PRIMARY SCHOOLS AND THE DELIVERY OF RELATIONSHIPS AND SEXUALITY EDUCATION: THE EXPERIENCE OF QUEENSLAND TEACHERS.

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ABSTRACT

Primary school provides an appropriate opportunity for children to commence comprehensive relationships and sexuality education (RSE), yet many primary school teachers avoid teaching this subject area. In the absence of teacher confidence and competence, schools have often relied on health promotion professionals, external agencies and/or one-off issue related presentations rather than cohesive, systematic and meaningful health education. This study examines the implementation of a ten-lesson pilot RSE unit of work and accompanying assessment task in two primary schools in South-East Queensland, Australia. Drawing predominantly from qualitative data, this research explores the experiences of primary school teachers as they engage with RSE curriculum resources and content delivery. The results show that the provision of a high quality RSE curriculum resource grounded in contemporary educational principles and practices enables teachers to feel more confident to deliver RSE and minimises potential barriers such as parental objections and fear of mishandling sensitive content.

KEYWORDS: sexuality education; primary school; curriculum resources, Australia

INTRODUCTION

The importance of relationships and sexuality education (RSE) during the school years is well documented (Bearinger et al. 2007; Duffy et al. 2013). Limited or complete absence of RSE in the curriculum can result in student ignorance, fear, lack of understanding and poor decision-making (Bearinger et al. 2007), higher rates of sexually transmitted infections and unwanted pregnancies (Goldman 2008) and increased susceptibility to sexual abuse (Halstead and Reiss 2003). Conversely, the provision of quality RSE is known to support the development of young people into responsible, healthy and productive citizens (Goldman 2010).

The value of RSE is overwhelmingly evident in the literature and is endorsed with a mandate from the United Nations Educational, Scientific and Cultural Organization (UNESCO 2009) which promotes sexuality education for all children (Parker et al. 2009). Despite this mandate and the responsibility of schools to uphold the rights of the child and to deliver comprehensive relationships and sexuality education, many primary schools across Australia do not offer RSE programmes or do so in a disjointed and haphazard manner (Milton 2003).

Primary school is the most appropriate time for children to commence comprehensive RSE that encompasses sexuality and gender issues (Blaise 2009) and prepare them for the social and physical changes, and challenges, associated with puberty (SIECUS 2004). Despite these timely benefits, an increasing number of primary school teachers are avoiding teaching RSE (Goldman 2008). The main factors which have led to this reluctance will be discussed in the following section.

Perceived barriers to RSE work

Limited curriculum time

Teachers identify the lack of time and space in an already crowded curriculum as the most significant barrier in the delivery of sexuality education (Goldman 2010; Leahy et al. 2004; Ollis 2003). In a US study of nearly 100 middle school teachers, lack of time was recognised as the second greatest barrier to teaching sexuality education (Haignere et al. 1996). The recent *Sexuality Education in Australian Secondary Schools* report noted over half the

teachers in the sample gave time constraints as a key reason for not covering a sexuality education topic (Smith et al. 2011). In Australia, limited curriculum time is an issue expected to worsen with increasing demands to prepare students for national standardised testing which has resulted in a significant narrowing of the curriculum offerings of schools (McNeil, 2000).

Lack of teacher confidence

Lack of teacher confidence (Goldman 2010; Ollis 2005) or the fear of the consequences of mistakes (Harrison and Hillier 1999; Leahy et al. 2004; Ollis 2005) is often attributed to the avoidance of delivering relationships and sexuality education. Goldman (2011, 157) suggests 'It may be argued that classroom teachers' lack of will, expressed in their lack of confidence to teach sexuality education, is the major impediment to its acceptance in schools, at least in Queensland.' A qualitative study investigating the experiences of teaching sexuality education among a small group of primary school teachers in Sydney, Australia found teachers expressed concerns including what parents might think, how far they should investigate a topic and how to accommodate differences in maturity, knowledge and comfort among the children (Milton 2003).

These anxieties are not unique to Australian teachers, with similar fears revealed in studies conducted in the United Kingdom. Walker and Milton (2006) investigated parents' and teachers' understanding of relationships and sexuality education in British schools. The authors identified a trend of uncertainties expressed over three broad areas, 'what to say, how to say it and how to approach it' (420). Overall, teachers report lack of guidance as a key inhibiting factor in their confidence to deliver RSE (Leahy et al. 2004; Milton 2003). In a recent Australian report on *Building Capacity in Sexuality Education*, Ollis and colleagues (2012, 18) identify four areas where teachers would like greater guidance from RSE curriculum documents: which topics should be taught; how far should these topics be taken with primary school students; how should teachers handle difficult questions asked by children; nd how should teachers address the differing levels of maturity in their classes?

Reliance on external providers

School teachers are best placed to deliver RSE because they have specific knowledge about students, the learning context and an early and constant presence in the lives of children (Goldman 2008; McCuaig 2005). In an effort to combat low levels of confidence in delivering this material, teachers often outsourcing RSE to external providers (Parker et al. 2009; Wight et al. 2002). In particular, 'primary schools have tended to rely on external agencies or 'one-off' presentations which are often topic-specific, rely on novel resources and involve professionals with limited knowledge of the school programme, students or community' (McCuaig 2005, 67).

Goldman (2011) found external providers were most often asked to work with students in the upper primary year levels, with students aged between 10 and 11 years. External providers felt it was more challenging to establish a relationship with this age level, but the willingness and ability of the classroom teacher to revise and extend the work aided in the continuity and consistency of delivery and promoted knowledge retention, reflection and behavioural skills. The findings of Goldman's (2011) study support the infrequent and inconsistent manner in which RSE is delivered by external providers to schools, often once per year. This approach 'is inadequate to provide a comprehensive and quality sexuality education at all grades of primary school' (Goldman 2011, 155).

