher confidence and in allaying fears about how to address sexuality education across the Victorian Essential Learning (VELS) levels in the primary years and in planning programs.

Future Directions

In line with the action research model the data has resulted in a changed focus in phase one shifting to include all primary levels rather than the planned focus on grades 5 and 6. Parent information nights are planned not only to inform parents on the NBC approach but to also assess the possibility of providing parent education programs, as identified in the data.

As the project moves to the second phase in which classroom implementation begins, the action research cycle will also start again. In Phase 2 we will research student, teacher, parent and school and community experience of sexuality education in practice.
“My vision for this project is that Northern Bay College provide a seamless education that becomes a model of practice nationwide, and that the community are proud of what they do really well.”
(Key Stakeholder)

The Sexuality Education and Community Support (SECS) project, spanning five-years, aims to introduce a P-12 approach to sexuality education through a community-engagement focus involving local and regional stakeholders and with a strong research into practice component. The Project is primarily concerned with questions of capacity building, impact and sustainability of an innovative whole-school and community partnership approach to providing comprehensive sexuality education as part of whole-school change. The Project’s goal is a ‘sustainable, responsive, whole school, regionally consistent, best practice sexuality education’.
The catalyst for this project has been the Barwon South West – Corio-Norlane regeneration project, in which a series of school amalgamations have led to the emergence of Northern Bay P-12 College (NBC) in Geelong; five schools teaching Prep to Year 8 (the focus for this stage of the project), and a single Year 9 – 12 campus. The amalgamation provides a strong impetus for the participating primary schools to ensure that they provide best practice education that is consistent across campuses and cohesive throughout year levels. The SECS Project was established, in 2010, to support the implementation of similarly comprehensive sexuality education across NBC. SECS is based on a collaborative partnership approach between the schools and local, regional, and state health and education agencies and has set out to change current sexual health education practice in the college and assist other schools in the region to do the same.

For many years sexuality education within primary schools throughout the Geelong district, mirroring the situation elsewhere in Australia, has been taught sporadically, with great variations in content and style between schools. The most common outcome was that many schools did not teach sexuality education in the primary sector at all. The schools that did began well by addressing the themes of diversity, growth, and interpersonal skills in the early years, but then often did not extend these to incorporate explicit discussion of puberty or sexuality in the upper year levels. Again, those that did provide education in these themes in the later years tended to limit it to brief presentations about puberty by external professionals perceived as ‘expert’: school or community nurses, or teachers specialising in the area. These sessions were often heavily influenced by a functionalist concern with behavioural change and there were few, if any, links made to other curriculum content. Finally, the few schools that did present a teacher-provided, curriculum-based sexuality education program were heavily reliant on the confidence and abilities of individual teachers and so these programs were not transferable across schools, or even across staff within the same school.

The project has developed an action plan, to address these persistent shortcomings in sexuality education, it also provides direction under which proposed sexuality education will be implemented and monitored to meet the objectives of establishing: ‘project capacity’, ‘school support systems’, ‘community engagement mechanisms’ and ‘research project needs, processes and outcomes directly related to sexuality education input and outcomes at Northern Bay College (Health Promotion Unit, 2010 pp.6-7).

The plan is aligned with the Victorian Essential Learning Standards (VELS) Health and Physical Education (HPE) domain (as well as with elements of the Interpersonal Development and Science domains). It has also been prepared as part of a statewide move to have plans in place that reflect the guiding principles, and education, prevention and care priorities of the state health promotion priorities. The plan identifies responsibilities of key agencies involved in the project. In particular it singles out the contribution of Deakin University in ‘providing resources and staffing, to research the process and impact and provide advice and guidance’, and ‘Family Planning Victoria (FPV) in providing a model in which to integrate components of the action plan; and significant support toward project development, staff training, and resourcing the schools.’ (Health Promotion Unit, 2010, p.5).
Building Capacity in Sexuality Education, reports on the first or establishment phase of this project. During an 18-month period from mid-2010 until the end 2011, this phase saw the:

- establishment of a working group
- development of an action plan
- collection of baseline data from the school community and those involved in the project
- professional development of teachers and staff who would be involved in the classroom delivery of sexuality education or in the support of those delivering sexuality education to students.

The main focus during this phase has been on the primary school cohort although the structure of the school has required an additional focus at Years 7 and 8.

The report contextualises the project progress to date in the context of current research on sexuality education in schools and the project objectives concerned with building capacity and developing a sustainable approach to sexuality education at NBC. The report is designed to shed some light on those strategies that are working to assist NBC in this process.

The first sections of the report provide an overview of the literature and a description of the methodology used. The findings are structured around the four data collection foci, the working group, the teachers, the parents and the students. An additional section on the experience of professional learning is included. A discussion of the key themes in line with the literature is presented followed by a short conclusion. Finally, recommendations for moving the project into the next phase - the delivery of sexuality education to students from Prep to Year 8 - are presented.
Building capacity in sexuality education: the Northern Bay College experience

[Image of a woman standing by a table with cards on it]
LITERATURE REVIEW

2.1 Sexuality education: a brief overview

While universally mandated, sexuality education for all children, as outlined by the UNESCO, is still not a reality in practice as well as legislation (Goldman, 2010; Parker et al., 2009).

This literature review starts from an acceptance of Kane’s view that “The debate on sex and relationship education has now arguably progressed and the focus of research has shifted from the question of whether or not it should be provided to the more specific questions of how, where, when and by whom?” (Kane, 2008, p.6).

This research has identified three main approaches to teaching sexuality in schools (Farrelly et al., 2007):

1. a traditionalist approach which treats sexuality as a moral issue and promotes abstinence before marriage as its overarching goal (Schaalma, 2004; Peppard, 2008);

2. a functionalist model which focuses on the reproductive mechanics of sexuality and focuses on contraception and safe sex methods to alleviate the risks (of pregnancy and STIs) through which adolescent sexuality is usually conceptualised; and
3. an increasingly accepted Sexual Health, or Sex and Relationship Education (SRE), approach that starts from the assumption that sexuality is positive and links information and critical thinking with empowerment, choice and an acceptance of sexual diversity (Family Planning Victoria, 2006; Ferguson et al., 2008; Formby et al., 2010; Ollis, 2002; Sinkinson, 2009).

This final approach conceptualises sexual health as more than the absence of STIs; instead it is:

A state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence (World Health Organisation, 2006, p. 5).

It can be further considered as part of a ‘whole-school’ (or ‘health promoting’ school) approach, in which the whole range of stakeholders in adolescent health, including sexual health, are engaged in an attempt to promote just such a holistic approach to sexual health in adolescents (Department of Education and Early Childhood Development, 2008; Ollis, 2003a). There is a recognised need to foster school environments in which same-sex attracted and gender-questioning young people (SSAGQY) may find their sexuality acknowledged and celebrated, and heteronormality and the social construction of gender may be challenged and critiqued (Farrelly et al., 2007; Harrison and Hillier, 1999; Ollis, 2002;).

While this last approach appears to be increasingly accepted it is not universally so. In the USA, in particular, a religiously inspired ‘abstinence-only’ moral approach, while under challenge, remains a significant (and heavily-funded) component of sexuality education (Peppard, 2008; Schaalma, 2004) and in a number of European countries such as Greece, Italy, Spain, the Baltic States (Lithuania and Latvia), Luxembourg and Poland where sexuality education is still controversial due to the levels of conservative religiosity (Parker et al., 2009).

Similarly, the functionalist approach, in which sexuality education is viewed through a biological and/or reproductive lens and is seen primarily as a risk-reduction strategy, is still predominant in European countries such as Austria, Italy and Poland (Parker et al., 2009) and to a lesser extent in NZ (Sinkinson, 2009) and Australia (Harrison and Hillier, 1999).

At the same time, while the Sexual Health/SRE approach attempts to address the broader social questions of gender, patriarchy and sexual diversity to build confidence and empowerment in students this approach has been challenged by the field of cognitive science in which it is argued that a focus on specific behavioural change (harking back in some ways to the functionalist model of sexuality education) is more likely to change risky behaviours (with specific regard to AIDS) than a concern with overall empowerment or building a positive sense of self (Wight et al., 2002; Wight and Buston, 2003). In the developing world (particularly Africa and Asia) a significant number of national or regional projects are still heavily influenced by the functionalist approach in which practical knowledge of condom use and safe sexual practices is paramount or by a focus on morality and abstinence as promoted by some aid organisations or religious institutions (Rosen et al., 2004).

2.2 What to teach, to whom, and how?

Traditionally sexual health has been taught by home economics teachers, school nurses or physical education teachers (or some mix of all three) depending on which part of the school curriculum the unit has been ‘assigned’
to (Formby et al., 2010 Parker et al., 2009,) and, in the past, has often gone hand in hand with a functionalist approach to the topic. Outside expertise is also often brought into the school context to compensate for perceived shortcomings (Parker et al., 2009; Wight et al., 2002). One exception to this leading role for schools has been within the traditional moral approach in which parents are seen as the primary providers of sexuality education for their children (NSW Catholic Education Commission, 2003).

In contrast, the ‘health promoting school’ (HPS) approach is predicated on the involvement of all stakeholders: teachers, parents, school authorities and student peers (Australian Health Promoting Schools Association, 2001; Clift & Jensen, 2005; Department of Education and Early Childhood Development, 2008b) in a holistic approach which is fully incorporated into the school curriculum in terms of study content and timetables (Department of Education and Early Childhood Development, 2008b; Victorian Essential Learning Standards, 2009).

The HPS approach recognises that schools (and not only in regard to sexual health) should be considered as one facet of the whole environment in which students live and in that sense they should be fully integrated within this environment: with parents, cultural groups and the broader community (Dooris, 2004; Eccles, 1999; Fullan, 2009). Connections have been drawn with Bronfenbrenner’s ‘biocological’ theory of human development (Guhn, 2009) or the ecological model of health promotion (Dooris, 2005) in which these various elements of the human environment play an interconnected and crucial role in human development.

2.2.1 Pedagogical Approaches
The great majority of the literature on the pedagogy of sexuality education is at the secondary level; there is discussion about the merits of teacher-led as opposed to peer-led sexuality education (Allen, 2009; Westwood and Mullan, 2007; Wight, 2007) with questions raised about the effectiveness of both approaches. It is worth mentioning, however, that the validity of this whole debate has itself been questioned, as it can be argued that it is not important whether it is a peer or a teacher taking the class; it’s the personal qualities of that person that count (Allen, 2009).

There is also an awareness in the literature of the importance of student-focused participatory learning styles, incorporating elements such as role-playing and videos, as opposed to a more traditional teacher-focussed pedagogical approach (Buston et al., 2002; Ferguson et al., 2008; Ollis, 2011). The aims of such models can be summarised as:

- acknowledging the experience of learners and helping them build on those experiences
- creating a climate in which young people are listened to, their contributions are appreciated, and their right to express their views respected
- using activities to help students identify and acknowledge their own strengths and receive appreciation from others
- enlisting the skills and talents of individuals for the benefit of the class or group; and using structured activities to help students become increasingly self-directing and responsible for their own actions and learning (Wight, 2007).

Examples of teacher-led sexual health education programs include Talking Sexual Health in Australia, the general Dutch approach (including the Long Live Love program) (Ferguson et al., 2008) and the SHARE (Sexual Health and Relationships: Safe, Happy and Responsible)
program in Scotland. The APAUSE (Added Power and Understanding in Sexuality Education) program in the UK, utilising a mix of teacher and external expert inputs, along with a sizeable peer-educator component drew mixed reviews (Blenkinsop et al., 2004). While these all demonstrate a concern with fostering a climate of support and confidence and building a positive sense of self, the SHARE program, however, is seen to be also influenced by the same theoretical focus on skills-building cognitive behavioural change outlined earlier and includes elements such as ‘modelling’ and practising desired behaviours (seen to be an element of the Long Live Love program as well) (Schaalma et al., 2004; Wight and Abraham, 2000; Wight et al., 2002)

2.3 Sexuality education at the primary school level

While there is a recognised need to start sexuality education at a young age (Goldman, 2008; Kane, 2008; Kesterton & Coleman, 2010) and make it comprehensive within a broader health framework including social and gender/sexuality issues as well as reproduction (Mason, 2010; Milton, 2003; Ollis, 2002; Walker & Milton, 2006), and there is a body of literature examining the pedagogical, logistical, organisational and cultural challenges facing comprehensive sexuality education (CSE) at the secondary level (as discussed above), there is a paucity of the same at the primary level (Kirby 1999; Ryan & Goffin, 2008; Sheridan et al., 2009).

Teaching CSE at primary school level has advantages indicated by research about the needs of adolescents and their families. The great majority of the literature reviewed points conclusively to the benefit of fostering an atmosphere of warmth, safety, and open communication around issues of sex and sexuality – which is often easier to begin to foster with younger children, as there is less parental embarrassment about talking to children about sex and sexuality before the onset of puberty (Kesterton & Coleman, 2010). Therefore, while in America, just 38% of the North Carolina parents surveyed believed CSE should begin at elementary school age (Ito et al. 2006), 64% of Greek parents surveyed believed CSE should begin at primary school, and a further 24% believed it should start from preschool (Kakavoulis, 2001) and 78% of teachers and a ‘majority’ of parents in the Canadian study believed that it should begin at elementary school age (Cohen et al., 2004).

What does exist at the primary school level is often labelled as ‘puberty programs’ and is not integrated into either the rest of the health or sexuality education curriculum or to what is taught in later levels. This appears to be a worldwide characteristic of the various programs labelled in this way as in many cases legislation to supply comprehensive CSE at the primary level is not matched by national or state (departmental) direction or standardised curriculum materials (Gerouki, 2007; Leurs et al., 2005; Parker et al., 2009). This lack of a ‘packaged curriculum’, in particular, was seen as a barrier by principals (Leahy et al., 2004). The importance of linking programs (including curriculum, materials and training) across primary and secondary schools was also recognised (Goldman, 2010; Leahy et al., 2004).

However, examples of different approaches to primary school level CSE do exist. One UK program involved the use of a multimedia computer program to facilitate increased communication about sexuality issues between parents and children, based on a key assumption from the British Government’s Sex and Relationships Education (SRE ) guidance that “…parents are key people in teaching their children about sex and relationships.” (Turnbull et al.
Their research found that the use of a multimedia CD did increase communication about sex between parents and children, at least by providing openings for topics of conversation if not by making these matters easier to broach naturally.

