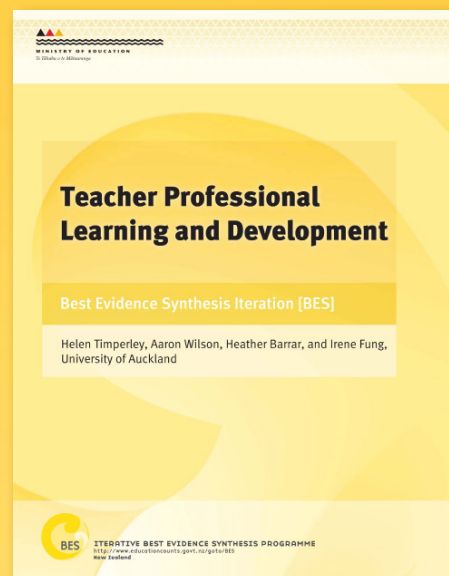


Develop a safe environment for students to learn safe sex education

This is one of a series of cases that illustrate the findings of the best evidence syntheses (BESs). Each is designed to support the professional learning of educators, leaders and policy makers.



BES cases: Insight into what works

The best evidence syntheses (BESs) bring together research evidence about ‘what works’ for diverse (all) learners in education. Recent BESs each include a number of cases that describe actual examples of professional practice and then analyse the findings. These cases support educators to grasp the big ideas behind effective practice at the same time as they provide vivid insight into their application.

Building as they do on the work of researchers and educators, the cases are trustworthy resources for professional learning.

Using the BES cases

The BES cases overview provides a brief introduction to each of the cases. It is designed to help you quickly decide which case or cases could be helpful in terms of your particular improvement priorities.

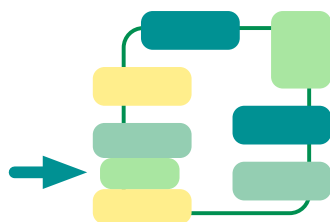
Use the cases with colleagues as catalysts for reflecting on your own professional practice and as starting points for delving into other sources of information, including related sections of the BESs. To request copies of the source studies, use the Research Behind the BES link on the BES website.

The conditions for effective professional learning are described in the Teacher Professional Learning and Development BES and condensed into the ten principles found in the associated International Academy of Education summary (Timperley, 2008).

Note that, for the purpose of this series, the cases have been re-titled to more accurately signal their potential usefulness.

Responsiveness to diverse (all) learners

Use the BES cases and the appropriate curriculum documents to design a response that will improve student outcomes



The different BESs consistently find that any educational improvement initiative needs to be responsive to the diverse learners in the specific context. Use the inquiry and knowledge-building cycle tool to design a collaborative approach to improvement that is genuinely responsive to your learners

Develop a safe environment for students to learn safe sex education

Because learning is shaped by social, emotional, and cultural processes, an emotionally and physically safe environment is key to its success. Recent international studies have shown that many New Zealand students do not feel safe at school.

The teachers in this case engaged in professional learning where they explored their own ideas, beliefs, and practices about discrimination and stereotyping while developing a trust relationship with each other and the facilitator. They then established similar trust environments in their classrooms. As a consequence, their year 12 students became more aware of sexual issues and more likely to discuss a range of safe sex topics with their partner before sex.



A constructivist, cooperative approach to learning

This case is situated in a semi-rural, decile 4 secondary school with a roll of approximately 550. It draws its students from middle to lower socio-economic families. Most students in the school are pākehā, with a small proportion of Māori and a few Asian students. The class concerned was a year 12 transition class of 11 boys and 11 girls, all pākehā. The school had put the students in a non-academic stream because none had passed the year 11 qualification. They were timetabled for 4 periods of transition a week.

Teachers participated in three workshops. The first was for three and a half days; the second, one day; the third, one half day. Between workshops, the teachers were given opportunities to plan collaboratively, implement, and consult with their school communities. The total time frame was approximately six months. This case focuses on one particular teacher.