Perceived parental objections

A further barrier influencing the effective delivery of RSE in primary schools is teachers' concerns surrounding parental objections. Research undertaken by Goldman (2008) used newspapers, parental conversations, television and radio talk-back to investigate the key objections voiced by parents regarding sexuality education in schools. Parental objections included, for example, the parents' duty to provide sexuality education for their own children; and teachers' incompetence to teach sexuality education in schools. These objections resonate with teachers. Approximately 50 per cent of teachers surveyed in the *National Survey of Secondary Teachers of Sexuality Education* report they were careful about the selection of topics because of possible adverse community reactions (Smith et al. 2011). This apprehension is not new, with research conducted a decade ago finding 'many teachers are

concerned about parental backlash and worry about stepping over the imaginary line of appropriate content' (Ollis 2003, 22).

Limited priority and accountability

Currently, Queensland schools have the opportunity to opt-out of RSE (Goldman 2008). In many cases school management deems RSE a low priority (Formby et al. 2010; Goldman 2010) because of competing demands placed on the school curriculum and timetable. However, the capacity of schools to exempt RSE from the school curriculum due to limited accountability from state and national curriculum authorities is concerning. Currently, approximately one-third of teachers do not assess relationships and sexuality education against curriculum standards due to either a lack of school support or a lack of knowledge about assessment criteria (Smith et al. 2011).

Access to resources

Limited resources and access to professional development has resulted in a vast majority of teachers reporting a disinclination to conduct RSE. A lack of pre-service and in-service professional development opportunities has left many teachers with little to no training in RSE (Goldman 2010). Others have relied on brief, one-off professional development sessions (Smith et al. 2011). Milton (2003) researched teacher perceptions of primary school sexuality education and highlighted the need for continuing teacher training and support so that teachers can work with parents to provide comprehensive sexuality education. A recent qualitative study identifies a reluctance by male teachers to teach RSE and the need for more tailored professional development opportunities targeting male teachers (McNamara, Geary and Jourdan 2010).

Access to good quality RSE curriculum resources and improved capacity and confidence of teachers through professional development opportunities is essential in ensuring the enhanced delivery of RSE in schools (Walker and Milton 2006). Lack of materials has been ranked as one of the greatest barriers to teaching RSE (Haignere et al. 1996), with evidence highlighting the need to provide teachers with comprehensive curriculum resources which have been found to work well in classrooms (Wight and Abraham 2000; Paulussen et al. 1994).

In the absence of teacher confidence and competence, schools have tended to rely on health promotion professionals, external agencies and/or one-off issue related presentations rather than cohesive, systematic and meaningful health education. It is against this background, that we explore the experiences of teachers in the delivery of RSE grounded in contemporary educational principles and practices.

METHOD

A ten-lesson RSE unit of work and accompanying assessment task was provided to two primary schools in South-East Queensland, Australia. This was an original curriculum resource, developed by the researcher, an experienced RSE teacher, in partnership with an external provider of relationships and sexuality education. The content incorporated in the curriculum resource was aligned with relevant learning sequence descriptors in the Australian Health and Physical Education Shape Paper (Australian Curriculum, Assessment and Reporting Authority [ACARA] 2012), the foremost available national curriculum document available at the time of design. Content was also linked to Queensland's existing curriculum organisers, the *Essential Learnings* (Queensland Studies Authority 2007) (see Box 1).

Yr Level	Essential Learnings	ACARA HPE Shape Document
5-6	• Health includes physical, social, emotional and cognitive dimensions. • Personal, social, cultural and environmental factors influence behaviours and choices. • Individual and group action can promote health and wellbeing, including safety. • Identity is influenced by personality traits, responses in a variety of social contexts, responsibilities and accomplishments. • Representations of people, including stereotypes, influence the beliefs and attitudes that people develop about themselves and others. • Positive interpersonal relationships and respecting cultural protocols promote effective interactions and relationships in groups.	• Further develop and refine a range of communication and conflict resolution skills and processes, enabling them to interact appropriately and respectfully with others in a range of different movement and social situations. • Provided with opportunities to develop optimistic habits in the way they look at their world. • Learn about the physical, emotional and social changes associated with puberty and the associated transitions (school, social, friendships) into adulthood and investigate positive ways to manage these transitions. • Learn that being healthy can be described in different ways. • Develop an awareness of a broader range of personal, social and economic factors that influence their own and others' health and wellbeing. • Identify behaviours that positively influence and negatively impact on their health and wellbeing. • Know what steps to take to manage situations effectively, seeking adult assistance when necessary.

Box 1: Curriculum descriptors influencing RSE resource design.

Key content included the physical, social and emotional changes associated with puberty and the transition from primary to secondary school. Research conducted by Akos and Martin (2003) suggests this period of transition creates important challenges for students in this age group. As young people attempt to navigate the contextual change to secondary schooling, they are also negotiating the personal changes associated with puberty (Akos and Martin 2003). The relevance of this content to students in Years 5 and 6 influenced the design of the resource, with the knowledge that RSE is not regularly taught in Queensland primary schools (Goldman 2008).

The five primary school teachers participating in the study delivered the curriculum resource directly to their students. The researchers did not contact teachers during the delivery of the resource to encourage teacher autonomy.

