

Ready set go: Building capacity in schools to deliver sexuality education

Reach, Teach & Support conference

2010

Family Planning Victoria (FPV)

Our vision

Sexual and reproductive health for Victorians

Our mission

To provide a leadership role in public policy, advocacy, education and clinical care in sexual and reproductive health.

FPV education services in 2009-10

- 426 teachers attended our seminars and workshops.
- Almost 20,000 students participated in our school education programs.
- Over 6,000 people participated in our community education programs
- We worked in over 150 different schools.
- We delivered over 650 school sessions.
- We recorded almost 54,000 visits to our website.

A community request

The 2003 pilot project

- Primary schools in a rural area of Victoria requested assistance to deliver a sexuality education program.
- Programs had previously been outsourced to a community health nurse.
- A collaboration was set up between the Department of Education and Early Childhood Development (DEECD), Deakin University and Family Planning Victoria (FPV).

The initial response

A multi-sector initiative

- Deakin University conducted a needs analysis involving principals, teachers and parents.
- FPV used the findings to develop and deliver a two-day professional development (PD) program for teachers and local community health workers.
- FPV and Deakin University conducted process and impact evaluation.

The initial response

The 'Bass Coast' project was created

- Needs analysis and professional development evaluation report was published.
- Recommendations from the report informed further development of the capacity building model.
- Follow-up professional development was delivered 12 months after the pilot program.

2003 Impact evaluation

Main outcome

The project was effective in building capacity in schools to deliver sexuality education.

Key findings

- Significant increase in teachers' levels of confidence, comfort, knowledge and skill levels in teaching sexuality.
- Improvement in program planning and classroom practice.
- Need for more research to determine overall outcomes.

Pilot project replicated

The project was adapted to suit other regional locations.

Implementation and evaluation

- 1 rural location (2006)
- 2 urban locations (2006 and 2008)
- 35 schools and 67 teachers
- 3 key community agencies

The original model

Critical elements included:

- the involvement of key stakeholders
- a shared responsibility between education and health sectors
- an evidence base for professional and program development
- parent data which served as a powerful change agent.

The original model

Critical elements included:

- a two-day comprehensive professional development program
- process and impact evaluation
- follow-up professional development, ongoing networking and support.

The original model

Essential practical elements included:

- funding from the DEECD for teacher release
- funding to run the professional development
- a classroom program and resource kit
- an established central community link for ongoing support and resources
- support from FPV as the key expert agency.

What was still needed?

Outcome evaluation of the intervention:

- was funded by FPV in 2009
- was conducted by Deakin and Southern Cross universities
- is currently being finalised (2009/10).

Key purpose

To determine the strengths and weaknesses of the model and how it needed to be adapted for ongoing use.

2009 Outcome evaluation

Professional development program

- Increased levels of confidence: 92%
- Increased understanding of rationale for sex ed: 96%
- Increased inspiration for sex ed: 84%
- Improvements to programs: 92%
- Helpful for program development: 76%

2009 Outcome evaluation

Program implementation by teachers

Region 1: 0% before to 100% after PD

Region 2: 33% before to 83% after PD

Region 3: 12% before to 75% after PD

Region 4: 12% before to 86% after PD

2009 Outcome evaluation

Teacher movement – Region 1

- 15/17 teachers implemented programs in their schools in the first year.
- Six years on, only two teachers were in their original school still conducting sexuality education.
- Many schools reverted back to using an outside expert to deliver sexuality education.

2009 Outcome evaluation

Key problems identified:

- sustainability of the model
- teacher movement
- leadership support
- a need for further resources
- a lack of assessment and reporting tools.

2009 Outcome evaluation

Recommendations included:

- adopting a whole-school approach
- incorporating leadership training
- ensuring there is capacity for teachers to mentor new teachers (ie. ‘train the trainer’)
- developing an improved classroom program and resource kit (including assessment tools)
- adapting the model to use in secondary schools.

The next step

The original model is being developed and will include:

- sustainability (via a whole-school approach)
- leadership training
- an ongoing process for teachers to mentor other teachers
- improved program and classroom resources
- assessment and reporting tools
- in-built evaluation tools
- piloting the model with secondary schools.

Visual map of developed model

Please refer to handout

Community capacity building model

Can provide a way of working with school communities that:

- builds school and sector capacity
- builds on the whole-school approach
- relates directly to curriculum framework
- builds teacher confidence and expertise
- builds sexual health literacy
- equips schools with resources
- establishes school and community health partnerships
- provides an ongoing database for evaluation.

A real impact

Teachers' responses

I came here not even intending on ever teaching sexuality education. There was no way known. But I am going to go back and give it a go now.

I can't believe we came from where we did and we did it, we actually did it!

References

- Leahy, D, Horne, R & Harrison, L (2004). *Bass Coast Sexuality Education Project: Needs analysis and professional development report*. Faculty of Education, Deakin University, Victoria.
- Leahy, D & Stevens, M (2007) *A sustainable health promotion model: Engaging teachers and the community health sector in sexuality education interventions*. Presented at Australasian Sexual Health Conference, Gold Coast, October.

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