Speakeasy, another UK program, was conducted with over 4200 parents of children whose average age was 9.1 from mainly lower socio-economic areas, over a series of structured two-hour sessions with a SRE-trained facilitator. Annual follow-up interviews with randomly selected parents showed continued increased confidence in approaching issues around sex (Kesterton & Coleman, 2010). In the US the Talking Parents, Healthy Teens program, consisting of hour-long workplace sessions with parents and adolescents aged 11-16, also returned results showing statistically greater willingness and openness in communicating about sex in the program participants than the control group (Ito et al., 2006).

In 2011 the Victorian Department of Education and Early Childhood Development released Catching on Early: Sexuality Education for Victorian Primary Schools (DEECD, 2011), a follow-up to its Catching on Everywhere resource (DEECD, 2008a, 2008b). Catching on Early implements a whole-school approach to CSE from Prep to Year 6. This approach, based on a partnership strategy with schools, parents, and the local health and welfare community, recognises that children need to be informed about sex and sexuality so that they can develop as teenagers without worrying about changes occurring with their bodies and relationships, and be able to safely make informed decisions and choices.

There is debate as to the extent to which CSE should be delivered on a co-educational basis or through same-sex classes/groups (Kane, 2008; Milton 2003). One area of difficulty with same-sex classes comes when attempting to approach the topic of gender, power and stereotyping (Ollis, 2011; Wight & Abraham, 2000) and there seems to be some acknowledgement that a mix of same-and mixed-sex classes can be utilised depending on the topics being addressed (Milton 2003; Ollis, 2011; Wight & Abraham, 2000). However, it is worth noting that much of the literature on this topic is focused on teaching CSE in secondary schools and such issues may well be different for younger children.

Still there is a recognised need for broaching the topic of sexuality and gender with primary school children as they are actively constructing their own gender identities at this age (Blaise, 2009; McBride-Chang & Jacklin, 1993 Richner & Nicolopoulou, 2001) which is a crucial age to address the issue of gender and sexuality stereotypes (Blaise, 2009; Schuette & Killen, 2009; Tisak, et al, 2007). It is also worth noting that boys are much more likely than girls to identify and reproduce gender-stereotypical attitudes and behaviours at this age (McBride-Chang & Jacklin, 1993; Schuette & Killen, 2009; Tisak, et al., 2007) which only increases with age (Schuette & Killen, 2009). However it would appear that the primary schools across Australia that do introduce these topics are in the minority (Milton, 2003; Walker & Milton, 2006) with one possible reason being the level of discomfort with the topic amongst parents and teachers (Kroeger, 2006; Walker and Milton, 2006).

There is a perceived need for Australian curriculum documents such as the VELS to further integrate CSE (as part of the broader concept of the ‘health promoting school’) into the life of the whole school itself, rather than being perceived as purely a curriculum matter (Goldman, 2010; Leahy et al., 2004; Marshall et al., 2000). For instance, elements of the HPS approach that are widely covered (which happen to include sexual and reproductive health) are often those most recently promoted or funded
by education departments (Marshall et al., 2000). At the same time, teachers report a lack of guidance (Leahy et al., 2004; Milton, 2003; Sieg, 2003) from curriculum documents (or some central coordinating authority) in terms of:

- Which topics (diverse sexualities, the range of sexual practices, etc.) should be taught?
- How far should these topics be taken with primary school students?
- How should teachers handle difficult questions asked by children?
- How should teachers address the differing levels of maturity and knowledge in their classes?

There would seem to be a tension between centrally espoused guidelines on CSE curriculum and the ability of individual schools to approach the issue in a way that reflects some consensus between all the stakeholders (school leadership, teaching staff and parents) a crucial component of an effective HPS approach (Formby et al., 2010; Leahy et al., 2004). In fact, the situation has been described as one of ‘excessive flexibility’ in Queensland as it allows schools to avoid teaching CSE to a great extent (Goldman, 2010).

However, a counter example is provided by the Western Australian School Health (WASH) Program, which incorporates the concept of ‘health promoting schools’ (including a focus on the importance of parents’ roles) through a de-centralised approach in which individual (secondary) school communities develop and implement their programs on a voluntary basis. This “ownership of the school health promotion program by school community members” is identified as a major strength of the program (McBride et al., 1999 p. 19).

2.4 Parents – roles and responsibilities

The Victorian Government Schools Reference Guide (DEECD, 2007) reflects the whole-school approach and sees parents (and the home environment in general) as ‘especially important’ elements in the development and delivery of comprehensive sexuality education. While this importance is further acknowledged in the literature (Kakavoulis, 2001; Kesterton & Coleman, 2010; Turnbull et al., 2011), and by parents themselves (Leahy et al., 2004; Walker and Milton, 2006), it is recognised that parental involvement in teacher-delivered sexuality education is not a straightforward matter (O’Donnell et al., 2007).

Parents are key stakeholders of CSE program content. One of teachers’ ongoing concerns when developing sexuality education programs is about what parents want – or do not want – their children to know in this area (Eisenberg et al., 2008; Ollis, 2009). There is a prevailing stereotype that parents do not want strangers teaching their children about sex and relationships (Anonymous, 2011), as reflected in some US state governments’ policies of exclusively funding abstinence-only programs in schools. However this can well be seen as reflecting conservative lawmakers’ views, not parents’ (Dailard, 2001). The majority of the literature reveals that despite some parental embarrassment, there is widespread international support for comprehensive sexuality education (CSE) that teaches abstinence and sex and relationships, including safe sex (Cook, 2011; Shtarkshall et al., 2007). One Canadian study found that over 85% of parents surveyed agreed with the statement “sexual health education should be provided in the schools,” (Cohen et al., 2004). Three different studies in the United States (a 2006 study of 1306 parents in North Carolina, a 2007 random digit dial survey of
1284 California parents, and a 2008 study of 1605 Minnesotan parents) all produced the result that 89% of respondents supported CSE being taught in state schools (Constantine et al., 2007; Eisenberg et al., 2008; Ito et al., 2006). In Australia, a study of Queensland fathers’ attitudes identified concerns about sexuality education as dangerous, difficult, and requiring a close emotional bond (in itself seen as problematic) and a level of expertise they themselves did not possess (Walsh et al., 1999). At the same time, these men (and parents more generally) perceived schools as having a crucial responsibility for the sexual education of their children (O’Donnell et al., 2007; Walker and Milton, 2006) based upon a perception of teachers as trained professionals.

In terms of the program content, parents were in favour of schools providing information to young people on sexual health topics that included sexual development and puberty, reproduction, healthy relationships, prevention of STIs and HIV/AIDS, birth control including abstinence, sexual orientation, and sexual abuse/coercion (Anonymous, 2009; McKay & Bissell, 2005). As well as basic information about biological sex parents also wanted information about the deeper meanings and implications of sexual relationships, including a moral standpoint, to be included, (Kakavoulis, 2001).

Beyond their importance in the sexual and gender socialisation of their children (Schuette & Killen, 2009; Tisak et al., 2007) parents are one of the most influential stakeholders in schools: 34% of Australian principals rank parents as the most influential actors (ahead of government, staff and even the children) affecting their decisions (Dempster et al., 2004). While the ‘health promoting school’ approach recognises the importance of the parents’ role with regard to sexual health education, and a majority of parents in a range of countries appear to support CSE in schools (Cook, 2011; Leahy et al., 2004; McKay, 2004), connections between schools and parents, above all to promote confidence on the part of these stakeholders, need to be promoted and maintained through regular links (Milton, 2004; Walker, 2001).

Furthermore, it is important that schools consider parents’ wants as key stakeholders. As one primary teacher commented in Milton’s study, “I think it would be a good idea to survey the parents … to find out what they feel the program should involve.” and another: “… it needs to be a partnership. Parents need to be aware of what the syllabus says, what’s in the document and the reasons to teach it. It’s to support hopefully what they’re teaching at home” (Milton 2003, p.248). Good communication should ideally take place between all parties, as the communication gap is itself a factor that may put young people at risk, following findings in the literature which locates positive and open communication as the key factor in young people developing safe practices and awareness (Cates, 2008).

However, even when these links exist there can be particular difficulties related to the provision of CSE in the school environment and at home. For instance, many children report a desire for more sexual health knowledge and guidance from their parents (Goldman, 2008; Walker, 2004) which is often not forthcoming (Goldman, 2008). At the same time parents can be hard to motivate (McBride et al., 1999) or can express adverse reactions towards either the sexual health program as a whole, individual teacher’s roles within it (Goldman, 2010; Ollis, 2005) or the suitability or ability of any teacher to teach such a subject to children (Goldman, 2008; Leahy et al., 2004).

In addition, there are a number of inhibitors on the ability of willing parents to successfully discuss sexuality and sexual health with their children:
Parental embarrassment and/or inhibitions (Goldman, 2008; O’Donnell et al., 2007; Rouvier et al., 2011)

Lack of parental knowledge about the topic (Goldman, 2008; O’Donnell et al., 2007; Rouvier et al., 2011)

Resistance on the part of children (Goldman, 2008)

Communication difficulties (Goldman, 2008; O’Donnell et al., 2007)

Parental procrastination (Goldman, 2008; Walker, 2004; Walker and Milton, 2006).

Many of these difficulties experienced by parents can be addressed by specific training in the ‘what’, ‘when’ and ‘how’ of discussing sexuality with their children. Programs such as Talking Parents, Healthy Teens, Saving Sex for Later or Parents as Primary Sexuality Educators in the US (Kesterton & Coleman, 2010; O’Donnell et al., 2007), the WASH program (McBride et al, 1999) and the Speakeasy initiative (Kesterton & Coleman, 2010) in the UK (while not all focused on primary schools) have demonstrated improved parental confidence and knowledge with regard to sexuality education. The need for training of teachers and parents to achieve better sexual health education outcomes is acknowledged (Lieber et al., 2009; Wight, 2007).

Furthermore it is important to acknowledge that parents are not a homogenous group and questions of culture and religion (McKay, 2004; Walker and Milton, 2006), socio-economic status (Cook, 2011; Walker, 2004), sexuality (Kroeger, 2006) and gender (Walker, 2004; Walsh et al., 1999) determine the way individual parents address the issue of the sexual health of their children.

For instance, in considering socio-economic backgrounds one American study, that correlated parents’ attitudes and values with their 15 and 16 year old children’s sexual activity, found that the ‘better’ the parents considered their neighbourhood to be, the less likely their children were to begin having sex at an early age (Moore et al., 1986).

Similarly, large cultural differences emerge between countries with more liberal approaches to sexuality. In Mexico, for instance, specific cultural difficulties emerge due to Catholic conservatism, parents’ reticence, parents’ own experiences of early pregnancy, and lack of confidence and knowledge, with both parents and adolescents preferring the idea of school-based programs (Rouvier et al., 2011). In Vietnam, problems of cultural reticence again emerge, where families may discuss romance, but not topics about sexual health – despite the perceived need to do so with a growing awareness of HIV/AIDS. Parents tend to talk around the issue, warning their children to concentrate on their studies rather than think about sex: girls tended to be warned of physical consequences, boys of moral. In both Vietnam and Mexico a partnership approach is advocated between schools and parents – often via materials sent home for families to discuss together, extra-curricular activities, or via school-based open forums where issues can be openly discussed, but in a far more cautious and conservative sense than programs in more liberal countries.

There is also a recognised tendency for mothers to be much more involved than fathers in the sexuality education of their children (Walker, 2004; DiLorio et al., 1999). They are one of the key sources of information used and trusted by young people in relation to sexuality information and issues (Hillier et al., 1996; Smith et al., 2003, 2008). However, research also suggests that girls talk about sex with their mothers, and boys with their fathers (Trinh et al., 2009).
A final point to be acknowledged is the apparent disconnect between the universal right of children to equality, dignity, respect and freedom of thought and expression (in matters of sexuality as in other areas) (Goldman 2008) and the ability of parents in countries such as the US, New Zealand (Clark, 2010) and the UK (Kane, 2008; Mason, 2010;) and Australian states such as Victoria (DEECD, 2007) to remove their children from sexual health programs that do not accord with their beliefs or values. This is not a universal situation; in the Czech Republic for instance this choice to ‘opt out’ does not exist (Parker et al., 2009).

2.5 Difficulties facing the implementation of Sexuality Education

Researchers and teachers themselves have identified a number of challenges facing the successful implementation of teacher-led sexuality education programs in schools. These include:

- Sexuality education being accorded a low priority by school management (Formby et al., 2010; Goldman, 2010).
- Sexuality education being implemented in an ad-hoc manner across departments and schools (Leahy et al., 2004; Parker et al., 2009; Sinkinson, 2009).
- Lack of time and space in the already crowded curriculum (Goldman, 2010; Leahy et al., 2004; Westwood and Mullan, 2007).
- Lack of both pre-service and in-service professional training (Goldman, 2010; Warwick et al., 2005; Westwood and Mullan, 2007).
- Lack of teacher confidence (Goldman, 2010; Ollis, 2005; Walker et al., 2003) or fear of consequences of mistakes (Harrison and Hillier, 1999; Leahy et al., 2004; Ollis, 2005) or adverse parent reactions (Goldman, 2010; Mason, 2010).
- Lack of curriculum or human resources (Goldman, 2010; Ollis, 2010; Smith et al., 2005) or of familiarity with the topic and curriculum materials (Buston et al., 2002; Goldman, 2010).
- Lack of research on which to base standards for professional development (Smith et al., 2005).

2.6 The challenges facing successful and sustainable educational change

It is worthwhile finishing here by looking at the challenges for projects aiming to introduce sustainable educational change and ways in which they may be addressed. Much of what follows is concerned with general educational policy change (as opposed to change specifically related to sexuality education), as there is a recognised lack of research on the design and implementation of educational change in any context (Adelman & Taylor, 2007; Hargreaves & Goodson, 2006).