The research aimed to: (i) explore teachers' engagement and delivery (competence and confidence) with comprehensive RSE materials that are underpinned by contemporary curriculum and pedagogies, particularly those of the Australian Curriculum and Reporting Authority (ACARA); and (ii) identify implications for future practice and provide a number of recommendations in the delivery of RSE for classroom teachers, schools and external providers.

To address these aims, the research engaged with the following research questions: (i) what is the readiness of primary school generalist teachers to deliver *health education* in schools; (ii) what barriers and enablers are experienced by primary school generalist teachers in the delivery of RSE; and (iii) how does the provision of a comprehensive RSE unit of work influence the experiences of primary school generalist teachers in the delivery of RSE?

This research explored the experiences of teachers as they engage with RSE curriculum resources and content delivery. The study employed a mixed-methods approach with an emphasis on qualitative methods to provide a rich understanding of the participants' thoughts and responses about relationships and sexuality education. Prior to undertaking the research, ethics approval was obtained from the Queensland University of Technology (#1200000667) and the Queensland Department of Education, Training and Employment (#550/27/1290).

Sample

A total of five Year 6 classroom teachers participated in the study across the two school sites. To ensure anonymity, schools and teachers were allocated a pseudonym. The sample was purposively selected to represent differing socio-economic status and a combination of independent and government schools. Selecting diverse research sites allowed the researcher to explore any context-specific responses of teachers to the RSE curriculum resources. It afforded the opportunity to collect data about the relevance, barriers and enablers of the RSE curriculum to heterogeneous participant populations. Additional information about participating schools and teachers is presented in Table 1.

School (pseudonym)	Year level where programme is taught and number of classes	Number of participating teachers	Teacher (pseudonym)
Limestone Primary (Independent school)	Year 6 (4 classes)	4 (3 male, 1 female)	*Joseph* *Tim* *Andrew* *Sally*
Oakwood Primary (Government school)	Year 6/7 (1 class)	1 (1 male)	*Ben*

Table 1: Primary school teachers' demographic characteristics.

Survey

Prior to implementation of the teaching resource, a simple heuristic survey was distributed to all participating teachers to assess their preparedness to teach health education. This survey has been used by Canadian researchers investigating the self-perceived preparedness of practicing and pre-service teachers to teach health education (Vamos and Zhou 2007). The researchers consider this is a useful quantitative measurement of the experiences, barriers and enablers borne by teachers in the broader delivery of health education. The issues identified in this survey were explored further in the context of relationships and sexuality education during the focus group phase of research.

Focus groups

Focus groups with teachers were conducted pre- and post- implementation of the RSE curriculum. The focus group was guided by a semi-structured interview schedule comprising of a series of open ended questions and probing sub-questions for the purposes of prompting and developing participant's responses (see Box 2). The duration of each focus group was approximately 45 minutes. Discussion was audio-recorded and transcribed in full.

HEALTH EDUCATION

1. Can you tell us about Health Education (in curriculum and other areas) at this school?
2. Is it the role of schools to teach students the knowledge and skills to maintain their health during school years and beyond?
   If yes, can you tell me if it is being achieved at your school?
   If no, where/from whom should students be gaining knowledge and skills to remain healthy?

THE TEACHER'S ROLE IN HEALTH EDUCATION

3. How would you define your role in terms of the health of the children in your care?
4. As a primary generalist teacher, do you feel pressure/obligated to the children in terms of developing healthy living skills?
5. Do you feel you have the knowledge and professional development opportunities to effectively teach Health Education?

SEXUALITY AND RELATIONSHIPS EDUCATION

6. Can you tell us about sexuality and relationships education (in curriculum and other areas) at this school?
7. You mentioned earlier that it is/is not the role of schools to teach students the knowledge and skills to maintain their health during school years and beyond. Do you feel this also applies to sexuality and relationships education?
   If yes, do you believe this is being achieved at your school?
   If no, where/from whom should students be gaining knowledge and skills to remain sexually healthy?
8. Have you experienced any barriers or challenges to teaching sexuality and relationships education in this school (or other schools)?
9. What or who supports you in the delivery of sexuality and relationships education?

Box 2: Teacher focus group schedule.

The use of focus groups provides the opportunity to develop greater insight into the thoughts and experiences of participants (Marvasti 2004). Questions answered during these focus

groups helped identify teacher experiences and perceptions of the curriculum resource and content, including constraints and enablers to implementation in the classroom, and teacher engagement (competence and confidence) in delivering the resource.

Analysis

Transcriptions of teacher focus groups were analysed for trends and conceptual themes about the experience of the delivery of the RSE curriculum. This included exploring teachers' potential to overcome any inhibiting factors in the implementation of the resource. Teacher field notes contributed to this analysis. Additionally, results from the survey were analysed for further evidence of constraints and enablers experienced by teachers in the delivery of health education in schools.

RESULTS

The findings of this study are organised according to each of the the key research questions detailed above.

Readiness of primary school generalist teachers to deliver health education

Participants were asked if they believe it is the role of schools to teach students the knowledge and skills to maintain their health, and if so, did they think this was happening in their school. One teacher, Joseph, from Limestone Primary[1] responded:

> *'I think it is yes, and the answer is no, we don't. I think we would like to, I think there is a lot of things we would like to do… I think schools just have to take on that sort of role, like many other roles schools take on these days due to the busy-ness of home life and uncertainties of home life that we are that one constant, so if we are able to form that sort of platform of positive information about how to maintain a healthy lifestyle I think that is a good thing.'*

Overall, these teachers agreed that schools do have an important role to play in providing health education opportunities for students, but felt it should happen in partnership with parents. This sense of responsibility was reiterated by Ben, a teacher from Oakwood Primary:

> *'We sort of bring an evenness to the playing field. So some families are very specific with what they do with the kids and the kids are well taught, and then others it is a 'no go zone' and kids have no idea what is going on [with their bodies]. So we try to fill in the blanks for those who need it.'*

Teachers were asked about their role in the provision of health education. Several participants saw themselves as positive, healthy role models for students, with one teacher stating,

[1] Peusdonyms have been used in this manuscript to ensure participants confidentiality and anonymity.

