Principles of sexuality and sexual health education in NSW public schools

This document presents a set of principles for school-based sexuality and sexual health education. The principles comprise a framework to guide the development of effective sexuality and sexual health education in NSW public school settings.

These evidence-based principles have been developed to support principals and teachers to make school-based decisions about the delivery of sexuality and sexual health education. These decisions should be based on the needs of their students and broader community and within the context of department policies and procedures.

## Background

Schools have been identified as key environments in which to undertake sexual health promotion, reaching children and young people before they become sexually active. Teachers often feel unsupported in this work and may lack both the skills and the confidence to deliver sexuality and sexual health education effectively.

Sexuality and sexual health education is taught in NSW public schools in an age-appropriate way as part of the NSW Education Standards Authority (NESA) Personal Development, Health and Physical Education (PDHPE) K-10 syllabus.

Teachers are guided by the age-appropriate content within the syllabus to meet the learning and support needs of students.

PDHPE is mandatory for all students in Kindergarten to Year 10. In Years 11 and 12, students in public schools participate in Life Ready. Life Ready build on student learning from PDHPE in the junior years of schooling.

Quality sexuality and sexual health education focuses on safety, respect for self and others, relationships and friendships, personal rights and responsibilities, effective communication, diversity and inclusion, abstinence, safer sexual practices, informed decision-making, access to services and help seeking behaviours and skills.

Studies show that effective sexuality and sexual health education programs can:

* reduce misinformation
* increase correct knowledge
* clarify and strengthen positive values and attitudes
* increase skills to make informed decisions and act upon them
* improve perceptions about peer groups and social norms
* increase communication with parents, carers or trusted adults.

Research also shows that programs sharing the above characteristics can help to:

* abstain from or delay the debut of sexual relations
* reduce the frequency of unprotected sexual activity
* reduce the number of sexual partners
* increase the use of protection against unintended pregnancy and sexually transmitted infections (STIs) during sexual intercourse.

School programs have remained among the most trusted sources of information for young people across the past decade, whereas the internet remains low on the list of trusted sources.

The principles for sexuality and sexual health education provide a framework of evidence-based practices and values to support effective sexuality and sexual health education practice within schools. The principles should be used by school staff to inform the planning, implementation and review of school-based sexuality and sexual health education programs, policies and practices.

## Rationale

The principles are:

* intended to convey the essence of what is currently understood as effective school practice, without prescribing a specific set of actions or procedures within a school
* informed by, and support, evidence-based practice. They have been developed using current research and evaluation of effective curriculum practice.
* designed to be broad and generic. They embrace fundamental and general guidelines for effective school sexuality and sexual health education and need to be understood and applied within the local context of the school community and its specific needs and priorities.
* designed to overlap and inform each other and are best understood and applied in a holistic and integrated manner
* embedded within a broader health promotion approach. They are consistent with broader principles for the promotion of physical, mental and social health and wellbeing within school communities.

## The principles of sexuality and sexual health education in NSW public schools

To best meet the needs of students, each of these principles should be considered when designing, delivering and evaluating sexuality and sexual health education in schools. Evaluation of school programs and practices should be evaluated on an annual basis to ensure each of these principles is being met.

**Principle 1** – School planning, implementation and evaluation of sexuality and sexual health education reflects a whole school approach to student health, safety and wellbeing.

**Principle 2** – School policy, ethos and environments are safe, supportive and inclusive to promote positive sexuality and sexual health.

**Principle 3 –** Partnerships are developed and maintained with parents, carers and community to maximise positive outcomes.

**Principle 4** – Sound theory and current research form the basis of sexuality and sexual health education and inform decision making and evaluation practices.

**Principle 5** – Staff planning, delivering and evaluating sexuality and sexual health education demonstrate expertise in course content and are committed to student health and wellbeing.

**Principle 6** – Teachers and supporting staff delivering sexuality and sexual health education possess skills in engaging and interacting with young people in positive ways.

**Principle 7** – Programs are ongoing and sustainable to build on student knowledge, attitudes and skills from Kindergarten to Year 12.

**Principle 8** – Programs focus on real life contexts, are culturally appropriate and aim to address local needs, values and priorities.

**Principle 9** – Learning experiences do not use shock tactics or fear campaigns.

**Principle 10** – Learning experiences provide accurate and reliable information and aim to dispel myths about sexuality and sexual health.