There is, however, a body of research dealing with ‘whole systems’ approaches to organisations and societies (Dooris, 2009; Fullan, 2009; Guhn, 2009; McBride et al., 1999), which relates strongly to the holistic conception of sexual health education underlying the ‘health promoting schools’ concept. While the effectiveness of this approach is seen as insufficiently evaluated by some (Dooris, 2005; Hargreaves & Goodson, 2006), there is general acknowledgement that organisations and social context/environments are complex interconnected ‘webs’ of actors and influences,
and any change which focuses on single causes or stakeholders is ineffective (Blackmore, 2004; Dooris, 2005; Fullan, 2009; Guhn, 2000). Hargreaves and Goodson (2006) provide a sobering assessment of prospects for lasting change and argue that the most important driving forces behind any sustainable long-term change are local/regional/national economics and demographics. These form an inescapable context in which any proposed educational change is undertaken and, therefore, must be considered through such elements as teacher generational change (Hargreaves & Goodson, 2006) and broader social movements and developments such as increasingly multicultural student bodies, changing societal attitudes towards gender and sexuality and conceptions of the role of the state and the market (Blackmore, 2004; Hargreaves, 2009;)

There is an awareness that effective, meaningful or sustained organisational structural change involves cultural change (Blackmore, 2004; Walker, 2004). In a sense the change that works best is that which mirrors what is already being done (or which matches the personal and professional values and goals of stakeholders) or which is seen as self-initiated rather than mandated (Guhn, 2009; Hargreaves & Goodson, 2006). This underlines the importance of truly participatory and consensus-based decision making at the earliest stage of the change process to ‘win over’ stakeholders and make truly successful and sustainable educational change more likely.

Planning (Adelman & Taylor, 2007; McBride et al, 1999), professional development and training (however problematic) (Leahy et al., 2004; Lieber, et al., 2009) and sufficient resources (Adelman & Taylor, 2007; Leahy et al, 2004) are seen as crucial to successful organisational and/or educational change. However, there is a recognised tendency towards short-term ‘project focused’ change (Adelman & Taylor, 2007; Hargreaves & Goodson, 2006) and such change implementation (particularly if repetitive, or worse, involving policy reversals) can have extremely negative influences over time on teaching staff including rising cynicism and disengagement from any process of change itself (Hargreaves, 2004; Hargreaves & Goodson, 2006).

While there is a broad acknowledgement of the need for leadership to effect meaningful (and most importantly sustainable) change (Blackmore, 2004; Fullan, 2009; Healy, 1998) one of the identified lessons of the wide-ranging educational changes in Victoria in the mid-90s (part of the Coalition government’s reforms) was that change must be discussed and implemented in a participatory manner, as the focus on one component of the school community (in this case principals) to drive the change agenda can be deeply polarising and therefore damaging to the whole school environment (Blackmore, 2004; Hargreaves, 2004).

A related issue is the role of policy change ‘champions’ who are professionally and/or personally invested in proposed or implemented changes; they (whether school administrators, teachers or parents) can be seen as either drivers of sustainable change as they work to extend changes beyond the initial project or funding period (Adelman & Taylor, 2007; Kroeger, 2006) or they can be seen as an example of changes being carried by certain motivated individuals at the expense of broad-based staff support, with consequences for long term sustainability when such individuals retire or change jobs or classes/levels (Hargreaves & Goodson, 2006; Landers, 2005).

Finally, issues of gender must be taken into account as well, particularly with regard to teachers as professionals impacted by change (Blackmore, 2004). Male teachers may be much more resistant to structural curriculum changes that affect their personal teaching as they may
self-identify as a subject/content expert first and a teacher second, while women may do the opposite (Paechter, 2003). This is particularly important in the context of sexuality education as the subject itself is often, as outlined above, regarded as a ‘female’ and/or lower-status subject (Paechter, 2003). This has obvious implications for attempts to implement a more integrated sexuality education program which does not focus on ‘champions’ (presumably female) or external health experts for development and delivery.

2.7 Gender issues within sexuality education

It is worth examining the widely recognised gender imbalance within teacher numbers in schools and within certain subjects. While ‘masculine’ subject areas such as secondary science have a scant majority of male teachers (Harris et al., 2005) this only accentuates the paucity of male teachers in other areas seen as ‘feminine’, and sexual health (or indeed health per se) is no different. Internal and external constraints impact on the willingness of male teachers to teach sexual health: the former involves upbringing and personal beliefs and attitudes, and the latter the cultural or organisational constraints by which such teachers see themselves as bound (Leahy et al., 2004; McNamara et al., 2010).

First, personal attitudes about masculinity included conceptions of men as less able to talk about emotional issues with others and the perceived sense that teaching sexual health involved a level of personal engagement that many men were not comfortable with, or posed a challenge to deeply held views of their own masculinity (McNamara et al., 2010; Mills, 2004). This is seen to be reflective of unexamined patriarchal, misogynistic or heterosexist attitudes amongst male teachers (Mills, 2004).

Second, cultural and organisational influences include the concept of schools as feminised environments and teaching as a feminine profession, with problematic connotations of caring and emotional openness (Haase, 2008; McNamara et al., 2010 Sumson, 2000). These socially constructed gender roles are powerful, and particular contradictions between Western constructions of masculinity and caring can be problematic. Faced with such a perceived disjunction between identity and career some male teachers may accentuate the more traditional elements of their own masculinity to compensate (Haase 2008). Interestingly, these same contradictions between gender and career roles that male teachers inhabit (or are expected to inhabit) are reflected in the types of authoritarian behaviour that male teachers are presumed to display (and which is seen as necessary for the socialisation of boys in school) (Haase, 2008: Mills et al., 2004) and in concerns of female teaching colleagues about finding the ‘right kind of men’ (reflecting contradictory conceptions of masculinity) to be teachers (Jones, 2006). In this sense, sexual health is an area in which such concerns come to the fore and in which male teachers may actively resist being involved (McNamara et al., 2010).

Other identified social and/or organisational issues as to why men, in particular, are loath to teach sexuality education include societal concerns over men and the sexual abuse of children, particularly with regard to the problematic relationship between care and the showing of affection (Leahy et al., 2004; McNamara et al., 2010:).

There are two opposing views of this issue; the first being that the lack of male teachers as positive gender role models is affecting the socialisation of children, and boys in particular (House of Representatives Standing Committee on Education and Training, 2002; McNamara et al., 2010), while the opposite view is that
the problematic attitudes towards their own masculinity displayed by many male teachers makes them a negative, rather than positive, influence and role model for male students in terms of gender and sexual stereotyping (Haase, 2008; Mills et al., 2004).

In the latter view simply increasing the number of men teaching (and by extension teaching sexual health) will simply reinforce problematic conceptions of gender and sexuality unless these teachers can themselves acknowledge and address these issues. Thus there was a widely recognised need throughout the literature for a focus on gender awareness training amongst male teachers, both at a pre-service and in-service level (Mills, 2004; McNamara et al., 2010; Ollis, 2010;).
The research-in-practice component of the Sexuality Education and Curriculum Support (SECS) Project involves a mixed method approach utilising both quantitative and qualitative methodologies, as agreed in the project’s Memorandum of Understanding (MOU). The research tools include literature reviews, surveys, interviews, and document analysis to assess and research the process of developing the sort of ‘sustainable, responsive, whole school, regionally consistent, best practice sexuality education’ that is the Project’s goal.

This phase of the project used an Action Research approach. It was the most appropriate method to capture the collaborative and organic nature of the way the working group was looking to explore the ‘educational practices’, understandings and situations in and through actions (Kemmis, 1998) of the group at NBC. The spiral of self-reflection, planning, implementation, monitoring and reflection on the data gathered, replanning in the light of reflection, and entering a new phase of action and monitoring, fitted with the direction of the project and the role of the researchers as members of the working group. ‘The power of action research is that those responsible for the work are involved in researching and setting directions for improvement in the light of their learning’ (Kemmis 1998 p. 65).

The Project Action Plan outlines the research tasks required in the first year of the project:

3.1 Undertake a literature review to inform the project. The review would explore sexuality education, capacity building and change processes

3.2 Undertake a needs analysis as a baseline measure across all four participating populations: working party, teachers, parents, and students. This analysis is to include consideration of role/s, expectations, current practices & resources

(Health Promotion Unit, 2012, p. 14)
The listed research tools were used to gather baseline data on the involvement with, commitment to and understanding of sexuality education of the four key stakeholder groups to assess whether the direction of the action plan was working:

1) Project Working Party
Face-to-face interviews with the members of this working party focused on:
- role and motivation for involvement
- profile and context
- vision of the program
- understanding of sexuality education
- ideas around what should be taught in the program – content, skills etc.
- concerns about the program/project
- perceptions of the challenges facing the project/program.

2) Teachers
Primary school teachers at Northern Bay College completed an online survey (using advanced survey monkey, Appendix 1) to:
- provide information about their understanding of sexual health and sexuality education;
- assess their commitment and the perceived challenges to teaching sexuality education
- to determine their current programs and practices in the area.

Teacher selection was based on their inclusion in the new Northern Bay P-12 College as part of the Corio-Norlane Regeneration Project.

The survey focussed on:
- demographics
- school program content/curriculum
- family participation
- viewpoints i.e their own opinions
- barriers to implementation
- their willingness to participate in the proposed focus group.

The broad themes and concerns, identified through these surveys, will be discussed in greater detail in the proposed focus groups to be conducted in 2012.

3) Parents
This involved a questionnaire (Appendix 2) of parents/carers of Years 5 and 6 students, planned to be the first cohort to receive sexuality education as part of mainstream programs, focusing on what they consider appropriate content and their agency in assisting their children in terms of sexuality education. School campuses decided how these would be distributed to parents. Some sent the questionnaires home, other conducted face-to-face questionnaires and the survey was translated into Karan for one group of parents.

Survey data were entered into survey monkey for statistical analysis.

4) Students
This involved a short survey (Appendix 3) of Years 5 and 6 students administered by the classroom teacher. The questions addressed what the students thought should be included in a good sexuality education program and included questions about help-seeking behaviours.

Survey data were entered into survey monkey for statistical analysis.

5) Participants in the two-day Professional Development workshop
This involved three short written surveys (Appendix 4.1) for participants about the value of this training with regard to their readiness to teach sexuality education at Northern Bay College. A pre-workshop survey aquired some baseline data about confidence and participants’ expectations of the workshop. A second survey
was completed at the end of day one and another at the end of day 2. The 25 participants comprised between 1-3 teachers from each of the five P-8 primary school campuses (12 in all); school nurses, wellbeing staff, and one campus principal.

The final survey (see Appendix 4.3) was given to participants, in a self-addressed envelope to return to the project team. This allowed reflection on the workshop and meant workshop time wasn’t shortened for the survey to be completed.

The two-day workshop was conducted by Family Planning Victoria, with some assistance from working party members. The workshop focus was developed in conjunction with the working party. A member of the research team took detailed notes throughout the two days.

The data have not been analysed using a variety of methodologies including discourse, inductive, content and statistical analysis. Discourse and inductive analysis were used to analyse the Working Party interview data to determine what patterns, themes and categories emerged (Patton, 2004). Patton (2004, p. 453) describes content analysis as the process of “identifying core consistencies and meanings” from primary data. The data were read for patterns, similarities, differences, inconsistencies and change over the research period where appropriate and then this approach will be applied during interviews with teachers involved in the professional development. Finally, the results of the teacher, parent and student surveys were interpreted using statistical analysis of the frequency of responses.

These will provide base-line data to assist the working group to reflect, plan, monitor, implement, gather more data and enter a new phase of implementation as they progress through action research cycles.

Ethics approval to undertake the research was obtained from Deakin University Human Research Ethics Committee (No.2011-060-DUHREC) on May 5, 2011 and from the Department of Education and Early Childhood Victoria, (No.2011_001084) on May 2, 2011

**Ethical considerations**

Sexuality education research can present ethical issues as communities may have differing views on private matters such as sexuality. To overcome potential sensitivities the project team has worked closely with the school, the wellbeing staff and parent representatives to ensure language is appropriate and cultural practices respected.

A research assistant, experienced in working with schools, has been available to work with parents, and workers of wellbeing were available in the event that students or teachers might require additional support.
This section discusses the findings from the range of Phase 1 data collection activities outlined in the previous section. We first present the data from the Working Party stakeholder interviews followed by the teacher, parent and student surveys and finish with the feedback from participants in the two-day teacher professional development workshop.

4.1: Building partnerships and a shared vision to build capacity in sexuality education at Northern Bay College

This component of the SECS Project involved interviews with the members of the working party who are the key stakeholders involved in the provision of sexuality education. The research team conducted interviews between September 2011 and March 2012. Interviews were recorded and transcribed for analysis. The stakeholders were:
<table>
<thead>
<tr>
<th>Interview 1</th>
<th>Campus principal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interview 2</td>
<td>Educational psychologist</td>
</tr>
<tr>
<td>Interview 3</td>
<td>Primary school nurse</td>
</tr>
<tr>
<td>Interview 4</td>
<td>Regional Sexual Health Promotion Officer</td>
</tr>
<tr>
<td>Interview 5</td>
<td>Primary school teacher</td>
</tr>
<tr>
<td>Interview 6</td>
<td>Primary school teacher</td>
</tr>
<tr>
<td>Interview 7</td>
<td>Primary school teacher</td>
</tr>
<tr>
<td>Interview 8</td>
<td>Regional Head of School Nursing Program</td>
</tr>
<tr>
<td>Interview 9</td>
<td>Former assistant principal</td>
</tr>
<tr>
<td>Interview 10 &amp; 11</td>
<td>Researchers involved in research as described in the report.</td>
</tr>
<tr>
<td>Interview 12</td>
<td>Secondary school nurse</td>
</tr>
<tr>
<td>Interview 13 &amp; 14</td>
<td>State-wide sexual health service personnel</td>
</tr>
<tr>
<td>Interview 15</td>
<td>Regional Sexual Health Promotion Officer</td>
</tr>
<tr>
<td>Interview 16</td>
<td>Parent Representative</td>
</tr>
</tbody>
</table>

The ad hoc nature of sexuality education is demonstrated by two teachers with sexuality education experience describing their introduction to the field as driven primarily by the unwillingness or unavailability of other teachers to be involved in its delivery (5, 6 & 7); interviewee 6 using the phrase “it fell into my lap”.

### 4.1.2: The challenges of institutional change

A number of respondents mentioned their concerns about the logistical challenges implicit in the implementation of sexuality education, particularly in the context of the current radical restructuring to merge five colleges (2, 4, 14) and the concurrent changes in the Victorian government’s education department (1). Such upheaval has not been seen as the easiest time in which to be implementing the new program (2, 10 & 11):

> “It was happening at the same time the regeneration project was happening, so it was very difficult to see it through that period” (4).

This was also a challenge for the researchers, given the difficulties in getting time to explain the project to teaching staff or getting them to complete the teacher surveys (outlined in the next section) (10 & 11).

In addition, the lack of a specific DEECD regional curriculum support officer with responsibility for health and sexuality education was seen as a barrier to sustainability (2, 4).

