

3.17 Health Education

3.17.1 Approaches to health education

Health education lies within the Health and Physical Education domain of the *Victorian Essential Learning Standards* (VELS).

Health education is best considered as part of a whole-school approach. School policies and procedures should support the health messages being communicated in the classroom to maximise the impact on the health and wellbeing of students.

School health education policies are to be developed by the school council with the input of the school community: students, parents and teachers. The partnership between school and home is especially important. The development and implementation of the health curriculum should be consistent with the school ethos as well as community and parental expectations in the context of Department of Education and Early Childhood Development curriculum and operation guidelines.

3.17.1.1 Role of the school nurse in health education

School nurses are encouraged to work as part of a team for the program development and delivery of health education. While curriculum planning is primarily the responsibility of teachers, it would be appropriate for the school nurse to contribute to and assist in the process when the curriculum is health-related.

A team approach by the classroom teacher and the nurse is also encouraged in the delivery of health education lessons. The classroom teacher and the nurse can work together to identify which components of the health curriculum can be delivered with the nurse, or whether the nurse attends the class simply to answer specific questions from students. For health education assessment and reporting requirements, a teacher must always remain involved in the teaching.

The principal's endorsement of an alternative teaching arrangement is required for a nurse to be involved in the delivery of education sessions to a class of students. Nurses will only be involved in the delivery of health-related curriculum.

The school nurse is also encouraged to play a role in the development of partnerships with key local health providers.

3.17.1.2 Primary school nursing program

The Primary School Nursing Program provides registered nurses with expertise in the areas of child health and development.

The Primary School Nursing Program is available to all Victorian primary schools and English Language Centre schools. This service offers children and their families:

- a health assessment to enable early identification of health problems
- advice, information and (if appropriate) referral to other services
- health promotion aimed at maintaining and improving the health and wellbeing of children and their families
- support for families and school communities by providing information and education on health issues relating to school-aged children.

Primary school nurses are part of a network of health and support services available to families within the local community. They work in partnership with parents and are able to link families into local networks for specialist help or support.

Health Assessments

All primary school students are eligible for services whenever there is a concern about a child's health. A referral from parents, or from teachers with parental consent, is required.

In the first year of primary school a health assessment is offered to all children. This assessment includes distance vision screening.

Students attending an English Language Centre school, or primary school students newly arrived from overseas, are eligible for a vision and hearing test and other assessments as indicated by parent and/or teacher concerns.

Parental consent

Parental consent is obtained before all assessments. Parents are advised of assessment results and further advice is provided to students, parents and with parental consent, to teachers about student's identified concerns. Where appropriate, students and their families are referred to a health professional or agency for further assessment, tests, diagnosis, treatment or therapy.

Resources

More information on the Primary School Nursing program is available from: www.health.vic.gov.au/schoolnursing/primschool/index.htm

3.17.1.3 Secondary school nursing program

The Secondary School Nursing Program aims to reduce risk to young people and promote better health in the wider community.

The secondary school nurse works as a member of the student welfare team to improve the health and wellbeing of students. The nurse facilitates health promotion and health education activities in the school as appropriate.

The school nurse has the ability to assist the school community to:

- encourage healthier school communities
- enhance the health of students
- support students to make informed decisions about their health and wellbeing
- develop greater connections for students at school, home and in the wider community
- work with teachers to deliver health education sessions that may include sexual health, body image, safe partying and so on
- support transition for students from primary to secondary school and within secondary school year levels
- encourage student wellbeing programs to improve student health, for example, peer mediation.

Often it is helpful for students to talk to parents or other family members about problems. If a student would like support to do this, the school nurse can help. The nurse can also help individual students with information, guidance and support about a range of issues that may include:

- relationships
- loss and grief
- adolescent health concerns
- coping with illness
- safer sex practice
- smoking, alcohol and other drug use
- managing stress and anxiety
- body art
- feeling anxious, stressed or unhappy
- achieving healthy weight
- problems at home
- cultural or racism issues.

As well as providing students with information and support, the school nurse can also link students to other health services. For example:

- local doctors

- medical specialists
- community health centres
- alcohol and other drug counsellors
- psychologists, youth counsellors or social workers
- student support service officers
- family planning services
- culturally specific services.

Resources

More information about the Secondary School Nursing Program is available from:

www.health.vic.gov.au/schoolnursing/secschool/overview.htm

3.17.2 Sexuality education

Sexuality education is inclusive education for sexual health and respectful relationships. It should build on knowledge, skills, and behaviours, thus enabling young people to make responsible and safe choices. The sexuality education of Victorian youth is a shared responsibility between school-based programs, the local health and welfare community, and parents.

