Welcome to the final *share* newsletter. The *share* project ran from 2003 to 2005 and this newsletter is a summary of its achievement and challenges. For more detailed information on the project see [www.shinesa.org.au](http://www.shinesa.org.au).

**What is *share***?

The *share* (sexual health and relationships education) project was an innovative South Australian program that aimed to improve the sexual health, wellbeing and safety of young people in secondary schools. It did this by supporting school communities to deliver education in a safe, supportive environment.

*share* was one of a number of collaborative strategies negotiated between the Department of Education and Children's Services and SHine SA who have a long history of working together in developing sexual health and relationships curriculum materials. Implemented by SHine SA, the three year pilot project was funded by the Department of Health for the period 2003-2005. It involved young people in years 8, 9 and 10 in fifteen secondary state schools from metropolitan and rural South Australia, who all volunteered to be involved. The fifteen schools were:

- Clare High School
- Glenunga International High School
- Le Fevre High School
- Mount Barker High School
- Peterborough High School
- Port Lincoln High School
- Riverton & District High School
- Ross Smith Secondary School
- Seaford 6-12 School
- Smithfield Plains High School
- Victor Harbor High School
- Whyalla High School
- William Light R-12 School
- Willunga High School
- Wirreanda High School.

**What was the impetus for *share***?

Sexual health and wellbeing is a significant public health issue which has particular importance for young people. For example, many young women fail to complete their education because of unplanned pregnancies. Many young single parents become socially marginalised and trapped in a cycle of poverty. < See the research for more information.

**How did *share* work***?

The *share* project was unique in its commitment to a whole school approach which encouraged participation by school staff and parents/carers and the wider community. Its strategy involved:

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Research tells us...

South Australia (and Australia) has had one of the highest rates of teenage pregnancy, birth and abortion rates in the developed world (other than the USA). In SA the teenage pregnancy rate for 2004 was 39 per 1,000. Teenagers accounted for 21.5% of all abortions in SA.¹

In 2003 young people in SA (under 25) had the highest rates of sexually transmitted infections, particularly chlamydia, herpes and genital warts, compared with those in other age groups.²

Discrimination and harassment based on gender and sexuality are key issues for young people in schools. National research revealed that between 8% and 11% of year 10 and 12 students did not identify as exclusively heterosexual. 38% of same-sex attracted young people had been abused because of their perceived sexuality, with 74% of abuse occurring in school by other students.³

Teenage suicide is two to three times higher for same-sex attracted youth.³

A national survey conducted in 2002 found that the majority of young people in years 10 and 12 were sexually active in some way. 48% of year 12 students had had sex. 22% of sexually active students had three or more partners in one year.⁴

Students reported relying on trust and monogamy as safe sex practices. A large percentage of young people in years 10 and 12 said they were not confident in saying no to unwanted sex and reported being drunk or ‘high’ last time they had sex.⁵
• 15 hours of curriculum delivery at years 8, 9 and 10
• 15 hours of professional development for all teachers teaching the curriculum, as well as school counsellors, chaplains and other interested teachers
• resource materials including a teacher activity manual and parent and student booklets
• the establishment of student health and wellbeing teams to identify actions to contribute to making schools safe and supportive for all students
• a thorough evaluation process through surveys of students, teachers and parents
• parent information evenings prior to the commencement of lessons
• the support of an experienced SHine SA coordinator for each school
• a literature review of effective sexual health education in schools.

The share model

The share model was developed after extensive consultation with parents, teachers and students and a review of the Australian and international literature on sexual health and relationships programs. It took on board the following five key elements which Ollis had identified as being essential for comprehensive sexual health education:

• taking a whole school approach and developing partnerships
• acknowledging that young people are sexual beings
• acknowledging and catering for the diversity of all students
• providing an appropriate and comprehensive curriculum context
• acknowledging the professional development and training needs of the school community.

A whole school approach

The whole school approach was achieved by:

• working closely with staff members and providing relevant professional development to them
• involving parents in information sharing evenings
• establishing student health and wellbeing teams comprised of parents, students, community health experts and school staff representatives, that had a responsibility for looking at policy and practice within the school, the environment and ethos of the school and issues relating to parents and families.