### 4.1.3: The role of program ‘champions’ in successful implementation

Respondents were interested in the twin challenges of building partnerships across and beyond the five campuses and addressing ‘champion loss’ in any program implementation. While the importance of ‘champions’ to drive the project forward was widely recognised by respondents with a number of champions named and discussed, (1,4,13,14), there was
also a wide recognition that, for the program to be self-sustaining, such committed support needs to be “broadened out” (1) to include all the teaching staff (2, 4, 5, 6, 12) given that when teaching personnel leave the college they take their knowledge with them (3, 4).

With this in mind, Interviewee 4, an acknowledged ‘champion’ of sexuality education in the region, expressed a desire to remove themselves from any involvement in the program on the grounds that only then would it become self-sustaining:

“My motivation is to step out: that’s my motivation. It’s to put the college in a position where they don’t have to ring me, where they don’t have to seek me as an expert, where they don’t see themselves as needing help from a health agency” (4).

Taking this to its logical conclusion, this interviewee was willing to see the project fail if it meant that responsibility was taken by the school community (parents and staff) for that failure:

“I would say 2015, end of the project, I would state to Northern Bay College that’s where I step out. If it fails down after that, it fails down on their shoulders; it needs to be allowed to do that” (4).

It was argued that only then could any such project move beyond a reliance on committed individuals towards being broad-based and self-sustaining.

However others saw the ongoing involvement of external organisations like Barwon Health and ‘champions’ in supporting teachers (3, 8, 13, 14) as a crucial component of the project. The perception of people as ‘experts’ was similarly seen to be valuable to the students...

“So I actually dress as a nurse … trying to think where do they get their information from … I am a source of that knowledge for you” (3).

At the same time there were criticisms of such a role for external experts, including the need to coordinate the approaches and language of different sectors (such as education and health) when trying to collaborate on such a comprehensive approach:

“The term ‘health promotion’ is very different within the education sector. They see that as health issues, so STDs and cervical cancer not healthy sexual practices and relationships … I think from the education sector, when they look at the health sector, they see it as an illness sector, yes … whereas within the health promotion sector, the things we’re working on are basically the ability of the school to be self-sufficient as a healthful act in itself” (4).

Finally, some interviewees noted that other external stakeholders may not know the students well enough to be effective (4, 5, 6, 7) may not be available to answer follow-up questions that may arise weeks later (2) and questioned whether it was an appropriate model for a health promoting school to be endorsing (1). “In actual fact, what they’re doing is modelling a behaviour that says really, teachers can’t do this; you need to be a nurse” (4).

The initial catalyst for the project came from parents (15) and was taken up by the two perceived champions – a campus principal (1) and the health promotion officer at Barwon Health (4). The loss of the campus principal was perceived as possibly compromising the project if this ‘champion’ was not replaced (4, 2, 10, 11, 13). As the comments of these interviewees illustrate, the loss of a perceived ‘champion’ can result in agencies working with schools losing direction.

“So there’s a school champion and community champions. We like to encourage people to have a bit of both but you need a champion within the school. When we came on board I guess we had the community champion, very clearly (4) and (1), the school champion. Once that stopped, we didn’t then feed into that process which was what we would do in another area (13) …
“Yes and we’ve said we need to do something about the school champion” (14).

“Yes, you’ve got to get someone else to be a new champion” (13)

**4.1.4: The characteristics of a successful sexuality education program**

Respondents listed a number of characteristics that a CSE program must display for sexuality education to be successful. However, the analogy of ‘onion layers’, used by one respondent possibly captures best the multifaceted nature of the themes emerging from the stakeholder interviews.

“I think that sort of throws up that there are many dimensions to this, you know, it’s an onion layer thing. I think the content, understanding and skills sort of then vary according to which bit of the onion you’re in. Certainly a comprehensive whole school model is what they wanted, what they’re trying to develop and the content within that … tools for implementing it for engagement, for providing the professional development and then tools for the teachers in actually teaching and then a process for building a network to support and make it sustainable … So there’s an understanding of taking that on, you know, this is a project that will help them build something and they need to make that sustainable within the school. So the skills that are around leadership in implementing or engaging the community and having a relationship that inputs into the school and in being able to drive a program within the school” (14).

Above all the program must be supported by a meaningful commitment in terms of funding, resources and staffing (1, 2, 13, 14, 15) and must be embedded in the school curriculum at all levels and across all the campuses (1, 5, 12) to ensure the developmental relevance of the material for different year levels (1, 3).

One suggestion for addressing these concerns was regular professional development sessions for all teachers focused on the goals and implementation of the program (3, 7). This could also address teachers’ needs for specific information on difficult legal issues such as disclosure and mandatory reporting (2).

Another obvious challenge, mentioned by a number of interviewees, was the need for teachers to have the confidence to deliver the material in class, given it was often perceived, by various stakeholders, as controversial. That this is not the case and constitutes a challenge is recognised by a number of respondents, particularly given the need for the involvement of other professionals in classroom delivery (2, 3, 13), the crowded curriculum (1) and the need for ongoing training of staff (1, 2, 5).

In the context of the specialised professional development and commitment such a program requires, suggestions were made to implement it across all the campuses as a whole to gain some sort of ‘economy of scale’ with regard to the pool of suitable staff (1) and to address the time-consuming nature of individual professional development (4). From the principals’ perspective, while there is a need for continuity across the teaching team, teachers “must be self-reliant and with the flexibility to work across these different classes and levels” (1).

There was a recognised need for the issues of staffing and professional development to be driven by school management (at the principal or assistant principal level (1, 2, 6, 15). Interviewee 1 expanded this to include managing the media’s treatment of the school and the broader community of which it is part:

“… Controlling what went into the media by using it through your own press releases, is probably the most powerful way that we can do it. Using our newsletter to put out a narrative of just how we want it to sit …”.

Other respondents saw the value in formalised documentation, such as the Memorandum of Understanding or school policy, outlining
the goals, roles and responsibilities of the various stakeholders (1, 4, 10, 11, 13, 14, 15) and in school structures and staffing arrangements that reflect the way the health-promoting school sees sexuality education as an integral component of the curriculum:

“They need to identify sexuality strongly as a component of VELS that they need to encourage as strongly as they encourage literacy, numeracy ... You need a leading teacher of not just sexuality but health and wellbeing. That person needs to be paid accordingly ...” (4).

4.1.4.1: Course content

The program must be flexible in focus and delivery, not "one-size-fits-all" (1), particularly given the perceived risks of offending different cultures and religions (1). At the same time differences in culture can relate as much to institutional cultures across schools and campuses; a point not often recognised by those working within them (3).

Interviewee 2 was adamant that the content focus must be on holistic approaches to addressing issues such as violence and respectful relationships, rather than just on the "labelling of the parts and procreation and babies":

“... it’s not meant to be specifically male violence to females, but violence in terms of relationships because they see it at home and they also see it on TV. So there’s all that stuff built into it as well and the respectful relationship, respectful language type thing ... It isn’t just the sexuality component. It’s about the relationship stuff” (2).

The parent representative expressed similar sentiments. For her it was "really important to start back in prep and go all the way through. I see a big future. I think it is one of the most important educational tools we can bring to our kids “ (16).

Finally, Catching On Early (DEECD, 2011) was acknowledged to be an excellent resource for the project, as it is both sequential and comprehensive, with good activities and support for teachers (5, 6, 7, 9).

“I think it is fantastic. It is user friendly, professionally produced. It’s developmental and sequential. It’s all you need” (9).

4.1.4.2: The role of parents

A number of interviewees stated that confident parents willing to engage fully with the process were vital to the success of the program, whilst acknowledging the serious challenges to their ability to do so:

“In terms of the community, the process fractured that a little bit already because you needed a confident parent to form a committee with other parents from other campuses who you hadn’t met before ... A lot of these parents are not confident in their own skills ... it’s very, very challenging with that group of parents. The low socio-economic (sic) do not engage willingly and they don’t feel confident in that space, so it’s a matter of supporting them” (4).

Parents were seen as a challenge by many teachers in terms of teaching sexuality education because of a perceived opposition and the challenges presented by the diversity of the community, (a point reinforced by the teacher surveys). There are large differences in socio-economic background, culture and religion (2, 4) across the schools, such as significant Karen and Congolese populations, and a large proportion of Christian (Exclusive Brethren) families (10 & 11).

At the same time, parents will be involved in the schooling of their children to differing degrees, whatever the subject concerned (1). As well, it needs to be acknowledged that families, not just the immediate parents but also the extended family (such as aunties etc.) have a role in the sexuality education of their children (3). The increasing numbers of fathers as sole parents
also creates challenges when placed against the reluctance of the students surveyed to ask their father for information relating to sexual health (see Section 4 on the student surveys).

Finally, Interviewee 2 stated that a holistic sexuality education approach (addressing issues of gender and power in relationships), might not be supported by all parents:

“Often that's going to, I suspect, sit at cross purposes to some of our families for sure.” (2).

To address these challenges, interviewees stressed the need for “Communication and trust” (1), as well as involving parents in the development and implementation of the program from the very beginning (15,16). This parental involvement was also recognised as crucial to avoiding the preconceptions or prejudices of teachers towards different groups (1,3) who they thought might influence their approach to the program:

“...yes we have at least perhaps fourth generation unemployed in that area now, and so to come in with a very middle class understanding is something that quite blinkers us at times. So we have to really be aware of what their life pattern is and what their expectations are and their view of others.” (3).

Other strategies mentioned include the need to build some shared experiences and identity amongst parents given the creation of one school across five campuses (2), while conversely working with parents one-on-one, rather than as a homogenous group (3).

However it is worth noting that the input and abilities of the parents, particularly their willingness to engage in the project, was acknowledged as a strength both in themselves and in the project as a whole (4,16).

4.1.5: The progress of the Project so far

Interviewees were broadly optimistic about the progress of the Project to date, discussing perceived increases in staff motivation, parental support and increased institutional engagement and support of teaching staff. There was an overall sense of commitment and excitement about where the project could go and the learning that could be gained not only for the school but also for others concerned with capacity building in sexuality education. “The project is fabulous and there’s lots of learning that comes out for us ... an amazing example of a whole school approach where the community was feeding in”(13).

“I think it’s - they’ve done a lot in a short period of time, and I think if we all stay on board and drive the project through the school - because you always have people moving from school to school and that’s where it can fall flat on its face, like any program. If you don’t have people driving it and making sure it’s alive, that could be a bit of a concern. So, basically, at the moment, I think, from my observation, we’re aiming to make sure that the teachers are aware of the VELS ... to make sure that they’re aware of what they’re expected to teach in the classroom as early as prep, and that it’s non-threatening” (5).

A key shift occurred in the sense of agency of the teacher representatives on the working party (5,6,7) during this first phase. Initially selected to represent their school campuses, and on the basis that they had already had some experience of teaching the ‘puberty program’ developed by Barwon Health (4) as the following quote illustrates, they clearly see they have a capacity building role to play as the project develops. “I would certainly still like to be there as a coach to help people out - possibly, even, be there if the teachers are a bit nervous about presenting” (5). The project had envisaged that these teachers, along with others who attended the professional development, would have further specialist training and become mentors to other classroom teachers (Barwon Health,
2010). However, all three interviewed were clear they would be able to act as mentors without specialist training (5,6,7) and saw they would be providing advice, training and team teaching with more inexperienced teachers.

“… basically utilise people like myself that can fill the gaps until they become confident, or at least do a team-teaching approach, to see that it’s non-threatening and that they can do it. It’s not that hard, and to make sure that they know that there are people there to support them; not to be afraid to teach the basics in this program” (6).

However, the nature of what might actually constitute progress (or success) for the project is still uncertain and, for some, too slow (12,16).

“I think it’s progressing well. I’m concerned that it, like all things in education, seems to be going slower than what I would anticipate and I had a feeling, my understanding was that we were focusing on the primary school level last year and secondary school level this year, but I think I’ve either misunderstood it or I don’t know what’s happened there. So now my understanding is we’re not doing all secondary school this year, so that for me is frustrating” (12).

“Quite slow, I actually thought it would be up and running quicker than it is. There is a lot of information to get out to parents. I do have parents who hear that it is out there and coming to our school and they want to know what our kids are learning” (16).

Project progress in this first phase had also been hindered by a lack of a ‘shared vision’ about the role of external stakeholders (1,4,11,12,13,14,15). Whilst Northern Bay College understood the role of external agencies as supporting their organic development of CSE at the school (1,4,15) this was not the view of all stakeholders (13,14). The initial informal invitations and discussions with external agencies had resulted in a lack of clarity about the use of agency resources and intellectual property and resulted in an unanticipated time delay to develop a shared vision of the purpose, leadership and scope of the project in line with the proposed Memorandum Of Understanding (4,13,14).

More specifically interviewees described a hope that the issues and topics dealt with in the sexuality education curriculum might be increasingly considered “as normal” (6,16) by all stakeholders (teachers, students and parents) but by students in particular:

“It starts the conversations and from those conversations then the next benefit, I would hope, is that the children are more comfortable asking questions, because it will always be led by the kids” (3).

On the other hand, Interviewee 1 mentioned a reduction in problematic student behaviours as a possible measure of success, perhaps indicating the persistence of the functionalist approach to sexuality education and its corresponding concern with behavioural change or simply acknowledging the difficulty of qualitative measurements:

“It’s hard to do the anecdotal stuff. It’s hard because you may not have the same teacher working with the same child to notice what’s different about them. So I think some sort of survey metric probably would be a starting point” (1).

Similarly, while Interviewee 3 also mentioned behavioural issues such as hygiene specifically these were recognised as symptomatic of broader social, familial or welfare issues (3). Interviewee 2, on the other hand, noted the importance of building knowledge of what constitutes (and the maturity to negotiate) healthy relationships along with the ability to safely negotiate the desires and requests of others:

“… the issue of safety in relationships and the ability to, how do I describe it – that certainly the safety aspect but the language stuff that we talked about and the ability to understand clearly what might be proposed by others … A lot of our kids think they know everything …” (2).
In the end, it was perhaps Interviewee 4 who provided the best definition of what success (however hard it is to measure) for the SECS Project might look like:

“Ultimately I just want the kids to be better off at the end with happier, healthier relationships that create a cycle where illness is prevented, but where health is maintained and in their control, rather than in a health agency’s control” (4).

