

# **Your Power as a Parent**

**Parent Advocacy Toolkit to help you  
improve school sexual health education  
(SSHE)**

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# Introduction

Welcome to the Parent Advocacy Toolkit, *Your Power as a Parent*, for parents who want to improve the sexual health education their children receive in schools. Throughout this Toolkit we use the abbreviation “SSHE” for school sexual health education.

## **What is this toolkit about?**

Youth have a right to comprehensive and accurate sexual health education as part of their right to health care. You can use your power as a parent to support that right. With this toolkit, you can strengthen your call for School Boards and the Ministry of Education to fulfill their obligation to ensure that comprehensive sexual health education is being provided in BC schools, to complement your own efforts.

A complementary toolkit, *Are You Getting Enough?*, has been developed to encourage youth to use their voices in changing the SSHE they receive. We encourage you to connect with youth in your community and support them in advocating for change.

## **How was this toolkit developed?**

To develop this toolkit, Options for Sexual Health (OPT, formerly Planned Parenthood of BC) organized a parent focus group to generate discussion on what parents want and need to assist them in their advocacy efforts. In addition to research on other relevant advocacy toolkits, the input from the focus group was used to generate a draft version of the toolkit. Willing parents then had the opportunity to review the proposed kit and make suggestions and comments for the final draft. Both kits are part of a larger campaign being undertaken to make SSHE a larger priority in BC.

## **How do I use this toolkit?**

This kit is designed to provide you with the necessary tools to mobilize and develop your capacity for advocacy. You do not have to use all of the tools that are in this toolkit. Use the strategies that you feel are the most appropriate and adapt them to your community and school.

## **How do I share this information?**

An important key to advocacy is building support. Share this information with other parents and invite them to get involved. Get together and use your collective strengths and expertise to advocate for improved SSHE for your child.

To learn more about building an actual coalition, see *Building a Coalition* in the *Tools* section of this toolkit.

## **Who is OPT?**

Options for Sexual *Health (OPT)* is a not-for-profit society registered in BC. OPT envisions a society that celebrates healthy sexuality, its diversity of expression, and a positive sexual self-image for individuals throughout life. OPT works to reduce unplanned pregnancy and promote optimal reproductive health by providing quality education, information and clinical services to all British Columbians.

# **Advocating for School Sexual Health Education (SSHE)**



# The Joys of Advocacy

## **Why advocate?**

By engaging in advocacy, you are taking an active role in improving the sexual health education your child receives in school. Advocacy takes time, passion and commitment; it can also be very rewarding - not only are you affecting change, but the very process of being involved can lead to new learning, greater personal understanding, a stronger community and satisfaction in knowing you are making a difference in the lives of children and youth in BC.

## **What is advocacy?**

Simply put, advocacy is actively supporting a cause and trying to get other people to support it too. Advocacy takes many forms and can be a small, short-term project or a major campaign. Advocacy isn't something that is only done by professionals or politicians. Anyone can be an advocate – but you need to know your stuff. So the first step in your advocacy mission is to build and then nourish your knowledge and expertise.

# A 5 Step Guide to Advocacy Success

## Step 1: Research the issue of SSHE

- Do some research to find out about the history and background of SSHE, who has power over influencing and delivering it, and what SSHE programs/policies are currently in place.
- Find out more about those who oppose SSHE and what their arguments are. This allows you to prepare for this resistance in advance and address any hostility you may face. See *Making Friends with the Opposition* in the *Tools* section of this toolkit for more info.

### TIPS

- Some parents may hold different values and beliefs about SSHE than you do. The point of this toolkit isn't to judge those beliefs, but rather to ensure that youth have access to education that will help them make informed decisions based on their own values and beliefs.
- Read the *Backgrounders*, *Directory* and *Tools* sections of this toolkit to help you get started.

## **Step 2: Assess the Current Situation in Your Community**

- In your child's school, find out who teaches sexual health and when it's being taught. See *Assessing the SSHE In Your Child's School* in the *Tools* section for a helpful checklist.
- Use the *Directory* in this toolkit to find out who has decision-making and influential power over the development and delivery of SSHE in your community. It is important to direct your efforts towards those who have the authority to make change.
- What do other parents think? What is the Parent Advisory Council (PAC) doing about SSHE? Who else in the community is actively doing something about SSHE?
- Look into what youth in the school are doing about SSHE and find out how you can help them.

