



Government of **Western Australia**
Department of **Health**

GDHR Impact Evaluation: Online Survey Report

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1. Summary of Results

- An evaluation of the Growing and Developing Healthy Relationships (GDHR) online education curriculum support resource was undertaken in May 2016. Part of this evaluation was an online survey designed to collect feedback to guide the future direction of the GDHR initiative and improve it.
- The survey consisted of three sections relating to perceptions of GDHR, service improvement and some (voluntary) demographic questions. An initial screening question was included to ensure that all respondents had used the GDHR online resource.
- Two email lists were provided with a total of 588 members. These people were sent an email invitation and 216 responded. In addition, a link to the survey was emailed to a number of relevant organisations and put on their websites. A further 34 responses were received in this way, giving a total of 250. Of these, 82 had not used the GDHR online resource and a further 15 had answered only one question. These 97 responses were removed from the analysis of survey results. This left 153 responses for the analysis.
- The survey included demographic questions relating to age, gender, type of organisation respondents were employed in, their work role and their location. The majority of the respondents were teachers, female and based in the Perth metropolitan area. Most respondents to the survey worked in schools as teachers, in school administration and school support.
- Overall, respondents were very positive in their perceptions of GDHR, in particular finding it a valued source of information, a respected educational tool and providing age-appropriate information about relationships and sexuality.
- Ninety-three per cent of respondents felt that the alignment of the GDHR resource with the WA and Australian Curriculum was very or fairly important.
- Ninety per cent of respondents indicated the learning activities about 'respectful relationships' were most relevant to their practice.
- The most valued component of the GDHR website was Learning-Teaching resources, with 81% indicating it was valued.
- GDHR assisted teachers most by 'providing time-saving access to classroom ready teaching resources, lesson plans, and downloadable student activity sheets' (84%) and 'building knowledge, skills, understandings required to teach relationships and sexuality education' (83%).
- A number of suggestions for improvement of the GDHR online resource were made, in particular highlighting a need for appropriate resources for special needs students.
- One third of respondents had accessed other relationship and sexuality education curriculum resources in addition to the GDHR resource, and 77% had undertaken other related professional development.

2. Introduction

GDHR is an online curriculum resource for school educators developed by the Sexual Health and Blood-borne Virus Program (SHBBVP) within the Department of Health WA to assist teachers in planning and delivering comprehensive relationships and sexuality classes that align with curriculum requirements from pre-primary to Year 10. The resource has been online since 2010. In March 2015 the online resource was substantially updated.

In the first half of 2016 an independent Impact Evaluation of the Growing and Developing Healthy Relationships (GDHR) resource was undertaken by John Scougall Consulting Services. An Evaluation Reference Group was established to provide input to the evaluation. As part of this evaluation Christina Ballantyne, an independent survey consultant, conducted an online survey of users of the GDHR online resource. The purpose was to collect information to guide the future direction of the GDHR resource and improve it. This report concerns only the online survey.

3. Methodology

The online survey was conducted using SurveyMonkey. The questions were initially devised by the evaluation consultant and the Evaluation Reference Group, and were subsequently adapted for the online survey by the survey consultant.

The survey included an initial screening question to ensure all respondents had used the GDHR online resource. The questions were then organised into three parts.

- Part 1 related to respondents' perceptions of the GDHR resource and consisted of 13 rating-scale questions. Respondents were asked for their level of agreement on a six-point scale from 'strongly disagree' to 'strongly agree'. A 'don't know/not applicable' option was also available. Comments on each aspect were invited.
- Part 2 asked which parts of the GDHR resource respondents had found valuable and how the resource might be improved.
- Part 3 asked some demographic questions relating to age, gender, occupation and location.

The survey was piloted by the Evaluation Reference Group before being opened. The survey commenced on 2 May 2016 and closed on 24 May 2016.

Two lists of personal email addresses were provided, one list of 139 from WA Health and another list of 466 from Curtin University. These people were initially contacted by email by the relevant member of the Evaluation Reference Group, informing them of the evaluation and that they would be invited to participate in an online survey. Invitations were sent to each participant using the SurveyMonkey email invitation collector. This provided each person with an individual link to the survey, thus allowing reminders to be sent to non-respondents only. Two reminders were sent to non-respondents using the email invitation collector and one email reminder was sent by the Evaluation Reference Group to all participants, thanking those who had completed the survey and requesting others to do so.

In addition to the two email lists provided, the following organisations were also approached to assist with the distribution of the survey to potential users of the GDHR resource:

1. The Australian Council for Health, Physical Education and Recreation (WA Branch ACHPER);
2. Sexual Health Quarters; and
3. Child and Adolescent Health Service (a branch of the WA Department of Health).

These organisations were unable to provide email addresses of their members to the Evaluation Reference Group for privacy reasons, but did agree to send out a link to the survey. A further link was sent to school nurses and another placed on the GDHR website. An additional 34 responses were received via these links, giving a total of 250 responses in all.

There was a cumulative total of 588 people on these email lists, after adjustment for 17 people who were on both lists. A total of 216 responses were received via the email invitations and seven people emailed back to say they had never used GDHR. There was an initial screening question which asked: 'Have you used the GDHR online resource at any time since it went online in 2010?' All those who had not used the online resource were eliminated from the survey. They are, however, counted in the calculation of the response rate.

4. Response Rate

The overall response rate was 38% (223 respondents of the 588). While this is a good response rate, it cannot be determined if it is representative of the population of users of the GDHR resource and it must be viewed in the context of how the email lists were constructed. The population for the survey was not clearly defined and as such it is difficult to determine how representative the responding sample is of the overall population. For example, are these people who have shown a particular interest in the GDHR resource and as such are more likely to respond? A number of respondents on the Curtin University list indicated that they had undertaken a professional development course in relationships and sexuality education offered by the School of Public Health. This is the reason they are on the Curtin email list and were invited to participate in the survey.

It is also important to bear in mind that the GDHR resource is purposely designed for use by teachers. Of those who responded to the survey 118 (52.9%) were teachers. There is significant use of the online resource by school staff other than teachers. People within tertiary education and government also use the resource, but to a lesser extent.

5. Results

5.1 The nature of the sample

The initial question on the survey was a screening question to ensure that only those who had used the online GDHR resource, as distinct from an earlier hardcopy resource, were considered in the analysis. Table 1 shows the number of responses by data source.

Table 1: Responses to screening question by data source

Have you used the GDHR online resource at any time since it went online in 2010?	Yes	No	Total
Data source	No. of respondents		
Curtin email group	105	63	168
Health Department email group	34	15	49
GDHR website	14	0	14
Community nurses	8	3	11
ACHPER (The Australian Council for Health, Physical Education and Recreation WA Branch)	5	1	6
Sexual and Reproductive Quarter (SRQ)	2	0	2
Total	168	82	250

Of the 168 'yes' responses, 15 answered only one other question: the second question on the survey which related to how often they had accessed the GDHR resource in the previous 12 months. These 15 have been removed from the analysis. Therefore the analysis consists of the 153 remaining respondents. The majority of respondents were from the Curtin (63%) and SHBBVP Health Department email lists (20%).

Part 3 of the survey asked some questions relating to age, gender, employer organisation, nature of the respondent professional work role and geographic location. It is stressed that these questions were voluntary, so there is a higher level of non-response to these questions.

Table 2 shows the number and percentage of respondents in each category. Given that there is little demographic information on the total population of GDHR resource users, these figures need to be interpreted in context. For example, 73% of respondents are teachers or school nurses, therefore a high percentage of females responses can be expected because these are female-dominated professions. Eighty per cent of respondents reside in the Perth metropolitan area, which is similar to the urban-regional state population distribution. There were no responses from outside Western Australia. At least 57% of survey respondents were 40 years of age or older.

Most respondents worked in a school (73.8%). Teachers accounted for 52.9% of all responses. Significantly, a further 20.9% of all responses were from community health nurses. The responses also suggest significant use of the GDHR resource in both public schools (40.5% of responses) and independent schools (12.4% of responses). There is no evidence the resource is used in the Catholic education sector.

Only 15% of respondents were male. To some extent this may reflect the under-representation of males in the school teaching profession. However, it might also reflect an under-representation of men in choosing to teach RSE or those who happened to be on the mailing groups of each data source organisation.

Table 2: Demographic details of respondents

What age group are you?	No. of Respondents	Percentage
Under 30	28	18.3
30 - 39	28	18.3
40 - 50	39	25.5
Over 50	49	32.0
Prefer not to say	2	1.3
missing	7	4.6
Total	153	100.0
Are you?		
Male	23	15.0
Female	120	78.4
Other	2	1.3
Prefer not to say	1	.7
missing	7	4.6
Total	153	100.0
Which best describes your employer organisation?		
Government education school/sector (including independent public schools)	62	40.5
Independent education school/sector	19	12.4
Catholic education school/sector	0	0.0
Community/School Health	32	20.9
Government agency (public sector position other than a school)	9	5.9
Tertiary sector (University and TAFE)	10	6.5
Community or non-government sector	10	6.5
Other	2	1.3
Not currently employed	1	0.7
missing	8	5.2
Total	153	100.0
What best describes your usual location?		
Regional or remote WA	23	15.0
Perth (Metropolitan) WA	122	79.7
missing	8	5.2
Total	153	100.0

Table 2: Demographic details of respondents (continued)

Which best describes your role as a user of GDHR?	No. of Respondents	Percent
Teacher/school educator	81	52.9
School nurse/educator	32	20.9
School administrator	2	1.3
School support staff (e.g. psychologist, chaplain, education assistant)	3	2.0
Academic or research position	9	5.9
Policy development	2	1.3
Project officer or program manager	11	7.2
Other	4	2.6
missing	9	5.9
Total	153	100.0

Those who were school educators were asked to indicate which year levels they mostly taught at in 2016. Table 3 shows the results, with the majority teaching the high school Years 7 to 10. This was a multiple-response question designed to cater for instances where more than one year level was taught. Therefore the sum of the responses is more than the total respondents. The responses indicate use of the GDHR resource across all years of schooling, but especially from Year 7 onwards.

Table 3: Year levels taught*

Which year level(s) do you mostly teach at in 2016?	No of responses*	Percentage of respondents
Kindergarten	3	.7
Pre-primary	7	1.6
Year 1	8	1.9
Year 2	7	1.6
Year 3	6	1.4
Year 4	12	2.8
Year 5	26	6.1
Year 6	32	7.5
Year 7	52	12.1
Year 8	51	11.9
Year 9	56	13.1
Year 10	60	14.0
Year 11**	43	10.0
Year 12**	40	9.3
I am not a school educator	26	6.1
Total	429	100

* Multiple-response question.

**GDHR is a K-10 resource for teachers. It does not provide materials for Years 11 and 12.

5.2 Accessing GDHR

The first question in the survey following the screening question related to how often respondents had accessed GDHR in the previous 12 months. Table 4 shows the responses. For the purpose of this analysis, the employment roles have been categorised into three groups: those working in schools (teachers, school administration and school support); school nurses; and other users.

The responses indicate an overall high level of repeat usage of the resource, with 62.1% of respondents having used the resource three or more times in the past year. This timeframe corresponds with the period in which the latest version of the GDHR resource has been online. Repeat usage is most evident amongst school staff, 73.2% of responses indicating they had used it more than three times in the past year. Return visits to the website suggest that school staff value the resource. It is important to note that teachers are the target group for the GDHR resource. Only eight of the school staff who responded to the survey stated that they had not used it at all in the past year.