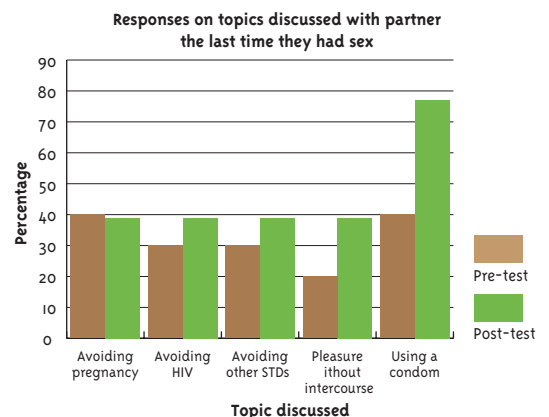
The aim of this project was to help young people gain a positive sense of their own sexuality and encourage them to develop knowledge, attitudes, and skills that would lead to healthy sexual decisions. This was to be achieved by:

- empowering secondary school teachers to develop and implement quality HIV/AIDS-sexuality education in their schools;
- documenting the process so that it would provide a model for further health education, especially HIV/AIDS-sexuality education.

The goals were:

- for students to gain accurate and relevant knowledge about the transmission and prevention of HIV;
- to make students aware of the harmful effects of discrimination, prejudice, and the labelling of certain groups as 'at-risk' of contracting HIV/AIDS;
- to demonstrate the correct use of condoms and encourage those who were sexually active or who would be so in the future to use them when engaging in sexual intercourse, regardless of whether other forms of contraception were being used.

Evidence of student learning came from pre- and post-assessments, classroom observations (students expressed their views in small-group and whole-class situations), learning journal entries, interviews, and formal tests. At the start of the programme, only 60% of students reported that they had had a condom available when they last had sex, and of those, only 66% reported actual use of a condom. A majority of students, particularly males, expressed discriminatory attitudes towards people living with HIV, perceived that only specific groups were at risk of HIV infection (men who have sex with men, prostitutes, and drug users), and attributed blame to those infected with HIV. A pre-test was used to assess students' confidence to discuss and negotiate the use of a condom, their knowledge of the importance of doing this, and their knowledge of how to correctly use a condom.



The table shows the responses students gave when asked what they had discussed with their partner the last time they had sex. The responses suggest that students were able to discuss contraception, which possibly indicated likely future use of condoms. Four months after the start of the intervention, 92% of students reported that they had had a condom available when they had last had sex, and 77% had used one. Following the intervention, students had greater factual knowledge about HIV, greater tolerance, and fewer discriminatory and blaming attitudes. This was true of both genders, but the difference was greatest for males. The excerpt below shows one student's increased confidence in being able to 'sort out' contraception issues with a partner.

Interviewer

Whose responsibility is it in a relationship for contraception?

Both.

Student

Interviewer

So how would you go about doing that?

Talking to each other about what we need.

Student

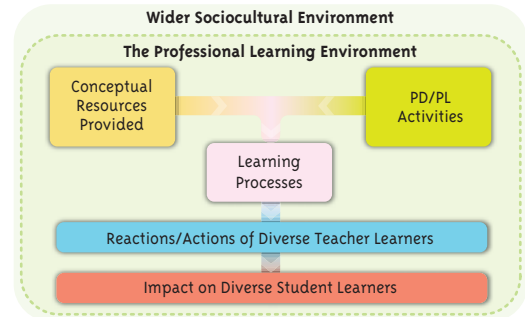
Interviewer

Have your views changed, do you think, since doing this unit of work?

A wee bit. Just knowing what to do and how to sort it out.

Student

The aim of the professional development was for teachers to encourage students to examine the physical, social, mental, emotional, and spiritual dimensions of HIV/AIDS-sexuality by promoting a holistic model of health and well-being. It was important that teachers were prepared to provide opportunities for students to critically reflect on the attitudes and values of the communities and society to which they belonged. Critical reflection was especially important when exploring attitudes to heterosexism and homophobia, and when helping students to identify ways in which they could support themselves and others when on the receiving end of intolerance and discrimination.