4.2: Northern Bay primary teachers’ perceptions of school-based sexuality education

Of a possible 107 respondents to the teacher survey 76 responses were recorded, with 80.8% of respondents being female and 12.2% male. Approximately 40% of respondents answered all the questions on the survey and, overall, the results demonstrated recognition by more than half of the respondents that the current approach to sexuality education (as personally experienced in their professional career) is inadequate.

In most cases, that approach consisted of a one-hour girls talk in Year 4, an ad hoc approach in Year 5 with individual class teachers responsible for both curriculum design and delivery, and three one hour ‘specialist’ lessons (delivered by external experts) in fourth term for Year 6. Over 94% of the issues are covered in Health and Physical Education (HPE).

Respondents identified a wide range of barriers to the successful teaching of sexuality education through any sort of integrated ‘whole-school’ approach within their schools. Figure 1, p. 64 shows that the most common barriers perceived by teachers are a lack of knowledge, confidence, training, skills or resources, or the challenges of addressing cultural and religious differences.

Considering the crucial role of professional development in preparing teachers to teach sexuality education (and address the four most common barriers listed in Figure 1 p.64) over three-quarters of respondents (76%) reported that they had not undertaken any professional development over the course of their careers and just under a quarter (23% -18 teachers) had any experience in the teaching of sexuality education (14 at Years 4/5/6 and 7 at Years 7/8/9). Given such numbers it is perhaps not surprising that only four respondents demonstrated any willingness to teach sexuality education in the future. In terms of addressing such perceived difficulties, more professional development was the most common recommendation made by respondents (86.2%), followed by better/more comprehensive resources (70.8%) and stronger connections with community agencies (61.5%).

However, at the same time, approximately 75% of respondents were in favour of sexuality education being provided to students (the strongest response to any question on the survey) although responses were more divided as to who should provide that education (See Figure 2: Teachers’ beliefs about sexuality education p.64)

The following topics were those most often identified by teachers as necessary components of sexuality education:

- Breastfeeding (66.7%)
- Sexual touching (65.4%)
- Gender issues analysis (64.0%)
- Developmental events such as twins, miscarriage and genetic anomalies (61.5%)
- Oral sex (53.8%)
- IVF (50.0%).
While the most uncomfortable topics for teachers were:

- Sexual activity – oral sex (68%)
- Masturbation (40%)
- Human development (twins, miscarriage, & genetic anomalies) (37.5%)
- Wet dreams (teaching both boys and girls together) (37.5%)
- Wet dreams (teaching boys only) (35.7%)
- Sexual feelings (33.3%)
- STIs (26.9%)
- Menstruation (teaching both and girls together) (24.1%)
- Gender issues analysis (24%)
- Sexual diversity (24%).

The appearance of topics such as oral sex, masturbation/sexual touching and gender analysis on both these lists demonstrates a gap between teachers’ recognition of the importance of these topics and their confidence to teach them.

On the other hand, the most comfortable topics were identified as:

- Managing hygiene (46.4%)
- Managing relationship changes (40.78%)
- Identity (self esteem, body image) (51.9%)
- Protective behaviours/personal safety” (38.5%).

It is interesting to note that the first and fourth topics listed above (‘managing hygiene’ and ‘protective behaviours’) match the functionalist approach to sexuality education (a focus on techniques and behavioural change approaches around safety and safe behaviours) while the second and third (‘managing relationships’ and ‘identity, self esteem, body image’) reflect a more holistic ‘Sex and Relationship Education (SRE)’ approach.

Teachers acknowledged the importance of parents in the successful delivery of sexuality education to students, with 64% stating they had consulted with parents in the past. Conversely, 45% of respondents had the perception that ‘parental backlash’ was a barrier to the successful teaching of sexuality education in their school and a wide range of challenges to the involvement of parents in sexuality education was identified (with culture, religion and parental confidence most cited) (See Figure 3, Teachers’ views of barriers to parental involvement in sexuality education p. 65).

A final point – one respondent believed that too much responsibility has been placed on teachers with regard to sexuality education, and parents should play a larger role in the sexuality education of their children. As discussed in the next section about parental attitudes to sexuality education this runs counter to the beliefs of a significant number of parents who believe they should not be involved at all in the sexuality education of their children.

A copy of this survey can be found in Appendix 2.

4.3 What Northern Bay parents think about sexuality education for Years 5 and 6 students

One hundred and five parents responded to this survey, with a number of similarities and some significant differences evident between the attitudes of parents and students towards sexuality education.

4.3.1: The role of parents in school-based sexuality education

While the majority of parents see a role for teachers and the school in sexuality education, with the largest group seeing parents in a supporting role, a significant number of parents (38.5%) think they (parents) should be
responsible for the sexuality education of their children (See Figure 4, Parental views on who should be responsible for sexuality education in school p. 65). This attitude appears to be in contrast to other findings in the literature (Walsh et al., 1999; Walker, 2004; Walker and Milton, 2006; O’Donnell et al., 2007) that describe parental feelings of inadequacy with regard to what is seen as a difficult topic. In some cases at least there are conflicting expectations around the role of parents and teachers with regard to sexuality education.

At the same time, and whether acknowledging the perception of teachers as ‘experts’ or their own shortcomings, Figure 6 (p.66), clearly shows that 40% of parents want information on sexuality and nearly 60% of parents want information from teachers and/or the school about how to talk to their children and to assist with sexuality education.

4.3.2: Parental views on what topics sexuality education should cover in Years 5 to 6

Parents (like students) identify ‘love’ as an important focus in the topics that should be covered in sexuality education. A number of parents raised the need to address media impact on children’s perception of love and relationships. One parent said the focus should be on:

“... the importance of proper sexual priorities... kids are subjected to a media driven attitude that sexual activity is of less consequence than the idea of telling a partner that they love them, an attitude that needs addressing.”

A functionalist concern with behaviours and sexual safety characterised a significant proportion of parent responses (there was much less equivocation about the laws against inappropriate touching than those around discrimination and sexuality) (See Figure 6, Parental views on teaching about laws or legislation related to sexuality issues p.66).

Figure 7 (p. 67) shows that concerns also exist about issues such as sexual pleasure and sexual diversity (with more parents unsure about teaching such topics compared to those around pregnancy and reproduction) although parents were more inclined to see these issues as important when compared to student responses.

4.3.3 Parental views about the age at which sexuality education topics should be taught

The age at which topics were introduced to students was an area of concern for some parents; some respondents suggested 13 years of age (or Years 7 and 8 of school) as the most appropriate time. This compares with strong teacher support for beginning sexuality education at lower primary (as outlined in Section 2 of the findings) which itself mirrors the literature describing parental support for the introduction of sexuality education at an early age (Cohen et al., Kesterton & Coleman, 2010; Kakavoulis, 2001; 2004).

A copy of the survey can be found in Appendix 3.

4.4: What Northern Bay Years 5 and 6 students think about sexuality education

There were 374 Year 5 and 6 students, from across the 5 school campuses involved in the regeneration project that responded to this survey, 197 boys and 177 girls. 181 students were in Year 5 and 193 in Year 6. While there were a number of similarities and some significant differences between the attitudes of parents and students (as mentioned above) there were also significant differences across year levels and between genders.
4.4.1: The topics Years 5 and 6 students think should be covered

Students were much less certain than parents that the topic of reproduction (the physical mechanics, conception and pregnancy) was important (See Figure 8, Student responses to reproduction topics p. 67).

Similarly, as a whole, students were less emphatic than parents about the importance of addressing the physical effects of puberty (body changes and menstruation) and sexual health and safety (contraception for both pregnancy or disease prevention and feeling safe) although there was a marked similarity with parents in their identification of managing relationships and intimacy (‘love and being close’) as important (See Figure 9, Student responses to puberty topics p.68).

Apart from this concern about the emotional challenges posed by puberty and managing relationships with others there was a recognisably functionalist focus on sexual behaviours such as sexual intercourse.

The exception to this is the topic of masturbation. Figure 10, Student responses to sexual activity questions (p.68), shows a significant number of students indicated they did not want this taught (while parents were much more willing to identify it as important).

Asking students what they wanted to know about sexuality led to a range of responses, although there were recognisable similarities across responses according to gender or school year. A breakdown of the vocabulary used by students by frequency is represented graphically below.

Figure 11 ‘Wordle’ of key words from students written responses to the question, “Is there anything that you would like to learn about in sexuality education that has not been covered in the previous questions?”

In terms of this final question on the survey on which this ‘Wordle’ is based, (“Is there anything that you would like to learn about in sexuality education that has not been covered in the previous questions?”), responses covered a range of issues including the mechanics of sex, pregnancy and birth, condom use, bodily changes, diseases, sexual assault and knowing when to have sex. The following is a sample of the responses.

- Aids and abortion
- Why do boys grow hair under their arms?
- What is sperm?
- Will you go back to your normal size when you’re not having a baby?
- I don’t want to talk about this stuff with somebody who I don’t really know
- Why does this happen
- What is sex and how do you do it
- Sexual positions
- How to have a baby in a car
- Using condoms for intercourse
- Diseases
- Being protected when you have sex
- STDs
• Sexual abuse
• Talking to someone when you think your ready to have sex/intercourse. Having a boy or girl touching your private parts.
• What do you do if you are going to have a baby?
• Where can you get condoms and how old do you have to be to buy them.
• What happens if you get herpes?
• Reproductive and genital organs for children’s maturity

4.4.2: The effect of gender and year level (age) on survey responses:

The age and gender of respondents affected their responses in a number of significant ways:

• Boys want to know significantly more about sex and sexual feelings than girls
• Boys want to know more about masturbation and love than girls
• Year 6 students want to know more about each of the above than year 5 students
• Love and being close were the issues students wanted to know most about in the sexual activity category
• Boys want to know more about contraception, STIs and feeling safe than girls
• Boys are most interested in the discrimination and the laws and girls are most interested in knowing what to do.

4.4.3: Help-seeking behaviour

While students broadly acknowledge deficits in their own knowledge about sexual health only half of the girls and Year 5 girls and boys surveyed indicated they would ask for advice, while more than half of boys and Year 6s surveyed would ask someone for advice. (See Figure 12: Helping seeking behaviour of grades 5 and 6 students p.69). The question of who students would turn to for information about sexual health elicited somewhat unexpected responses, as there was an overall rejection of the internet and teachers. This goes against anecdotal evidence about the use of the internet and generally high levels of trust accorded to teachers in other studies (Westwood and Mullan, 2007; Wight, 2007; Smith et al., 2003, 2009). However (in this case mirroring the literature around sexual health education and parental gender) significantly fewer students feel that they could turn to their dad for information than they could to their mum. As mentioned above by one stakeholder this could become problematic given the increasing number of men in the region who are sole parents.

A copy of this survey can be found in Appendix 4.

4.5: Northern Bay Teachers experience of professional development to build capacity as sexuality education teachers

There were between 22-25 participants in attendance on any one of the two-day Professional development workshops (October 10 and October 24, 2011). Unfortunately only 12 responded to the final survey. Partially this can be explained because it was not completed at the end of the workshop due to time constraints and a sense that teachers needed reflection time. Although they were given a self-addressed envelope in which to return surveys, response rates were low even with follow up.

The two-day workshop was conducted by FPV with some assistance from working party members. The focus of the workshop was developed in conjunction with the working party and covered knowledge, information and activities designed to provide context, develop confidence, enable planning time and introduce
the recently released DEECD Catching On Early resource (2011), and Family Planning Victoria’s forthcoming Safe Landing resource.

4.5.1: The usefulness and effectiveness of the workshop

The professional learning had a very positive impact on teachers’ sense of preparedness and confidence to teach sexuality education. All teachers felt it had improved their confidence, (of the 12: 7 felt very confident and 5 confident). The majority (10) felt it was very useful in preparing them to teach sexuality education. All felt either prepared or very prepared to teach. For a number it had also taken away fears associated with teaching sexuality education. It built a sense of commitment to sexuality education at the college level and a willingness to be involved as classroom teachers and for most teachers, as mentors and coaches. A number also saw they had a role to play in college-wide promotion in implementation of sexuality education.

Confidence was very much related to being more informed about sexuality education, curriculum development, available resources and what to teach and at what year levels. “At the end of the day I feel more confident because I know I have the skills to move forward with this issue”. (Teacher participant) and “I have more information/people to contact for help and support” (Teacher participant).

All participants responded to the question “The workshop has made me feel …” as follows:

- More aware of some of the levels of VELS
- More confident
- A lot more confident
- A little more comfortable but still a little hesitant, I don’t know how it will be received at my campus being taught by me
- Confident in some respects
- More confident in teaching sexuality education
- More encouraged to support all teachers to be able to undertake sexuality education in their classroom
- More confident that we will have a great program for students of all ages
- Enriched and passionate about making children aware of their sexuality
- Overjoyed!
- Confident that we are addressing the issues of relationships
- That I have a plan of attack”.

4.5.2: The structure and pedagogy of the workshop

Participant responses were overwhelmingly positive in terms of the format and organisation of the workshop, including the involvement of other agencies. As well, a number of respondents commented on the value of providing an informative and supportive environment in which to discuss difficult issues, an experience many had never had before.

As the Project is concerned with implementing sexuality education in an integrated manner within the Victorian Essential Learning Standards (VELS) framework it is noteworthy that the workshop not only provided participants with a better understanding of how this was to be achieved but, in a number of cases, also provided a better knowledge of VELS itself.
4.5.3: The importance of comprehensive curriculum resources

The resources presented and discussed in the workshop, Catching On Early (DEECD 2011) and Safe Landing (FPV Forthcoming), were well received by participants. Quite apart from the view of these resources as saving time for teachers and providing a ‘safety net’ for dealing with challenging content, they were seen as comprehensive and well integrated into the VELS framework:

**Catching On Early**
- Clearly outlined with the VELS expectations. Plenty of classroom ideas.
- Looks like an excellent resource with some great activities.
- Anything that has been clearly sequenced and outlined is useful, the work is already done for teachers.
- It covers the prep to secondary. It is sequential, has plans and activities that will make it easier to plan and teach for any area I may be in e.g. P-2 or 3-5. This is a great resource for me.
- Comprehensive, set out well, not much preparation needed.
- Great resource, simple to understand. Great activities and well set out program resource.
- Looks great and easy to follow. All the planning has been thoroughly done.
- Staff will be able to see exactly what is to be taught - when and how. Also parents will be able to see what is needed to be taught from the curriculum.
- Easy to follow and has the lessons to teach. Child friendly.
- All useful resources that allow teachers to become comfortable with a program of work a lot quicker, which benefits the children.