'…all teachers probably do, because we have to be. For some of these kids the only constant in their lives is probably us and I think it is really, really important actually' (Sally, Limestone Primary).

Survey data indicated only 1 of the 5 teachers felt they had adequate materials and resources to teach health education (Figure 1). Despite limited access to quality resources, participants felt ready to deliver health education, but this was because of their own life and classroom experience. For example:

'I think it is life experience that you draw upon most in that regard. So it is not so much hitting the books and reading up on things in terms of what you should know, it is more from your own experience.' (Joseph, Limestone Primary)

'You work by the seat of your pants, but after teaching for 35 years now there is a build-up of general background information.' (Ben, Oakwood Primary)

'Cause university does not equip you to do, well I think most things in the classroom, let alone teaching health.' (Sally, Limestone Primary)

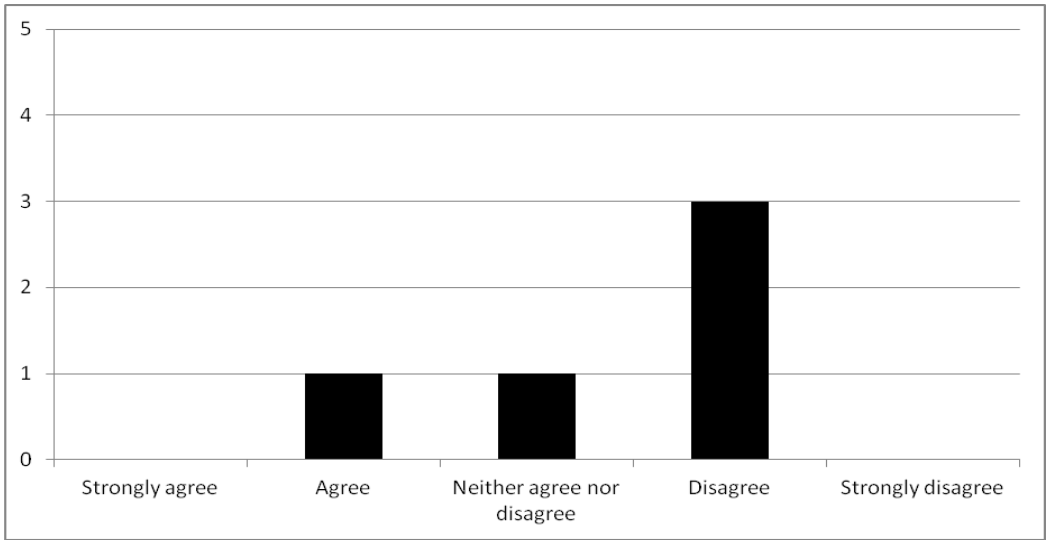

Figure 2: Number of primary school teachers who feel they have adequate materials and resources to teach health education to their students.

Barriers experienced by primary school teachers in their delivery of RSE

Participants emphasised a lack of time as a key barrier to the delivery of RSE in the classroom. Joseph from Limestone Primary explained, *'We are forever chasing our own tails to get through the core subjects, let alone the non-core subjects I suppose.'* As a result, health education in general and RSE in particular receives a lower priority than other subject areas, with much of the responsibility passed on by the primary school generalist teachers to the Health and Physical Education specialist teachers:

> *'Last year we removed health as a subject so we didn't actually have to assess anything, it was phys ed and health which was taken care of by the phys ed teacher and I find that because of the increasing requirements that we have, like we have got history to teach this year, and we are just sort of spreading ourselves so thin. So health, and by default, sexuality education as a subject wasn't taught last year and certainly this year we are chasing our tail at the moment getting things done. Health was given sort of a back seat'* (Ben, Oakwood Primary).

When asked if RSE was taking place within the HPE curriculum time, one teacher was vague or unsure, *'I'm not quite sure exactly what she [the HPE teacher] is doing with that, but we have passed the ball to her'* (Ben, Oakwood Primary).

When health education topics are addressed in the participating schools, RSE was placed behind other health issues. For example, when asked if RSE was considered a priority within their school, teachers at Limestone Primary responded:

> Joseph: *'At this stage, I would say no it doesn't have a high priority.'*
> Sally: *'Not as compared to things like internet bullying.'*
> Joseph: *'No, or phone usage, general social skills, building friendships, building resilience, very aware of kids who are anxious and perhaps going through tough times and we certainly get them involved in counselling very quickly. So I think we have mental health flagged pretty well, sexual health not so much so.'*

A similar response was offered by the teacher at Oakwood Primary:

> Facilitator: *'So thinking across the spectrum of the school and all the different health education topics that are taught, where would you say on the ladder, sexuality and relationships education sits as a priority?'*
> Ben: *'Other than for Family Planning [the external provider], it doesn't.'*
> Facilitator: '*So for example, bullying might get touched on, mental health, things like that, would you say?'*
> Ben: *'They are safe topics.'*

The concept of 'safe' and 'unsafe' topics was further evident in teachers' feelings of uncertainty on how to teach relationships and sexuality education, a topic teachers believed to be 'unsafe'. Teachers' lack of confidence in the appropriateness of content material acts as a significant obstacle to the delivery of RSE. One participant reported:

> *'…that uncertainty of how far you can go, especially with this age group… Do you go surface level or do you go a little deeper, do you go the whole hog? So just that, and I suppose we have got no guidance, we are making those decisions up as we go to what we would feel is appropriate, but you leave yourself open there because you have got nothing concrete to stand on and that is when you get parents saying, 'my son shouldn't be hearing that' because you haven't got a clear platform to say, well at [Limestone Primary] this is what we do for Year 6 and this is how far we go'* (Joseph, Limestone Primary).

