# Sexuality Education:
# the why, who and what of relationship education in WA schools

## Report on
## Tertiary Lecturers' Seminar

### November 2009

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**RECOMMENDATIONS as a result of the Tertiary Lecturers' Seminar November 17 2009**

1. In 2010 to 2012 WAHES to offer 4 X 2 hour GDHR/sexuality education sessions to specific university schools of education – primary and secondary. Target final year students.

2. Disseminate this report and invite comments to:
   - Participants
   - SHBBV Program DoH
   - Curriculum Council
   - DET
   - Those invited and unable to attend
   - Cross system sexuality education committee.

3. Add this report to:
   - GDHR website
   - WAHES website
   - WAHPSA website.

4. In future workshops spend more time on walking through resources and website.
   (NB This was planned for but discussions were too valuable to stop.
   GDHR website is under construction and not available for general viewing at this point in time and again was planned to cover in more detail.)

5. Promote *Educating for life: Student and lecturer perceptions of the implementation of a Social, Emotional and Physical Health (SEPH) framework across an undergraduate teaching program* by *Joan Strikwerda-Brown* to disseminate results more widely (Appendix 5.)

6. Investigate conducting or being part of a winter/summer school short course at ECU or Curtin.

**BACKGROUND**

WA Health Education Services (WAHES) was awarded the Growing and Developing Healthy Relationships (GDHR) 2009-2012 tender from the Department of Health in September 2009.  This seminar was proposed in the plan and was the first strategy undertaken by WAHES to promote GDHR to the wider school education community in WA.

**PROPOSED TERTIARY PLAN FOR GDHR 2009-2012** (taken from WAHES GDHR tender August 2009)

***Workshop for teacher educators from universities – Metropolitan area***
*1 day workshop*

Email, website and telephone support for all participants by providing updated resources and help in developing classroom programs for a minimum period of 12 months.

This model supports the participants by providing:
- an overview of current best practice sexual health education
- assistance to implement and model practical health and sexual health education strategies in lectures/tutorials/workshops
- an awareness of the importance of the provision of best practice sexual health education from K-12
- awareness of current and relevant sexual health resources including GDHR P-10 resources and on-line resources and PD, *Talking sexual health, Sex and ethics*
- links with community and health agencies (especially fpwa).

**ALTERNATIVELY –**
**Presentation for tertiary students**
*2 hour workshop/tutorial session (by 4)*

Target - tertiary students of health promotion, health science, preventative health, early childhood, primary and secondary education, nursing.

This model supports the participants by providing:
- a brief overview of current best practice sexual health education
- an awareness of the importance of the provision of best practice sexual health education from K-12
- an awareness of current and relevant sexual health resources including but not limited to GDHR P-10 resources and on-line resources and PD, *Talking sexual health*
- links with community and health agencies (especially fpwa).

**½ day TERTIARY EDUCATORS' SESSION**

The aim was to increase:
- awareness of current evidenced-based sexuality education resources – especially GDHR
- understanding of the importance of addressing sexuality education in relevant pre-service courses
- understanding of relevant pre-service professionals of the importance of providing effective sexuality education in all WA schools
- the profile of GDHR and sexuality (relationships) education in schools
- advocacy for sexuality education in schools through wider networks.

Terminology
- Sexuality education
- Sexual health education
- Sex and relationships education (SRE)
- Sex ed                                    …… all terms used interchangeably.

Introductory comments
> *You will notice that people here today are pretty much 2 different general perspectives  - one around education and one from public health/sexology. We are keen to hear from all different points of views and be able to appreciate the issues for everyone in addressing sexuality education in schools.*
> *Please think about these questions as we go through the session.*
> *You are our 'pilot group' and we want your input so that we can engage more people the next time we plan a similar session.*
> *What do you think will increase the number of people attracted to this type of information session? Timing in the year? Timing in the day? Length of the session?*
> *What attracted you to attend this session?*

*Individual expectations and beliefs about sexuality education* (Appendix 1) session provided an opportunity for people to introduce themselves and share their thoughts and beliefs about sexuality education.