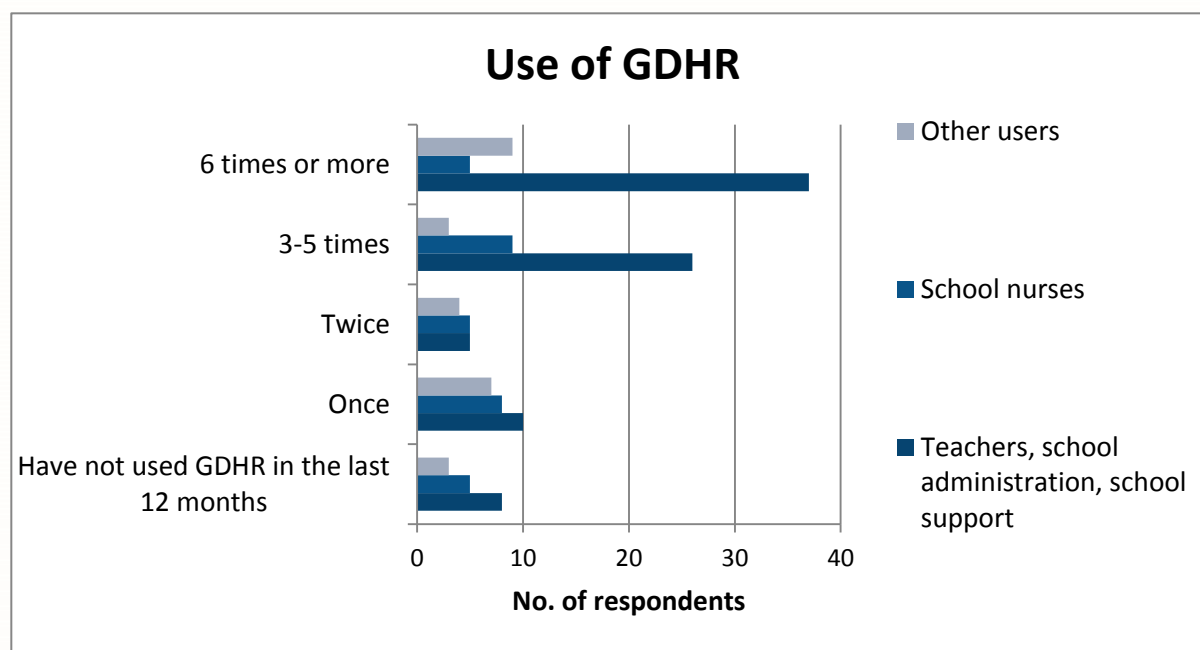
Figure 1 (below Table 4) depicts the information in graphical form.

Table 4: Use of the online curriculum resource in the last 12 months by type of employment

How often do you estimate you have accessed the GDHR online curriculum resource in the last 12 months?	Teachers, school administration, school support		School nurses		Other users		Total*	
	No. of respondents	%	No. of respondents	%	No. of respondents	%	No. of respondents	%
6 times or more	37	43.0	5	15.6	9	34.6	54	35.3
3-5 times	26	30.2	9	28.1	3	11.5	41	26.8
Twice	5	5.8	5	15.6	4	15.5	15	9.8
Once	10	11.6	8	25.0	7	26.9	27	17.6
Have not used GDHR in the last 12 months	8	9.3	5	15.6	3	11.4	16	10.5
Total	86	100.0	32	100.0	26	100.0	153	100.0

*Total figure includes data missing from employment question, therefore it is not the total of each row.

Figure 1: Use of the GDHR online curriculum resource in the last 12 months by type of employment



5.3 Perceptions of GDHR resource

Part 1 of the questionnaire asked respondents to rate their perceptions of the GDHR resource across thirteen statements. These rating questions consisted of a six-point scale from 'strongly agree = one' to 'strongly disagree = six'. A 'not applicable/don't know' option was also available. Mean scores for these questions are provided to allow comparisons across similar questions. The lowest mean score possible is one, the highest is six. The closer the mean is to six, the more positive the response. 'Not applicable/don't know' responses are not included in the calculation of mean scores.

There were some negatively worded statements which have been noted in the results. Figure 2 shows mean scores of the eleven positive statements for all respondents. Table 5 shows mean scores and percentage responses in each category for these statements. Figures 3 and Table 6 show the results for the two negatively worded questions.

Overall, respondents' perceptions of GDHR are positive. Nine of the statements show a mean score of more than 4.86 which, on the six-point 'strongly agree' to 'strongly disagree' scale, would be between 'strongly agree' and 'agree'. The two statements with the lowest mean scores (between 4 and 4.6) relate to whether teachers feel comfortable teaching RSE and whether further professional development is necessary. An examination of the comments relating to these statements shows that some respondents felt they were already confident teaching in this area. Comments on professional development suggest that investment in RSE professional development adds value to the GDHR resource.

For these statements a lower mean indicates a more positive result. The responses to these questions suggest that a significant number of respondents do feel that barriers at school and community level restrict their capacity to teach RSE.

Statistical tests showed no significant differences across the cohorts on the basis of gender, age and location, indicating that there is no evidence from the survey that the responses from the regions or remote areas are different to those from the metropolitan area. Similarly, males have not responded differently from females, and older respondents have not responded differently from those who are younger. There were a number of differences when the means scores on these questions were looked at across the employment categories and the frequency with which the GDHR resource was accessed. Respondents who are working in schools and those who have accessed the GDHR resource more often generally have more positive views than other respondents, particularly on the value of GDHR as a teaching aid. This is important because GDHR is a resource purposely designed for teachers. Tables A and B in Appendix 1 show mean scores across cohorts. Significant differences of $p < 0.5$ are indicated in these tables.

In addition to rating each statement according to their level of agreement, respondents were given the opportunity to provide a comment on their answer. Comments are shown below and are categorised according to whether the rating given tended towards the 'agree' side (i.e. 'strongly agree', 'agree', 'agree slightly', or the 'disagree' side) or the 'disagree' side (i.e. 'disagree slightly', 'disagree', 'strongly disagree' or 'don't know'). A number of comments highlighted the importance of resources specific to students with special needs.

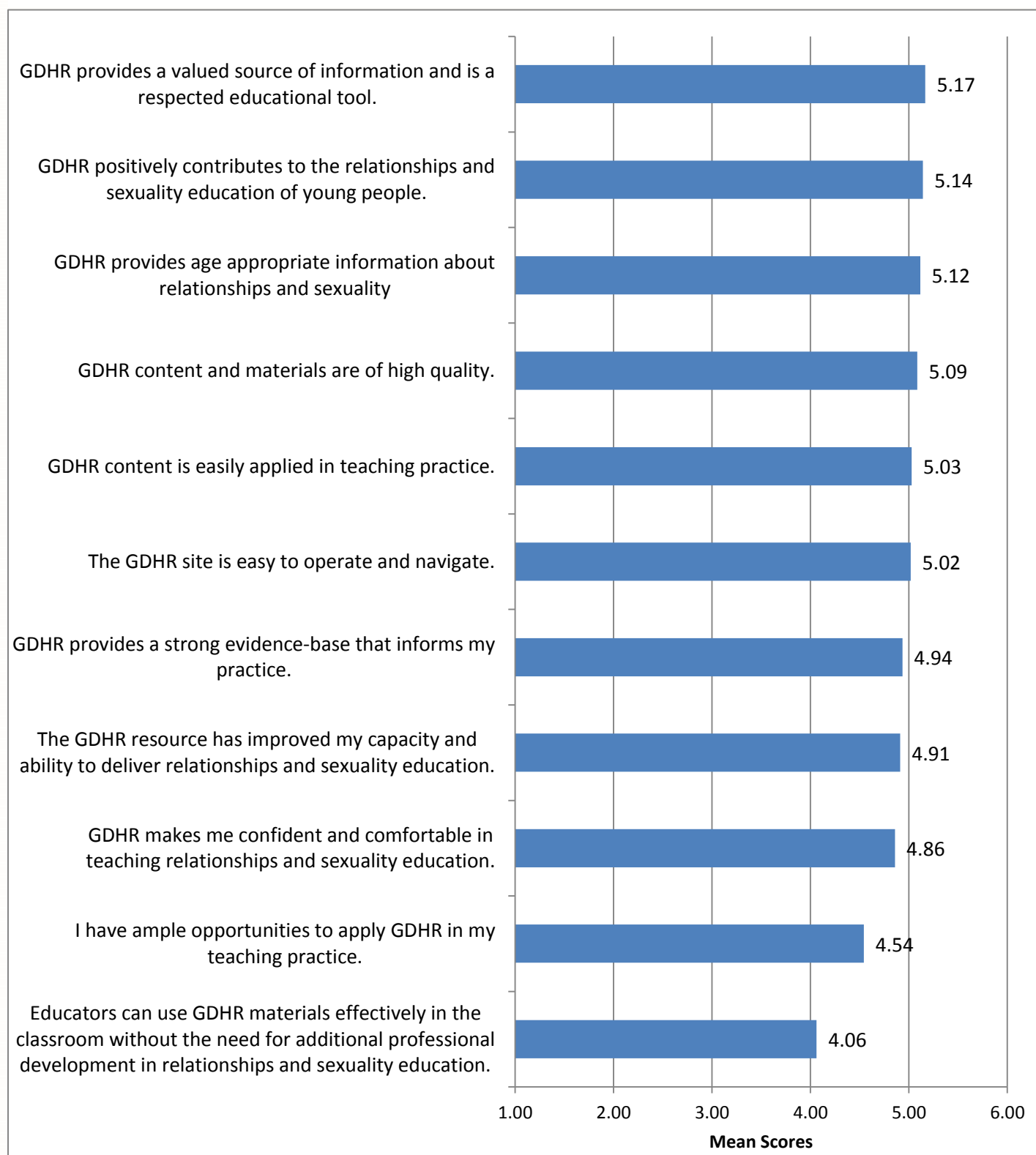
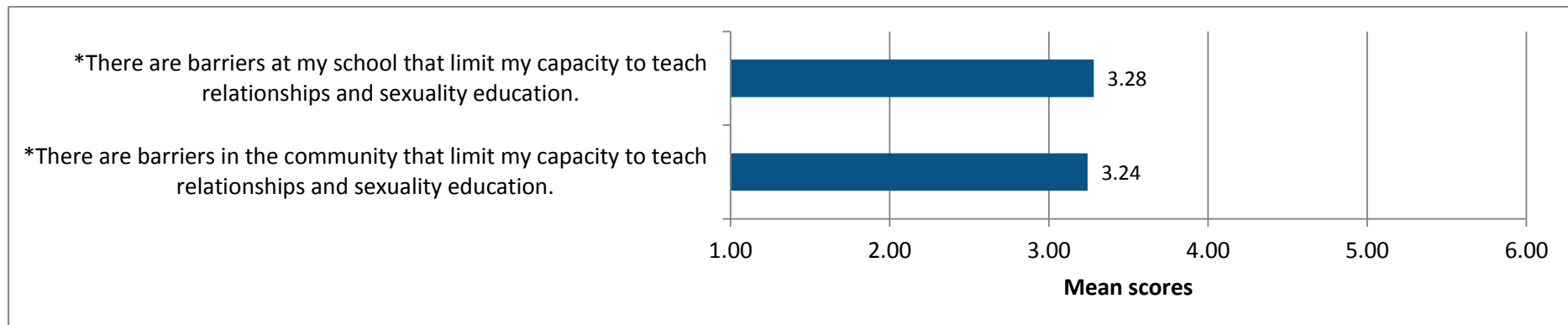
Figure 2: Perceptions of GDHR, mean scores