Teachers acknowledged they worry about potential parental objections to the delivery of RSE and this is a barrier to its inclusion in the curriculum. A number of teachers described situations where parents have responded negatively to RSE delivery:

> *'I did a course years ago, so that I could actually teach the kids. I taught it one year and then didn't do it again for some years because as part of the programme they had a tampon, I had the kids sort of pull it apart and examine it and whatever, which is what we did in the actual course. I had one of the parents feel that it was inappropriate and that I was, you know, that there was something wrong with me*

that I would have the kids do that. So I thought well, stuff it. It is just not worth the effort to have people sticking knives in you for it.' (Ben, Oakwood Primary)

'I have also found different parents' expectations. So for example, my last school I taught Year 7 for four years and we had some parents who really, really were for the programme, because we would send out letters or have an information evening beforehand. Then you get other parents who are absolutely outraged that their daughter was learning about menstruation in grade 5 for goodness sake. So yeah, the parental idea of what is ok is pretty difficult.' (Sally, Limestone Primary)

'I was working my butt off and then along comes the mother complaining about something where I was trying to do my best. I'm not completely comfortable with taking the talks. You know, my upbringing was fairly conservative and so I am sort of pushing out to do it. I know that what I am doing is correct and appropriate and all those sorts of things, but my natural instinct is still pulling me back a bit and I am having to fight against that.' (Ben, Oakwood Primary)

Teachers felt clear communication with parents was an effective method of addressing parental concerns and enhancing the success of an RSE programme:

'I think the responsibility about educating the parent would be a great programme to have. I think parents at this school are eager to know how they can help.' (Joseph, Limestone Primary)

Lastly, teachers felt another key barrier to effective RSE delivery was the lack of ready access to good quality curriculum resources:

'I think also just having resources that are there ready to rock 'n' roll rather than having to Google and putting terms in a word search that I wouldn't particularly feel comfortable with because you know, you don't know what images are going to come up and because we have school computers, I just don't think that is the sort of thing… all it takes is one accusation and if they then look at your computer and you are looking up, I mean I know you can easily prove why you would be, but it is

certainly something to be aware of I think in that regard.' (Joseph, Limestone Primary)

'I just think that an actual programme would help probably me, because I would just go gung-ho, I wouldn't know where to start from and how to build up, whereas a programme would allow me to know we start here and we can slowly start to build up to whatever they are aiming towards. Whereas I might say penis too soon and they all just flip out, I don't know. I think it will help teachers to build up to an end goal.' (Andrew, Limestone Primary)

Enabling factors experienced by primary school teachers in their delivery of RSE

Survey data indicated that all teachers in the sample agree they have sufficient knowledge to teach relationships and sexuality education. Participants reported feeling comfortable teaching the students about RSE, however they expressed greater levels of comfort teaching other health education topics such as stress management, mental well-being and safety and injury prevention (see Table 2).

I feel comfortable teaching my students about… (n=5)	Strongly Agree (n)	Agree (n)	Neither Agree nor Disagree (n)	Disagree (n)	Strongly Disagree (n)
Nutrition	4	1	-	-	-
Stress management	4	1	-	-	-
Mental well-being	4	1	-	-	-
Safety and injury prevention	4	1	-	-	-
Sexuality education	2	3	-	-	-
Child abuse prevention	2	1	1	1	-

Table 3: Primary school teachers' perceived level of comfort in teaching various health education topics.

Similarly, the survey data demonstrated that participants felt prepared to teach sexuality education, though they reported feeling greater levels of preparedness to teach other areas of health education such as mental well-being and nutrition (see Table 3).

I feel prepared to teach my students about…(n=5)	Extremely well (n)	Very well (n)	Moderately well (n)	Moderately poorly (n)	Very poorly (n)
Nutrition	1	3	1	-	-
Stress management	1	2	2	-	-
Mental well-being	1	3	1	-	-
Safety and injury prevention	1	2	2	-	-
Sexuality education	1	1	3	-	-
Child abuse prevention	1	-	3	1	-

Table 4: Primary school teachers' perceived preparedness to teach various health education topics.

During the focus groups, teachers were asked about what supports their delivery of RSE. One teacher highlighted the value of strong teaching partnerships and clear communication with colleagues around the delivery of RSE content:

> *'Things that help me too are, cause I get along well with these guys I wouldn't have any problems going, 'look, what are you saying about this' or 'What are you telling the kids about that topic?' or you know.'* (Sally, Limestone Primary)

Teachers identified external providers as a potential enabling factor in the provision of RSE in schools. Teachers at Limestone Primary had not utilised an external provider for any health education topics in the previous twelve months. Ben at Oakwood Primary had invited speakers from a community organisation specialising in sexuality education, 'they did three visits with us [Year 6] each year'. These visits were the only time RSE was addressed in the Year 6 curriculum.