*Who values what* activity was a list of suggested strategies, many taken from formal recommendations by recent WA research and evaluation reports, that were ranked after discussion and negotiation to find out what participants thought was the most effective from their perspective. Then the question of what strategies was most likely to happen was discussed. See Appendix 2 for rankings.

Many people were unaware of the WA research for pre-service health framework *Educating for life: Student and lecturer perceptions of the implementation of a Social, Emotional and Physical Health (SEPH) framework across an undergraduate teaching program* by J. Strikwerda-Brown, Edith Cowan University, SW Campus, Bunbury which was presented at the Teaching & Learning Forum 2007. This research provided some evidence for the strategies being proposed by WAHES for GDHR for tertiary institutions.

Summary of research
- Overwhelmingly +ve view by staff and students
- Recognised contribution to student health and wellbeing and links to academic studies
- Crucial to present so that both short and long term importance, and in current and future practice is understood
- Liked – break from classwork/FUN/interacting with other students/refresh/refocus/interesting (See Appendix 5 for full article.)

Latest relevant resources were displayed, used in the workshop and all participants were given a resource list.

**HIGHLIGHTS**

- Enthusiastic and willing participants who generously contributed to all activities and were keen for summaries of discussions and other resources to be part of the followup to this seminar.
- Recognition of a unique opportunity to take time out to stop and have valuable discussions with other relevant educators who were coming from different perspectives (ie education and public health/sexology)
- One participant commented that she had to weigh up whether the time to travel and attend the workshop was cost and time effective. When she saw the calibre of presenters she decided that it was worth it.  So credibility and reputation of resource and presenters was high.

**BARRIERS/LIMITATIONS**

- Lack of response from those invited to attend.
  - 30 emailed invitations to Schools of Education, Public Health, Nursing, Preventative Health, Population Health
  - 10 acknowledgements of receipt of invitation
  - 7 registered
  - 6 participants
    - 2 universities, 3 campuses
- It was acknowledged that the session was 'Preaching to the converted' – participants were already convinced of the relevance and importance of sexuality/relationships education in pre-service education and schools.
- Does the lack of responses indicate:
  - lack of understanding of content of sexuality education K-12
  - lack of understanding of importance of sexuality education K-12
  - heavy workload
  - time of the year
  - lack of interest
  - lack of perceived relevance of area?

**EVALUATION**

Most participants were positive or neutral about the increase in their knowledge, awareness and expectations of the session.  The participants were far more knowledgeable and aware than most university lecturers in schools of education because they were specialists in Public Health, Health Promotion, Sexology, Health and Physical Education – so the general population of lecturers that this session was targeted at did not attend. It was a case of 'preaching to the converted'.  However, all participants were very positive about the session verbally and contributed ideas on how to best target those who needed this information (Appendices 3 and 4).

| 1. What do I believe about sexuality education in schools? | 2. Desirable qualities for sex and relationships educators are……. |
|---|---|
| • Robust understanding of diversity in sexuality.  Ability to hold and discuss issues that they are opposed to and not to push a single belief syst. That doesn't address diversity.<br>• Need training in values and attitudes Health & Relationships Education.  Need to be comfortable with content, ability to bring others in.<br>• Important.  Lacking in many cases but done well in others.<br>• Some great resources to assist teachers e.g. GDHR<br>• Working?  Catering for special needs? Too late for some?<br>• Often just the mechanics of sex ed.<br>• There isn't enough and many teachers are uncomfortable teaching it.<br>• Has its place<br>• Extremely important<br>• Is not done well enough<br>• Too physical oriented<br>• That it's vital<br>• That is doesn't happen frequently enough, comprehensively enough, in the same way across schools and that those education still often have knowledge gaps and are not reflecting on own values and beliefs.<br>• There is a lack of consistency with the provision of education and the content provided.<br>• This is not appropriate and should be standardised. | • Too late for most – so verification not primary education.<br>• Essential – teachers / most don't know how.  Schools / Dept scared of small minority of loud / outspoken conservative people.<br>• Sense of humour.<br>• Passion for it<br>• Variety of strategies & teaching styles<br>• Lack of bias<br>• Empathy✓✓<br>• Some judgements e.g.paedophilia<br>• Catholicism but diversity of lifestyles – not e.g. same sex relationships.<br>• Knowledgeable ✓✓✓✓<br>• Non-judgemental<br>• Emotionally intelligent<br>• Sensitivity, compassion<br>• Explore own values and beliefs<br>• Engaged with topic<br>• Good communicators<br>• Variety of strategies<br>• Openness<br>• Age appropriate delivery<br><br>**because …..**<br>• Accurate information can be provided to the students (evidence why teachers are the best educators due to relationship with students)<br>• Not everyone feels the same<br>• This will best support the dissemination of content that |