Table 5: Perceptions of GDHR, mean scores and percentage response

Question		strongly agree	agree	agree slightly	disagree slightly	disagree	strongly disagree	don't know/ n/a	missing
No. of respondents = 153	Mean score	Percentage							
GDHR provides a valued source of information and is a respected educational tool.	5.17	40.5	44.4	6.5	2.6	0.7	2.6	1.3	1.3
GDHR positively contributes to the relationships and sexuality education of young people.	5.14	32.0	52.9	7.2	2.0	0.7	1.3	3.3	0.7
GDHR provides age-appropriate information about relationships and sexuality	5.12	29.4	56.9	4.6	1.3	2.0	1.3	2.6	2.0
GDHR content and materials are of high quality.	5.09	32.7	50.3	9.8	1.3	1.3	2.0	1.3	1.3
GDHR content is easily applied in teaching practice.	5.03	26.1	51.6	9.2	2.0	0.0	2.6	5.9	2.6
The GDHR site is easy to operate and navigate.	5.02	24.2	58.8	9.8	3.3	2.0	0.0	1.3	0.7
GDHR provides a strong evidence-base that informs my practice.	4.94	24.8	47.7	13.7	1.3	1.3	2.6	7.2	1.3
The GDHR resource has improved my capacity and ability to deliver relationships and sexuality education.	4.91	30.7	36.6	15.0	0.0	5.2	2.0	8.5	2.0
GDHR makes me confident and comfortable in teaching relationships and sexuality education.	4.86	27.5	43.8	12.4	1.3	5.9	2.0	5.2	2.0
I have ample opportunities to apply GDHR in my teaching practice.	4.54	17.0	30.7	24.2	6.5	5.2	0.7	15.0	0.7
Educators can use GDHR materials effectively in the classroom without the need for additional professional development in relationships and sexuality education.	4.06	11.1	32.7	23.5	9.2	9.2	7.2	5.9	1.3

Figure 3: Perceptions of GDHR resource, mean scores for negatively worded statements**Table 6: Perceptions of GDHR resource, mean scores and percentage response for negatively worded statements**

Question		strongly agree	agree	agree slightly	disagree slightly	disagree	strongly disagree	don't know/ n/a	missing
No. of respondents=153	Mean score	Percentage							
*There are barriers at my school that limit my capacity to teach relationships and sexuality education	3.28	5.2	18.3	19.0	5.2	18.3	15.0	17.0	2.0
*There are barriers in the community that limit my capacity to teach relationships and sexuality education.	3.24	4.6	19.0	19.6	6.5	27.5	11.1	10.5	1.3

6. Perceptions of GDHR – Comments

6.1 Overview

The survey provided respondents with the opportunity to provide qualitative comments in response to statements. In most instances written comments are repeated verbatim. Capitalisation, spelling and punctuation have been corrected in a few instances. Also, where it was an aid to understanding apparent missing words have been added in square brackets to assist communication. Where the source of a comment was potentially identifiable, the comment has been paraphrased or edited. The order of the comments has been organised to link thematically similar comments.

6.2 Comments on site navigation

Most users of the GDHR website did find it easy to use, but this was not the case for all.

The following are the written comments provided by those who expressed a level of **agreement** with the survey statement **‘The GDHR site is easy to operate and navigate.’**

“It’s excellent.”

“Fantastic – love it. Very relevant and useful.”

“Clear, concise, linked to SCSA.”

“The new website is easy to use, and set up is interesting and user friendly.”

“Updated layout has increased ease of access.”

“Once you are familiar with the website it is easy to navigate around and very easy to use.”

“Very user friendly – love being able to break down either by year group or topic.”

“It’s extremely helpful to have each activity under both an age grouping and a subject grouping, especially for a novice (parent) like me.”

“This iteration of the website is much easier to navigate around than the previous website. There are less clicks to get to where you want to be. Dividing content by topics and year levels is useful.”

“When using the search icon, everything that is related to a topic comes up, whether that is resources for information or lesson plans.”

“Very good activities and info for my Year 11 Health Studies relationships topic.”

[NB: The GDHR resource was not designed for use with Year 11 students, but teachers may choose to do so.]

“Resources are often some of the most important information we are seeking. These frequently appear in smaller print ... perhaps this could be enhanced ... somehow.”

“It enables good information and activities to be accessed by someone who finds computer websites frustrating.”

A few of those respondents who agreed the GDHR website was easy to operate and navigate nevertheless qualified their comments.

“Reasonably easy to navigate [but] could condense some information.”

"Fairly easy, but I have been lost there a few times, and unable to find resources I had previously found."

"Sometimes I struggle to find the things that I KNOW are there (e.g. links to HPE curriculum), but generally it is easy to navigate."

"I found it a little bit clunky to navigate through to find what I was looking for specifically."

"I preferred the site when the programs were sorted into year groups rather than subject areas."

[NB: The GDHR website is in fact organised and can be searched by both year group and topic.]

A couple of respondents were a little unsure about how easy it was to operate and navigate around the site.

"Haven't used the new updated materials yet so not sure about latest site."

"From memory I think it is easy to use because you can look up resources related to a topic for the particular year."

The following are the written comments provided by those who expressed a level of **disagreement** with the survey statement **'The GDHR site is easy to operate and navigate.'**

"It's hard to find all of the info needed for a session in one go. You have to click through to multiple pages that are then not easy to print."

[NB: Background notes are now able to be printed. Upgrade occurred in June 2016.]

"Prefer previous layout. Confusing search options rather than year levels."

"Teachers will access the website for quick resources on particular topics. Unfortunately, the only way to get a certain topic is to go through 'learning' and then click on 'activities by topic'. Once you have opened this section you need to click on EACH year level to open the corresponding list of lessons. This is time consuming. The additional problem is if you bypass this process and just type for example 'public private' into the GDHR search engine, a long list of activities come up that aren't particularly relevant to the teaching of public/private places or body parts etc. I would have the list of learning activities as hyperlinks, rather than having to go back to the year level and click on the section and find it again."

"Although it is easy to search for activities [they] are all disjointed. Having used the original GDHR booklet, the progression of lessons and relative background notes were all in one place. I would be concerned that teachers using the online resource would pick and choose single activities without using all the background teaching notes, and this would not fit best practice."

6.3 Comments on value of GDHR resource

The following are comments by respondents who expressed a level of **agreement** with the following survey statement: **'GDHR provides a valued source of information and is a respected educational tool.'**

Respondents identified aspects of content and activities they valued.

"The variety of lessons is useful."

“Clear diagrams, simple explanations.”

“The background notes in particular are of a good quality.”

“Content is current, covering relevant contemporary health issues.”

“There are some great resources and lesson plans, with additional ideas about how to maintain a respectful classroom.”

One participant was unable to comment on the value of the GDHR resource, as they had not used it as a teaching aid.

“My use of the site is limited. It is a valued source for my uses but I’ve not used it as an educational tool.”

Another respondent commented on the particular classroom conditions under which GDHR activities are most effective.

“Some of the activities and resources will only work with very engaged groups.”

Several survey respondents stated they recommended the GDHR website to teachers.

“Always referring teachers to it.”

“I have referred this resource onto our school and they have embraced it fully.”

“This resource is so great I put the other health teacher on to it who had been doing growth and development for years without using it. He is now using it this year on his own it is so good.”

“A great place for teachers to access very suitable resources for important health topics that are often neglected.”

“There is plenty of information, however I often believe that [it] is very important to have health facts dated to ensure that the information is current. If the date is a number of years old then it is easy to check for the latest information ... as long as we know the first dates.”

“It would be nice to have older high school educational resources too (i.e. for 16 to 25-year-olds).”

The following are comments by respondents who expressed a level of **disagreement** with the survey statement. These comments mostly relate to seeking reassurance all content is accurate and aligned to the curriculum.

“It is one source of information, and I have heard comments that the content is not well related to the curriculum.”

[NB: The learning activities are aligned to the WA Health and Physical Education syllabus. It is just one source of information for teachers to use.]

“Teachers really want to know what is authorised for them to teach at each year level. Teachers do not want to overstep the boundaries with parents, and unfortunately on the website it is very difficult to find information about what is usually taught at each year level. Many teachers are still seeking signed parent permission to teach sex ed. Suggested: ‘Year 7 – Curriculum from Ed dept. authorised to teach about menstruation, sexual intercourse and puberty.’ Year 10s – Authorised to teach about gender changes, sexually transmitted

infections etc. Also – should there be a streaming section for Educators, Parents, Teens? As a teacher, I went to ‘resources’ looking for worksheets. While a list of service providers is great, I am thinking agreed terminology for each cohort using the website may be causing some issues.”

[NB: The Department of Education WA specifically requested that GDHR did not provide examples of parent permission forms etc., and that these were best left to schools to design to meet their local needs.]

[NB: There is scope in future plans for the site to include guides for teachers about what they might teach at each year level. GDHR materials are provided as one option for teachers to use to meet mandatory requirements outlined by the School Curriculum and Standards Authority.]

“Some of the information is incorrect or confusing. The lessons are not organised into any order, so there is no way to know when to do things or if sessions should build on each other (they should!). There are no time allocations for activities. Some of the activities seem inappropriate for the intended age or unrelated to the main aim of the lessons.”

[NB: The ‘Before You Get Started’ section of each learning activity does indicate if lessons build on each other and should not be attempted before others. All content in GDHR is updated, if needed, as a result of our regular review process. Whilst every effort is made to ensure learning activities meet the needs of all students and school contexts, it is recognised that this will not always be possible. The decision to deliver the suggested activities will always rely on good teacher judgement and where needed a Word version of the activity can be downloaded and edited to accommodate change and diversity.]

There was one comment about improving the search function.

“Hard to find topics that are buried or not present, e.g. condom search = lots of links but nothing on condoms and safe sex.”

6.4 Quality of content

The following are comments by respondents who expressed **agreement** with the following statement: ‘**GDHR content and materials are of high quality.**’

“Excellent.”

“Great, as very current.”

“Easy to follow and use.”

“Easy to use and students enjoy using it.”

“The activities have been trialled by teachers.”

“I am of the belief and therefore satisfied that the information has come from a joint collaborative between the Dept. of Edu. and the Dept. of Health.”

[NB: The Department of Education has not been involved in the development and endorsement of published content]

“Content and materials are generally of high quality, however they do need to be regularly reviewed and updated (where required) to ensure that they remain relevant and up to date.”

There were several suggestions about how the content of the resource might be further improved.

“Most of the materials are good. Some of the diagrams and illustrations are a little too conventional.”

“Quality of all areas could be strengthened, but ‘the bones’ of a great resource are definitely there.”

“Worksheets could be more printer friendly, majority of them print as web pages.”

[NB: All Learning Activities are available to download in a Word and PDF standard. Since this survey was completed, all Background Notes are also available with the same option.]

“Some research old?”

“I found that I had to supplement the resources in my classes, as they were not enough.”

“I think it is very important to be more inclusive of intersex and transgender and gender diverse people within the resources, to boost the quality and inclusivity.”

[NB: There are limited Learning Activities based on the topic of diversity. Resources related to this topic will be developed in the next phase of review.]

There were a few comments from those who **disagreed** with the statement, instead highlighting the importance of quality control processes to ensure the credibility and accuracy of content and minimise any errors of fact, spelling or punctuation.

“The good bits are excellent. The weak bits are not useful. The absent bits are just not there.”

“The content is questionable and highly values-laden in the way it is written.”

“I've seen better programs from other states that work as a whole package.”

The appropriateness of one activity about the qualities one might seek in a partner was questioned by one respondent.

There was one comment from another respondent who had indicated **Don't know/Not applicable/No rating**.

“Unfortunately, the worksheets are of less use than some that can be easily downloaded off free teacher websites. If the website has many target audiences rather than just teachers it probably should be easier to select your reasons for visiting the site.”

6.5 Age appropriateness

Most respondents **agreed** with the survey statement ‘**GDHR provides age-appropriate information about relationships and sexuality.**’ Comments included:

“Well researched and easy-to-read information for high school students.”

“Fills a real niche here.”

“Sections I have used are appropriate to the age and background of the students.”

“[I do] not teach all groups but appears to be age appropriate.”

Some qualified their generally positive comments.

“Yes, and very current thinking on the teaching of sexuality education. I am just not sure that educators have the time to wade through the small print on lesson plans and links to get to it all.”

“Yes, but option of not delivering quality content is often chosen by staff.”

“Agree, but again need to be more inclusive (explicitly) about LGBTI content at all levels.”

There were suggestions about possible future improvement or extension of the resource.

“An overarching scope and sequence document would be useful.”

“I feel that the Protective Behaviours materials may be a little on the conservative side. I hope you are partnering with ... Protective Behaviours WA.”

“The information is generally good but I felt the section on puberty may require more male teaching resources. There appear to be many on menstruation and conception. There is still a need for, perhaps, animated resources that are fun and through which incidental learning occurs.”