Another influence supporting teachers in the delivery of RSE was a strong sense of obligation to provide students with the knowledge and skills to establish and maintain good sexual health. This sense of responsibility was highlighted by Sally at Limestone Primary:

> *'…a lot of parents are uncomfortable to talk to their kids about sex and the complications that come with that like relationship complications; those kinds of things. So I think we actually have to do this because they may not get it anywhere else, and that for me would be frightening if a kid was going through puberty and*

didn't really understand what was going on with his or her body, that would be awful.'

Influence of the RSE resource on the experiences of teachers

After delivering the RSE unit to their students, teachers reflected that whilst they are still limited in terms of time, they would now place a higher priority on RSE as a health issue in the curriculum due to the notable gaps in student knowledge and the high level of student engagement:

'We do have lack of time, but we actually thought this was an important unit as we started it. And because the kids were so engaged in it we gave it as much time as we possibly could.' (Joseph, Limestone Primary)

'I think these discussions have a valuable place with the kids, when you look at the questions they were asking and the lack of understanding of what is going on. In terms of it not being a health priority issue at the school, with what we have got out of this discussion and the interest the children have shown, it certainly is warranted.' (Ben, Oakwood Primary)

'I think we have realised that these kids are actually ready for it and they are really interested to learn… I thought it was going to be a nightmare, but I can't believe how well they responded.' (Sally, Limestone Primary)

Teachers at both participating schools received a positive response from parents in relation to the inclusion of RSE in the curriculum; with many parents expressing relief it was being taught. This sense of relief was also believed to extend to the students, with a general sense among teachers that their students were not receiving the information at home:

'I think that the kids were certainly relieved that we were talking to them about it and not their parents. They saw this as a real opportunity to just ask as many questions as they wanted.' (Joseph, Limestone Primary)

'I think that is why they were so sensible too. It is obviously stuff they have been thinking about for quite some time. I mean I had some strange ones, like boys not knowing what testicles were, and then that got me thinking, holy moly, what has been going on in your home that you don't know the parts of your body. There were a couple of times that that really threw me, thinking, has none of this been discussed? Has nothing been discussed at home?' (Sally, Limestone Primary)

Overall, teachers reported feeling more confident in the delivery of RSE as a result of the resource:

'I didn't realise how easily, by the end of the unit, it just came off the tongue…Everything from ejaculation to IVF.' (Joseph, Limestone Primary)

'It certainly helped me to feel more prepared.' (Ben, Oakwood Primary)

In particular, they identified knowing the resource was endorsed by an external provider made them more comfortable in the delivery of content and dealing with parental objections:

'Instead of having to work out how I was going to go about taking the lesson, I just followed the plan and that gave me a level of comfort that number one, it was already there for me, and two, if I was questioned on suitability of material I could say, well this is the programme that has been approved.' (Ben, Oakwood Primary)

Despite the reassurances of using an endorsed resource, teachers still delivered the unit content with great caution, *'…because you know, all it takes is one little slip up and there will be a note or a phone call'* (Joseph, Limestone Primary).

Lastly, use of the RSE curriculum resource enhanced existing teaching partnerships in one participating school, helping to build teacher confidence in the delivery of RSE content.

'We had a discussion each morning and said, right, the lesson today is supposed to be this, so is there anything hairy that we need to talk about… so we talked to each other a lot during that time frame.' (Sally, Limestone Primary)

'You know, we were able to tweak it and someone might have a different idea and they would say, okay, well I will go and find that resource. So we were able to share that around a little bit. And we certainly practised when it came to issues like masturbation and all that sort of stuff. We actually made sure we were saying very similar concepts. All that sort of gave us confidence, in that if we are all saying it then we should be okay in that regard.' (Joseph, Limestone Primary)

DISCUSSION

Primary school teachers often operate within a busy environment with many competing curricula agendas and priorities. Lack of time in the curriculum is clearly identified as a barrier to RSE delivery in this sample of teachers. When faced with the latest 'must have' curriculum agenda as proposed by the media and public opinion, the issue of an over-crowded curriculum is an explanation often heard from schools and the broader education sector. The case of RSE is no different, with considerable research noting teachers identify lack of curriculum time as the most significant barrier in their delivery of sexuality education (Smith et al. 2011; Goldman 2010; Leahy et al. 2004; Ollis 2003). Additionally, teachers report the limited priority apportioned to health education and in particular RSE, as an important contributor to its relative absence in the curriculum at their school. Indeed, many Australian schools allocate a low priority to RSE (Formby et al. 2010; Goldman 2010) with Queensland schools currently able to opt-out of RSE delivery (Goldman 2008). It is important to note, however, a change in this sentiment amongst teachers at the conclusion of this study. After delivering the curriculum resource to their classes, teachers describe they would now place a much higher priority on RSE due to the high levels of student engagement witnessed during the course of the unit and the evident gaps in students' understanding of sexuality and relationships.

During the initial focus group, teachers felt students were not receiving sexuality education at home and maintained this position upon completing the unit of work with their classes. This observation by teachers is supported in the wider literature (see Feldman and Rosenthal 2000). Despite the consensus amongst teachers that their students were not receiving the necessary information on sexuality and relationships at home, and the strong sense of obligation to provide it at school, many teachers were still concerned about possible parental objections and described negative experiences with parents in the past. This concern acts as a significant barrier to the decision to deliver RSE, a finding consistent with research in the sexuality education literature (see Smith et al. 2011; Ollis 2003). In an effort to minimise parental objections, parents in both participant schools received a letter of information from teachers prior to commencement of the unit. This facilitated open communication between teachers, parents and students. Teachers in the sample describe how parents were relieved their children were receiving the information at school. This attitude is surprising given existing literature demonstrating parents' willingness to be sexuality educators (Wyckoff et

al. 2008) and parents understanding it is their duty to provide sexuality education to their own children (Goldman 2008). Teachers also observed that students were relieved to be receiving the information at school rather than at home.