| 3. If I could change 1 thing about sexuality education in schools it would be……. | 4. What do I want out of today? |
|---|---|
| • Involvement of parents/Depts. Youth peer educators. Older peer mentors, people with disabilities.<br>• Limited time and importance.<br>• Confidence to teach<br>• Involvement of others<br>• Quality<br>• Relevant<br>• To make it compulsory✓✓✓<br>• More time<br>• Externally facilitated education across the country | many still find titillating and or taboo<br><br>• Knowledge✓✓<br>• Meet people<br>• Grounding<br>• Finding out what's going on<br>• To share information about a new website to support teachers.<br>• Awareness<br>• Talk about what's happening in WA in and out of schools – i.e. where we are at.<br>• Not sure<br>• Whatever comes<br>• Info on training packages |

**N.B -** ✓**indicates the number of participants that made this comment.**

**Sexology / Public health**

| | | |
|---|---|---|
| Universities include a compulsory component of relationship, sexuality and sexual health education in pre-service teacher education. | DoH/DET provide/fund opportunities for teachers of sexuality education to network with peers, researchers, agencies and sexuality education experts. | **Your suggestion:** External providers |
| Universities to support GDHR as guest speakers at training where appropriate. | | |
| GDHR to present workshops to relevant university students in teaching, nursing, health promotion etc. | | |
| GDHR trained teachers mentor other teachers within their schools for sexuality education. | Universities offer "short courses" in school holidays for teachers in sexuality education. | |
| GDHR to conduct a seminar for Principals similar to this one or attend a Principals' meeting to advocate for sexuality education. | | |
| Universities include appropriate information, activities and resources where possible. | | |
| **Your suggestion:** Family networks and significant others i.e. P&C's and P&F's | | |
| | | |
| | | |
| | | |

**Education**

| | | |
|---|---|---|
| DoH/DET provide/fund opportunities for teachers of sexuality education to network with peers, researchers, agencies and sexuality education experts | | |
| Universities include a compulsory component for relationship, sexuality and sexual health education in pre-service teachers | | |
| GDHR trained teachers mentor other teachers within their schools for sexuality education. | | |
| GDHR to conduct a seminar for Principals similar to this one or attend a Principals' meeting to advocate for sexuality education. | | |
| Universities offer "short courses" ~~in school holidays~~ for teachers in sexuality education | **Your suggestion:** Promoting integration of sex ed. in other learning areas. | |
| Universities to support GDHR as guest speaker at training where appropriate. | | |
| GDHR to present workshops to relevant university students in teaching, nursing, health promotion, etc. | GDHR trained teachers take on a train-the-trainer role within the school | |
| Graduate teachers influence other teachers by using sexuality education resource in their teaching | | |
| University departments allocate resources (time/?) to ensure this is covered in relevant courses at least once in the course of a degree. | Universities include appropriate information, activities and resources where possible | |
| Graduate teachers promote the importance of sexuality education in their new schools. | | |