**Principle 11** – Teaching and learning activities use interactive approaches, are inclusive and reflect a strengths based approach to maximise student learning outcomes.

**Principle 12** – Students actively participate inall areas of program planning, delivery and evaluation to reflect local needs.

## What evidence supports the principles?

The following table outlines the evidence for each principle.

|  |  |
| --- | --- |
| Principle | Statement of evidence |
| Principle 1 – School planning, implementation and evaluation of sexuality and sexual health education reflects a whole school approach to student health, safety and wellbeing | The most effective sexuality and sexual health education uses a whole-school learning approach. When school leaders and teachers adopt such an approach, they view student learning in the context of the whole experience of being at school, that is, in the classroom, in the school environment, in the way a school responds to critical incidents and in the kinds of partnerships a school forms with the local community.  Effective delivery of sexuality and sexual health education should be supported by a whole-school approach to health, safety and wellbeing. Every member of the school community plays an important role in the promotion of health, safety and wellbeing in the school and wider community. Health, safety and wellbeing should be promoted through the whole-school environment, including curriculum programs, policy, partnerships and school ethos.  Leadership and responsibility for health, safety and wellbeing should be encouraged and guided by all levels within the school community – executive, teachers, other staff, students and parents and carers. This will facilitate the delivery of effective sexuality and sexual health programs that provides a protective and enabling environment for students. This environment should promote choice, respect and responsibility in a non-judgmental manner.  Monitoring and support are vital. Successful implementation of sexuality and sexual health education rely on the full support of the school community with adequate time, resourcing and support given to planning, delivery and evaluation of programs. |
| Principle 2 – School policy, ethos and environments are safe, supportive and inclusive to promote positive sexuality and sexual health | A positive climate within and beyond the classroom fosters learning, resilience and wellbeing in students and staff. An inclusive school provides a setting where students, staff, families and the broader community can engage in meaningful learning, decision making and positive relationships where everyone feels connected to the school community. |
| Principle 3 – Partnerships are developed and maintained with parents, carers and community to maximise positive outcomes | For sexuality and sexual health education to be successfully delivered, the support of staff, community, parents and students is essential.  A sense of community and inclusion promotes feelings of belonging and connectedness in all young people, families and staff. This has shown to have a positive effect on the health and wellbeing of children and young people. This emphasises the importance of an inclusive, whole-school approach with an emphasis on positive relationships for the benefit of the school community.  There are many misconceptions about what students learn about and how students learn in sexuality education. Communication with parents and carers assists the community to better understand the content and aims of the programs.  Research suggests that, where parents or caregivers have an understanding of the rationale, structure and content of school programs, students’ learning is improved. Schools should implement a consultative process to ensure parents and carers have the opportunity to participate in purposeful discussions on program aims, curriculum content and teaching and learning materials where appropriate to ascertain whether parts of the program need to be modified.  Where appropriate, schools can support parents and carers by providing them with current information about a wide range of sexuality and sexual health issues. Schools working in partnerships with parents and carers can also dispel some of the anxiety parents may experience from an expectation that sexuality and sexual health education is their sole responsibility.  Working in partnership with health and community services increases students’ awareness of the range of services available and where to find them. This can assist in building students’ trust and confidence to access services and provide links between young people, the school and appropriate services.  Community services can also be used to enhance staff knowledge and understanding of relevant contexts and consequently assist in building the capacity of teachers to deliver effective education programs. |
| Principle 4 – Sound theory and current research form the basis of sexuality and sexual health education and inform decision making and evaluation practices | Sexuality and sexual health education should be evidence-based . Evidence-based practice within a school involves staff using current theory and research to determine programs that are appropriate to their students’ needs.  Evidence-based practice requires staff to stay informed about effective curriculum practice. Staff should apply professional judgement to implement and monitor programs and evaluate outcomes to determine their impact.  Regular evaluation of the school’s sexuality and sexual health education programs and outcomes is critical in providing evidence of the value of activities and informing future practice. |