“Would be great to see something listed for Years 11 and 12 too.”

[NB: GDHR is a K-10 resource.]

“[It] would be useful if matched to new curriculum.”

[NB: The GDHR resource is linked to new curriculum.]

Three respondents commented that students attending special education facilities require specialised resources.

“Would like to have more resources for teaching students with special needs.”

“Information for those students in special education centres would be helpful.”

“More information related to students with physical and intellectual disabilities would be helpful.”

One respondent who **disagreed** with the statement ‘**GDHR provides age appropriate information about relationships and sexuality**’ nevertheless felt it was “mostly appropriate”. Another felt the resource “was not up to date” in the past. Two other respondents questioned particular activities.

6.6 Application of GDHR in teaching practice

The survey posed the statement ‘**GDHR content is easily applied in teaching practice.**’ Comments from those who **agreed** with the statement included:

“Resources are easy to find.”

“Ideas, strategies, activities are readily useable. Varied and motivating lesson ideas.”

“Content is easily applied into programs and are [sic] able to create worksheets from the lesson plans.”

“Various strategies used to deliver the content is [sic] engaging and melds with other teaching strategies from other organisations, e.g. SDERA.”

"The step-by-step lesson plans [are] invaluable for a non-teacher like me."

"Lesson plans are very detailed. But they can also be a bit overwhelming for teachers going into the classroom."

One respondent felt that:

"Additional training would be necessary in many instances."

Another was apparently not aware the GDHR resource aligned to the curriculum.

"Could be linked to curriculum."

Again there were comments about being inclusive of students with special needs.

"Needed to modify for special education centre students."

"Teachers of students with special needs need to adapt learning resources."

"Would like to see examples of teaching and learning adjustments for SEN students."

"I work with special needs students and modify content consistently; it would be helpful to have more age-appropriate content for these students. Often the early years resources are too low and the older years too complex."

"Many areas are easily applied. In education support for children with special needs there is a need for Australian resources that present health information through animation and simple diagrams ... for teenagers with lower abilities than their peers."

Those who tended to **disagree** with the statement '**GDHR content is easily applied in teaching practice**' saw scope to enhance the search function, background notes and learning activity timeframes.

"The many layers of clicking to get to what you want mean that often searching in Google can be faster!"

"Not enough background info for teachers – I don't have all the answers written there for me and can't find it in the other materials."

"The timing of the learning activities appears to be unrealistic. Most teachers would expect to complete it in a 45-minute session. Too many choices overwhelm some teachers and they may just not do anything!"

"I do not think that any teacher could comfortably pick up a GDHR lesson and run it with confidence."

There was one comment about the importance of ensuring there were no factual inaccuracies, necessary to ensure the resource is perceived as reliable.

6.7 Evidence-base

One survey statement to which responses were sought was '**GDHR provides a strong evidence-base that informs my practice.**' Comments from those who tended to **agree** included:

"Trusted content."

“From what I have used.”

“Used by practising teachers.”

“Lots of publications are accessible through the website to support content to be taught in the classroom.”

“I think the rationale is very sound. I have researched the international sexual health education climate and feel that the GDHR materials and contents are heading towards current, best practice.”

“I use a variety of sources for evidence; GDHR is one that I am increasing my use [of].”

Two respondents commented favourably on particular aspects of content of the resource.

“The question box [feature] ... has allowed a culture of respectful Q&A sessions.”

“I didn’t realise – nor [did] anyone else at my school that the parents objecting to teaching sexuality education need to formerly apply for an Ed. Dept. exemption from particular classes to the principal.”

Those who tended to **disagree** with the statement wanted reassurance that the resource was aligned with evidence of best practice.

“Has not been evaluated in terms of impact on student behaviours, so can't really claim to be evidence based. It does, however, have some evidence-based features.”

“Still unsure of how much information is willingly shared in the evidence.”

“While GDHR says that it is based on a whole-school approach and the principles of best practice and research for effective comprehensive RSE, I do not see any evidence of this in the learning activities.”

Another respondent emphasised the importance of ensuring there were no inaccuracies in the resource, a point made earlier.

6.8 Capacity to deliver RSE

One of the survey statements was **‘The GDHR resource has improved my capacity and ability to deliver relationships and sexuality education.’** Comments from those who **agreed** with the statement included the following:

“The activities and information are useful.”

“It has provided ideas on how to deliver content materials without needing to reinvent the wheel.”

“There are no other WA educational resource as comprehensive and ‘one-stop shop’ like it. It covers all the bases.”

“I believe professional development in RSE, experience and the assistance of resources and lesson plans has assisted and improved my capacity to deliver RSE. GDHR resources have made it much easier to create health programs that other teachers can deliver. Downloadable resources and lesson plans that have been edited to deliver to our group of students. Teachers have the ability and choice to read more information and deliver content how they see fit.”

"I developed a sexual health and respectful relationships education program for Yr. 6 & 7's for 2-3 years before I found the GDHR website. As a parent (and RN), in order to responsibly deliver a sound program to our school community, I had to upskill and educate myself. I went to many PD days at Family Planning WA and Protective Behaviours WA, as well as embarking on a lot of research, trawling through the Internet, reading, having parent and health professional discussions plus continuously monitoring my own values and moral beliefs. Once I discovered the GDHR website, I felt validated in my content and delivery and well supported."

Those who agreed with the statement emphasised the value of GDHR as a resource that builds capacity to deliver RSE by enabling teachers to get off to a confident start with their classroom delivery.

"In the beginning [it did help]."

"Sound and solid foundations to deliver from."

"I have only started teaching this subject this term, and the information and resources have been excellent."

"Increased my confidence with the delivery of content and very happy to try out new activities with the students."

Two respondents stated they recommend GDHR to teachers.

"In my role as a consulting teacher for students with high support needs, I encourage teachers to look at the GDHR website. I have provided examples of teaching and learning adjustments and used adapted resources. Multiple ways for students to access the curriculum – visuals, electronic books, interactive whiteboard activities."

"This is not an emphasis this year for me, but I have referred it to other staff, who have found it very useful."

There were two respondents who commented they used GDHR in conjunction with other resources.

"I like to use it in conjunction with the [Building] Respectful Relationships resources from SARC [Sexual Assault Referral Centre] after I did the training."

"I use GDHR plus other excellent resources, e.g. Building Respectful Relationships."

Two respondents **disagreed** with the statement the '**GDHR resource has improved my capacity and ability to deliver relationships and sexuality education.**' One respondent stated they were "already able to deliver" RSE. The other specifically questioned the appropriateness of Year 9 content specific to consent and the law.

A similar comment was made by a respondent in the **Don't know/Not applicable/No rating given** category.

"I was already delivering relationships and sexuality education prior to using the GDHR resources."

6.9 Confidence teaching GDHR

Comments from those who **agreed** with the survey statement '**GDHR makes me confident and comfortable in teaching relationships and sexuality education**' included:

"Assists me."

"Lessons are easy to follow."

"It provides an authoritative support base."

"It is a good source of information, resources and guide to other sources of information."

"Makes me feel comfortable not so much with the content but allows me to feel confident [that] what I am teaching is age appropriate."

"Agree that it provides a solid base to work from, but again needs to be tweaked depending on groups and to be more LGBTI inclusive."

One respondent stated that a recent event facilitated by Curtin University had helped build their confidence to deliver RSE.

"The GDHR symposium was excellent for building the confidence to deliver relationships and sexuality education."

Two other respondents stated they were already confident in their delivery of RSE prior to engaging with GDHR.

"Helps, but I was confident anyway."

"Already confident but definitely assists and supports my teaching."

Those who tended to **disagree** with the statement did so because they were already confident and comfortable in the delivery of RSE.

"I was already confident and comfortable in teaching relationships and sexuality education."

"I was already confident and comfortable teaching these areas."

"I have past experience in delivery of this subject and have had other training from FPWA, so had this prior to use of this tool."

"Was already comfortable before GDHR, so cannot agree that it is GDHR that makes me comfortable. I don't believe that a website could change the comfort levels of a person in front of a class."

Other factors impacting on confidence and comfort were also identified.

There was also additional comment to the effect that quality control processes are necessary to engender confidence in a resource, and that it is important to avoid potential errors of fact, the use of value-laden language and to ensure activities align with the description of the learning activity. Another respondent simply stated: "Too complex, too many choices, not enough time in class, school not supportive."

6.10 Professional development

The survey posed a statement **‘Educators can use GDHR materials effectively in the classroom without the need for additional professional development in relationships and sexuality education.’** One respondent commented: “If the whole site is accessed and closely read and absorbed, there is a lot of guidance and explanation, if you take the time to go over it.”

Most respondents, however, felt GDHR worked best when accompanied by PD, especially for those new to teaching RSE.

“Professional development is always important!!!”

“I do agree, however, after doing professional development on the subject, I think it is a highly important step in having teachers that are confident and comfortable teaching SRE.”

“Using this resource in conjunction with PD has given me more confidence in teaching SRE.”

“Even though the resources are very good, additional professional development is always valuable.”

“With the resources, I was able to start teaching confidently. But I think PD will enhance this further.”

“I think this depends on the confidence of the educator. Some school teachers are not that confident in this subject area.”

“Should improve the comfort of educators, especially those whose background may not be based in these areas and for those where accessing face-to-face PD is difficult.”

“For me, I have many resources due to the number of years I have been teaching. I don’t know how people would go if they are graduates. I assume that the website would give them enough scope.”

“Additional PD is always preferable – but not everyone is able to access PD.”

One respondent emphasised the need for PD for those working with students with special needs.

“Some would need further support through PL [professional learning] when supporting students with special needs (disability and learning disabilities).”

Written comments by those who **disagreed** with the statement **‘Educators can use GDHR materials effectively in the classroom without the need for additional professional development in relationships and sexuality education’** were numerous and along the lines that this is an area in which PD is critical.

“I think the professional development education is essential.”

“PD is essential. It must be strategic PD targeting tertiary and schools.”

“There will always be a need for face-to-face additional professional development in relationships and sexuality education.”

“Educators should have some form of professional development to stay up to date with current trends and issues.”

“Educators need to be aware of current trends on the topic, and also how to safely address any disclosures of sexually inappropriate behaviours and abuse.”

“I believe that there is no substitute for face-to-face PD in the area of relationships education. It is so important to discuss and share attitudes and values, as this is one area that teachers need to ensure they can manage their own values without negatively impacting on the students learning.”

“I think face-to-face PD is essential. Hearing rationale, information about the current GDHR climate, providing opportunity for role-play and teacher collaboration and sharing is a non-negotiable to effectively and responsibly teach in the subject area. GDHR education should be a theme that runs constantly through all that teachers teach. It is a foundation with threads in every subject matter. Teachers need to be well supported, educated and prepared because there is still so much taboo held around the subject matter. We are at the coal face of changing society’s views and acceptance. Essential PD examples are Protective Behaviours WA and the symposium run by Curtin University.”

“Professional development in this area would be beneficial from multiple sources.”

Several responses highlighted the value of PD as a source of confidence for those teaching RSE.

“Quality training for teachers assists with confidence and skills.”

“All persons teaching these subjects should have appropriate background info and confidence before stepping into a classroom to deliver these lessons.”

“Other PL [professional learning] is important to ensure interpretation of material is not misunderstood and ensuring teachers feel comfortable. Other resources are also available.”

“I think that the resources and information available are great, and you get a great guide to what is appropriate to teach for each age group. However, I would not have felt as comfortable going into the classroom and teaching sexuality education without attending additional PD.”

“Teachers who are unaware of the issues of teaching effective RSE would find these activities confusing, confronting, difficult to teach.”

“Unless an educator has some degree of professional development with these or any materials, then the content may as well be delivered online directly to students, which I am emphatically not recommending!!”

One of the ways in which PD may add value is by providing educators with an opportunity to interact with each other.

“Additional PD is needed to boost confidence and competence, and to network for support and new ideas.”

“I think face-to-face PD is extremely important to discuss lessons in action and brainstorm with peers about responses from young people, activities and any additional knowledge people require.”