**Sharing experiences, ideas and perspectives about school sexuality education**

## Education

| What is already happening? | What else can I do? | What is my ideal? |
|---|---|---|
| <ul><li>GDHR booklets available since 1998</li><li>GDHR professional development available since 2002</li><li>Upgrading of GDHR materials onto an interactive website to support teachers.</li><li>Development of on-line PD</li><li>Ministers are "talking"</li><li>Talk of National Curriculum</li><li>Youth sexual health website</li><li>Development of parent resource</li><li>Students are introduced to the GDHR resource</li><li>Sex ed. As part of<ul><li>Health education elective 6 hours plus</li><li>Part of core unit HPE resources tiny bit of coverage</li><li>Part of Grad Dip unit – very brief coverage of resources</li></ul></li></ul> | <ul><li>Expansion of GDHR website and launch</li><li>Rolling out of on-line PD</li><li>Give students a comprehensive understanding of the need for "sexuality education" and its place in the classroom.</li><li>Health education elective – promote integration strategies e.g. as part of an assignment</li><li>Share resources etc with other colleagues</li></ul> | <ul><li>Compulsory sexual Health Education outcomes K-12</li><li>Training of all health teachers in the state</li><li>Parent support website</li><li>On-line and in person PD for Catholic ed.</li><li>More males</li><li>Teach about the topic, introduce the resource and enthuse my students to want to make a different in student lives by educating them for life.</li><li>Additional time to cover this topic (and HE in general) within the undergraduate degree</li></ul> |

## Public Health/Sexology

| What is already happening? | What else can I do? | What is my ideal? |
|---|---|---|
| <ul><li>Undergraduate and Post graduate lecturers in sexology at Curtin Uni</li><li>Focus on sexual Health at both levels</li><li>Advisory committee member for the World Association for Sexual health</li><li>Recommend the "Ally" training for staff and students at Curtin Uni</li><li>Work collaboratively with WAAC and FPWA in research and practice.</li><li>Key units in Health promotion<ul><li>Health Promotion methods</li><li>Global and Indigenous Public Health</li><li>Practises of Public health</li><li>Alcohol and other drugs</li><li>Injury</li><li>Cancer control</li></ul></li><li>Encourage volunteering etc.</li><li>Liaison and research with (WAAC, Hep WA, WASUA, FPWA, Freedom Centre)</li><li>Key research through WA with HP research around peer education etc.</li><li>Teaching diversity of prof. To review their understanding, attitudes and values about the "broad and diverse issues in sexology"</li><li>Specifically training PG students who will work in a variety of fields promoting above "issues" including policy, education counselling, training, legal aspects, law reform.</li><li>PD for variety of Professionals, GPs, nursing, psych, social workers, OT's, physio etc. To work better with their clients in addressing sexuality issues including education.</li></ul> | <ul><li>More research on sexual health topic</li><li>Continue with previous pursuits</li><li>Work more closely with sexual health services providers</li><li>Provide more "in-service" training to professionals</li><li>Agency visits for all HP students</li><li>Offer a short course to students as elective or PD</li><li>Inter-Professional Education between Sexology and Health Promotion and Teaching.</li><li>More research with students and professionals</li><li>Work with educationalists more to, hopefully have more teachers involved in Sexology session / PD at Curtin</li></ul> | <ul><li>We are doing well with our goals, however it would be great to have more opportunities to teach students from other disciplines e.g. education; physio; nursing etc. about sexual health.</li><li>Covered in all units to some extent.</li><li>Cross Inter-Professional Education with teaching</li><li>Implement and encourage more research</li><li>To have a specialist sexuality centre that supports and provides services of Ed, counselling and support.</li></ul> |

# Collation of evaluations

## Sexuality Education: the why, who and what of relationship education in WA schools

17th November 2009, Technology Park 12pm – 4pm

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As a result of today's session please indicate your response.

|  | Strongly disagree | | | | Strongly agree |
|---|---|---|---|---|---|
|  | **1** | **2** | **3** | **4** | **5** |
| 1. My understanding of the importance of sexuality education in pre-service (tertiary) education has increased. | 1 | ☐ | 2 | 3 | ☐ |
| 2. My understanding of issues associated with sexuality education in schools (from K – 12) has increased. | 1 | ☐ | 3 | 2 | ☐ |
| 3. My awareness of the latest relevant resources has increased. | ☐ | ☐ | 2 | 3 | 1 |
| 4. The information presented was useful and relevant to me in my current role. | ☐ | ☐ | 2 | 1 | 3 |
| 5. My expectations were met. | ☐ | ☐ | 2 | 2 | 2 |
| 6. I intend to 'spread the word' about the importance of sexuality education in schools. | ☐ | ☐ | ☐ | 3 | 3 |
| 7. I intend to encourage my colleagues to attend similar workshops in the future because I think they would find it valuable. | ☐ | ☐ | 1 | 2 | 3 |