Comprehensive sexuality education is a compulsory health education curriculum component from prep to year 10. Sexuality education is supported by the Victorian Essential Learning Standards and integrated throughout the Health and Physical Education and Interpersonal Development domains. Suggested learning topics are provided at the prep to grade 2 levels.

The most effective sexuality education program utilises the model for Whole-school Learning in Sexuality Education. A whole-school learning approach views student learning in the context of the whole experience of being at school—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. This model is available on the *Catching On-line* website (see below).

Sexuality education should be developmentally appropriate and be present in primary, secondary and special school curricula. Primary school programs provide a necessary foundation for programs offered in secondary schools. The nature and amount of information that can be provided will depend on the age of the students concerned.

Best practice in sexuality education:

- teaches young people how to develop respectful relationships and how to minimise or eliminate the risk of potentially adverse consequences

- ensures that young people can make responsible and safe choices
- assesses and reports on student achievement
- reflects a comprehensive evidence-based approach that focuses on prevention
- provides a curriculum context that recognises the social world in which young people make decisions about their health, including sexual health
- takes a whole-school learning approach, which includes utilising learning and teaching opportunities identified through the links with relevant policies, guidelines, student welfare practices, and partnerships with parents and local health and welfare bodies
- addresses sex-related issues of social concern in its learning and teaching, for example, pornography, sexualisation of young people, gender, power, violence, discrimination, harassment and bullying
- acknowledges young people as sexual beings. This includes recognition that their sexual feelings and desires are normal and that students may already be sexually active
- provides policies and programs that acknowledge and cater for diversity of all students. Forms of diversity include gender, culture, religion, disability and sexual orientation
- addresses the professional learning and peer support needs of the teacher and other school staff members responsible for developing and delivering the sexuality program
- provides professional learning to the school community in general.

3.17.2.1 Sexuality education resources

Catching On-*line*, the Department's extensive sexuality education website, is accessible at:

<http://www.education.vic.gov.au/studentlearning/teachingresources/health/sexuality/>

Further information for principals, including the *Supporting Sexual Diversity in Schools* policy is available from the Catching On-*line* 'For Principals' webpage accessible at:

<http://www.education.vic.gov.au/studentlearning/teachingresources/health/sexuality/forprincipals.htm>

The Victorian Curriculum and Assessment Authority's outline of sexuality education and the VELs is available at:

<http://vels.vcaa.vic.edu.au/support/domainsupport/hpe/sexuality.html>

3.17.2.2 Parental right to withdraw a child

Sexuality education is a responsibility shared between schools, the local health and welfare community, and parents. It is important that schools maintain an open dialogue with parents (for example, through the school council agenda, newsletters, and parent evenings) regarding the school's sexuality education program. Research indicates that the majority of parents support the provision of sexuality education at school.

Parental roles in sexuality education include providing the child with the family perspective, providing opportunistic education in the home, and supporting the child's level of comfort in discussing sexuality-related issues.

Comprehensive sexuality education is a compulsory part of a school's health education curriculum. School-based sexuality education programs are more effective when they are developed in consultation with parents and the local community. Research has shown that sexuality education programs result in increased parent-child communication about sexuality. A parent or caregiver may decide not to allow their child to participate in the sexuality component of the school's health education.

Information for parents is available from the Catching On-*line* 'For parents' webpage at:

<http://www.education.vic.gov.au/studentlearning/teachingresources/health/sexuality/forparents.htm>

3.17.2.3 HIV/AIDS, sexually transmissible infections and blood-borne viruses prevention

The Department of Education and Early Childhood Development and the Department of Human Services regard the provision of HIV/AIDS, sexually transmissible infections (STIs) and blood-borne viruses (BBVs) education as essential to an effective sexuality education program.

The health strategies that support this are:

[Victorian Sexually Transmissible Infections Strategy 2006–2009](#)

[Victorian HIV/AIDS Strategy 2002–2004 and Addendum 2005–2009](#)

[Victorian Hepatitis C Strategy 2002–2004 and Addendum 2005–2009](#)

Under these strategies, students are to be offered education related to HIV/AIDS and other STIs and BBVs as part of the comprehensive health education program. The issue of STIs, BBVs and HIV/AIDS is intrinsically bound up with sexuality-related issues and is most effectively dealt with when also included in a broad curriculum context and using the model for Whole-school Learning in Sexuality Education.