Workshops modelled the processes that teachers would use with their students. Teachers engaged in critical reflection as they examined their own ideas, beliefs, and practice. The object was to create dissonance that would lead to changed practice. To help teachers examine social justice issues related to heterosexism, homophobia, and HIV/AIDS, people from the wider community, including prostitutes and members of the Aids Foundation, were invited to share their experiences of living with HIV. It was intended that this would strengthen teachers' commitment to HIV/AIDS-sexuality education and deepen their appreciation of equity and diversity issues.

I didn't think I was homophobic but I had to face up to this.

Principal

A safe, supportive, trust environment was established for the participants. They would need, in turn, to establish such an environment for their students. This approach was informed by research relating to the socio-emotional aspects of learning—the reciprocal roles played by thinking and feeling in the learning process. Because the desired outcome was increased awareness of social justice issues relating to discrimination and stereotyping, it was necessary for teachers (and later, the students themselves) to develop empathy for those in marginalised groups. The participants were given opportunities to develop empathy by meeting people who had direct experience of HIV and by being given factual information that was at odds with the myths and prejudices that surround HIV/AIDS. The approach that teachers would use with their students was modelled by the professional development.

Teachers were given a wide selection of resources to meet the needs of diverse learners. Rather than prescribe what resources to use and when, the facilitator gave teachers a framework they could use for building their own classroom programmes to meet learner needs.

The researcher/facilitator adopted the role of 'critical friend' for the duration of this project, learning alongside the teacher but slightly distanced from the working context, able to bring a different perspective and a more extensive knowledge base. A trusting, reciprocal relationship was established, which provided support for the teacher and high expectations of improved practice.

The researcher met with the teacher to revise a nine-lesson unit of work that she and two other teachers who had attended the workshop the year before had planned. The original learning outcomes were retained, but the activities were redesigned. Some of these were unfamiliar to the teacher and for this reason involved a degree of personal risk—especially with the researcher present in the room. For example, she was initially uncomfortable when demonstrating how to use condoms, when providing opportunities for students to practise this, and when addressing issues of homophobia and heterosexism.

The teacher and researcher met after each of the first eight lessons. The teacher would reflect on the lesson, the researcher would share observations, and then they would discuss how the activities might be refined. They also discussed the next lesson and how particular strategies might be used to meet the intended learning outcomes.

Teacher

I think when you have been teaching for a while you tend to be comfortable with what you do, but you're never sure about how it rates. I got very positive feedback ... When I developed the programme and we did it together, well that was great as I learned a lot. I picked up ideas and perhaps took things a bit further than I would have.

Why did this work?

There was clear alignment of the learning content and the learning activities. Teachers became learners, participating in the processes, in this way engaging simultaneously with both the content and the pedagogy. Dissonance was created by means of factual information and opportunities to hear first-hand the experiences of people from their own community living with HIV/AIDS. In this way, teachers' personal beliefs and experiences were recognised, and they were able to clarify their thinking in a collaborative environment. The provision of a safe learning environment was recognition that learning is shaped not only by new information, but also by social, emotional, and cultural processes. The provider worked cooperatively with the teacher to plan a programme that would see new learning translated into practice. By co-constructing the programme with the teacher, supporting her to review and revise her own practice, and positioning herself as a facilitator rather than an expert, the provider modelled the kind of relationship that the teacher could then develop with her students. The provider enhanced the teacher's professionalism by encouraging her to exercise her own judgment about the content and processes she should use in her classroom.

The nurturing of learning communities was a vital component of this professional development. To ensure that a supportive community was established in each participating school, schools had to have three teachers and a parent representative involved in the project. These four participants were able to support each other in collaboratively planning and implementing workshops for the staff and wider community and in planning classroom programmes. Each school belonged to a cluster of six schools, meaning that participants were also part of a wider learning community. Cluster group members were able to support, share, reflect, and learn with one another during the workshops and by maintaining contact afterwards. The facilitator supported teachers to develop a shared vision and commitment to HIV/AIDS-sexuality education and to create and maintain an atmosphere of trust in which ideas could be challenged and critiqued safely.