1. My understanding of the importance of sexuality education in pre-service (tertiary) education has increased.
*Comment:*
**Not as a result of this training – already high**

2. My understanding of issues associated with sexuality education in schools (from K – 12) has increased.
*Comment:*
**Not as a result of this training – already high**

3. My awareness of the latest relevant resources has increased.
*Comment:*

4. The information presented was useful and relevant to me in my current role.
*Comment:*

5. My expectations were met.
*Comment:*
**Would have preferred more about resources**
**Might have been good to go through the website in more detail**

6. I intend to 'spread the word' about the importance of sexuality education in schools.
*Comment:*
**Of course**
**Already do**

7. I intend to encourage my colleagues to attend similar workshops in the future because I think they would find it valuable.
*Comment:*
**Not so sure it's so relevant to my colleagues – they're not involved with secondary teaching**
**This was obviously channelled in a specific direction so I would be interested in what you intend to present in your future workshops**

Other comments:

- *Thank you. Very worthwhile. Conversations very valuable.*
- *Target department heads in the university – perhaps in larger unis do a session with just those staff.*
- *ACHPER networks – already doing this*
- *Sessions for pre-service teachers – already doing this*
- *Keep going – you're doing a great job and the area is difficult to get new people interested.*
- *Well done ladies – good luck – anything I can do to help I am happy tol*
- *More specific WA research needed.*
- *Could you consider a short course (summer/winter school)*
- *Timing of session – early Dec good for lecturers/teachers. Thanks!*

**Teaching and Learning Forum 2007 [ Refereed papers ]**

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**Educating for life: Student and lecturer perceptions of the implementation of a Social, Emotional and Physical Health (SEPH) framework across an undergraduate teaching program**

**Joan Strikwerda-Brown**
South West Campus
Edith Cowan University

In an ever-changing, demanding and complex world, social, health and wellbeing issues together with the impact of technologies, highlight the need for a holistic approach to teaching and learning - educating the 'whole person'. A Social, Emotional and Physical Health (SEPH) Framework was designed to supplement the pre-service curriculum in a Bachelor of Education Program at a regional university in Western Australia. Planned SEPH activities were implemented to varying degrees in all eight first year units of the Bachelor of Education degree in 2005. This paper analyses staff and student responses to a study of perceptions of the purpose, scope and benefits of the SEPH framework. The discussion focuses on the range of SEPH activities experienced by staff and students, a clarification of SEPH's purpose and scope, the perceived benefits and the development of a SEPH resource kit.

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**Background - the SEPH framework**

In an ever-changing, demanding and complex world, social, health and wellbeing issues together with the impact of new technologies, highlight the need for a holistic approach to teaching and learning - educating the 'whole person'. The social, mental/emotional and physical health of young people is recognised as a key issue in education at every level. As a major focus, universities need to create supportive environments that are conducive to learning.

University campuses can be important settings for health promotion (Leslie et al., 1998; Goetzel et al., 1996). Universities that offer a range of services, support, facilities and programs have the potential to contribute to the overall health of the 39 percent (ABS, 1997) of young Australians who are involved in tertiary education. Moreover, health behaviour habits set during the young adult years are likely to have an important influence on patterns in later life (Fish & Nies, 1996), making tertiary students an important target for health promotion interventions (Stock & Kramer, 2001).

The importance of personal health is reported frequently, with alarming obesity rates and mental health issues dominating media and public awareness raising programs.

Previous research has highlighted the importance of social and mental/emotional learning in tertiary education and identified core aspects such as "creating positive relationships, identifying and managing emotions, communication and cooperation, negotiation, the development of personal goals, and problem solving" (Hazel & Vincent, 2005, p4). Introducing concepts such as these in tertiary education may better prepare students for the complexity of their future societal roles.