### **TIPS**

- In some school districts, only teachers provide SSHE; in some, it's the school counsellors; and in others, it's independent educators who are not employees of the school district.
- Consider organizing a discussion group with other parents and youth to talk about SSHE in your community.

### **Examples:**

- The South-East Kootenay School District organized a half-day community workshop to explore what's working and not working in SSHE, how to fix it and who should be responsible for taking action. Follow-up workshops are planned.
- In Squamish, parents, teachers and students collaborated on organizing both joint and separate education sessions so everyone could understand what sexual health education was taking place in the classroom.
- The Kelowna School District recently involved several community organizations in their review and update of the school sexual health curriculum.

### Step 3: Build a Coalition

- Create a list of potential individuals, groups, and organizations that are involved in or affected by SSHE who may be interested in your coalition.
- When you approach people, clearly explain your purpose and why you think their input would be valuable.
- Convey the importance of the issue, your commitment to it and your vision for how SSHE can be different – people like to know that change is possible and enthusiasm is contagious.
- As your coalition forms, share with one another what you've learned from your research and experiences.

#### TIPS

- Use *Building a Coalition* in the *Tools* section for ideas of who to approach for your coalition.
- The *Directory* section lists organizations and people who are the decision makers of SSHE; as your coalition expands, you may want to approach these people to be a part of it.
- Be open to new ideas and generous suggestions from others. Working in a team is hard but rewarding.

## Step 4: Get Organized

- It's time for you and your coalition to get things organized!
- Determine a vision and key messages for your coalition. See *Mapping your Plan* in the *Tools* section for planning tips.
- Make a plan for your advocacy efforts. What needs to be done? Who is going to do it? What's your timeline? See *Mapping your Plan* in the *Tools* section for planning tips.
- Here's a list of just some of the strategies to consider. For help, see the related tools in the *Tools* section.
  - At election time, ask the school board trustee candidates what their plans of action are for SSHE (see Questions for Political Candidates)
  - Engage the media (see Working with the Media)
  - Get on the agenda and make a presentation to your local School Board (see Working with the School Board)
  - Write letters to your child's school principal, the chair of your local School Board and/or the Minister of Education (see Sample Letters).
- Make sure your goals are realistic and achievable given the availability and abilities of your coalition members.

### TIPS

- . Although you may be tempted to skip this step and just get on with it, things will work better if you take the time now to map out your plan.
- If you launch your efforts at the time of the year when the sexual health curriculum is being taught in your child's school, people will be more interested in being involved

## **Step 5: Let Your Voice Be Heard!**

- You know your background, you know what's happening at your school, you have a plan – it's time to send a message to the decision makers in your community.
- Put your plan into action – now's the time to use your power as a parent!
- Learn from your mistakes and celebrate your successes; be sure to promote the good work of your coalition.

# **Backgrounders**

## Definitions We Think Will Help

Like most other areas that involve public policy, special skills, and lots of opinions and ideas, SSHE has its own set of jargon. Here are some definitions to consider.

**Comprehensive sexual health education:** This means curriculum that achieves effective personal learning based on current, reliable information, in three main areas:

- All the available options for protection from sexually transmitted infections and prevention of unplanned pregnancy, their risks, benefits and availability;
- Understanding relationships, the particular characteristics of sexual relationships, and the importance of matching personal decision-making with personal values; and
- Sexual self-expression and the diversity of sexual expression, in non-judgmental terms.

**Consistent sexual health education:** Sexual health education delivered to students each year from Kindergarten to Grade 12, with a time allocation and environment that assures effective learning.

**Age-appropriate sexual health education:** Sexual health curriculum that is structured to reflect the cognitive development of children and youth (their ability to understand concrete and abstract information, and their sense of self and others, for example) their physical development (puberty being the big milestone) and patterns or norms of social interaction in their age group.