Teachers reported feeling comfortable in teaching RSE to their students and feel they have sufficient knowledge, but this could be enhanced with better access to quality curriculum resources. In particular, teachers voice uncertainty regarding how far they should go with particular topics and concern about the potential consequences for 'getting it wrong'. This lack of confidence is emphasised widely in the literature as a major barrier to the delivery of RSE in schools (see Harrison and Hillier 1999; Leahy et al. 2004; Goldman 2011). Ollis and colleagues (2012) acknowledge the need for RSE curriculum documents to provide greater guidance on topic selection and the depth to which topics should be explored with primary school students. Detailed and supportive curriculum documents have the ability to build the capacity of classroom teachers to deliver quality sexuality education. Overall, teachers describe how this resource made them more confident to deliver RSE, particularly as the resource was endorsed by an external provider, and feel they have recourse if they experience parental complaints.

Teachers noted prior to their involvement in this research, they valued strong teaching partnerships and clear communication with colleagues as an enabling factor in the provision of RSE. Upon completing the unit of work, teachers described the way the curriculum resource enhanced existing teaching partnerships by way of regular informal discussions about strategies to approach potentially uncomfortable topics and sharing of resources. This open communication helped to build teacher confidence in the delivery of RSE content.

CONCLUSIONS

This study aimed to explore teachers' engagement and delivery with relationships and sexuality education (RSE) materials, identifying implications for future practice and providing recommendations to enhance RSE delivery for classroom teachers, schools and external providers. Whilst exploratory in nature, key findings from this research provide a useful foundation to minimise barriers to the delivery of RSE in primary schools and build upon the existing capacity of primary school teachers to undertake this work.

The provision of a good quality RSE curriculum resource grounded in contemporary educational principles and practices enabled teachers in this research to feel more confident to deliver RSE to students. It is recommended that RSE curriculum resources, such as the unit of work used in this study, continue to be made available to primary school teachers in order to provide greater guidance on topic selection and on the depth of exploration of potentially sensitive content, that is, what should we teach and how far should we take it? This finding is particularly interesting given the release of the new *Australian Curriculum*: *Health and Physical Education* (ACARA 2013). As state authorities develop resources to support schools and teachers in their delivery of the new curriculum, such as Education Queensland's *Curriculum into the classroom* strategy (see Queensland Government 2013), a timely opportunity exists to create RSE materials that provide greater direction to teachers.

The importance of obtaining external endorsement of such curriculum resources cannot be underestimated. Teachers often emphasised throughout the course of this research the level of comfort experienced in knowing the unit of work had been approved by an external provider of relationships and sexuality education. This endorsement meant teachers felt they had genuine recourse and were free to 'pass the blame' if they experienced parental objections. It also resulted in teachers feeling more confident to respond to parental concerns; an issue which had acted as a barrier to RSE delivery for these teachers until they participated in this research. This reliance on external endorsement and resource provision is consistent with research conducted by Williams and colleagues (2011) which indicated an increasing prevalence of outsourcing in the broader context of Health and Physical Education in Queensland primary schools. In turn, this prompts further critical questions as to the autonomy of primary school teachers in this field (Williams 2011) and indeed, the broader politics of educational expertise (see Ball 2007).

Lastly, adequately informing parents prior to the commencement of an RSE unit was shown to be an important step in minimising parental objections and facilitating conversations between both parents and teachers and parents and their children. Positively engaging parents in relationships and sexuality education can serve to further the learning of the child in the home environment, and help to build teacher confidence in content delivery.

REFERENCES

Akos, P. and Martin, M. 2003. 'Transition groups for preparing students for middle school.' *Journal for Specialists in Group Work* 28 (2): 139-154.

Australian Curriculum and Assessment Reporting Authority (ACARA). 2012. *The Shape of the Australian Curriculum: Health and Physical Education.* Accessed March 25, 2014. http://www.acara.edu.au/verve/_resources/Shape_of_the_Australian_Curriculum_Health_and_Physical_Education.pdf

Australian Curriculum and Assessment Reporting Authority (ACARA). 2013. *Australian Curriculum Health and Physical Education: Foundation to Year 10: Draft for consultation.* Accessed March 25, 2014. http://achpernt.com.au/app/webroot/uploaded_files/media/revised_hpe_foundation_to_year_10_curriculum_clean__02082013.pdf

Ball, S.J. 2007. *Education Plc: Understanding private sector participation in public sector education.* London: Routledge.

Bearinger, L.H., Sieving, R.E., Ferguson, J. and Sharma, V. 2007. 'Global perspectives on the sexual and preproductive health of adolescents: Patterns, prevention and potential.' *The Lancet* 369: 1220-1231.

Blaise, M. 2009. 'What a girl wants, what a girl needs: Responding to sex, gender and sexuality in the early childhood classroom.' *Journal of Research in Childhood Education* 23 (4): 450-460.

Duffy, B., Fotinatos, N., Smith, A. and Burke, J. 2013. 'Puberty, health and sexual education in Australian regional primary schools: Year 5 and 6 teacher perceptions.' *Sex Education,* 13 (2): 186-203.

Feldman, S. and Rosenthal, D. 2000. 'The effect of communication characteristics on family members' perceptions of parents as sex educators.' *Journal of Research on Adolescence* 10 (2): 119-150.