Partnerships

The share model was informed by the knowledge that relationships and sexual health education is most effective if implemented in conjunction with improving a young person’s access to support from families and the community. From the outset, the project worked to establish collaborative partnerships with school staff, parents and carers, students and relevant community agencies. The involvement of school communities was a particular strength of the program.

Curriculum

The share curriculum document is congruent with the SACSA Framework and also with the National Framework for education about STIs, HIV/AIDS and Blood Borne viruses (Commonwealth of Australia 1999). It covers the following areas:

- puberty, female and male reproductive systems, sexuality, diversity, respect, relationships, gender/power/stereotypes, safer sex, contraception, sexually transmitted infections, negotiation and decision making and support services.

share’s theoretical foundations were thoroughly researched and incorporated the critical factors for success identified in the Australian and international research literature. These factors included a positive, comprehensive, interactive approach which acknowledged students as sexual beings with specific social and cultural identities, and addressed issues of gender and the meanings young men and women attribute to sexuality and sexual behaviour.

share took a comprehensive approach to education. This meant that it taught that sexuality is a natural, normal and healthy part of life. It included information about the risks associated with sexual behaviour and encouraged young people to make decisions that will keep themselves safe and healthy, whether that is through delaying sex or using protection.

This approach is in contrast to what is called ‘Abstinence’ based education which teaches that sexual activity outside of marriage is always harmful and often exaggerates the failure rate of condoms and contraception. It also often relies on shame and guilt to control young people’s behaviour.

Resources

The resources that underpinned the share project were:

- Tell it like it is: a booklet developed for young people
- Talk it like it is: a booklet for parents
- Teach it like it is: a resource manual for teachers.

These resources have been widely praised. One of share’s independent evaluators, Bruce Johnson, from the University of South Australia, identified some of their excellent features:
There is no doubt that the share project – with its four inter-related components – constitutes an exemplary ‘model’ of a comprehensive sexual health and relationships program. It is a thoroughly researched, theoretically rigorous, comprehensive, and ‘usable’ set of materials and guides that local teachers and health professionals can apply to teach adolescents about sex and sexual relationships. 7

Professional development

Although health is a recognised part of the curriculum and quite clearly a part of the SACSA Framework, very few secondary teachers are trained and many lack confidence to teach in this area, as it does deal with issues that much of society considers sensitive. Young people and parents want teachers who are trained and are comfortable to teach in this area and teachers will only teach if they feel comfortable and have appropriate materials and information [Jane Flentje Coordinator: Teacher Education, SHine SA].

Fifteen hours of specialised training by SHine SA was required for all teachers delivering the share curriculum and student counsellors. Where possible, professional development was offered at individual schools so that staff members could attend as a group.

Additional professional development was offered as needs were identified. For example recent education has been on challenging homophobia and also on working with students with special needs.

Evaluation and feedback

A comprehensive evaluation process was put in place for share. This included the following:

- An impact evaluation by La Trobe University which included quantitative data gathered from over 800 student surveys as well as qualitative data from interviews with teachers, counsellors and regional coordinators.
- 22 in-depth interviews with 36 key people involved with the development and implementation of share (key teachers, classroom teachers, school leaders, SHine SA personnel, and a senior official from DECS). This work was undertaken by the University of South Australia.
- SHine SA’s own surveys of students and parents and the feedback from teachers after professional development training. 3430 student surveys and 333 parent surveys were analysed over the three years.

Results from the La Trobe evaluation

There were some difficulties with gaining enough surveys back from students to be able to judge conclusively whether there had been changes in student knowledge, attitudes and behaviour.

Dyson and Fox (2006) commented that:

From the data that are available, it is difficult to comment on changes in the student’s knowledge and understanding about sex and sexual health as a result of their participation in the share Program. Because sex is social, information that is not of interest or needed at the time it is taught is unlikely to be retained. However, it is possible that when it is needed, recall may make it possible to convert information into knowledge or practice (...)

The references made to such values and qualities as love, respect, communication and consent by many of the students, demonstrates that many students have positive attitudes towards sex and each other. There remains a small number of young people who are involved in risk-taking behaviours, such as multiple and casual sex partners, unsafe-sex practices, and being under the influence of alcohol or other drugs when they have sex. Programs targeting this group of students who engage in risk taking activities must be developed.