**Non-judgmental sexual health education:** Education that fosters respect for other perspectives and eliminates any attitudinal barriers that may discourage a student from seeking information or asking for help. It is critically important for the educator to be aware of his or her comfort zone with the subject matter and if not comfortable, to facilitate the student's access to another approachable person.

**Abstinence:** Abstinence is the only sure-fire way to prevent unplanned pregnancy. However, abstinence means different things to different people. OPT defines it as not allowing the erect penis or semen near the female's body below the waist. This definition does not preclude other kinds of sexual contact, however, and thus is not a sure-fire way to prevent sexually transmitted infection.

**Abstinence-only education:** Curriculum that stresses abstinence as the only acceptable option. The curriculum may also include information about other options that focuses only on their risks, sometimes in exaggerated or inaccurate terms.

# A Brief and Mostly Recent History of School Sexual Health Education

Here are a couple of history quiz questions for you

- In 1867, the year Canada was created, was birth control legal?
- In 1967, the year of our Centennial, was birth control legal?

( Answers at the end of this section)

Efforts to make school sexual health education better have gone on for a very long time. Here are some of the more recent activities.

- For many years, Health Canada officials, representatives of the provinces and territories and non-government experts have worked on guidelines for the school system on teaching sexual health. In 1997 Health Canada released an updated set of the Canadian Guidelines for Sexual Health Education. No one is required to use them, but they are helpful. One of the very useful parts of the Guidelines is a checklist for evaluating the quality and effectiveness of sexual health programs in schools. We've adapted that checklist for you to use. You will find it in the *Tools* section.
- In 1998 the BC Ministry for Children and Families commissioned a review of sexual and reproductive health education and services for youth, as part of their overall responsibility for the wellbeing of BC youth. The review team stated that sexual health education should follow the following principles:
  - The purpose of reproductive health programs is to provide age-appropriate information to promote healthy behaviours.
  - Youth should have a voice in, and be an integral part of planning, delivery and implementation of such programs.
  - The approach should be based on a mandated standardized, province-wide program delivered by specially trained and certified educators.
  - Reproductive health education programs must be long-term, ideally K to 12, in a language, scope and sequence that are appropriate to age and developmental stage. Each program sequence must have an evaluation component.

We're not there yet.

- In 1999 a report from the federal-provincial-territorial Council of Ministers of Education recommended stronger sustained support for teachers, parents and students, and better monitoring and reporting about sexual health education programs in the health and education systems – how strong they are, what they do, and what they achieve. Teachers, students and parents in BC say there is more work to be done.
- Also in 1999 Health Canada issued a report on consultations with the provinces, called *A National Framework for Sexual and Reproductive Health in Canada*. This report is important because it recognizes that sexual health is vital to us all, a normal part of life, and something to be dealt with openly and matter-of-factly. Among other things, the Framework calls for universal access to effective school-based sexuality education that is consistently sustained throughout the school years, help for parents to support the healthy sexual development of their children, and wider use of Canada's *Guidelines for Sexual Health Education*.
- In 2001 the BC Ministry of Education completed a review of the learning outcomes of the Personal Planning (PP) Kindergarten to Grade 7 and Career and Personal Planning (CAPP) Grades 8 to 12 programs. This led to a revision of the program for Grades 10 to 12, now called "Planning 10".
- Currently, The Ministry of Education has a new proposed program for Grades 8 and 9, called "Health and Career Education". The program is optional for schools in the 2005-06 school year, and will be mandatory after that. Next year the Ministry plans to introduce "Health and Career Planning" for Kindergarten to Grade 7: it will be optional in 2006-07 and mandatory the following year. See *Teaching Sexual Health in Schools* in this section for more information.
- There are two other developments that may make a difference. The BC Ministries and Education have set up a shared position called the Director of Health Promoting Schools, to encourage coordination of health and education programs for students. At the national level, provinces have established a new Pan-Canadian Consortium on School Health to bring more consistency to health teaching.

Now for the answers to our quick history quiz. In 1867 birth control was legal in Canada. Parliament made it illegal two years later. It was still illegal in 1967. It was against the law to sell contraceptive products or to teach anything about them—even by physicians and nurses. Birth control wasn't legal again until 1969.