The teacher mirrored this approach with her class by establishing an environment that was responsive to student learning needs and by adopting a facilitative role in which power was shared. Students were encouraged to openly express their ideas and challenge each other. The classroom climate was one that valued caring, trust, and confidentiality and promoted active and enjoyable learning. She built and nurtured this community by continuously reflecting on how her students were responding to the learning activities.

Student

She really gets involved with the class. She gets in the circle. She doesn't believe in having a desk to hide behind and barriers and that kind of thing. If you've got any questions, she always answers them. She never puts anyone down. She's the best teacher I've got. She teaches us so much. She gets to our level. She doesn't think, well, like, 'I'm the teacher and you're the kids and you'll do it my way, and what I say is all that matters.' She doesn't get in the class's way. She's one of us.

It's never a case where the teacher is the fount of all knowledge and in my style of teaching I see myself as a facilitator rather than a teacher. That's why I teach very often in a circle. And I consciously explain to the kids that I will sit as part of the group so that all the views are exchanged.

Teacher

The teacher effectively implemented in her classroom the elements of the approach she learned during the professional development. She planned and put into practice many of the pedagogical processes, strategies, and skills that had been modelled, responded to feedback from her students, and engaged in a process of shared reflection with the facilitator. In this way, she became familiar with the sequence of activities and gained the confidence to use them. For example, after trying one activity in the classroom, the teacher received powerful feedback from her students and saw positive results in their learning. This reinforced her commitment to the approach she had seen modelled and led her to use similar activities in other situations. In her final interview, the teacher said she thought that making the theory underpinning the practice continuously transparent during the teacher development process supported teachers to develop their own theories and to become more autonomous by learning to make tacit, intuitive theories explicit.

By creating a supportive learning environment and structuring her programme in accordance with the principles presented in the professional development, the teacher was able to achieve her goal of involving her students in the learning within an emotionally and physically safe environment.

The professional development provided teachers with both the catalyst for change and the means by which it could be implemented. The teacher used her new knowledge and the resources provided to plan sequences of learning in collaboration with the providers. By deliberately reflecting on how each lesson had gone and by refining her practice in the light of student responses and provider feedback, she was able to successfully apply new theory and understandings to her particular context. Through this process, she began to develop her personal theory, which could then inform subsequent practice.

... from a health teacher's point of view I didn't have that science, biology background ... I was aware that [my knowledge] was lacking ... I'm using the model but a lot of this theory ... I can see it and I can understand it, but I didn't consciously know it.

Teacher

How did the teachers make this work?

The teachers were engaged and had involvement in all aspects of the professional development. Through the needs analysis process they identified their common learning needs, developed an action plan to address these, and evaluated and re-evaluated their practice through observations and feedback and in the light of student performance. The facilitator's role was to support this process by analysing and presenting relevant data, directing teachers to appropriate resources, and training key personnel so that they could maintain the momentum of the new learning. The theory that teachers developed during the process evolved in response to new knowledge applied within their classroom contexts. Teachers were motivated to review not only their day-to-day teaching, but also the beliefs underpinning it, and worked together as a learning community with a common goal and focus.

How this case links to the synthesis

Summary of findings

1. The context of professional learning and development
2. The content of professional learning and development
3. Activities constructed to promote professional learning
4. Learning processes

Topical issues

- | | |
|------|---|
| 10.1 | Issue 1: Multiple roles of assessment in promoting teacher learning |
| 10.5 | Issue 5: Professional learning in secondary school contexts |

Reflective questions

The teacher in this case achieved changes in both her teaching practice and her students' learning outcomes.

- What supported the teacher to re-conceptualise her health education pedagogy?
- What factors enabled her to change successfully?

Tasker, G., (2002). *Students' experience in an HIV/AIDS-sexuality education programme: What they learnt and the implications for teaching and learning in Health Education*. PhD Thesis. Victoria University, Wellington, New Zealand.