“I went to a PL session at Curtin University many years ago. It was when the original GDHR resource was published. I found it very beneficial having lessons modelled for me.”

"I think you need to have attended the two days PD, as the PD gives you the opportunity to ask and listen to questions from others."

"Part of evidence-base is that teachers are trained interactively face to face. They can use the materials but how do you define 'effectively'?"

"Additional PD in a tricky subject like this is very important."

One respondent wrote that: "Many staff need no support. Many staff need significant support ... to deliver or to improve skills".

They added that while PD is important it should not be made mandatory. There was also additional comment by another respondent along the lines that in addition to teachers being trained, competent and comfortable, it is also necessary that users of the resource have confidence that quality control processes are in place.

One respondent in the **Don't know/Not applicable/No rating** given category wrote:

"I think your PDs are really important to help get teachers into a better headspace to tackle this topic with their students, and to help them realise their own issues/barriers/prejudices."

(NB: While SHBBVP does support Curtin University to deliver PD to teachers, it is a separate initiative to GDHR.)

6.11 Opportunities to apply GDHR

One survey statement was **'I have ample opportunities to apply GDHR in my teaching practice.'** Comments from those who **agreed** included:

"I have ample opportunities."

"I teach this subject twice a week, so use the resources in most of these lessons."

"Protective Behaviours should thread constantly through the school community and information."

"Topics can be used in a variety of teaching opportunities."

"Have used activities and adapted them to areas not specifically around sexuality education."

Some respondents who **agreed** with the statement **'I have ample opportunities to apply GDHR in my teaching practice'** nevertheless chose to qualify their comments.

"Not enough [opportunities to apply GDHR]."

"Depends on year level taught. I use resources for my Year 10 STIs and unplanned pregnancy."

"It is not a clear focus of many schools. Literacy and numeracy take precedence. I would like more time within a primary focus to teach SRE."

"Though the last two years health has been taught by a specialist teacher as directed by the principal, so numeracy, literacy and HASS [Humanities, Arts and Social Sciences] are taught by the class teacher."

“Working in education support, these resources and information always require some modifications.”

One participant identified quality control management as an area of risk exposure for GDHR.

Due to their particular circumstances, others **disagreed** with the suggestion that they had ‘**ample opportunities to apply GDHR in their teaching practice.**’

“Due to timetabling, I have not been able to teach this topic over the past 18 months.”

“I do not work as a teacher in schools but am aware of the serious systemic failures of schools and staff in delivering relevant and engaging content.”

“[I am] not always asked to support teaching staff.”

One participant questioned whether or not all GDHR activities reflected contemporary best practice, stressing it necessary to consider possible adverse community reaction.

Two respondents in the **Don’t know/Not applicable/No rating given** category also chose to comment.

“I have not used the resource in the last two years due to a change in my role at school.”

“Only when requested by teachers and other support staff.”

6.12 Contribution to well-being

One of the survey statements to which responses were sought was ‘**GDHR positively contributes to the relationships and sexuality education of young people.**’ Comments from those who **agreed** included:

“It is a resource that can be used in the classroom and is easy to follow.”

“For a graduate or reluctant teacher, GDHR has enough information for lessons to be taught with confidence.”

“Anything we can do to help educators feel supported in this area is crucial. It is a great resource for time-poor and/or isolated educators.”

“Keep it up.”

Some respondents who agreed that GDHR was making a positive contribution nevertheless qualified their comments:

“Hope so, if done appropriately and given sufficient time.”

“But coverage is an issue”

“Along with appropriate PD.”

“Many students are ESL learners and are restricted in what they can read but the images are very helpful.”

“I found the information was very hetero-normative and binary. A little bit more diverse representation would go a long way for a lot of young people.”

"I think it provides good information, but again more positive representation for LGBTI people and diverse bodies needed [so] as to not reinforce binary or exclude intersex populations."

One participant stated that if a resource is poorly designed there is a risk of causing harm. Another commented:

"GDHR has the potential to contribute positively but I have great concerns for some of the activities and content."

One respondent in the **Don't know/Not applicable/No rating given** category wrote:

"It is so dependent on the teacher; it may contribute positively, but it also may not."

Another stated that there was, at present, insufficient evidence that GDHR contributes to the RSE of young people.

"As far as I know, there has been no rigorous research regarding its impact on young people."

6.13 School and community barriers

There were two negatively worded questions in the survey which sought the comments of respondents. The first was **'There are barriers at my school that limit my capacity to teach relationships and sexuality education.'** In **agreeing** with the statement, one respondent wrote:

"The barriers we have are purely the accessibility of relevant and appropriate resources."

However, others who agreed with the statement did identify barriers.

"I am aware of the serious systemic failures of schools and staff in delivering relevant and engaging content."

"I don't work in a school but I work with schools and I know there are often barriers such as conservative leadership or [a] particular faith-based ethos that limits what can be taught."

"Questioning on Safe Schools content."

One respondent believed that attitudes towards RSE were:

"... now changing. Previously, it wasn't viewed as being an essential subject matter. It wasn't regulated, discussed at any length or reviewed. The attitude is slowly changing due to the requirements set by the Dept. of Edu regarding the subject."

Respondents identified barriers at the level of the teacher.

"Many teachers do not have adequate training and are reluctant educators [in respect to RSE]."

"Lack of teacher confidence. Lack of PD opportunities, as it is difficult to get away from school. Lack of support from principal."

"The teachers don't request assistance – I pass the information on to them though."

"I have supportive staff, but many do not feel comfortable or do not know how to teach SRE. The health and PE teacher does not teach the subject, classroom teachers are expected to and some are not sure how to initiate planning and delivery."

"While comprehensive RSE is outlined within the WA HPE syllabus (2016) and has been since 1985, there are many barriers that limit the teaching of this area. In my experience the principal is often the gatekeeper in allowing what is and isn't covered – not the syllabus. Many teachers in my school refuse to teach it because they are not specifically trained in this area, do not feel supported by the principal and others of the admin team or other teachers, and do not feel confident, competent or comfortable. Then there is the crowded curriculum and NAPLAN. This is not a priority area for teaching."

Insufficient syllabus time allocated to RSE was identified as a barrier by seven respondents.

"Time! An overcrowded curriculum makes it difficult to fit everything in."

"Competing [for] time in the curriculum with other subjects."

"Curriculum [is] not taught in every year group."

"These [barriers] include a lack of time to focus on anything other than the curriculum."

"Timetabling – one period per week of health means that some lessons may be missed due to excursions and other activities within the school."

"Limited health lessons – only one period one hr per week."

"Timetable requirements in the senior school years limit opportunities to teach relationships and sexuality education regularly."

School nurses identified specific limitations on their capacity to be involved in the delivery of RSE related to their role. One issue is whether RSE ought to be part of the role. Another is whether or not nurses are asked to assist.

"I have limited capacity to provide education; only done where there is time."

"I have found it hard to get into as many classes as I would like. This is because of the part-time nature of school health nurse positions in schools. Also getting called away to deal with stuff makes it hard to commit to attending if it's not seen as a priority by the school community ..."

"My workload as a community health nurse is to complement, not deliver, the curriculum, and I am so inundated with other more pressing mental issues in student services that I no longer get the time to participate in the sexual health classes."

"[I have] not accessed this type of resource. Need to sell myself more but always so time poor that I don't put myself out there to add more to my role. But would love to. Not enough time allocated in the school nurse role."

"Teachers are reluctant to invite the community health nurse into the classroom, despite [the nurse] being trained in the delivery and content of sexual health and well-being."

For two respondents, access to appropriate resources for students with disabilities was a barrier.

"Need more appropriate material for education support schools."

"Special needs requires simplified options."

Some respondents **disagreed** with the statement '**There are barriers at my school that limit my capacity to teach relationships and sexuality education.**'

"School has a good curriculum and understands the importance of this education."

"I can go into the classrooms and deliver the SRE, no problems with the delivery."

"Not all students do health."

"I do not always have the time to do them [RSE classes] due to other workload."

"Some parents withdraw their children. (Rare)."

"School direction that health can no longer be taught by the class teacher but a specialist DOTT teacher. This saddens me, as I have enjoyed teaching health in the past and have led the area of health for a number of years."

The survey statement could be read as inferring that staff were affiliated with a particular school. A respondent in the **Don't know/Not applicable/No rating given** category commented:

"I don't have one particular school."

At least one respondent appears to have been unaware of the mandatory nature of RSE in the new HPE curriculum.

"It's on a needs basis, however I encourage staff and teachers to promote SRE in their schools."

The second negatively worded statement was '**There are barriers in the community that limit my capacity to teach relationships and sexuality education.**' Respondents who tended to **agree** with this statement pointed to conservative community attitudes.

"Lack of understanding and preconceived ideas about what we are teaching. More education is needed in the wider community."

"Many myths and misconceptions around teaching this area – still a lot of conservative thinking around this topic area."

"Homophobia, religion, sexism, sexualisation of culture, etc."

"People's BVAs [beliefs, values and attitudes] towards what is appropriate. Ill-informed members of the community."

"Media, government, some religious organisations and politicians are barriers to me teaching RSE in my school. Ultra-conservative politicians who work to close down important resources like Safe Schools Coalition and YEAH Red Aware, who attract widespread media attention, and who play into the uninformed fears of parents, teachers and community members make teaching in this area far more difficult than any other subject or topic area!"

One respondent expressed a different view.

"I believe that the community expects schools to take on this teaching role."

When asked to identify potential barriers, some respondents singled out the attitudes of some parents.

“Parents.”

“Parents’ own ideas and cultural backgrounds.”

“Level of health literacy of parents and caregivers of students.”

“Some parents are very sensitive to anything regarding sexual health.”

“Parents request withdrawal of students – rare.”

Many schools are hesitant to include pertinent sexuality education for fear of parental and community backlash.”

“Parents/carers need to be more aware of what is covered in the curriculum.”

“Parents need to be taken along the journey every step of the way. We need community buy-in and commitment. This education only starts at school, it needs to be continued in the home.”

It is not only parental attitudes that can be problematic, according to one respondent.

“Some students come to school with preconceived ideas that same-sex teachers should teach students, e.g. male teachers teach males, female teachers teach females.”

Two respondents felt particular schools might make more of the RSE skills already possessed by their staff.

“Not all schools have the community nurse teaching this subject.”

“Competing time. Not seen as relevant by administration. My skills aren’t known.”

The attitudes of some teachers suggest they can feel exposed to school and community pressures related to the teaching of RSE.

“RSE, if not supported by the school admin, falls to me to work with community. It’s easier to leave it alone than to take on the conflicted values that many people hold.”

“Getting called away or getting phone calls when you have notified the school community you will be teaching a class. Looks unprofessional if you answer but also unprofessional if you don’t!!”

“Teachers sometimes feel they don’t have to teach SRE in the classroom, as it is not a clear mandated course in public schools. So if they feel uncomfortable, they tend to ignore it. I tend to steer teachers down the Protective Behaviours pathway, as this is the Department’s focus for 2016.”

Comments by respondents that **disagreed** with the statement ‘**There are barriers in the community that limit my capacity to teach relationships and sexuality education**’ included:

“Parents are very supportive.”

“Schools reflect the values of their community, rather than a political agenda.”

“Some groups don’t always see the need/relevance of covering some topics.”

“As a primary teacher, I find that when I am teaching the oldest child in a family, the parents are more concerned (in general) and are more likely to want to remove their child from the class. My usual response is along the lines of ‘Your child will simply ask the other students what they missed, and is more likely to get incorrect /biased information.’”

One respondent who disagreed with the statement wrote:

“Attitudes and values of community and parents are a big barrier.”

The single respondent in the **Don’t know/Not applicable/No rating given** category simply wrote:

“Parents.”

7. Service Improvement

7.1 Purpose of Part 2

Part 2 of the questionnaire asked respondents which aspects of GDHR they thought were important, which components of the website they most valued, which were the objectives they felt GDHR helped teachers achieve, and to provide their suggestions for improvement.