Formby, E., Hirst, J., Owen, J., Hayter, M. and Stapleton, H. 2010. 'Selling it as a holistic health provision and not just about condoms…'Sexual health services in school settings: current models and their relationship with sex and relationships education policy and provision.' *Sex Education* 10 (4): 423-435.

Goldman, J.D.G. 2008. 'Responding to parental objections to school sexuality education: a selection of 12 objections.' *Sex Education* 8 (4): 415-438.

Goldman, J.D.G. 2010. 'The new sexuality education curriculum for Queensland primary schools.' *Sex Education* 10 (1): 47-66.

Goldman, J.D.G. 2011. 'External providers' sexuality education teaching and pedagogies for primary school students in Grade 1 to Grade 7.' *Sex Education* 11 (2): 155-174.

Haignere, C.S., Culhane, J.F., Balsley, C.M. and Legos, P. 1996. 'Teachers' receptiveness and comfort teaching sexuality education and using non-traditional teaching strategies.' *Journal of School Health* 66 (4): 140-144.

Halstead, J.M. and Reiss, M.I. 2003. *Values in sex education: From principles to practice.* London: RoutledgeFalmer.

Harrison, L. and Hillier, L. 1999. 'What should be the 'subject' of sex education.' *Discourse: Studies in the Cultural Politics of Education* 20 (2): 279-288.

Leahy, D., Horne, R. and Harrison, L. 2004. *Bass Coast Sexuality Education Project: Needs Analysis and Professional Development Evaluation Report.* Consultancy and Development Unit, Faculty of Education: Deakin University.

Marvasti, A.B. 2004. *Qualitative research in sociology.* London: Sage.

McCuaig, L. 2005. 'HPE in the health promoting school.' In *Teaching health and physical education in Australian schools*, edited by R. Tinning, L. McCuaig and lisahunter, 56-69. Frenchs Forest: Pearson Prentice-Hall.

McNamara, P., Geary, T. and Jourdan, D. 2010. 'Gender implications of the teaching of relationships and sexuality education for health-promoting schools.' *Health Promotion International* 26 (2): 230-237.

McNeil, L. 2000. *Contradictions of school reform: Educational costs of standardized testing.* Routledge: New York.

Milton, J. 2003. 'Primary school sex education programmes: Views and experiences of teachers in four primary schools in Sydney, Australia.' *Sex Education* 3 (3): 241-256.

Ollis, D. 2003. 'Sexuality education – What's happening now?' *Health Education Australia* 3 (3): 19-23.

Ollis, D. 2005. 'I'm just a home economics teacher: does discipline background impact on teachers' ability to affirm and include gender and sexual diversity in secondary health education programs?' *Journal of the Home Economics Institute of Australia* 12 (1): 36-43.

Ollis, D., Harrison, L. and Richardson, A. 2012. *Building capacity in sexuality education: The Northern Bay College experience.* School of Education, Deakin University: Melbourne.

Parker, R., Wellings, K. and Lazarus, J. 2009. 'Sexuality education in Europe: an overview of current policies.' *Sex Education* 9 (3): 227-242.

Paulussen, G.W., Kok, G.J. and Schaalma, H.P. 1994. 'Antecedents to adoption of classroom-based AIDS education in secondary schools.' *Health Education Research* 9: 485-496.

Queensland Government. 2013. *Curriculum into the classroom.* Accessed August 9. http://education.qld.gov.au/c2c/

Queensland Studies Authority. 2007. *Health and Physical Education Essential Learnings by the end of Year 5.* Accessed February 19. http://www.qsa.qld.edu.au/downloads/p_10/qcar_el_hpe_yr5.pdf

SIECUS. 2004. *Guidelines for comprehensive sexuality education: Kindergarten through 12th grade.* 3rd ed. New York: National Guidelines Task Force, Sexuality Information and Education Council of the United States.

Smith, A., Schlichthorst, M., Mitchell, A., Walsh, J., Lyons, A., Blackman, P. and Pitts, M. 2011. *Sexuality education in Australian secondary schools.* Melbourne: La Trobe University, the Australian Research Centre in Sex, Health & Society.

United Nations Educational, Scientific & Cultural Organisation (UNESCO). 2009. *International technical guidance on sexuality education: An evidence-informed approach for schools, teachers and health educators* (final version, 2 vols.). Paris: Author.

Vamos, S. and Zhou, M. 2007. 'Educator preparedness to teach health education in British Columbia.' *American Journal of Health Education* 38 (5): 284-292

Walker, J. and Milton, J. 2006. 'Teachers' and parents' roles in the sexuality education of primary school children: a comparison of experiences in Leeds, UK and in Sydney Australia.' *Sex Education* 6 (4): 415-428.

Wight, D. and Abraham, C. 2000. 'From psycho-social theory to sustainable classroom practice: Developing a research-based teacher-delivered sex education programme.' *Health Education Research* 15: 25-38.

Wight, D., Raab, G., Henderson, M., Abraham, C., Buston, K., Hart, G. and Scott, S. 2002. 'Limits of teacher delivered sex education: interim behavioural outcomes from randomised trial.' *British Medical Journal* 324 (7351): 1430-1433.

Williams, B., Hay, P. and Macdonald, D. 2011. 'The outsourcing of health, sport and physical educational work: A state of play.' *Physical Education and Sport Pedagogy* 16 (4): 399-415.

Wyckoff, S., Miller, K., Forehand, R., Bau, J., Fasula, A. and Long, N. 2008. 'Patterns of sexuality communication between preadolescents and their mothers and fathers.' *Journal of Child and Family Studies* 17: 649-662.