| Principle 5 – Staff planning, delivering and evaluating sexuality and sexual health education demonstrate expertise in course content and are committed to student health and wellbeing | Trained teachers should adopt the central role for sexuality and sexual health education in the school environment. A strong understanding of student learning and support needs is crucial to the delivery of inclusive sexuality and sexual health education. Other staff who could be involved in delivery of and support for sexuality and sexual health education in schools include student welfare or wellbeing teachers, the school counsellor, year advisers or other interested staff with expertise and commitment to student health and wellbeing.  Staff involved in the planning and delivery of sexuality and sexual health education should have a strong understanding of the current and evolving issues and challenges young people in their school may experience, and the kinds of behaviours young people are engaging in. Relevant and desirable characteristics of staff involved include a strong interest and understanding of the content and personal comfort in discussing sexuality and sexual health.  Teachers and executive need to play a central role for programs and approaches to be sustainable and embedded within the school. Effective sexuality and sexual health education is delivered as part of an ongoing, sustainable program of learning. Learning experiences should extend on knowledge, understanding, skills and attitudes built through PDHPE curriculum and other wellbeing programs in the earlier years of schooling. Learning should address the issues and experiences that children and young people may encounter in their school and early adult years in a manner that builds connections and engages students in an active and meaningful way.  Research suggests that one-off events are ineffective on their own. Teaching and learning activities before and after an event are needed to contextualise and supplement student learning. Principals and teachers must bear in mind the following when considering the use of one of events as part of the sexuality and sexual health education program:   * What is the learning focus and purpose of the event? How will it supplement teaching and learning as part of the school’s sexuality and sexual health education program? * What are the main messages of the event? Do they reflect the sexuality and sexual health education principles? * How will teaching and learning activities be provided before and after the event and linked to the sexuality and sexual health education content? * Is counselling support and debriefing required before, during and after the event and how will you plan for this? |
| Principle 6 – Teachers and supporting staff delivering sexuality and sexual health education possess skills in engaging and interacting with children and young people in positive ways | Teachers are best placed to deliver programs that promote health, safety and wellbeing. Teachers know the curriculum, their students, their learning and support needs and their communities. Teachers should be trained to deliver sexuality and sexual health education using interactive and participatory methods.  In some instances, principals may choose to draw on community resources, an external provider or a guest presenter with specific expertise to supplement the school’s sexuality and sexual health education program.  Principals need to consider the expertise and approaches of external providers or individuals carefully and make decisions about the use of these groups in an informed way. The principal and organising teacher should assess the material and delivery of the external provider before the provider is engaged.  External providers must be familiar with stage-appropriate sexuality and sexual health education content, the school’s local context and school policies and practices. Services provided by external providers must be relevant to students’ needs and be integrated into the school’s sexuality and sexual health education program.  The department’s guidelines for engaging external providers for curriculum implementation help principals determine the appropriateness of external providers for their school context. |
| Principle 7 – Programs are ongoing and sustainable to build on student knowledge, attitudes and skills from Kindergarten to year 12 | Effective programs should involve progressive learning that is reinforced over the years of schooling and beyond.  International research reveals that sexuality and sexual health education, in a developmentally appropriate form, should begin at an early age. In the primary school years, sexuality education lays the foundations by learning the correct names for parts of the body, changes related to puberty, understanding principles of human reproduction, exploring family and interpersonal relationships, learning about safety, and developing confidence. These can then be built upon gradually, in an age and developmentally appropriate way.  Teachers are guided by the age-appropriate content within the NSW syllabus documents to meet the learning and support needs of students in their class.  Effective sexuality and sexual health education in schools should provide young people with age-appropriate, culturally relevant and scientifically accurate information. This learning includes structured opportunities for children and young people to explore their attitudes and values, and to practise their decision-making, assertiveness and other life skills needed to make informed choices about their relationships and sexual lives. |
| Principle 8 – Programs focus on real life contexts, are culturally appropriate and aim to address local needs, values and priorities | Young people are not a homogenous group. Socio-economic status, gender, personal identity, age, ability, religion, culture and language all impact on young people's motivations and practices.  There is a clear recognition amongst researchers and educators that if school-based programs are to be effective in promoting positive sexuality and sexual health, they must examine the social and cultural context in which young people make decisions related to their relationships, sexuality and sexual health.  Sexuality and sexual health education needs to be relevant to all students. In providing programs, schools should be sensitive to the developmental stage, background and experience of students.  In all populations of young people, it should be acknowledged that there is a continuum of activity and experiences, which ranges from abstinence to various levels of engagement in sexual activity. The entire continuum of activity needs to be addressed in school-based programs. Comprehensive sexuality and sexual health education promotes postponement of a young person’s first sexual experience (with one sexual partner and safer sex considered as the next best alternative). School programs that have been most effective in helping young people to abstain discuss both abstinence and contraception.  School education is about preparing young people for healthy, fulfilling adult lives. Providing comprehensive sexuality and sexual health education ensures this. |
