Using a Whole-school Approach for Sexuality Education

In Victoria, sexuality education is part of the health and physical education curriculum (which is also commonly known as sex, or sexual health, education). The UN defined sexual health as ‘a state of physical, emotional, mental and social well-being related to sexuality, including the absence of disease, dysfunction or infirmity, a positive and respectful approach to sexuality and sexual relationships, the possibility of having pleasurable and safe sexual experiences, free from coercion, discrimination and violence, and respect for the sexual rights of all persons’ (World Health Organisation [WHO] 2002). It has been argued that sexual health promotion should be evidence based, needs driven, evaluated and ecological in perspective (Schaalma, Abraham et al., 2004).

A whole-school approach is often discussed in the literature as a strategy of health promotion, particularly in relation to mental health promotion, and WHO has encouraged a whole-school approach to the promotion of mental health and well being in schools (Konu, 2006). It has been advocated and practiced in a wide variety of other education settings to address social issues, such as violence and bullying; literacy, pastoral care and citizenship. Surprisingly few references were found to a whole-school approach to sexuality (or sex, sexual health) education, although web searches did capture a number of sites about the use of a whole-school approach, that incorporated sexuality education, particularly from Europe and the United Kingdom.

The work of Mitchell, Ollis et al. (2000) in developing a national framework for sexual health promotion in secondary schools in Australia defined a whole-school approach as being more than the implementation of a formal curriculum. It calls for consultation and working in partnership with parents, elders and the school community; accessing community resources and involving students. They also argued that this is insufficient, if policy and guidelines do not support practice. For example anti-discrimination practices should not only be taught, but policies put into practice throughout the school; programs should be integrated within a formal student welfare support structure so that, for example, education programs can be complemented by linking young people with relevant community agencies for support or assistance should it be needed.

The concept of health promoting schools is relevant to any discussion of a whole-school approach, particularly in the context of sexuality education. ‘Health promoting schools’ is defined by the World Health Organisation, as displaying in everything that is said and done in schools, as well as providing support for, and commitment to, enhancing the emotional, social, physical and moral well-being of all members of their school community. Moon and Mullee (1999) described the concept of the health promoting schools as embodying a holistic, whole-school approach to personal and community health promotion.

In Australia a health promoting schools approach has been widely adopted at a policy level by Governments, and in practice in many school communities. The Health Promoting School framework has been depicted as having overlapping and interconnected domains: curriculum teaching and learning, school organisation, ethos and environment, and community services and parent partnerships – in other words, using a whole-school approach. Curriculum teaching and learning includes cognitive domains, content, pedagogy, resources and student outcomes. School organisation, ethos and environment focuses on social domains such as school culture and ensuring a safe environment, as well as on attitudes, values, policies and practices, extracurricular activities and the social and physical environment. Partnerships and services is concerned with the relationships between school, home
and the community. The Curriculum Framework should also recognise the value of this holistic approach to education (Magill, 2000).

Marshall, Sheeman et al. (2000) have written extensively about the ‘health promoting schools’ (HPS) movement and explain its connection to a whole-school approach. They stress that any HPS project must develop a whole-school approach to be successful. In this, a whole-school approach can be seen as a strategy that is central to creating a health promoting environment in schools. Simply providing curriculum ‘that might or might not be supported by broader policies and practices within the school’ will not guarantee success (Marshall et al. p.252). However they warn that multiple interpretations of HPS are problematic because broad and flexible approaches could lead to justification of any health-related activity as being health promoting even if ‘it failed to adopt a holistic, whole-school approach’ (p. 252). In conclusion, they argued that there is a need to provide training for teachers around the concepts of the HPS, that curriculum documents and topic-specific projects need to be embedded in a whole-school approach, and that greater co-operation is necessary between the health and education sectors, at a national, state and local community level.

In an extensive evaluation of the impact of a coordinated whole-school approach to health education in 16 pilot and 32 reference schools in Europe, Healy (1998) concluded that such an approach can make ‘a positive and tangible contribution’ to young people’s health. Healy emphasised that the contribution of welfare staff may greatly enhance the health promotion message, with ‘corresponding benefits for the whole-school community’ (p. 23). The schools in question used the whole-school approach to address issues relating to healthy eating, substance misuse, bereavement and grief, and various sex education provisions, although they do not elaborate on the details of these programs.

Some factors that have been identified as important to achieve positive outcomes using a whole-school approach for health promoting schools are that:

- all teachers use a common language to describe ‘personal and social development’ learning within a school,
- learning outcomes are agreed upon from the outset,
- these are mapped across the whole-school,
- strengths and areas for further development are established,
- minimum teaching expectations are agreed upon for all teaching staff,
- school policies specify intentions and approach and that these are embedded in all policies, schemes of work and lesson plans (Gloucestershire County Council, 2003).

Sue Dyson

Australian Research Centre in Sex, Health and Society, La Trobe University, Melbourne.