The underlying emphasis of this curriculum approach is one of prevention. It aims at developing responsible behaviour and attitudes in order to eliminate risks to the health and wellbeing of self and others. The ultimate aim is to provide students with the knowledge, skills and behaviours necessary to prevent infection from a range of STIs, BBVs and HIV/AIDS.

3.17.3 Drug education

Effective drug education involves a whole-school approach based on principles of harm minimisation. It aims to promote resilience, and build on knowledge, skills, and behaviours to enable young people to make responsible and safe choices.

Schools should implement relevant and comprehensive drug education for all students as an ongoing core component of the curriculum, consistent with the Curriculum Planning Guidelines and the Commonwealth *Principles for School Drug Education*. The approach will include:

- providing each student with appropriate drug education prevention and intervention programs
- developing and reviewing school drug education plans, drug-related school-based policies, including a plan to guide the school's response to drug-related incidents
- providing a supportive environment that involves parents and the wider school community in drug related curriculum and student wellbeing issues.

Schools should develop drug education plans that are reviewed and updated every four years. Drug education plans should outline the objectives and activities to be undertaken to implement effective drug education.

For further information on the following issues:

- Responding to illicit drugs in schools: see section [4.6.6.2](#)
- Smoking in schools: see section [4.6.7](#)
- Alcohol and schools : see section [4.6.8](#)
- Volatile solvent use: see section [4.6.9](#)
- Use of non-prescribed addictive drugs: see section [4.6.10](#)

3.17.3.1 Regional Senior Program Officers for drug education and student wellbeing

Eighteen regional officers provide assistance to schools with planning and delivery of drug education in schools. They provide professional learning, and support policy development and student wellbeing programs. The drug education website (see below) includes contact details for these officers.

3.17.3.2 Drug education resources

A wide range of drug education resources including the Commonwealth *Principles for School Drug Education* are available for download from the drug education website. These resources can be utilised by teachers

within all four domains of the Physical, Personal and Social Learning strand of the Victorian Essential Learning Standards.

The website also provides information and planning tools to assist principals, and information for parents. You can access at the website at:

<http://www.education.vic.gov.au/drugeducation>

3.17.4 Suicide prevention

Schools need to be aware of concerns about school-based curriculum programs designed to convey specific information on suicide prevention and awareness for students.

The *Suicide Prevention Victorian Task Force Report* states: There are many contributing factors to suicidal ideation and behaviour, and the Task Force does not believe suicide specific curriculum should be built into the programs of schools. Rather, the curriculum should provide opportunities for students to develop strong communication and problem-solving skills, and more practical training in how to access professional and medical services. This should be done through networking with other professionals in the local community, and through developing a health-promoting framework for appropriate parts of the curriculum.

The School Focused Youth Service (SFYS) was established in response to the Task Force Report. The SFYS is a joint initiative between the Department of Human Services and the Department of Education and Early Childhood Development in partnership with the Association of Independent Schools of Victoria and the Catholic Education Office. The key focus of SFYS is the coordination of preventative and early intervention strategies for children and young people delivered through school and community clusters. For further information about the SFYS, see section 4.12 – School Focused Youth Service.

For further information about the suicide prevention strategy, see section 4.6.4 – Suicide awareness strategy.

3.17.5 Student disclosures and confidentiality

When teaching health education, classroom teachers often face confidentiality issues. It is therefore essential to safeguard all students by ensuring that all staff who teach health education engage in professional learning that includes relevant techniques such as protective interrupting. Protective interrupting is where a teacher interrupts a student as they begin to disclose personal information. The teacher may suggest the student rephrase the statement in the third person or suggest that the issue be discussed privately after class.

Teachers should try to anticipate potential issues or problems and take steps to avoid students making personal disclosures. This would include teachers ensuring that ground rules are set before discussions taking place and encouraging students to always relate information in the third person.

Teachers should not ask students to disclose information about their own or their family's:

- drug use (both licit or illicit)
- sexual activity
- sexual preference
- blood-borne virus status.

Students and parents/guardians have a right to privacy and confidentiality. Teachers should be sensitive to a range of family structures and not presume that all students come from a nuclear family.

Under duty of care requirements, teachers are not able to promise absolute confidentiality to students. When there is likelihood that students could encounter harm or danger, there is a duty to pass on information. Where a teacher forms a belief on reasonable grounds that a child is in need of protection from physical injury that results from abuse, neglect or sexual abuse, there is a legal obligation under the *Children and Young Persons Act 1989* to make an official report (see section 4.6 – Student care and supervision).

It is important for teachers of health education to be familiar with the appropriate procedures and policies relating to the safety and wellbeing of students.