7.2 Curriculum alignment

Since March 2015 the GDHR resource has been aligned with the WA Curriculum and Assessment Outline in Health and Physical Education and the Australian Curriculum. Respondents were asked how important they thought this was. Table 7 indicates that 80% felt it was very important and 13% fairly important. It also provides a breakdown for three employment categories. Statistical tests found no differences amongst the responses of the three employment groups. Overwhelmingly, respondents rated curriculum alignment as very or fairly important.

Table 7: Importance of the alignment of GDHR and the WA Curriculum in Health and Physical Education and the Australian Curriculum by type of employment

How important is this aspect?	Teachers, school administration, school support		School nurses		Other users		Total*	
	No. of respondents	%	No. of respondents	%	No. of respondents	%	No. of respondents	%
Very important	73	86.9	23	71.9	20	76.9	122	79.7
Fairly important	7	8.3	8	25.0	3	11.5	20	13.1
Slightly important	3	3.6	0	0.0	2	7.7	5	3.3
Not at all important	0	0.0	0	0.0	0	0.0	0	0.0
Don't know/not applicable	1	0.0	1	0.0	1	0.0	3	2.0
Missing							3	
Total	84	100.0	32	100.0	26	100.0	153	100.0

*Total figure includes data missing from type of employment question, therefore it is not the total of each row.

Respondents were given an opportunity to comment on the importance of the curriculum alignment. Their written statements are provided below, categorised according to the rating given. Those who rated it as **very important** wrote:

"I would not use the resource if it was not aligned."

"Vital if the resource is to be useful."

"It absolutely has to be, in order to validate and support the schools that are implementing it and to expect 'buy-in' from parents. I feel, however, that the curriculum may be too conservative."

"This doesn't make a difference to the education support settings but it does assist mainstream."

"Gives the tools, direction and encouragement to know the lessons are part of the requirements of what needs to be taught in health-education learning area."

"In my observations, if it doesn't fit the curriculum, then you don't get to do it."

Respondents were appreciative that the GDHR resource had been curriculum aligned.

"Excellent that the resource was modified to match the WA curriculum."

"We love using your resources! Thank you!"

"Feel confident you are meeting the curriculum guidelines."

"This assists teachers in the delivery."

"This provides easy linkage for teachers to utilise the resource whilst 'ticking off' curriculum requirements, rather than having sexual health and health relationships as an 'added/optional' activity for already saturated days."

"It's easy for teachers to go online and find lesson plans and resources which will be directly relevant to the classroom, without having to spend too much time adapting it to meet the outcomes."

"Makes it easier, in that areas that are not covered by the GDHR resources can be picked up in other topics."

"There has been a strong focus on all school programing and planning, coming in line with the national curriculum."

Three respondents made suggestions about how curriculum relating to RSE might be further improved.

"The codes should be expressly shown on the site/against each learning activity."

"It is very important to cover the topics outlined in the WA curriculum, however, WA has removed many of the valuable sex education descriptors from the Scope and Sequence and placed them in 'additional content', as well as missing many opportunities to list sex education examples in the descriptors that are included. It is vital that any SRE resources address the gaps not covered by the curriculum (or not explicitly stated in the curriculum)."

"When you say March 2015, what curriculum are [you] actually referring to: the outgoing K-10 syllabus in WA or the new P-10 syllabus for HPE, which was not developed/released in March 2015? Additionally, you cannot be referring to the update of the Australian curriculum for HPE because this was released later than March 2015."

(NB: The significance of March 2015 is that it is when the latest version of GDHR, aligned with curriculum standards, went 'live' online. All activities in the site are aligned to the latest WA curriculum: HPE descriptors/codes as set out by the SCSA scope and sequence.)

Two respondents had previously been unaware that RSE was now a mandatory component of Health and Physical Education curriculum.

“Was unaware this had been done, but it is very valuable!”

“Optional only, so missed out or passed to staff who know this stuff.”

[NB: RSE is not optional for WA schools.]

One respondent who had agreed that curriculum alignment was fairly important wrote:

“I think there should be more in the curriculum as well, but this is needed to encourage more teachers to use a resource.”

Another respondent who had identified curriculum alignment as only **slightly important** provided a clarifying statement relating to the nature of their work.

“Working with special needs students, we work with Individual Education Plans more than WA curriculum.”

7.3 Relevance of learning activities

Respondents were provided with a list of GDHR learning activities and asked to select those most relevant to their practice. This was a multiple-choice question, where respondents could select all those that applied to them. Table 8 provides the breakdown of responses for the whole cohort and by employment category. ‘Respectful relationships’ is rated the most relevant, identified by over 90% of respondents, followed by ‘growing and changing bodies’ and ‘emotional well-being’.

Table 8: GDHR Learning activities most relevant for practice by type of employment

What GDHR learning activities are most relevant to your practice?	Teachers, school administration, school support n=86		School nurses n=32		Other users n=26		Total* n=153	
	No. of responses	Percent	No. of responses	Percent	No. of responses	Percent	No. of responses	Percent
Respectful relationships	80	93.0%	26	81.3%	19	90.5%	132	90.4%
Growing and changing bodies	69	80.2%	27	84.4%	12	57.1%	114	78.1%
Emotional well-being	60	69.8%	22	68.8%	16	76.2%	104	71.2%
Staying safe	59	68.6%	18	56.3%	13	61.9%	95	65.1%
Diversity	40	46.5%	14	43.8%	13	61.9%	72	49.3%
Health literacy	33	38.4%	14	43.8%	12	57.1%	64	43.8%

*Total figure includes data missing from the type of employment question, therefore it is not the total of each row.

7.4 Most valued components

Table 9 indicates components of the GDHR website that were most valued by respondents. This was a multiple-choice question. Responses are provided for the whole cohort and analysed by employment category. Teaching resources were rated the most valued component by over 80% of respondents. School staff rated this aspect more highly than those in other employment categories. Downloadable student activity sheets were also a prized feature. The least valued aspect was the 'Ask a Question' feature, with only 13% rating it as valuable.

Table 9: Most valued components of the GDHR website by type of employment

Which components of the GDHR website do you most value?	Teachers, school administration, school support n=86		School nurses n=32		Other users n=26		Total* n=153	
	No. of responses	Percent	No. of responses	Percent	No. of responses	Percent	No. of responses	Percent
Learning – Teaching resources	75	89.3%	23	76.7%	13	59.1%	115	81.0%
Learning – Downloadable student activity sheets	64	76.2%	23	76.7%	10	45.5%	100	70.4%
Resources – Links to other resources	47	56.0%	23	76.7%	10	45.5%	84	59.2%
Guides – Teaching sexuality education	47	56.0%	20	66.7%	12	54.5%	83	58.5%
Learning – Teaching strategies	44	52.4%	17	56.7%	9	40.9%	73	51.4%
Guides – Background notes	38	45.2%	16	53.3%	10	45.5%	68	47.9%
Guides – What to teach	39	46.4%	15	50.0%	8	36.4%	66	46.5%
Resources – Links to research	18	21.4%	7	23.3%	10	45.5%	38	26.8%
Resources – Notice of upcoming events	16	19.0%	10	33.3%	7	31.8%	36	25.4%
Questions – FAQs	17	20.2%	6	20.0%	5	22.7%	31	21.8%
Questions – Ask a Question	8	9.5%	6	20.0%	2	9.1%	19	13.4%

*Total figure includes data missing from type of employment question, therefore it is not the total of each row.

7.5 GDHR Objectives

Respondents were provided with a list of possible GDHR objectives and asked to identify those they felt were most important for teachers. This was a multiple-choice question. Table 10 on the next page provides the responses by employment category and for all respondents. The responses suggest the GDHR resource is generally perceived as reliable and authoritative, as providing ready access to appropriate classroom resources, and as contributing to the knowledge, skills, understandings, confidence and comfort levels required to teach RSE. There is less certainty around whether it influences student attitudes and values, or helps to build partnerships or mutual support networks amongst stakeholders.

Table 10: Objectives GDHR assists teachers to achieve by type of employment

Which of the following objectives does GDHR assist teachers to achieve?	Teachers, school administration, school support n=86		School nurses n=32		Other users n=26		Total* n=153	
	No. of responses	Percent	No. of responses	Percent	No. of responses	Percent	No. of responses	Percent
Providing timesaving access to classroom ready teaching resources, lesson plans, and downloadable student activity sheets	73	86.9%	25	83.3%	18	78.3%	120	83.9%
Building knowledge, skills, understandings required to teach relationships and sexuality education	75	89.3%	23	76.7%	18	78.3%	119	83.2%
Enable educators to provide secure, reliable and authoritative information to students, thus combating negative stereotypes and myths	67	79.8%	26	86.7%	17	73.9%	113	79.0%
Building confidence to teach relationships and sexuality education	63	75.0%	24	80.0%	14	60.9%	105	73.4%
Influencing student values and attitudes	41	48.8%	18	60.0%	8	34.8%	70	49.0%
Fostering collaborative partnership between educators, health professionals, parents and carers	39	46.4%	16	53.3%	13	56.5%	69	48.3%
Creating a support network amongst educators	38	45.2%	14	46.7%	10	43.5%	64	44.8%

*Total figure includes data missing from the type of employment question, therefore it is not the total of each row.

7.6 Continuous improvement

Respondents were asked to make any suggestions they may have to further improve the GDHR resource. Overall, the comments and suggestions were positive but otherwise there are no common themes. One respondent simply wants more of the same: “Continue with the excellent resources and easy-to-use format.”

Some comments were about content of the resource.

“More lesson activities.”

“Each learning outcome should have multiple activities that teachers can select from. Information on how to adapt activities (ATSI, SNE, CaLD, etc).”

“With the previous website there was a page that listed activities appropriate for each age group. I found this very useful. I am not sure if this is still on the website or not? I have tried to find it but not been able to.”

[NB: Age-appropriate activities are addressed on the new website.]

“The only tricky bit is that some of the stuff is Year 5-6. What do you teach the fives next year? Though that is the curriculum’s fault not GDHR.”

“More LGBTI diversity.”

“More LGBTI inclusivity, representation of diverse bodies and intersex content, and inclusion (for the benefit of all!), understanding transgender and gender diversity, diverse relationships.”

“Addressing porn and activities and resources about this please.”

Three comments were about the teaching-learning process, suggesting GDHR might cater more to those who are visual learners or those who learn best through interaction.

“Provide some visuals to accompany activities or links to possible websites that visually assist students who learn in this way.”

“It could include more interactive features or features which are updated on a regular basis, like a blog or a mailing list.”

“More in-class activity rather than just a PowerPoint presentation. Never enough time allocated for interactive activities.”

Three respondents felt GDHR might promote resources appropriate to students with special needs.

“Resources aimed at students with special needs.”

“Perhaps some resources that are age appropriate and also simple, for those students with learning difficulties.”

“As mentioned, there could be additional resources on adapting to meet the needs of students with additional needs – physical, intellectual and learning disabilities.”

Two respondents emphasised the value of a collaborative approach.

“Continually develop and partner with the Dept.’s and organisations such as PBWA. Make your website more accessible to parents (religious school students are missing this imperative subject), some parents would like to take it on themselves at home. Continue to provide face-to-face PD to teachers and parents, if possible. I would like it to be mandatory that all teachers are educated through your PD (can go out to schools to make it more accessible?)”

“Recognise the work that community health nurses play in this area? It is often us that encourage teachers to access this site!!!!”

One respondent suggested the development of another RSE portal designed for direct use by students.

“Student-based web page. A portal or similar for students to use to find age-relevant resources, information, videos, research, etc. on SRE. Doing research on this topic can be risky in a classroom, a search for sex-related content can lead to many undesirable sources of information, and unsafe websites.”

A few respondents made suggestions about broadening the range of people involved in the development of the GDHR resource.

“Development of activities should involve students themselves and broad range of teachers/curriculum writers. Several people should be involved in review of content. Some more engaging strategies and use of YouTube clips are necessary.”