**Safe Landing**
- Having a resource pack that is in depth enough to hold your hand through its delivery will allow the program to be delivered with very few errors/misconceptions
- I guess the books have all the resources needed and printable (that is a plus).
- Great resource to assist in covering all VELS levels.
- It has excellent, specific lesson plans - the work is already done for teachers.
- Good framework to assist planning.

It is important to acknowledge here the view raised by one participant that the materials themselves do not guarantee success – other challenges around the ‘whole school’ implementation are also important:

“The most crucial is curriculum and teacher planning and presentation, not material” (Non-teacher participant).

4.5.4: Participant fears and concerns with teaching sexuality education

The final comment above leads into the range of fears/reservations expressed by workshop participants. Although participants reported improved levels of confidence to teach sexuality education fears of a personal nature were still mentioned:

- Being able to teach others
- Knowing the appropriate way to respond to some questions
- Teaching it for the first time and the reaction from parents and students
- My first teaching session not concerned but nervous and looking forward
- Dealing with younger children’s attitudes e.g. some children were looking at a book on the body today and saying “it is the dirty book”. Had to explain that human body is not dirty!
Others were concerned about the challenges of implementation in the context of parent and student readiness and attitudes, the importance of consistency in teaching and institutional environment:

- some parent attitudes
- Cultural considerations
- The age at which to introduce clinical aspects of the curriculum e.g. sexual intercourse
- Making sure it doesn’t get lost in already crowded curriculum
- All staff being consistent in delivering the program
- The ability of all to incorporate it into the curriculum
- Some of the barriers that still may exist with some staff
- White ants
- Being in a minority that can see the value of this work.

Many of these reservations mirror those identified in the literature (see literature review, pp. 12 -13). However, it is interesting that the concerns about parental attitudes to the program are not supported by the parent survey responses (outlined above).

4.5.5: Challenges to successful implementation of this sexuality education program

At the same time, teachers saw themselves as ‘change champions’ and thus being part of the successful implementation of the program and offered a range of suggestions to address the various identified challenges. Identified issues included the importance of support from school management, the need for the whole teaching team to be on board and support from the broader school community and external agencies. Some of their comments were:

- That Professional Learning Teams in all ages and stages incorporate the puberty program in their planning on a regular basis
- Need for an audit across 9-12 to assess what is currently being taught?
- I need to focus on working with my team first to develop a strong program of work before addressing the needs of other age and stage groups
- Ensuring that the majority of staff adopt a positive attitude towards teaching sexuality education
- Talking with teams
- Whole staff PD. Setting plans for next year at each year level - expectations etc.
- Maybe a professional learning team at each campus to drive it
- Catch up with staff that have attended the PD, in the future, to see how they have implemented their learning
- Leadership needs to be kept informed
- Possibly a committee to ‘push’ for sexuality education with regular meetings to assess how it is going
- Ensuring each campus is working together and are on the same page
- The sexuality education coaches/teachers should meet regularly to share best-practice
- Whole school implementation, recognise lead teachers and community/ agency support
- A checklist that needs to be signed off by all principals.
Finally, workshop participants acknowledged their increased knowledge and changed personal attitudes as a result of this professional development:

- There are positive staff willing to have a go to make program successful at the college
- It can be fun and purposeful teaching sexuality education. I have the confidence to give it a go
- It is not as stressful an experience to implement a sexuality education program as I previously thought
- Sexuality isn’t as scary and uncomfortable as I thought it might be
- Cultural issues are crucial

*A copy of the surveys can be found in Appendix 5.*
The research outlined has raised a number of issues for discussion about the ongoing implementation of the SECS Project at Northern Bay College. In this section of the report these issues, and their possible consequences and/or implications for the project will be outlined, with suggested recommendations to address these issues.

5.1 Attitudes towards sexuality education

While the attitudes of all stakeholders towards the teaching of sexuality education at Northern Bay College were broadly positive, mirroring the findings of the literature in both Australia and overseas, particular topics and/or content were identified which raise the need for further research.

The research undertaken by the Project team, indicates that a majority of all stakeholders on the working party support the teaching of sexuality education at Northern Bay College, thus demonstrating a broad base of support for the aims and implementation of the SECS Project. A majority of parents support the provision of sexuality education for their children by schools/teachers (as opposed to parents or external experts) whether or
not this includes their own input as parents. Similarly, while students were not explicitly asked whether they wanted to receive sexuality education at school, a majority of student respondents wanted to be given information about every curriculum topic mentioned on the survey (with one exception outlined below). Finally, a clear majority of teachers surveyed (73.1%) believe that students should be provided with some sort of sexuality education while more than half believe the current approach used, in the great majority of cases via Health and Physical Education, is inadequate.

Interestingly, though there is a discrepancy between the overwhelmingly supportive attitudes of parents towards sexuality education, and the perception of those attitudes amongst teachers with only 15.3% of teachers Agreeing or Strongly Agreeing, there is sufficient parent (community) support to teach sexuality education in the Barwon South West region by students. However, two interviewed stakeholders, did express concerns about different religious or cultural groups, at particular campuses.

Clearly, NBC is moving away from the ‘external’ expert approach that has historically characterised its programs. Consistent with the advice of DEECD (2008a, 2011) and other research (Smith et al., 2010), the role of the school and community nurse in the provision of sexuality education is changing to one of recognising they need to support to teachers instead of teaching students. There has been a clear recognition by all stakeholders, including the school nurses, that it is the classroom teacher who is best placed to teach sexuality education as they have the curriculum and pedagogical expertise to teach children and to be available to follow up on issues as they arise.

5.2 Curriculum focus and content

In terms of what type of sexuality education should be provided to students the responses, while less unambiguously supportive than of sexuality education provision as a whole, still show a clear bias towards the type of comprehensive sexual health and relationship focus promoted by the SECS project (and exemplified by the resources Catching On Early and Safe Landing). For example, 95.4% of teachers Agree or Strongly Agree that sexuality education should include a focus on respectful relationships and gender issues while 78.4% of teachers Agree or Strongly Agree that it should address sexual diversity.

Similarly, 82.3% of parents support a focus on sexual diversity, 91.8% support a focus on discrimination and 82.7% want sexuality education to address relationships. With students these figures are 56.6%, 65.6% and 74.9% respectively. The low response by students to the question about discrimination however suggests a need for further research. Similarly there may be need for a closer look at the understandings of terms such as intimacy or pleasure amongst parents and students, particularly with regard to same-sex attraction.

However it seems that elements of the traditional functional focus (the ‘Puberty Program’ approach) still exist, if only in the continuing concerns of some stakeholders about sexual and reproductive safety topics. For example, of the top six topics most commonly suggested by teachers as important only one (‘Gender issues analysis’) focused on the holistic gender and relationship concerns exemplified by the sex and relationships approach, while the other five were concerned with bodily functions or changes, the mechanics of reproduction or specific sexual practices/behaviours. At the same time parents’ concerns about diversity and gender/relationships do not preclude the more traditional focus on the changes at
Building capacity in sexuality education: the Northern Bay College experience

47

puberty, reproduction, pregnancy and the use of contraception, while the latter concerns remain a primary area of interest for students. The big exception here is masturbation; the one sexual behaviour about which a majority of students do not want any further information. Given the general taboos around masturbation, ironically a safe sexual practice, this finding is perhaps not surprising. However, it will be important to further investigate as addressing comfort levels, misinformation and taboos and providing information about safe sex practices is important in any comprehensive sexuality education program.

There are also noticeable gender differences amongst students about what a sexuality education curriculum should address; boys want to know significantly more about sex and sexual feelings than girls, and also want to know more about masturbation and love than girls. They also want to know more about contraception, STIs and feeling safe than girls. Finally, boys are most interested in discrimination and the laws while girls are most interested in knowing what to do in sexual and/or relationship situations. The Project team can only make educated guesses about the motivations, beliefs and attitudes driving these responses and the need to build on this information in future phases is clear.

As discussed above there were a number of topics which teachers did not feel comfortable to teach, whether due to personal embarrassment, a perceived lack of knowledge or worry about the possible responses from parents. There is insufficient evidence, at this time, to presuppose any connections between the teachers’ concerns and the surprising unwillingness of students to approach their teachers for assistance or advice, although as one student said “I don’t want to talk about this stuff with somebody who I don’t really know”. There was no way of identifying the gender of the respondent or his/her teacher to see if this affected the response. It could be an issue given the disinclination of students to go to their fathers for such advice and the fact that 53% of teachers (from Sometimes to Strongly) agree that it is harder for male teachers to deliver sexuality education.

However, it is worth noting that the participants in the professional development workshop reported an overwhelming improvement in personal confidence and knowledge to teach sexuality education and a corresponding increase in their willingness to do so.

A final area of difference amongst stakeholders was around the age at which sexuality education should be introduced in schools, with parents raising concerns that children should be older (a couple of parent respondents suggested 13 as the target age ) before being taught about some topics. This contrasts with the literature and the opinions expressed by teachers, and in particular, by a number of the stakeholder interviewees that students need to be introduced to some of the gender and relationship implications of sexuality and difference as early as possible.

5.3: Implementation

Many of the issues and challenges, raised by teachers and stakeholders, about the implementation of a comprehensive sexuality education curriculum across Northern Bay College mirror a number of those identified in the literature (pp. 12-13). These include:

5.3.1 Sexuality education being accorded a low priority by school management

Many respondents, especially Interviewees 1, 2 and 6, and a number of participants in the PD session acknowledged the low priority accorded to sexuality education. This was also reflected by the fact that one principal declined to be...
interviewed as sexuality education was seen as just another component of the curriculum to be addressed (and not one that was much of a priority).

There may well be a number of reasons for this attitude towards sexuality education, including the sense of it being ‘too hard’, the challenges of staffing and resource management, the fear of adverse parental or even media reactions, or the sense that external stakeholders are more suitably placed to deliver such programs. While all of these reasons have been expressed by different respondents, (and such concerns supported in the literature), it would be difficult, given the scope of this research, to definitively single out any one as a reason.

In contrast, (and, again, consistent in the literature) the role of school leadership has been an enabling factor in the project implementation. Several times during this first phase college leadership has been required to move the project on. The visibility and promotion of the project to external agencies and staff involved in the professional development by the college principal and campus principal, has built a sense of ownership for the leadership and the teachers involved (Interviewees 1,4). What is more challenging is garnering the support of the rest of the college.

5.3.2 Sexuality education being implemented in an ad-hoc manner across departments and schools

In a sense this was seen by the great majority of teachers and stakeholders as the default situation in the Barwon South West Region prior to the SECS Project starting. It was recognised as a major challenge to successful or meaningful delivery of sexuality education in the college and at a regional level.

Therefore it is not surprising that a number of stakeholders identified the crucial need for the curriculum to be embedded into the school curriculum at all year levels and across all five campuses. A range of financial, structural and staffing challenges to the successful implementation of such an approach were identified. These included the fact that Project implementation is contemporaneous with the larger reorganisation of schools into one multi-campus institution; the tradition of sexuality education being delivered by external experts such as school nurses; and the simple fact that different schools and campuses have different cultural characters and concerns (i.e. the tendency of different ethnic and/or religious communities to congregate in one school).

Interviewees 10, 11 and 12 raised a concern about the lack of progress at the secondary level. The vision for the Project is P-12 implementation (1,4,15), and although the focus in this first phase was always going to be on the primary years, the structure at NBC includes P-8 campuses. The secondary school nurse is the only secondary representative on the working party.

Students, teachers and parents surveyed have spanned the P-6 cohort. The professional learning was targeted at P-6, yet students in Years 7-8 form part of this initial cohort. The materials being used by the Project (see below for details) have a P-6 sequential learning focus. However, they are not suitable or designed for secondary students and teachers.

5.3.3 Lack of time and space in the already crowded curriculum

This area of concern for many teachers (expressed either in the broad teacher survey or amongst PD participants), was not entirely allayed by participation in the PD workshop. In a sense teachers identified this as something beyond their control and as connected to a low sense of priority on the part of school management. The stakeholders at a principal or assistant principal level also identified it
as a challenge for them to be able to address the issue. This group of stakeholders clearly expressed a level of enthusiasm for, and commitment to, the teaching of sexuality education which bodes well for the success of the project.

At the same time Catching On Early and Safe Landing, the curriculum materials utilised by this project, could go some way towards addressing these concerns as they mirror the VELS framework. So they are more likely to be seen as part of a whole-curriculum Health Promoting School approach (although one respondent suggested that there were not enough overt links to the VELS framework perhaps indicating that this could be taken further).

For example, until now sexuality education has been delivered across the Barwon South West Region as part of the Health and Physical Education learning area. But it could in fact be delivered through a literacy approach (within the VELS literacy stream in the primary years). Related to this approach some PD participants mentioned the need for picture book resources for classroom use.

One stakeholder (8) did suggest utilising the literacy coaching methodology currently in operation at NBC as a model of implementation.

5.3.4 Lack of curriculum and/or human resources (including a lack of both pre-service and in-service professional training) or of familiarity with the topic and curriculum materials

Professional development participants identified the lack of resources as a major concern, in particular the lack of a unified curriculum and classroom materials as well as the teacher support to deliver them: the need for specialised training for teachers and the tendency for staff turnover to lead to institutional skills loss. Suggestions for dealing with such challenges included further PD sessions and the need for teachers to act as mentors for other teachers. Interviewee 1 suggested the need for a pool of flexible teachers skilled in the provision of sexuality education who could work both across year levels and school campuses as required. In other words they could provide support where needed.

At the same time, feedback from the PD workshop participants indicates an extremely positive response to the curriculum materials - Catching On Early and Safe Landing. They were seen as being well embedded within the VELS framework and as providing a great deal of help to teachers with support information (providing content familiarisation for teachers) and fully prepared lessons and classroom materials (.5.6.7.9).

With regard to the lack of human resources the motivation demonstrated by interviewed stakeholders and the desire of those in management positions to ensure suitable levels of resourcing can only be seen as positive developments for the successful implementation of the project.

5.3.5 A lack of teacher confidence or fear of consequences of mistakes or adverse parent reactions

The overwhelming majority of participants in the Professional Development workshop as well as teachers and a number of the interviewed stakeholders identified this as a major concern. The PD workshop demonstrated the effectiveness of targeted PD in raising teacher confidence to deliver sexuality education as every respondent reported an increased confidence and a majority indicated a willingness to now deliver sexuality education. However, it will be important to assess the impact of this in practice as the teachers work with their students.
Teachers’ fear of mistakes can partially be addressed by PD. However, supportive mentors, and comprehensive curriculum materials (with their related teacher-support components) will provide school based support. Catching On Early and Safe Landing do seem to provide some comfort to teachers as a ‘safety net’ with regard to making mistakes or answering difficult student or parent questions. Curriculum resources can, therefore, be considered an important aspect of building teacher capacity along with the professional learning to use them as they address some of the teachers’ most commonly expressed concerns.