Further information is available:

- Mandatory reporting: see Part 3, Division 2, *Children and Young Persons Act 1989*
- Information privacy: see Principle 2, Schedule 1, *Information Privacy Act 2000*.

3.17.5.1 Student collection of sensitive information or data

Students may be asked to collect data about their out-of-school life, for example, to list all the drugs in the home or to ask personal questions of other people. Such surveys can place undue pressure on students and therefore the design of survey activities should be carefully monitored and evaluated. The principal must approve any personal survey. Teachers should also be conscious of issues related to disclosure of personal information.

For further information about information privacy, see section 6.28 – Information privacy.

Teacher comment on controversial issues

In the context of health education, teachers may address controversial topics relating to political issues, religious beliefs and questions of moral values.

A number of controversial topics will be appropriate and important issues to address in the context of a comprehensive health curriculum. Such topics are:

- sexual activity, including age of consent, contraception, pregnancy, abortion and sexually transmissible infections
- sexual identity and sexual orientation
- drug use, including alcohol and tobacco
- relationships, including family relationships
- power, violence, rape and sexual abuse
- mental health, including depression
- reproductive technology, such as IVF
- divergent beliefs and views.

Teachers have a responsibility to ensure that students have opportunities to consider such issues systematically and objectively, and to become aware of the diversity of views held on such matters.

Teachers must not promote their own personal preferences in these matters. They should refrain from deliberate acts or words that attempt to impose upon students, or to use students for propagation of their own beliefs, opinions and practices. Schools must be able to assure the community that these requirements are met.

Provided that the above guidelines are followed, teachers will be supported and protected against criticism of their teaching on controversial matters of these kinds.

3.17.6 Selection and use of health education resources

Principals should ensure the following:

- The curriculum material and resources (for example, textbooks, videos, films, guest speakers, multimedia presentations, drama scripts and performances) used in the school are appropriate for the student's age group and wellbeing, including their social, physical and moral development.
- The exploration of issues and ideas related to the curriculum material and resources is relevant to the central purposes of education and is conducted with due respect for the students and their parents.
- Materials or themes contained in a resource which are likely to be regarded as highly offensive or obscene by the school community are not to be used regardless of any possible educational value.

For more information on the use of controversial material or resources, see [Executive Memorandum No. 98/048](#) Offensive materials or themes.

Resources

The Health and Physical Education Domain Page contains links to: Victorian Essential Learning Standards, Health and Physical Education-

related learning and teaching support materials, websites such as *Catching On-line* and *Go for your life*, publications and other on-line resources, Health and Physical Education assessment maps, professional learning support including links to teacher's associations; and identifies current research in the area of Health and Physical Education.

www.education.vic.gov.au/studentlearning/teachingresources/health/default.htm

Key policy links to health education

See also:

- section 3.11 – Student learning and wellbeing
- section 4.5 – Student health.

3.17.6.1 Use of guest presenters and other support resources

Within a school's comprehensive health education program, classroom teachers are the most appropriate people to teach about a range of health issues, including sexuality and drug education. They have the opportunity to establish caring and trusting relationships with students in their day-to-day activities. However, teachers should not feel that they ought to be 'experts' in all aspects of health. They should make use of:

- Department of Education and Early Childhood Development teacher resources as appropriate, such as *Catching On for Years 9 & 10* (sexuality education) *Get Wise* and *Get Real* (drug education). Other state government and commonwealth resources may also be appropriate. For more information:
<http://www.education.vic.gov.au/healthwellbeing/default.htm>
- Department of Education and Early Childhood Development primary and secondary *Health Education Charts* (available from the Victorian Branch, Australian Council for Health, Physical Education and Recreation, ph. 9354 5311)
- the expertise and information available from regional support staff such as the senior program officers—drug education/student wellbeing
- professional learning activities provided by the Department and other organisations, including subject associations
- the Health and Physical education domain page, at:
www.education.vic.gov.au/studentlearning/teachingresources/health/default.htm
- the Victorian Secondary School Nursing Program and joint initiatives between Department of Education and Early Childhood Development and the Department of Human Services
- primary welfare officers.

Guest presenters may be of assistance, but they should be used in school programs only as a supplement to the role of the teacher. One-off presentations, such as a speaker or video, can provide valuable information but should fit within ongoing curriculum related to social and interpersonal skills that enable students to make appropriate choices. In some situations it is desirable for guest presenters to also provide sessions for families so that the messages delivered are shared.

The use of ex-drug users in drug education lessons should be avoided.

Contacts

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