| Principle 9 – Learning experiences do not use shock tactics or fear campaigns | Research has consistently found that programs which attempt to use shock tactics or activities to frighten young people by focusing on disastrous consequences of risky behaviours are ineffective.  The assumption that attempting to arouse fear or anxiety through exposure to shocking images, messages or trauma will result in a predetermined positive behaviour change is flawed.  Warnings may not match young people’s personal experiences or perceptions. It often results in them detaching and feeling that they are not part of an ‘at risk’ group. It is recommended that schools do not engage external providers that use shock or fear tactics.  Learning experiences that are planned to encourage students to reflect critically on issues, share thoughts and feelings, plan for action and contribute in a positive manner are found to be most effective. |
| Principle 10 – Learning experiences provide accurate and reliable information and aim to dispel myths about sexuality and sexual health | It is widely acknowledged that high quality sexuality and sexual health education delivered by well trained and supported teachers remain the best means of educating young people about sexuality and sexual and reproductive health.  Young people nominate school programs as one of their most widely used sources for information on sexuality and sexual health. In a time where information about sexuality, sexual health and sexual behaviour is readily available to young people, but not necessarily reliable, school programs are the best infrastructure for providing students with accurate information and helping them to make decisions.  More positive outcomes result from comprehensive sexuality and sexual health programs addressing values, attitudes and feelings, linking to other related health concerns, and presenting young people with a ‘menu’ of safe sex options.  Whether or not young people choose to be sexually active, sexuality and sexual health education prioritises the acquisition and/or reinforcement of values such as reciprocity, equality, responsibility and respect, which are prerequisites for healthy and safer sexual and social relationships.  Information provided needs to be scientifically accurate and balanced, and conveyed in a way that is understandable, unambiguous, culturally relevant, gender sensitive and age-appropriate. |
| Principle 11 – Teaching and learning activities use interactive approaches, are inclusive and reflect a strengths based approach to maximise student learning outcomes | A strengths-based approach recognises that most young people in Australia come from a position of feeling positive about their health and wellbeing. The strengths-based approach focuses on the capacities, competencies, values and hopes of all students, regardless of their current circumstances. Students are encouraged to use their own strengths in a wide range of situations to optimise their own and others’ health, safety and wellbeing.  Interactive learning approaches are the most effective for developing knowledge, attitudes and skills that promote health, safety and wellbeing. These approaches involve working with students to strengthen their perceptions of themselves and others.  These approaches promote cooperation, communication skills, encourage innovation and creativity and facilitate learning about sensitive issues. They should be designed to address health issues that account for the wider social context within which young people operate. Students should be given a wide range of opportunities to observe and practise new skills.  Interactive learning approaches support reflection and critical thinking to promote the development of skills, attitudes and values. The development of the skills that underpin learning in sexuality and sexual health will empower young people to take positive action to protect themselves and promote positive and respectful relationships.  Interactive learning methods include discussions, guided practice, role play, group work, simulations, use of narrative, debates and practising specific skills in particular contexts and scenarios. |
| Principle 12 – Students actively participate in all areas of program planning, delivery and evaluation to reflect local needs | It is important that the aims and content of the school’s sexuality and sexual health education program is based on the needs, interests and diversity of students. Programs and methods of student participation should be designed to maximize the opportunity for any student to participate at the highest level of their ability.  Students should be actively involved in the planning, delivery and evaluation of sexuality and sexual health education programs to promote a sense of ownership and to ensure that the issues and contexts to be covered are most relevant to them.  Processes for active participation and meaningful consultation should be transparent and recognise the value of student leadership and involvement in research activities. Genuine participation occurs when students understand the intention of the program and have a meaningful role in program planning, delivery and evaluation.  Some students may require adjustments to access program content or outcomes. Guidance on making adjustments can be accessed through the [NESA website](https://educationstandards.nsw.edu.au/wps/portal/nesa/k-10/diversity-in-learning/special-education/adjustments). |