Closely linked is the issue of physical health of tertiary students. An overview of the research of physical activity levels of university students indicated that their physical patterns transitioned from active to more passive as they entered university life (Stone, Strikwerda-Brown & Gregg, 2002). Physical inactivity is recognised as one of the most important risk factors for ill health. Of similar concern is the overweight and obesity "epidemic" across all sections of the population (Norton & Dollman, 2003).

A Social, Emotional and Physical Health (SEPH) Framework was designed to supplement the pre-service curriculum in a Bachelor of Education Program at a regional university in Western Australia.

Planned SEPH activities were implemented to varying degrees in all eight first year units of the Bachelor of Education degree in 2005.

The major aims of implementing the SEPH framework were twofold: to enhance the social, mental/emotional and physical health and wellbeing of students at university and secondly to give students SEPH knowledge, understandings and strategies to use with their own students in their future teaching. This paper evaluates a trial implementation of the SEPH framework with a cohort of first year Education students, analysing university staff and student perceptions of its purpose, scope and benefits. Students in the study (n = 54) ranged in age from eighteen to forty years of age. All had English as their first language. Approximately 50% had entered university as direct entry students from schools, with the remainder being mature aged students.

**Method**

Teaching staff in the Education program worked together to determine the scope, purpose and benefits of the SEPH framework in the university's new Education degree, prior to semester one of the study and implementation of the framework. Many of the staff had been involved in the development of the degree and were familiar with the framework. Ideas for activities and suitable resources were regularly discussed in staff meetings throughout the initial year of implementation.

SEPH activities were implemented during university classes, at times chosen by the lecturer. Examples included socialisation and getting to know you activities, cooperation games and tasks, bouncy balls, role plays, share circle, volleyball, massage, relaxation, brain gym and grouping activities.

Education staff (n = 11) agreed to implement SEPH activities in their university teaching units throughout the year. The focus of this study was implementation in first year Education classes. These classes comprised students in the first year of a new Education Degree for future primary and middle school teachers.

Four classes of first year Education students were asked to complete an in-class SEPH questionnaire during the final week of their second semester. When completed, the researcher or the lecturer conducted a brief discussion with the whole class, using a series of prompting questions in a semi-structured format. Anecdotal notes were recorded from these discussions, in 'positive', 'negative' and 'other' categories and later were further categorised within themes.

Questions in the survey included which of the students' classes had SEPH activities, how often they were done, activities they remembered doing, what was the purpose of SEPH activities, what they liked and disliked about SEPH activities and if and why they would use them in their future teaching. A space for additional comments was included.

Staff questionnaires included similar questions, linked to their implementation of SEPH activities. They were distributed to eleven staff during the week after the final week of formal university classes. The researcher held informal interviews, using semi-structured questions with ten of the staff following the completion of their questionnaires, in order to glean extra data and substantiate written comments. A total of 54 first year Education students completed the questionnaires and were involved in the group discussions. Eleven staff completed the questionnaires. Ten staff were subsequently interviewed by the researcher. Many students and staff gave more than one response for the open-ended questions in the questionnaire.

Questionnaire, interview and group discussion data were compared to develop common themes. All staff interviews were conducted by the researcher. Group discussions with the first year classes were conducted by the researcher in two cases and the class's lecturer in the other two.

**Findings**

Ten staff responded that they had implemented SEPH activities in their teaching units during the year. The eleventh staff member (who was employed on a casual basis) responded "not really; very rarely". Nine staff used SEPH activities regularly, ranging from almost every class (three staff) to once or twice a fortnight (five). Staff with a background in the Arts and Physical and Health Education and those with recent school experience more regularly included SEPH activities in their classes. Units in which staff shared the teaching of classes offered more SEPH activities.

Staff noted 45 different examples of SEPH activities that they had employed with their classes. Some were general types of activities (such as games, role plays, use of music), while others mentioned more specific activities (such as "Luscious Lois", "Mill & Grab" and volleyball).