The risk of adverse parental reactions, to the content or teaching approach, could be partly addressed by making known to teachers the level of support for the teaching of sexuality education amongst parents and their willingness for this to be delivered by classroom teachers (as recommended above).

Finally, this section would not be complete without addressing the complementary roles of policy champions and a committed and supportive school community. As identified in the literature, only real cultural change leads to real sustainable structural change in an organisation (Blackmore, 2004; Hargreaves, 2004; Hargreaves & Goodson, 2006; Walker, 2004) – an insight recognised by a number of the interviewed stakeholders. However, there is a tension between the importance of policy champions (such as the principal mentioned by Interviewee 1 who at the time of the interview was leaving the school) and a broadly committed whole-school community to drive this cultural change.

A number of policy champions, mentioned in the stakeholder interviews, have been stalwarts of sexuality education provision at NBC until now, and there was a wide recognition that the loss of such people would be a great challenge to the project’s successful implementation.

Yet there was also awareness that such losses are inevitable, given staff turnover and attrition, and therefore a truly sustainable sexuality education program needs to be based upon a broad acceptance by the whole school community (administration, teachers, parents and children) of the need for sexuality education. This does not negate the important role that champions have in driving the sort of cultural change (Adelman & Taylor, 2007; Kroeger, 2006; McBride et al, 1999) that is required; a process described by a number of interviewed stakeholders with regard to individuals. A number of teachers also described this role of enlightened champion as one they would hope to see principals undertake, as only such commitment from the top can convince the broader school community of the need to embrace sexuality education as an important component of the curriculum.

Despite the above, and as discussed in the results section, one of the recognised champions of sexuality education at NBC cannot see any project implementation happening without a significant cultural change requiring the sort of broad acceptance of sexuality education described above. Without such cultural shift they believes that the project should no longer attempt to make itself sustainable through the input of policy champions. In the long run champions can be as counter-productive as they productive if they are the only drivers of change.
During the establishment phase of the Sexuality Education Community Support (SECS) project strategies have been implemented to begin the process of building capacity for more effective delivery of sexuality education at Northern Bay College. These strategies are aimed at developing a sustainable approach during the next three and a half years. The measure of success, identified by one of the current drivers of the project, will be Barwon Health’s withdrawal from its role of facilitating the delivery of sexuality education within the school.

The project has successfully established and engaged a productive working party, which has demonstrated a strong and active commitment to the goals and aims of the project. An action plan has been developed and, although aspects and timing have been modified in line with the organic and action research nature of the project, a number of important capacity building aspects have been put in place. For example, a core of 25 teachers and support staff have received professional learning and gained the confidence to deliver the classroom program instead of relying on the school nurses and external agencies to run ‘one-off’ puberty programs with Years 5 and 6. The importance of the two initial ‘champions’ who have driven the implementation of phase one, has diminished as other school-based members of the working group (in particular the campus teacher representatives) have become key drivers.
in developing and implementing sexuality education in the classroom. This capacity building has allowed them to take on mentor and leadership roles with their teaching teams so building the capacity of other teachers and providing professional development for the College as a whole.

Base-line data has been collected and analysed teacher attitudes, preparedness and willingness to teach sexuality education; parent and student views on what sexuality education should involve for Years 5 and 6 and help-seeking behaviours, and the experience of targeted professional learning designed to build capacity. In line with the action research model the data have resulted in a changed focus with phase one shifting to include all primary levels instead of the planned focus on Years 5 and 6. Parent information nights are planned to inform parents on the NBC approach and to assess the possibility of providing parent education program to meet an identified need.

The availability of key resources, such as DEECD’s Catching On Early and the components of Safe Landing (forthcoming) has had an enabling and capacity-building impact on teacher confidence and in allaying fears of how to address sexuality education across the primary VELS levels and in program planning.

Finally, the role of the College leadership and commitment to the project has been an important element. This commitment has grown during the first phase as the leadership has taken on key roles in developing a vision for the project, often under contested conditions. They have increased their visibility within the school and community supporting the importance of the project and sexuality education at Northern Bay College.

As the project moves to the second phase in which classroom implementation begins, the action research cycle starts again. This is an exciting time for the project and, in this next phase, Deakin University with assistance and guidance from the working party will research student, teacher, parent and school and community experience of sexuality education in practice.
RECOMMENDATIONS FOR PHASE 2

1. Amend the Action Plan to move the project into the secondary years involving:
   1.1 Co-option of secondary teacher/s and consideration of the possibility for more active student (male and female) representatives on the working party
   1.2 Survey of Years 8-12 students and parents
   1.3 Audit of Health and Physical Education (HPE) curriculum to assess the current sexuality education provided at NBC
   1.4 Survey of HPE teachers to determine professional development needs.

2. Assess the feasibility of parent/carer education sessions:
   2.1 Short survey at the end of parent information nights.

3. Set up a formalised structure to assist teacher mentors to support classroom teachers incorporating:
   3.1 Time for teacher mentors to meet across campuses.
   3.2 Half-day professional learning opportunity.
4. Research – Phase Two

4.1 Students
Conduct student focus groups about their experience of sexuality education and further investigate:

- Why students did not want to learn about discrimination and masturbation?
- Why students wouldn’t talk to teachers if they had a problem?
- Gender differences identified by the student survey.

Update student survey to:

- Separate the sexual feelings question to look more closely at sexual diversity.
- Ensure it is relevant to secondary students.

4.2 Teachers and Stakeholders:
- Conducting teacher and stakeholder interviews (focus group and individual) about:
  - The experience of teaching sexuality education
  - Barriers and enablers to successful implementation
  - The role of Catching on Early and Safe Landing curriculum resources
  - The role of teacher mentors in building capacity.

4.3 Parents
- Investigate parents’ experience of their childrens’ participation in sexuality education including the effects on their children and themselves.
References


Allen, L. (2009) ‘It’s not who they are it’s what they are like’: re-conceptualising sexuality education’s ‘best educator’ debate *Sex Education*, 9: 1, pp. 33-49


Cook, H. (2011) ‘Getting ‘foolishly hot and bothered’? Parents and teachers and sex education in the 1940s’, *Sex Education*, 1, 1, iFirst article


Dooris, M., Poland, B. et al. (2007) Global Perspectives on Health Promotion Effectiveness, Springer Science and Business Media, LLC, New York


Gerouki, M. (2007) “Sexuality and relationships education in the Greek primary schools - see no evil, hear no evil, speak no evil’, Sex Education, 7: 1, pp. 81-100


Hillier, L., Warr, D. and Haste, B. (1996) *The Rural Mural: Sexuality and Diversity in Rural Youth*, National Centre in HIV Social Research, Program in Youth/General Population, Centre for the Study of Sexually Transmissible Diseases, La Trobe University, Melbourne


NSW Catholic Education Commission (2003) Guidelines for Pastoral Care in Catholic Schools Catholic Education Commission, NSW


Sinkinson, M 2009, ‘Sexuality isn’t just about sex’: Pre-service teachers’ shifting constructs of sexuality education’, *Sex Education*, vol. 9, no. 4, pp. 421-36


APPENDICES:
THE SURVEYS AND QUESTIONNAIRES

Appendix 1
Data figures

Appendix 2
Northern Bay College teacher survey.

Appendix 3
Parent Questionnaire of grade 5 and 6 children attending Northern Bay College.

Appendix 4
Student survey of sexuality education

Appendix 5
Professional Development workshops for NBC
Building capacity in sexuality education: the Northern Bay College experience
Appendix 1
Data figures
Figure 1: Teacher perceived barriers to the implementation of sexuality education

Figure 2: Teachers’ beliefs about sexuality education
Figure 3: Teachers’ views of barriers to parental involvement in sexuality education

Figure 4: Parental views on who should be responsible for sexuality education in school
Figure 5: How parents would like to be involved in the sexuality education of their children

Figure 6: Parental views on teaching about laws or legislation related to sexuality issues
Figure 7: Parental views on teaching about legislation and sexual health issues

Figure 8: Student responses to reproduction topics
Figure 9: Student responses to puberty topics

Figure 10: Student responses to sexual activity questions
Figure 11 ‘Wordle’ of key words from students written responses to the question, “Is there anything that you would like to learn about in sexuality education that has not been covered in the previous questions?”

Figure 12: Helping seeking behaviour of grades 5 and 6 students
Appendix 2

Northern Bay College teacher survey.
# Health and wellbeing: Implementing comprehensive sexuality education

## 1. SCHOOL SURVEY

Thank you for completing this survey.

As part of this project we would like to review the sexuality education programs currently running in your school.

The purpose is to get a picture of what is currently happening in primary school sexuality education to determine the need and type of support that schools require to implement a comprehensive approach relevant to the whole school community and in line with VELS.

The questionnaire will take about 15 minutes. Please take your time, as the outcomes are highly valued by us and will strongly inform our next step.

The survey is voluntary and anonymous. No individual data will be made public. All data is grouped and discussed according to outcome. Any report produced from the data will be available to participants.

By completing this survey you agree to allow us to use the information you provide in reports, research papers, and presentations.

Thank you for taking the time to complete this survey and sharing your thoughts with us.

1. I have read the above information and understand that my responses will be utilised for the purposes of analysing current sexuality education occurring in primary schools in the northern Geelong region.
2. I understand that findings from this information may be utilised in reports, research papers and presentations.
3. I understand that findings from this survey will inform the development of sexuality education training and support structures implemented for teachers within this region.

☐ I accept and agree
# Health and wellbeing: Implementing comprehensive sexuality education

## 2. Demographics

### 1. Gender
- Female
- Male

### 2. Age
- 20-29
- 30-39
- 40-49
- 50+

### 3. Qualifications
- B.Ed
- M.Ed
- Grad Dip
- PhD
- Other (please specify)

### 4. Years of teaching
- 0-4
- 5-9
- 10-14
- 15-19
- 20+

### 5. Experience teaching sexuality
- Yes
- No

If 'yes' at what year levels. If 'no', given the opportunity, would you be prepared to teach sexuality education?

### 6. Have you participated in any professional learning related to sexuality education?
- Yes
- No
### Health and wellbeing: Implementing comprehensive sexuality education

7. If you answered yes to the question above - did you receive additional training toward sexuality education through: (mark any/all that apply)

- [ ] Your teaching degree
- [ ] Family Planning Victoria
- [ ] Barwon Health
- [ ] Family Life
- [ ] DEECD
- [ ] Life Education
- [ ] School Nursing Service
- [ ] Other (please specify)

8. Current role/s within the school

9. Where did you obtain your own knowledge about sexuality? Mark any/all that apply

- [ ] Parents
- [ ] Siblings
- [ ] Peers
- [ ] Books
- [ ] School
- [ ] Media
- [ ] Personal Experiences
- [ ] Other (please specify)
### 3. PROGRAM CONTENT

1. Does your school have a specific sexuality education curriculum?  
   (If you answer 'no' please answer question 12, then move on to question 17. If 'yes'  
   please proceed through all the questions.)
   - [ ] Yes
   - [ ] No

2. Do you think the current approach is adequate?  
   - [ ] Yes
   - [ ] No

3. In what context/s is sexuality education taught in? Select any/all that apply
   - [ ] Sexuality including puberty
   - [ ] Puberty only
   - [ ] Life-skills
   - [ ] Pastoral care
   - [ ] Values education
   - [ ] VELS
   - Other (please specify)

4. What approach do you use to cover sexuality content? Select any/all that apply
   - [ ] Sex positive – sexuality is viewed as a positive part of humanity
   - [ ] Prevention (of disease, pregnancy, assault)
   - [ ] Harm Minimisation
   - [ ] Abstinence only
   - Other (please specify)

5. Do you seek parental permission for sexuality education?  
   - [ ] Yes
   - [ ] No

6. If yes do you seek positive (opt-in where families sign for their child to attend classes)  
   or negative (opt-out where families sign for their child to be withdrawn from classes)  
   consent?  
   - [ ] Positive
   - [ ] Negative
### Health and wellbeing: Implementing comprehensive sexuality education

#### 7. Please define what you think we mean when we talk about:
‘Sexuality Education’

#### 8. Does your program contain information on any of the following?

<table>
<thead>
<tr>
<th>Topic</th>
<th>Yes / No</th>
<th>Do you think it should?</th>
<th>Are you comfortable teaching this topic? 1 (very) – 6 (not at all)</th>
</tr>
</thead>
<tbody>
<tr>
<td>BIOLOGY: Male &amp; female reproductive systems</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PUBERTY: Typical ages for male &amp; female pubertal changes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PUBERTY: Physical changes at puberty</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PUBERTY: Social &amp; emotional changes at puberty</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PUBERTY: Menstruation: to girls only</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PUBERTY: Menstruation: to boys and girls</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PUBERTY: Wet dreams: to boys only</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PUBERTY: Wet dreams: to boys and girls</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PUBERTY: Sexual feelings</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PUBERTY: Masturbation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PUBERTY: Managing hygiene</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PUBERTY: Managing skin care, particularly: pimples, acne, oil, hygiene</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IDENTITY: Managing relationship changes, particularly: friendship and peers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IDENTITY: Managing relationship changes, particularly: family</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IDENTITY: Managing relationship changes, particularly: boyfriend/girlfriend</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IDENTITY: Individuality</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IDENTITY: Self – esteem</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IDENTITY: Body image</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IDENTITY: Media influences</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IDENTITY: Sexual risk-</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# Health and wellbeing: Implementing comprehensive sexuality education

<table>
<thead>
<tr>
<th>taking behaviours</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>IDENTITY:</strong> Gender issues analysis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>IDENTITY:</strong> Sexual diversity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>RELATIONSHIPS:</strong> Healthy / unhealthy relationships</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>RELATIONSHIPS:</strong> Protective behaviours / personal safety</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SEXUAL ACTIVITY:</strong> Kissing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SEXUAL ACTIVITY:</strong> Touching</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SEXUAL ACTIVITY:</strong> Masturbation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SEXUAL ACTIVITY:</strong> Oral sex</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SEXUAL ACTIVITY:</strong> Sexual intercourse</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SEXUAL ACTIVITY:</strong> Contraception</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SEXUAL ACTIVITY:</strong> Sexually transmitted infections</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>HUMAN DEVELOPMENT:</strong> Pregnancy &amp; birth</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>HUMAN DEVELOPMENT:</strong> IVF</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>HUMAN DEVELOPMENT:</strong> Developmental events such as twins (fraternal, identical and conjoined), miscarriage, &amp; genetic anomalies</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>HUMAN DEVELOPMENT:</strong> Breastfeeding</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please use this space to clarify any of the above that you feel requires further explanation.
### 4. CURRICULUM

#### 1. What curriculum context/s is sexuality taught in?

- [ ] Numeracy
- [ ] Literacy
- [ ] Humanities
- [ ] Health & PE
- [ ] Arts
- [ ] Pastoral care

Other? Please specify
## Health and wellbeing: Implementing comprehensive sexuality education

### 5. FAMILY PARTICIPATION

1. Are families consulted on program content??
   - Yes
   - No

2. Are professional learning opportunities offered to families?
   - Yes
   - No
   Please elaborate

3. Would you be comfortable talking to parents about sexuality education?
   - Yes
   - No

4. Do families participate in Sexuality Education classroom activities?
   - Yes
   - No

5. Would you be comfortable with family participation in sexuality education?
   - Yes
   - No
6. What do you see as barriers to parental participation? Tick as many as apply.

