Administrative Procedure 206

SEXUAL HEALTH EDUCATION

Background

Sexual health education is an established component of the school health curriculum in B.C. District schools deliver sexual health education in a variety of ways. Some teachers deliver lessons in the classroom, using a variety of resources. Others have school health nurses or community-based sexual health educators offer presentations for students and/or parents. The District is committed to ensuring that our students receive high quality, developmentally appropriate and comprehensive sexual health education, whatever the delivery method.

The District Standards and Guidelines for Implementation of Sexual Health Education provides school administrators and teachers from Kindergarten to Grade 12 with a unifying set of standards and guidelines that will:

- Address curriculum (e.g. Health and Career Education, Planning 10, Family Management)
- Assist principals in choosing appropriate resources;
- Guide teachers and other classroom presenters in facilitating this learning in a safe and respectful classroom environment;
- Enhance parents’ confidence in the sexual health education provided in our schools.

The District recognizes that effective school based sexual health education must have a strong foundation that includes the following principles:

- A respectful environment
- A ‘culture’ that supports healthy sexual development
- Clear standards and guidelines to assist teachers in the classroom
- Training for teachers
- Sufficient classroom time

In keeping with these principles, the District has established the following standards for the implementation of sexual health education in District schools.

- Accessible to all
- Comprehensive in scope
- Reflective of current best practice
- Delivered ethically
- Supported by District and community
Procedures

Description of Standards and Guidelines

1. Standard 1: Sexual Health Education is accessible to all students within the District
   1.1. All students are entitled to sexual health education that:
       1.1.1. Is appropriate to their age and level of development
       1.1.2. Considers and respects the diversity of individuals and their families
       1.1.3. Is available in a variety of settings within a safe and supportive school environment
       1.1.4. Recognizes varied abilities and learning styles of students
       1.1.5. Takes a positive approach to the body and its changes
   1.2. Families who choose alternate ways for their child(ren) to meet the learning outcomes are to be informed of their responsibilities.

2. Standard 2: Sexual Health Education in District schools is comprehensive in content.
   2.1. The content of sexual health education curriculum:
       2.1.1. Reflects provincial learning outcomes
       2.1.2. Is age and developmentally appropriate
       2.1.3. Respects the diversity of individuals and their families
       2.1.4. Reflects current and accurate knowledge
       2.1.5. Includes relevant topics such as (but not limited to):
           2.1.5.1. Basic anatomy and physiology, health, hygiene and safety,
           2.1.5.2. Developmental changes of puberty,
           2.1.5.3. Reproduction and conception, effective contraception, prevention of STI/HIV
           2.1.5.4. Healthy relationships, setting personal boundaries and limits, sexual orientation, communication, media influences,
           2.1.5.5. Accessing information, and family and community resources,
           2.1.5.6. Prevention of abuse and exploitation,
           2.1.5.7. Encourages safe decision-making, healthy behaviour and critical thinking
       2.1.6. Provides opportunities to develop personal insight, values, motivation and skills

3. Standard 3: Sexual Health Education in District schools is delivered effectively in an inclusive, respectful, safe and supportive learning environment.
   3.1. The educator creates a learning environment conducive to sexual health education by:
       3.1.1. Encouraging interaction
       3.1.2. Establishing ground rules for discussion that
3.1.2.1. Are considerate of students’ feelings, cultural beliefs, values and perceptions

3.1.2.2. Respect personal and family privacy

3.1.3. Setting a tone that encourages a positive and inclusive learning experience for all students

3.1.4. Considering the balance of males and females when making adaptations to lessons

3.1.5. Being aware of the potential presence of lesbian, gay or trans-identifying students in the class (or students that engage in same-sex sexual practice, regardless of self-identification) and choosing resources and information that are inclusive

3.1.6. Keeping the classroom discussion age and developmentally appropriate (physically, cognitively, emotionally and experientially) for the majority of students in the classroom