Eighty eight percent of students noted that they partook in SEPH activities once or twice a fortnight or more regularly, whilst 32% responded that they did them in almost every class. Thirty different activities were mentioned by students. Students most commonly recalled the physical activities: "bouncy balls", volleyball, general ball games, brain gym and beanbag activities.

The three most common responses from staff about their perceived purpose of SEPH were: 1) development of positive relationships (teacher-student and student-student); 2) improved student engagement and learning; and 3) modelling of SEPH activities and strategies for students' future use in their teaching.

Two of these matched the most common responses from students (Table One). Students also perceived that the activities were giving them ideas for their own future teaching. Breaking up the session and keeping the students interested and focused were also frequently mentioned.

**Table 1:** Students' perceived purpose of SEPH in their university classes (n = 54)

| Perceived purpose of SEPH at university | Frequency |
|---|---|
| Ideas and education about SEPH for future teaching | 42 |
| To break up the session /class | 21 |
| Keep us focused/engaged/interested | 12 |
| Fun/motivation | 9 |
| Relaxation | 4 |
| Assist our learning | 4 |
| Socialisation /get to know others | 4 |
| Variety | 3 |
| Think about self and others | 2 |
| Personal experience of SEPH activities | 2 |
| Get the blood flowing | 2 |
| Other | 14 |
| Total responses | 109 |

Fun was the most frequent response for what staff and students liked about SEPH. Development of relationships, breaking up the session and giving students ideas for teaching were also prominent in staff responses.

Students favoured the break from classwork, the physical activity, the refocussing and interaction with other students. In total, 135 responses, grouped into categories (see Table Two) were given by the students for liking SEPH. It is interesting to note that physical activity was a popular response, yet according to the staff, not many of the activities were physical ones.

**Table 2:** What students liked about SEPH in their university classes (n = 54)

| Likes | Frequency |
|---|---|
| A break from classwork | 30 |
| Fun | 29 |
| Physical activity/ movement | 15 |
| Refresh/ refocus you/ keep you awake/ alert | 15 |
| Getting to know/ interact with other students | 12 |
| Interesting | 7 |
| Relaxing | 6 |
| Variety | 6 |
| Ideas for teaching | 3 |
| Everyone involved | 2 |
| Quick and easy | 2 |
| Hands on | 2 |
| Other | 16 |
| Total responses | 135 |

Ten of the eleven staff members surveyed responded that there was "nothing" that they *disliked* about SEPH. The other respondent gave two aspects that were disliked: the problem with repeating of some activities by other lecturers and that they believed some students found exposing their feelings boring or difficult.

Within the total of 62 responses that were received from the students related to what they disliked about SEPH, 50% noted that either: 1) there was *nothing* they disliked about SEPH; 2) there were *not enough* SEPH activities; or 3) *no response* was made to the question (Table Three). The remainder of responses (32) mentioned specific aspects of SEPH that they did not like. The most common ones were that they disrupted the class work and that some of the activities were embarrassing to be involved in, such as giving compliments and having to present in front of the class.

**Table 3:** What students disliked about SEPH in their university classes (n = 54)

| Dislikes | | Frequency |
|---|---|---|
| Disruptive to classwork/ interrupts train of thought | | 9 |
| Getting nervous or embarrassed about activities | | 6 |
| Sometimes lack of learning content/ waste of time | | 4 |
| Some activities not liked/ not fun/ not in the mood | | 4 |
| Other (9) | Don't like being put into groups | |
| | Activities given to you to do in own time | |
| | Some time consuming | |

| | | |
|---|---|---|
| | Some didn't work | |
| | Rather take my kids out for PE | |
| | Some - didn't understand what to do | |
| | Sometimes physically unable to do it | |
| | Some a bit personal | |
| | Hard to give compliments when don't know the person | |
| | No answer [blank]/Not enough/Nothing (responses that would be classed as positive views of SEPH) | 30 |

Written comments, discussions and interviews elicited many more favourable comments about the use of SEPH in university classes as well as some suggestions for future implementation, such as clarifying the definition and purpose of SEPH and developing a resource kit. Examples of student comments are:

In our 4-7 pm class after 8 hours of uni already that day - it does work. In our late night classes, SEPH activities really worked!! You could really notice the difference after doing them.