It is also encouraging to note that while parent/child communication has not changed dramatically as a result of the program, students indicated a greater degree of confidence that they could talk with their parents about sex and relationships, if the need arose. Parent/child communication will not change by only addressing one side of the equation. The students’ responses to questions in the survey about communicating with parents and who initiates the communication, demonstrate that work with parents in this area is much needed. 8

Student feedback

SHine SA’s surveys of students at the end of each year showed a positive reaction to the share curriculum.

Students overwhelmingly reported that they found the share lessons were delivered in a safe supportive environment, which also reflects well on the training received by teachers.

The majority of students rated the share program overall as ‘good’ or ‘excellent’ in each of the three years.
Students’ comments included:

“share to me is all about choice and discovering why we change...share is about relationships with others and about discovering that everyone goes through the same problems, but in different ways…I choose to do share and I stand by my choice because I believe this is a worthy subject.”

“I knew things about sexual health but still found out more things which are and will be helpful. I wish we had more lessons on this but it’s all cool.”

“I went through the survey with dad and discussed certain things like pregnancy. I found it very comforting to learn what he thought of things.”

“I find it hard to ask my parents about things involving sexual health issues, so the share lessons have helped me learn about certain things.”

Parent feedback

Despite the considerable controversy and publicity the share program attracted in its first year, it has maintained an extremely high level of parent support and trust. As Bruce Johnson commented:

“…the collective wisdom and calmness of around 10,000 parents prevailed to end the uproar over the share program. By giving their active informed consent for their 13-15 year olds to participate in the program, 95%-98% of parents endorsed the quality and appropriateness of the program for their adolescent offspring. Public opinion clearly endorses share.”

This is how the CEO of SHine SA, Kaisu Vartto, describes what parents have said they want for their children:

“These days concerned parents ensure that their children have access to comprehensive, age appropriate sexual health and relationships education programs at school, delivered by trusted teachers who are trained and confident in this area...Parents of students who have participated in share tell us that the program is a bit like an insurance policy. Even if, with the best of intentions, the talk about sexual health doesn’t happen in the home, at least they know it is happening at school and the information young people are getting is accurate.”

Parents’ comments have included:

“Teenagers find it hard to talk to their parents about these topics usually and our son is no exception, although he freely communicates about other topics. Thank goodness for this program!”

“I think it’s really good. Sometimes they seem too embarrassed to ask questions at home, but are OK in a school context. My daughter seems to be more comfortable. It’s made her more relaxed about asking me questions, which is great. It’s been really good for our relationship. Thanks.”

“As a parent I think that all school children should be taught about sexual health, also parents should talk to them. Good work share program!”

Teacher feedback

In SHine SA’s evaluations of its professional development, teachers overwhelmingly indicated that they found the training relevant for themselves and appropriate for the students. They said they enjoyed the structure of the training where they were able to try out many of the activities and valued the opportunity to update their knowledge. The training increased confidence in all areas of the curriculum, with gains being especially notable in the areas of relationships, sexual health decisions and sexual diversity. Feedback from teachers indicated that they felt strongly supported by SHine SA, the share team leaders and regional coordinators.

The La Trobe evaluators commended the teacher professional development facilitated by SHine SA:

“In general, the staff involved in teaching and supporting the share program in schools indicated that they had been well supported by SHine SA, and an increase in comfort and confidence was observable as the project progressed. This was not only in the classroom, but in attempts to make the school environment more safe and accessible for all (p.37).

It is clear that the share co-ordinators were the glue that made this project possible, and kept it on track. Sexual health and relationships education is an area that has been fraught for many years, with a wide variety of community attitudes about what is right, what should be taught and by whom, and schools rightly approach it with caution. Having well resourced, sympathetic experts available to support, guide and advise, provided a valuable resource, the value of which cannot be underestimated (p.46).”