3.1.8. Using inclusive language

3.1.9. Presenting information that is unbiased and factual

3.1.10. Being sensitive to and respectful of the diversity of individuals and their families

3.1.11. Acknowledging and appreciating a range of values and perspectives

3.1.12. Respecting families’ decision to choose alternate forms of delivery

3.1.13. Being present when a guest speaker is in the class

3.1.14. Being prepared to refer students for follow-up and/or health care

3.1.15. Responding to student questions by:

3.1.15.1. Focusing on sexual health, body science and factual information;

3.1.15.2. Taking time to consider how or whether to answer immediately or publicly;

3.1.15.3. Acknowledging that the educator may not be able to personally answer all questions;

3.1.15.4. Providing resource information to students for having their questions answered outside of the classroom setting;

3.1.15.5. Providing an opportunity for students to ask questions anonymously, for example a question box format;

3.1.15.6. Previewing, sorting and grouping questions;

3.1.15.7. Adding questions that students may be reluctant to ask;

3.1.15.8. Using frequently asked questions to adapt future lessons;

3.1.16. Informing parents of the content of their child’s sexual health education program.
3.2. The educator incorporates skill development and knowledge acquisition, and encourages critical thinking by:

3.2.1. Using a variety of resources including health care professionals and other reputable sources of community information;

3.2.2. Providing assessment of and for student learning;

3.3. The educator ensures that classroom presentations by community health professionals and sexual health educators:

3.3.1. Reflect the District Standards and Guidelines

3.3.2. Enhance but do not replace the school’s sexual health education curriculum.

4. Standard 4: Sexual Health Education in District schools is taught ethically.

4.1. The educator:

4.1.1. Presents information that is unbiased and factual;

4.1.2. Avoids steering classroom discussion or activities to a moral consensus that reflects their own values

4.1.3. Avoids sharing their personal stories and opinions;

4.1.4. Responds to disclosures of alleged child abuse in accordance with protocols between the District, MCFD, VACFSS and VPD, and District procedures;

4.1.5. Responds to students’ questions by:

4.1.5.1. Generalizing value-related questions to a discussion of values.

4.1.5.2. Providing resource information to students for having their questions answered outside of the classroom setting.

4.1.5.3. Depersonalizing questions to maintain students’ anonymity.

4.1.5.4. Making a referral to a trusted adult, health care provider or organization when appropriate.

5. Standard 5: Sexual Health Education is supported and promoted by District Administration and the school community.

5.1. District Administration and/or the school community ensure that:

5.1.1. Training that is approved by the District, is available and supported;

5.1.2. Training is up to date and factual, covers topics, strategies and resources that support curriculum implementation and meets the Health and Career Education learning outcomes;

5.1.3. Training respects the professional choices of teachers

5.1.4. Relevant, up-to-date and comprehensive resources that reflect the District standards and guidelines are available and supported.

5.1.5. Administrators facilitate the planning and delivery of sexual health education.

5.1.6. Parents are informed of the content of their child or teen’s sexual health education program and made aware of Administrative Procedure 206 Appendix

5.1.7. There is an environment that supports and fosters sexual health for all individuals of that community including students, staff and families.

5.1.8. Planning, implementing and assessing the school sexual health education program are done in collaboration between the school and the broader community of health professionals and reflect the District standards and guidelines.

5.1.9. Community health professionals, including sexual health presenters, enhance but do not replace, the school’s sexual health education curriculum.

5.1.10. Guest presenters and resources conform to the District procedures, standards and guidelines.

5.1.11. Resource people, including guest presenters, provide detailed information on the content and their instructional approach prior to their presentation.

6. Standard 6: Sexual Health Education in the District is regularly reviewed and evaluated

6.1. The District and schools evaluate their programs and approaches on a regular basis to:

   6.1.1. Ascertain whether stated educational outcomes are being met.

   6.1.2. Ensure that content is up to date and relevant.

   6.1.3. Provide information to revise programs, resource materials, training and standards and guidelines.

Reference: Sections 7, 8, 17, 20, 22, 65, 76, 85 School Act
Civil Rights Protection Act
Human Rights Code
Canadian Charter of Rights and Freedoms
School Regulation 265/89
Educational program Guide Order M333/99

Effective: September 24, 2018