As future teachers I think it is really important to learn about SEPH as it is something we can use in the classroom.

Certain activities - eg meditation, exercise and social games are effective in engaging kids.

Lecturers should specify "This is a SEPH activity" and why, its connections with teaching or do them at specific times so you know it's a SEPH activity (a bit of a routine).

Staff comments were generally very positive, describing the benefits they had perceived from implementing the SEPH framework. Staff also indicated a need for keeping SEPH on the agenda of meetings and discussions to assist with their continued implementation and development of resources. Suggestions included categorising SEPH activities for different year groups and developing a resource kit. Comments included:
I do these sorts of things [SEPH activities] as often as I can. Sometimes I need reminding to do more though. Eg one of my 2nd year classes was running 'poorly'. Student disengagement, disconnection. So I planned intensive games and fun as much as possible. Things changed overnight. It [also] helps me look forward to classes.

[SEPH] caters for all aspects of my students - spiritual, emotional, physical [as well as] helping students to relax and have fun.

Wish I could have a repertoire of activities as a resource - continually have to research to find relevant activities.

I think it would be good to have a yearly focus so that we don't overdo some of them. We could categorise and then share.

**Discussion - the future of SEPH**

Results of this study indicate an overwhelmingly positive view by both staff and students of the initial implementation of the SEPH framework in university classes and of its contribution to student health and wellbeing and links to academic study. A number of issues have arisen from the data for future

consideration. These issues are discussed below with recommendations included for future implementation.

All staff who took part in the study indicated that they were keen to continue with SEPH as part of their university classes. More frequent implementation of SEPH activities occurred in classes that were shared by different staff, as one of the staff generally took responsibility for planning the weekly SEPH activity. Some staff had already used similar activities in previous school and university teaching and had developed a 'bank' of activities and relevant resources. The staff wanted SEPH to be kept on meeting agendas in the future, to offer opportunities for them to regularly discuss and share issues, ideas and current literature.

It is intended to develop SEPH over the four years of the Education Degree within a yearly thematic and developmental approach, with students gradually taking on more responsibility for presentation of the framework and for development of their own resources for future use. New staff, including casuals will be inducted and supported on the purpose of the framework, ideas and structure for implementation. Staff wanted more guidelines and ideas, particularly those who had not had recent teaching experience in schools. resources.

First year units will continue with the framework. New programs currently being trialed include Mentally healthy WA's "Act, Belong , Commit" (Donovan et al, 2006) and the BUZ program (Heron, 2005). Students will be encouraged to progressively take ownership of SEPH, taking a more active role in presenting SEPH activities to their classes, as they progress through their degree. Students will also be encouraged to contribute to the SEPH resource bank.

The purpose and scope of SEPH can be further clarified for students. For example, development of positive relationships and "connectedness" was mentioned by staff but rarely by students as a positive aspect of SEPH. This would need to be further promoted by staff as one of the main goals of the framework.

Some SEPH activities can be uncomfortable or cause embarrassment for students, such as role plays and massages. This could be addressed by giving the students choice to participate as well as opportunities to express opinions and also contribute their own SEPH activities.

SEPH activities need to be planned to fit in with the flow of the session. Having activities at a set time, such as just before the break was suggested as one way of addressing this issue. Some activities can be planned to link to the main theme of the session (such as a maths singing activity, walk and talk an issue, etc).

**Conclusion**

All staff and students indicated that they would implement SEPH in their university classes and future teaching respectively. It is hoped that involvement in programs such as SEPH can encourage undergraduates to begin to explore the implications of their own health issues and general well being as well as those in their future classrooms. It is crucial that SEPH activities and topics are presented such that their importance, both short and long term and in current and future practice, is understood.

Based on the findings of the trial implementation of SEPH, areas for future study include the potential for adoption of the SEPH strategy in other tertiary programs and by other practitioners. In addition, it would be worth investigating achievement of learning outcomes by students beyond those relating to learning about SEPH itself.

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*APPENDIX 6*

**RECENT REPORTS**

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