The University of South Australia’s evaluation of SHine SA’s teacher training was also very positive:

“By teaching and modelling effective pedagogic approaches to sex education during pre-implementation training and following this up with on-going support over an extended time, SHine SA effectively provided teachers with opportunities to learn the knowledge and skills they needed to implement the share program.”
Public response

While the weight of medical and health evidence was strongly in favour of the comprehensive sexual and relationship education offered by share, and its achievements were widely appreciated by teachers, parents, students and school communities, the program attracted a great deal of controversy in its first year.

An oppositional campaign, which was orchestrated by a small number of people from right wing lobby groups, and supported by some conservative political parties, generated a great deal of heated debate and negative media publicity for the share program. In particular, opponents claimed that it promoted homosexuality, was too explicit about human sexuality and did not promote sexual abstinence or the institution of marriage.

Unfortunately this highly publicised negative response deflected attention for a while from share’s considerable positive achievements, and for some time absorbed much of the time and energy of SHine SA staff. However, after the initial onslaught of criticism, the program was successfully defended and promoted by a range of advocates and school leaders, teachers, DECS senior managers and SHine SA staff were again able to focus attention on their core business of meeting the education needs of the young people in the program.

Where to now?

While the share pilot program has now finished, SHine SA has received continued funding support from the Department of Health to work in collaboration with the Department for Education and Children’s Services to support schools to implement a whole school approach to relationships and sexual health education. In 2006 nineteen ‘relationships and sexual health focus schools’ are being supported for one year. This support includes a small subsidy, teacher training, free resource materials and consultation with a SHine SA coordinator. The strategies used with the focus schools will be based on the successful share model and each school will implement these according to their particular circumstances.

Summing up

The share program has had widespread endorsement from South Australian year 8, 9 and 10 students, their teachers and parents. Its ‘whole school approach’ to the teaching of relationships and sexual health education was an ambitious attempt to encourage communication and involvement by students, school staff, parents/carers and the wider community. It is apparent from internal and external evaluations that it provided useful, relevant information delivered in a way that students found safe and supportive and which enabled them to be actively engaged in their own learning.

It is hoped that the positive feedback received from students and the indications that they feel more knowledgeable and confident on sexual health and relationships issues as a result of the share lessons will support them to make healthy decisions both now and in the future.

References

1 Chan A, Scott J, Nguyen A & Sage L 2004 Pregnancy outcomes in South Australia, Department of Human Services, Adelaide
3 Hillier L, Turner A, & Mitchell A 2005 Writing themselves in again – the 2nd national report on the sexuality, health and well-being of same sex attracted young people in Australia, ARCSHS, LaTrobe University, Melbourne
4 Smith A, Agius P, Dyson S, Mitchell A & Pitts M 2003 Secondary students and sexual health, ARCSHS, LaTrobe University, Melbourne
5 Smith et al, 2003, ibid
7 Johnson B 2006 An evaluation of the trial implementation of the Sexual Health and Relationships Education (share) program 2003-2005, University of South Australia, p. 30
8 Dyson & Fox 2006 Evaluation of the Sexual Health and Relationships Education (share) project 2003-2005, Australian Research Centre in Sex, Health and Society, LaTrobe University, Melbourne
9 Johnson B 2006, ibid
10 SHine SA 2005 share newsletter SHine SA, Adelaide, p. 1
11 Dyson S & Fox C 2006, ibid
12 Johnson B 2006, ibid
10 PRINCIPLES of BEST PRACTICE

- Relationships and sexual health education should:
  - include the development of lifelong skills, clarification of values and acquisition of knowledge to empower students to make informed, safe and healthy decisions
  - offer a positive and open view of relationships and sexuality in the context of respect, intimacy, readiness and love
  - be respectful of diversity, including different cultures, religion, sexuality and family values
  - recognise and respect the importance of family as a source of sexual health information, education and values
  - encourage young people to delay sexual activity and recognise and respect the right of young people not to be sexually active
  - use an approach that is supportive, non-judgemental and works towards reducing potential risks when developing sexual relationships
  - be delivered early before young people go through puberty and develop sexual relationships
  - be appropriate and relevant to the development and maturity of young people
  - be delivered within a safe supportive environment
  - be sensitive and responsive to the issues for those young people who may have had unwanted and abusive sexual experiences.

Supporting school communities

For more information go to www.shinesa.org.au

Copies of this poster are available from SHine SA.