- Religion
- Culture
- Language
- Literacy
- Confidence
- Time
- Paid employment
- Transport
- Knowledge
- Personal experience of schooling
- Transience
- Carers responsibilities
- Family disruption
- Other (please specify)
### 6. VIEWPOINTS

1. Using the following responses, please select the option next to each statement which best describes your opinion.

**NOTE: All statements apply to the current school and community in which you work.**

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly agree</th>
<th>Agree / Most of the time</th>
<th>Sometimes</th>
<th>Only with effort / under sufferance</th>
<th>Disagree / Rarely</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I believe that students should have access to sexuality education</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Teachers should be prepared to incorporate sexuality education into their programs</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Sexuality education should begin in prep</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Sexuality information should be presented by experts within the health or welfare fields</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Given the opportunity I would be actively involved in planning sexuality activities at this school</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Given the opportunity I would be actively involved in involved in teaching puberty activities at this school</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I feel competent to plan Sexuality education activities.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I feel confident to teach sexuality education</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I have access to personal and professional support for teaching sexuality education</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I have access to relevant resources</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>There is sufficient support from DEEDC for schools to present sexuality education</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>There is sufficient community support to teach sexuality education</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Sexuality education is not important at the primary school level</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Students respond well to sexuality education</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Students do not</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>
### Health and wellbeing: Implementing comprehensive sexuality education

<table>
<thead>
<tr>
<th>Statement</th>
<th>Yes</th>
<th>Maybe</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Understand or cope easily with many of the issues raised</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I find it challenging to answer many student questions about sexuality</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexuality education should include interpersonal issues</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexuality education should include self esteem and resilience</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexuality education should include diversity, including differing sexualities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexuality education should include discussions about respectful relationships and gender issues</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexuality education should teach abstinence</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The primary focus for sexuality education should be to prevent STI's and unwanted pregnancies and assault</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I like teaching this content</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mandatory reporting impacts on my willingness to teach sexuality</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Concerns about parental backlash impacts on my willingness to teach sexuality</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Concerns about community attitudes impact on my willingness to teach sexuality</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>It is more difficult for males to teach sexuality education than females</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gay teachers should not be teaching sexuality education</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# Health and wellbeing: Implementing comprehensive sexuality education

## 7. Barriers

1. What areas, if any, do you see as being a barrier to implementing successful sexuality education programs in schools as whole-school integrated curriculum?

- [ ] Knowledge
- [ ] Skills
- [ ] Confidence
- [ ] Parental backlash
- [ ] Departmental backlash
- [ ] Lack of leadership
- [ ] Lack of resources
- [ ] Lack of training
- [ ] Values
- [ ] Cultural issues
- [ ] Religious issues
- [ ] Gender issues
- [ ] Mandatory reporting
- [ ] Comfort
- [ ] Fear of unknown
- [ ] Student responses
- [ ] Doing/saying the wrong thing
- [ ] Time
- [ ] Competing curriculum priorities
- [ ] School climate
- [ ] Other (please specify)

2. What areas would you like support to enable / enhance you personally, or your school to present this content?

- [ ] Professional learning
- [ ] Community agencies connections
- [ ] Resource development
- [ ] Other (please specify)
8. FINALE

Thank you for your assistance.

There are two items left

You may make further comment below and you may choose to be part of a focus group to discuss these issues further. Please refer to your email to see how.

1. Any other comment?

2. Are you willing to be part of the follow up focus group interviews to discuss the issues in more detail? A research assistant will be conducting these interviews on our behalf. If yes please enter your name and email address in the box below

   □ Yes                           □ No

   Contact details
Appendix 3

Parent Questionnaire of grade 5 and 6 children attending Northern Bay College.

School based sexuality education needs assessment questionnaire—Parents

This survey is designed to find out what you think are important areas to cover in your child’s sexuality education at school. The survey is divided into two sections. The first section asks you to consider a range of potential topics that might be included in a program.

We are interested in your opinion about as whether you think the topic should be included. It asks to tick yes, no or unsure to the topics listed.

The second section asks you about who and how you think sexuality education should be taught at Northern Bay College.

Section One – What topics should be covered in sexuality education at school.

Please indicate your response to whether the following topics should be covered in a sexuality education program by ticking the appropriate box.

<table>
<thead>
<tr>
<th>The following topics should be included:</th>
<th>Yes</th>
<th>No</th>
<th>Unsure</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Reproduction</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.1 Reproductive systems</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.2 Conception</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.3 Pregnancy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>2. Puberty</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.1 Body changes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.2 Menstruation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.3 Managing relationships, changes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>3. Sexual Activity</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.1 Reproductive sex – intercourse</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.2 Masturbation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.3 Love</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.4 Intimacy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.5 Pleasure and arousal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>4. Sexual Health</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.1 Contraception</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.2 Sexually transmitted infections</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.3 Sexual safety</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.4 Sexual diversity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>5. Rules and Laws about sex &amp; protective behaviours</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.1 Discrimination</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.2 Laws relating to sex and sexuality</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.3 Appropriate/Inappropriate touching</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Is there any thing else that you would like to see included?
Section Two – Who and how should sexuality education be taught at NBC

Please indicate your response to the following statements related to who and how sexuality education should be taught at NBC.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unsure</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. The following people or organisations should be responsible for sexuality education</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.1 parents only</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.2 classroom teachers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.3 outside organisation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.4 mainly teachers with some parental involvement</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**2. I would like to be involved in my child’s sexuality education…**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unsure</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1 Not at all</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.2 As part of a parent information night</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.3 Assist with homework</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.4 I would like some information on how to talk to my children about sexuality issues</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.5 I would be interested in learning more information about sexuality and sexual health issues</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**3. Help seeking behaviour**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unsure</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1 I feel confident to talk to my child about sexuality</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.2 I would know where to go if my child needed help regarding a sexuality issue</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix 4
Student survey of sexuality education

Student Survey of sexuality education at NBC

Dear girls and boys next term you are going to be covering sexuality education. This is all about our selves, our bodies, our relationships and information about some aspects of sexual activity.

This is a short survey to find out what you think should be taught in sexuality education. Your teacher is going to read out the questions so that you understand what each question means and then you will write and answer.

Don’t worry if you think you don’t know. It is fine to say that or have a guess at what you think. Sometimes terms can be confusing. It is also fine to write words rather than sentences.

1. Are you a boy or a girl?
2. What age are you?
3. What grade are you in?
4. What do you think girls and boys of your age need to know about sexuality education? Please tick the boxes in the table below.

(Some times people refer to sexuality education as sex education. Don’t worry if you don’t know what some of the terms mean, just tick unsure, don’t understand or ask your teacher).

<table>
<thead>
<tr>
<th>The following topics should be included:</th>
<th>Yes</th>
<th>No</th>
<th>I’m not sure</th>
<th>I don’t understand</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Reproduction</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.1 The systems in the body that enable women and men to produce babies (Reproductive systems)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.2 How a baby is made (conception)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.3 Pregnancy (The time that the baby is growing inside a woman)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>2. Puberty</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.1 Body changes that happen when you become a teenager</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.2 Menstruation – girls getting a ‘period’</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.3 Managing friendships and relationships with boys and girls, changes in how you feel about friends</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>3. Sexual Activity</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.1 Reproductive sex – intercourse</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.2 Masturbation – getting pleasure by touching yourself</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.3 Love and being close</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.3 Sexual feelings</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>4. Sexual Health</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.1 Contraception – preventing pregnancy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.2 Sexually transmitted infections-diseases you can get from having sex</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.3 Sexual safety – feeling safe</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The following topics should be included: | Yes | No | I’m not sure | I don’t understand |
---|---|---|---|---|
5. Rules and Laws about sex & protective behaviours |
5.1 Discrimination – being picked on because you are different |
5.2 Laws – at what age and with whom people can have sex |
5.3 Appropriate/Inappropriate touching |
6. Helping Seeking behaviour |
6.1 If you had a problem, such as not understanding the changes that were happening to your body and didn’t want to ask your family |
A. Would you ask someone for advice? |
B. Would you know who to go to for help? |
C. Would you know where to go for help? |
D. Would you ask a friend? |
E. Would you look up the internet? |
F. Would you ask a teacher or someone at school? |
G. Do you find it easy to talk about changes happening to your body? |
H. Could you talk to your mum about the changes? |
I. Could you talk to your dad about the changes? |

5. Is there anything that you would like to learn about in sexuality education that has not been covered in the previous question?
Appendix 5
Surveys relating to Professional Development Workshops
Appendix 4.1 Pre-workshop survey

Northern Bay College Sexuality Education and Curriculum Support Project (NB SECS)

Professional Learning Program: Pre workshop survey

To make sure we are providing professional learning that will assist you to teach sexuality education and feel confident to cover the issues identified in VELS and DEECD resources and guidelines. There are few short surveys to complete as part of the PD workshop/s.

Please tick
Male
Female

Indicate
Teaching level
Participant number

Indicate how enthusiastic you are about participating in the professional development by marking a spot on the continuum

Very enthusiastic  enthusiastic  not enthusiastic

Indicate how confident you are about teaching sexuality education by indicate a spot on the continuum

Very confident  confident  not confident

Answer the following questions:

Have you taught the puberty program that has been run at Northern bay in the past? Is so, when and how often?

Have you taught any other sexuality education? If so, at what year levels and what school types?

Do you have any concerns or fears about teaching sexuality education? Please explain.
Please finish the following stem sentences:

- I expected this professional development to…

- I am most excited about …

- I am concerned about....

- I would like to know about…

- To be able to teach sexuality education I need…

- I am hoping this workshop will make me feel l…

Are there any issues you would like covered in the program?

Any other comments:

Thanks
Deb and Lyn

Debbie Ollis and Lyn Harrison: Deakin University.
Northern Bay College Sexuality Education and Curriculum Support Project (NB SECS)

Professional Learning Program evaluation: Day 1

Participant number

To make sure we are providing professional learning that will assist you to teach sexuality education and feel confident to cover the issues identified in VELS, and DEECD resources and guidelines. There are few short surveys to complete as part of the PD workshop/s.

Indicate how useful you found day 1 of the program by marking the continuum at the appropriate point.

very useful  useful  not useful

Indicate how confident you are about teaching sexuality education by indicating a spot on the continuum

Very confident  confident  not confident

Complete the following sentences: ¹

I learnt:

I wonder:

I thought:

I liked:

What was new learning for me? What was reinforced?

¹ These sentences were developed by the Australian Research Centre in Sex Health and Society for evaluation of the Catching On Early Professional Development.

Debbie Ollis and Lyn Harrison: Deakin University.
Please finish the following stem sentences:

At the end of today

• I feel more confident to teach sexuality education because…

• I am still concerned about…

• I would like to know more about…

• To be able to teach sexuality education I need…

• The workshop has made me feel…

From the information and activities provided today, what do you consider the elements of a sustainable sexuality education approach?

What do you understand to be the key elements of the Safe Landing model?

Are there any issues you would like covered in day 2 of the program?

Any other comments
Northern Bay College Sexuality Education and Curriculum Support Project (NB SECS)

Professional Learning Program Feedback: Day 2

To make sure we are providing professional learning that will assist you to teach sexuality education and feel confident to cover the issues identified in VELs and DEECD resources and guidelines. There a few short surveys to complete as part of the PD workshop/s.

Participant number

Indicate how useful day 2 of the program was by marking the continuum at the appropriate point.

Very useful       useful       not useful

Indicate how confident you are about teaching sexuality education by indicate a spot on the continuum

Very confident       confident       not confident

Do you think that the program prepared you to teach sexuality education?
(Tick the appropriate choice)
• Very well
• Well
• Adequately
• Inadequately

Why?

How important do you think the following resources will be to teaching sexuality education?
Safe Landing
(Tick the appropriate choice)
  • Crucial
  • Very important
  • Important
  • Not important

Why?

Catching On Early
(Tick the appropriate choice)?
  • Crucial
  • Very important
  • Important
  • Not important

Why?

Please complete the following statements: ¹

I learnt:

I wonder:

I thought:

¹ These sentences were developed by the Australian Research Centre in Sex Health and Society for evaluation of the Catching On Early Professional Development. A couple of the questions have been modified for use in this professional development program.
I liked:

What was new learning for me? What was reinforced?

At my campus school what key talks do I now need to action/focus on?

Across the college, what further information or issues regarding the sexuality education should be addressed/developed to enable a sustainable approach? By whom?

Please finish the following stem sentences.
At the end of today:

• I feel more confident to teach sexuality education because…

• I am still concerned about….
• I would like to know more about…

• To be able to teach sexuality education I need…

• The workshop has made me feel…

Do you feel well prepared to train other teachers at my school in this program after completing the PD?

Could you assist other teachers with any concerns they have about delivering this program following the PD?

Are you ready to assist with the planning that will see this program implemented at your school following the PD?

Are there any issues you would like covered in additional professional development?
What other resources would assist you in teaching sexuality education at Northern Bay College (i.e. agency/service support, PD, materials, network development etc.)?

Would you be willing to participate in an interview on your experience of the program, the resources and the PS-SECS project? If yes, please provide an email address

Thanks
Deb and Lyn