“Having a team of writers that understand the topic and can provide accurate information without judgement and values-laden language. Ask young people what they want to know and how they want to receive that information.”

[NB: Content experts have developed the learning activities and the review process included an academic review.]

“Experienced and informed RSE teachers with an understanding of pedagogy writing the learning activities would improve the credibility, and then the confidence, of classroom teachers to attempt the activities in the knowledge that it was created by people who knew the WA school RSE context, as well as the principles of best practice of effective comprehensive SRE.”

[NB: Teachers have been involved in writing GDHR content.]

There were suggested improvements related to expanding opportunities to engage in professional development.

“PD on use of up-to-date information and access to emotional well-being resources.”

“Basic online PD should be available for teachers in this area. Video demonstrations or explanations of particularly challenging learning activities

“Could have online conferences, or something that we could see how to do.”

“Workshops available for schools during PD days.”

“PD carried out onsite in schools so teachers can learn in their own environments and have a tailored PD session for their needs and barriers.”

“Some excellent content but lacks systemic support to deliver as compulsory content.”

One respondent saw a need for greater promotion and marketing of the GDHR resource to primary schools.

“I am a CHN, often find that primary school teachers are unaware of the resource.”

A couple of suggestions referred to content quality control measures.

“All facts to be checked before publishing material online. Seek input and feedback from qualified SRE educators. All activities and lessons should adhere to SRE best practice and reflect findings of current research. Lesson plans and activities to be written by qualified teachers and sex educators. Website should reflect that SRE lessons should not be token, standalone lessons but a program that has a pedagogy and builds upon prior knowledge. Background notes and teaching tips relating to each lesson should be clearly linked to each session.”

[NB: The review process includes the feedback from experienced, qualified experts and practitioners in the field. The Background Notes and other relevant information is linked throughout the site to show users how content is related.]

“Have a whole package of lessons that build off each other and work together. Have timings on lessons and activities. Have they been trailed with students? They need to be. From my experience some activities won’t work as planned.”

7.7 Use of other resources

One third of all respondents had used other RSE curriculum resources in addition to the GDHR online curriculum. Table 11 shows the number and percentage analysed by each employment category.

Table 11: Use of other relationship and sexuality education curriculum resources by type of employment

Have you used any other relationship and sexuality curriculum resources other than GDHR?	Teachers, school administration, school support		School nurses		Other users		Total*	
	No. of responses	Percent	No. of responses	Percent	No. of responses	Percent	No. of responses	Percent
Yes	58	68.2	22	71.0	12	50.0	94	66.2
No	27	31.8	9	29.0	12	50.0	48	31.4
Missing							11	7.2
Total	85	100.0	31	100.0	24	100.0	153	100.0

*Total figure includes data missing from the type of employment question, therefore the total is not the sum of each row.

Respondents tended to pick and choose the resources they used, drawing on whatever came to hand from a readily available source.

“Internet, books, research papers, Dept. publications, organisational training, discussions, etc.”

In response to the question about which resources they used, some people referred to particular websites, programs, DVDs, courses and manuals. Sometimes they simply referred to a particular organisation.

Teachers, school administration and school support staff reported having used a vast and diverse array of sexual health websites and other resources in the past.

Curtin University – Sexuality and Relationships Education (SRE) Teacher Professional Development Project

Blackboard portal

Sexual Health Quarters (formerly Sexual and Reproductive Health Western Australia and FPWA Sexual Health Services): www.shq.org.au

Promoting Adolescent Sexual Health (PASH) and PASH with a Twist (decommissioned)

Mooditj

People 1st Programme (PIP): www.people1stprogramme.com.au

RELATE

WA Health,

Get the Facts website: www.getthefacts.wa.gov.au

Girls and Puberty

Boys and Puberty

Pamphlets, booklets

Department of Education and Training, Victoria

Teaching programs available on eduweb (network access required)

Building Respectful Relationships: Stepping out against gender-based violence

Building Respectful Relationships

True (formerly Family Planning Queensland)

Everybody Needs to Know

Sexuality Education Counselling and Consultancy Agency (SECCA)

Pamphlets, books

Sexuality Concepts Resource (SCR)

YouTube: www.youtube.com

ClickView: www.clickview.com.au

Safe4Kids: www.safe4kids.com.au

The Circles Curriculum

The Rock and Water Program: www.rockandwaterprogram.com

Protective Behaviours Western Australia: www.protectivebehaviourswa.org.au

The Hormone Factory: www.thehormonefactory.com (decommissioned)

KidsHealth: www.kidshealth.org

Friendly Schools Plus: www.friendlyschoolsplus.com.au

The Line: www.theline.org.au

School Drug Education and Road Aware (SDERA)

Challenges and Choices

KidsMatter: www.kidsmatter.edu.au

The PATHS curriculum

School nurse

Baby Think It Over Programme

School resources from Kotex, Libra etc

Headspace: www.headspace.org.au

Youth Empowerment Against HIV/AIDS (YEAH): www.readaware.org.au

I Stay Safe: www.health.qld.gov.au/istaysafe/index.aspx

ASDAN Sex and Relationships Education Short Course:

www.asdan.org.uk/courses/programmes/sex-and-relationships-short-course

Special Boys and Puberty and Special Girls and Puberty: www.secretgb.com

Anatomically correct dolls

It's Time We Talked: www.itstimewetalked.com.au

In The Picture

Focus on the Family: www.families.org.au

No Apologies

Kids Helpline: www.kidshelpline.com.au

SexandU: www.sexandu.ca

The Australian Research Centre in Sex, Health and Society

The Practical Guide to Love, Sex and Relationships: www.lovesexrelationships.edu.au

Other websites:

www.avert.org/sex-stis/puberty

www.bbc.co.uk/education/topics/z3xxsbk/resources/1

<http://twentytwowords.com/a-bizarre-and-blunt-animated-explanation-of-puberty/>

www.youtube.com/watch?v=j_mFJ2d0qxQ

www.youtube.com/watch?v=Rsj6dW6qKRc&feature=iv&src_vid=j_mFJ2d0qxQ&annotation_id=annotation_443495

Public Private

SEL Program

Real Stories Teen pregnancy

Age of consent laws website

School nurses also reported having used an array of resources.

Department of Health, Western Australia

Get the Facts website: www.getthefacts.wa.gov.au

HealthyWA website: www.healthywa.wa.gov.au

Sexual Health Quarters (formerly Sexual and Reproductive Health Western Australia and FPWA Sexual Health Services): www.shq.org.au

Promoting Adolescent Sexual Health (PASH) and PASH with a Twist
(decommissioned)

Mooditj

RELATE

Consent – It's simple as tea: www.youtube.com/watch?v=oQbei5JGiT8

Child and Adolescent Community Health, Department of Health, Western Australia

Me, Myself & I – toolkit for nurses only

All About Growing Up

Talking Sexual Health

Who Are You? www.whoareyou.co.nz

Ansell

Chlamydia – The Secret is Out

True (formerly Family Planning Queensland)

Traffic Lights

Sexual Assault Referral Centre (SARC)

Respectful Relationships

Strong, HIV positive, Empowered Women (SHE) Programme: www.shetoshe.org

Western Australian AIDS Council: www.waids.com

Kotex

What's Happening to U?

Department of Education and Training, Victoria

Catching on Early

Catching on Later

Streetwise to Sexwise – Sexuality Education for High-Risk Youth

His and Hers (DVD)

Teachers and school nurses are not the only ones involved with the delivery of RSE. Other stakeholders such as teacher training institutions and program managers also identified their use of multiple resources.

Australian Research Centre in Sex, Health and Society; La Trobe University:
www.latrobe.edu.au/arcshs

Deakin University – Sexuality Education Matters:
http://www.deakin.edu.au/__data/assets/pdf_file/0004/252661/sexuality-education-matters-april-2013-online.pdf

Ansell Sex-Ed: www.ansellsex-ed.com.au

Department of Education and Training, Victoria

Catching on

SHine SA: www.shinesa.org.au

Teach It Like It Is

Safe Schools Coalition: www.safeschoolscoalition.org.au

Meeks, Victorian Education Department

One survey respondent wrote:

“I promote numerous resources when training teachers about SRE. The most common are: youthwellbeingproject, SHQ resources (incl ReLATE), Talking Sexual Health, Building Respectful Relationships, LoveSexRelationships, In The Picture, ANSELL Sex-Ed website, It’s All One, and True (FPQ) teaching resources. Plus lots of books/posters etc. about diversity and child protection, and the support offered by Libra/Kotex.”

Another respondent emphasised that while they had drawn upon “numerous” RSE resources in the past, this was “Especially before I stumbled upon the GDHR website.”

Some resources were identified by respondents who did not state their employment.

“Building Respectful Relationships (Victoria 2015).”

“It’s All One.”

“The Practical Guide to Love, Sex and Relationships.”

“Safe Schools Resources from SHine SA.”

7.8 Professional development

Respondents were asked what kind of professional development (PD) courses relating to relationships and sexuality education they had undertaken. This was a single-response question, however in retrospect the option of a multiple response may have provided better information for those who had undertaken multiple types of PD.

The largest number of respondents (33%) had undertaken a professional development course in relationships and sexuality education offered by the School of Public Health at Curtin University. This is perhaps not surprising, given that 61% of respondents were generated via a Curtin University School of Public Health email list. Thirty-two per cent of responses indicated that they had undertaken professional development that was not listed in the question. Only 15% of respondents indicated they had not undertaken any RSE professional development at all, other than accessing the GDHR website. Table 12 shows the results by employment category.

Table 12: Other professional development undertaken by type of employment

What kind of professional development courses relating to relationships and sexuality education have you undertaken?	Teachers, school administration, school support		School nurses		Other users		Total*	
	No. of responses	Percent	No. of responses	Percent	No. of responses	Percent	No. of responses	Percent
Professional development course in relationships and sexuality education offered by Curtin University	42	49.4	5	16.7	3	12.5	50	32.7
Other	21	24.7	18	60.0	9	37.5	49	32.0
Postgraduate training	2	2.4	2	6.7	3	12.5	8	5.2
Component included in pre-service training	6	7.1	1	3.3	0	0.0	7	4.6
University unit in sexology	1	1.2	0	0.0	3	12.5	4	2.6
None at all	13	15.3	4	13.3	6	25.0	23	15.0
Missing							12	7.8
Total	85	100.0	30	100.0	24	100.0	153	100.0

*Total figure includes data missing from the type of employment question, therefore the total is not the cumulative total of each row.

Respondents used the comments section of the form to expand on the nature of the PD they had undertaken. Their responses are grouped by employment category. Respondents used their comments to indicate that they had received training from multiple sources. One respondent wrote: "I can't remember them all but GDHR was one." Similarly, another wrote: "Numerous over the years – can't remember names, sorry."

Responses from teachers, school administration and school support staff were:

"Degree in Psychology."

"Evenbright at Curtin; FPWA course to teach PASH."

"GDHR conference (Symposium); Sexuality workshops by Health Department; Headspace."

"GDHR training (when first launched; SRHWA (now SHQ) training; professional development seminars at Curtin; online training."

"GDHR (when it was first designed ...)."

"GDHR and Curtin Uni SRE workshop."

"GDHR/SDERA Train the Trainer and Traffic Light for Sexuality."

"GRHR (from years ago)."

"Health Studies PD, ACHPER."

"Nuts and Bolts SRHWA and prof. dev. in SRE at Curtin Uni."

"PD in school."

"PIP."

"Professional development course in relationships and sexuality education offered by Curtin University; Relate; SRHWA PD."

"Rock and Water."

"SARC."

"School-based sex-education and relationships (Curtin University)."

"SECCA boundary training; Sexuality Concept Resource; cyber bullying, SRE symposium."

"SECCA students with disabilities – relationships ed. workshop."

"WA Education Department online course about sexuality education."

School nurses identified the following PD:

"Birds and Bees."

"Birds and Bees – WA Health."

"Birds and the Bees."

"Birds and the Bees."

"The Birds and the Bees two day programme with CACH in WA."

"Delivered in conjunction with Curtin Uni. and Relationships and Sexual Health Centre (formerly FPWA)."

"FPWA and SARC."

"FPWA courses and workshops through CACH."

"FPWA training, online training via ECU."

"Headspace LGBTIQ+101."

"Nuts and Bolts of Sexual Health, ABC about the Birds and the Bees."

"Nuts and Bolts; Respectful Relationships."

"PASH."

"PASH, and the GDHR lots of times."

“Respectful Relationships, GDHR workshops.”

“SRHWA Nuts and Bolts; Mooditj Leadership Training and Sexual Health Foundations.”

“Those available through WA Health; Birds and Bees, etc.”

“Various courses run by FPAWA (now SHQ); Nuts and Bolts; Tools of the Trade.”

Others who were not school-based educators or nurses responded that they had also participated in PD from various sources.

“Conferences – sexuality and drugs.”

“Curtin symposium; PBWA days; FPAWA days, I also have a Bachelor of Nursing degree.”

“Sexuality Matters.”

“SRHWA (now Sexual Health Quarters).”

“Training offered by SHQ and WA AIDS Council.”

“I have undertaken many of the above PD courses.”

“Workshops.”

“Many workshops and conferences.”

“I run PD courses. In the past I have undertaken units at undergraduate and postgraduate level, and participated in previous SRE PD offered by FPAWA, WAAC, WAHES, Concord Training, YACWA, etc.”

7.9 Other comments about GDHR

Respondents were given a final opportunity to make further comments in addition to what they had already covered in the survey. These comments were generally very positive and are listed below, grouped by category of employment.

Comments by teachers, school administration and school support staff were as follows:

“Very useful.”

“Thank you.”

“Keep up the great work!!”

“Great resources. We are using it widely within our Years 7-10 health program.”

“Love it, made me really confident to teach it and is really good for the parents too!”

“There is little knowledge of GDHR in schools from the conversations I have had with other teachers (particularly primary school teachers). I think there needs to be more advertising/promotion of the resource in this area.”

“I would really like easier access and knowledge of interactive health activities for high school education support students.”

ALL resources published online need to go through a thorough vetting process to ensure that they are accurate, up to date, best practice and reliable.”

School nurses also took the opportunity to make some positive comments.

"I think GDHR is an excellent website."

"Great resource to use, easy to navigate and lessons are easy to follow and apply to my students."

"Delivering relationships and sexuality education can be challenging and at first quite daunting (especially with the older age groups). The GDHR resource provides very clear guidelines and great resources, allowing me to deliver very informative sessions but in a very interactive, fun and hopefully memorable way."

One nurse wrote she had been inspired to learn more about RSE.

"I am very interested in doing some of the training now in sexology or a PD course in relationships."

However, another had not utilised her RSE training.

"Sorry, I did not use this after doing the course, mainly because I had a few changes in my job."

And yet another had been 'scared off' by aspects of the topic.

"Concerned about teaching the transgender issue. How to teach sex ed. without using words like girl, boy, man or woman. Over the years I have had several boys ask me if they were going to get a period. I have been able to reassure them they won't. But how do I give appropriate replies if I don't know what sex they are? The language used to describe reproductive differences has become a political minefield. I'm worried about ending up on the news, publically vilified as transphobic, because I misgendered an individual if I use terms which I use to describe reproductive differences. The concern about measuring every word I use to avoid upsetting a trans individual has left me too scared to teach sex ed. at all. I never had any problem discussing homosexuality, this is the first time in delivering sex ed. over 20 years I've felt it's just too dangerous for me personally."

One school nurse supported the development of resource content specifically tailored to the role of school nurses.

"Look at incorporating more community health specific areas to help educate teachers and principals on our role, i.e. we are here to 'COMPLEMENT' and not deliver the curriculum, please."

Others who were neither teachers nor school nurses also provided additional comments.

"It's a wonderful resource and I wish more teachers used it."

"I think this is a unique and phenomenal resource. There are many improvements to be made, but I commend WA Health for their commitment to evaluate and further strengthen this important resource."

"Please make it a legal requirement that schools teach Protective Behaviours from kindy. You cannot responsibly teach sexual health and relationships education outside of a Protective Behaviours context. The two go hand in hand. Be brave, keep going and change this education area for the better. Well done and thank you for allowing me to participate."

“Lots of good work here but needs more community input to soften (make more acceptable) the approach. Some of it reads like a medical information sheet. SAER [Students at Educational Risk] are missing out on much of this, as it may not be so engaging.”

Finally, another respondent, who did not state their employment, was concerned about several aspects, such as:

- a. “values, opinions and attitudes [that] ... come through the writing and the language used” and “the mixing of knowledge and values questions”, specifically, the Year 10 ‘party’ activity);
- b. too much emphasis “on technical and biological aspects of puberty, and reproductive systems”; and
- c. possible quality control issues, such as possible factual errors.

8. Conclusions

- a. Overall, survey responses suggest GDHR is valued mainly because it provides a convenient starting place for those new to teaching RSE, especially those requiring easy access to resources.
- b. Responses suggest GDHR is generally regarded as a trusted source of information. Some comments emphasise the importance of ensuring a reputation for accuracy. The appropriateness of certain specific content and activities was questioned in a few instances, and these areas may need to be reviewed in future. A few comments underline the importance of maintaining demonstrable links to the research evidence base.
- c. Most respondents find the website easy to navigate, although some respondents did report the frustration of getting lost in the site. Also, a couple of respondents suggested the resource might be made more 'printer friendly'. These are areas of potential future improvement.
- d. Some respondents reported feeling able to use the GDHR resource without the need for any accompanying professional development (PD). However, the prevailing view is that for inexperienced educators, GDHR may ideally work best when accompanied by PD. The contribution of PD to the capacity of teachers is that it can help build confidence to deliver GDHR. For some educators it also presents a valued opportunity for interaction between those involved in school-based RSE.
- e. The survey identified obstacles in the way of GDHR delivery. The survey identified the attitudes of parents and the general community as posing potential barriers to the delivery of RSE in schools. Furthermore, comments indicate the delivery of RSE by special education centres and by community health nurses are areas likely to require better access to specialised resources and support. There may also be a need for investment in the marketing and promotion of GDHR to schools and teachers.

Appendix 1: Detailed Tables

- No results are provided where cell size is less than five.
- Number of respondents shown (n) is the maximum number providing a response. Some questions may have missing responses.
- Where statistical tests show a difference across means of $p < 0.5$ this is indicated by an *. This means that the possibility of this occurring by chance is less than 5%.

Table 13: Perceptions of GDHR by employment role and access

	Total n=153	Employment Roles				Access			
		Teachers, school administration, school support n=86	School Nurses n=32	Other Users n=26	6 times or more n=54	3-5 times n=41	Twice n=15	Once n=27	Have not used GDHR in the last 12 months n=16
Mean scores									
GDHR provides a valued source of information and is a respected educational tool.	5.17	5.35	5.13	5.24	5.45	5.18	4.93	4.96	4.75
GDHR positively contributes to the relationships and sexuality education of young people.	5.14	5.24	5.13	5.17	5.31	5.13	5.13	5.00	4.79
GDHR provides age appropriate information about relationships and sexuality	5.12	5.26	5.00	5.16	5.32*	5.13*	5.20*	5.05*	4.44*
GDHR content and materials are of high quality.	5.09	5.30*	5.03*	5.14*	5.35*	5.10*	5.00*	4.84*	4.63*
GDHR content is easily applied in teaching practice.	5.03	5.18	5.03	5.08	5.20	5.11	4.71	4.95	4.67
The GDHR site is easy to operate and navigate.	5.02	5.07	5.00	5.05	5.11	4.98	5.07	5.04	4.73
GDHR provides a strong evidence-base that informs my practice.	4.94	5.11*	5.07*	4.99*	5.21*	4.87*	4.86*	4.96*	4.31*
The GDHR resource has improved my capacity and ability to deliver relationships and sexuality education.	4.91	5.15*	4.83*	4.98*	5.36*	4.87*	4.80*	4.45*	4.40*
GDHR makes me confident and comfortable in teaching relationships and sexuality education.	4.86	5.12*	4.76*	4.92*	5.20*	4.89*	4.73*	4.52*	4.31*

* Indicates $p < 0.05$, i.e. statistical tests indicate that the possibility of this occurring by chance is less than 5%.

Table 13: Perceptions of GDHR by employment role and access (continued)

	Total n=153	Employment Roles				Access			
		Teachers, school administration, school support n=86	School Nurses n=32	Other Users n=26	6 times or more n=54	3-5 times n=41	Twice n=15	Once n=27	Have not used GDHR in the last 12 months n=16
Mean scores									
I have ample opportunities to apply GDHR in my teaching practice.	4.54	4.78*	4.30*	4.57*	4.98*	4.56*	4.58*	4.05*	3.77*
Educators can use GDHR materials effectively in the classroom without the need for additional professional development in relationships and sexuality education.	4.06	4.45*	3.86*	4.11*	4.44*	3.87*	4.33*	4.08*	3.00*
Negatively Worded Statements									
There are barriers at my school that limit my capacity to teach relationships and sexuality education.	3.28	2.85	3.83*	3.21*	3.07	3.14	2.92	4.22	3.43
There are barriers in the community that limit my capacity to teach relationships and sexuality education.	3.24	2.95*	3.33*	3.18*	2.96	3.25	3.43	3.90	3.06

* Indicates $p < 0.5$, i.e. statistical tests indicate that the possibility of this occurring by chance is less than 5%.

Table 14: Perceptions of GDHR by location, gender and age

	Location			Gender		Age			
	Total n=153	Regional or remote WA n=23	Perth (metropolitan) WA n=122	Male n=23	Female n=120	Under 30 n=28	30-39 n=28	40-49 n=39	50 and over n=49
GDHR provides a valued source of information and is a respected educational tool.	5.17	5.26	5.20	5.30	5.16	5.21	5.18	5.19	5.13
GDHR positively contributes to the relationships and sexuality education of young people.	5.14	5.13	5.16	5.09	5.16	5.21	4.85	5.27	5.13
GDHR provides age appropriate information about relationships and sexuality	5.12	5.26	5.12	5.17	5.12	5.11	5.04	5.06	5.13
GDHR content and materials are of high quality.	5.09	5.17	5.11	5.17	5.09	5.07	5.07	5.14	5.13
GDHR content is easily applied in teaching practice.	5.03	5.04	5.05	5.05	5.02	5.00	4.78	5.15	5.13
The GDHR site is easy to operate and navigate.	5.02	5.18	5.01	4.96	5.04	5.00	5.00	4.95	5.13
GDHR provides a strong evidence-base that informs my practice.	4.94	4.95	4.96	5.00	4.92	4.88	4.77	5.03	5.13
The GDHR resource has improved my capacity and ability to deliver relationships and sexuality education.	4.91	4.91	4.96	5.19	4.89	5.17	4.72	5.03	5.13
GDHR makes me confident and comfortable in teaching relationships and sexuality education.	4.86	4.91	4.90	4.95	4.86	5.04	4.85	4.92	5.13

Table 14: Perceptions of GDHR by location, gender and age (continued)

	Location			Gender		Age			
	Total n=153	Regional or remote WA n=23	Perth (metropolitan) WA n=122	Male n=23	Female n=120	Under 30 n=28	30-39 n=28	40-49 n=39	50 and over n=49
I have ample opportunities to apply GDHR in my teaching practice.	4.54	4.57	4.55	4.42	4.56	4.48	4.52	4.66	5.13
Educators can use GDHR materials effectively in the classroom without the need for additional professional development in relationships and sexuality education.	4.06	4.17	4.06	4.14	4.07	4.40	3.74	4.21	5.13
Negatively Worded Statements									
There are barriers at my school that limit my capacity to teach relationships and sexuality education.	3.28	3.41	3.19	3.40	3.18	3.38	3.43	3.06	5.13
There are barriers in the community that limit my capacity to teach relationships and sexuality education.	3.24	2.96	3.25	3.48	3.16	3.29	3.52	3.03	5.13