# How Do British Columbians Feel About School Sexual Health Education?

Before we get to the numbers, we want to share a bit of unscientific information from the experience of sexual health educators who work with parent groups. Lots of us got a pretty weak sexual health education from our parents, and lots of us haven't figured out how to do a better job with our own kids! Sexual health educators meet parents all the time who are completely supportive of the need to teach youth what they need to know, but who can't face having *The Talk* with their own kids. Many youth want to learn about sex from their parents first, but who don't get *The Talk* and aren't comfortable asking. Being an "askable adult" is a hard job for many to take on. These are some of the reasons school sexual health education is important – school is the one place common to virtually all youth, and teachers are trained to teach.

- A McIntyre and Mustel Omnibus survey of British Columbians in June 2001 determined that 83% of us support public financing of comprehensive sexual health education in BC schools.
- In 2004, Options for Sexual Health (OPT) conducted a study of the quality of sexual health education in BC schools, using the *Canadian Guidelines for Sexual Health Education* as the benchmark. OPT asked students, parents, educators, school authorities, and public health nurses and administrators for their assessment. Five themes emerged:
  1. Good sexual health education in BC is a hit-and-miss affair. It is affected by inconsistencies in funding and priorities for schools and differences in comfort level and training of the designated sexual health educator.
  2. Concern and confusion exist regarding the delivery and evaluation of sexual health education in BC. Helping parents, educators, and school authorities become more familiar with what makes effective sexual health education would promote common ground and understanding.
  3. Sexual health education should be more than just prevention education. Students were particularly eloquent in identifying many aspects of sexual health on which they wanted much more information, delivered in more timely fashion.
  4. A "one-size-fits-all" approach does not meet the need to provide a supportive setting for teaching about diversity, particularly with respect to culture, and sexual orientation.
  5. Participants put a lot of confidence in the ability of communities to evaluate the situation and find ways to improve things.

- In September and November 2004, BC adults were asked in an Ipsos Reid survey: “How much influence do you feel that teenagers should have over the sex education curriculum taught in schools?” In both surveys 77% of adults (70% of men and 83% of women) supported youth having “a great deal or a moderate amount” of say over sex education curriculum. Seniors were slightly more supportive than the average. 6% thought youth should have no say whatever: in this group men outnumbered women two to one.

These surveys indicate that the great majority of adults support sexual health education in school, have confidence in the ability of youth to define their learning needs, and support action at the community level.

# Teaching Sexual Health in BC Schools

## I. Learning Expectations

Exactly what are students expected to learn about sexual health according to the Ministry of Education's learning outcomes?

- The Ministry of Education prepares Integrated Resource Packages (IRPs) that define learning outcomes schools are expected to achieve in a wide range of subjects. School Boards convert these IRPs into curriculum for their students. Interpretations and results may vary widely.
- Sexual health learning outcomes are found in a group of IRPs related to personal development and career planning. For years the key IRPs have been Personal Planning (PP) for younger students and Career and Personal Planning (CAPP) for older students.
- Changes in PP and CAPP in the classroom have been under way since 2003. The first change was the introduction of Planning 10 to replace the CAPP program in Grades 10 to 12. In 2005 Health and Career Planning has been introduced to replace CAPP in Grades 8 and 9. Next year similar changes will be introduced to the Kindergarten – Grade 7 program.
- Collected below are the key learning outcomes related to sexual and reproductive health from each of the IRPs, grouped by grade-level. If you want to see the full IRPs, please consult the Ministry of Education's web site at [www.bced.gov.bc.ca](http://www.bced.gov.bc.ca).

### **Kindergarten and Grade 1 (Personal Planning: to be revised in 2006)**

It is expected that students will:

- use appropriate vocabulary to identify physical characteristics that distinguish males from females
- demonstrate awareness of the ability of living things to reproduce
- know appropriate and inappropriate touching behaviours
- demonstrate ability to access help in abuse situations
- demonstrate awareness of the influence of family on attitudes and values regarding healthy living.

## **Grades 2 and 3 (Personal Planning: to be revised in 2006)**

It is expected that students will:

- describe the influence of family and peers on attitudes and values regarding healthy living
- use avoidance and assertiveness skills in abuse situations/ demonstrate awareness of legal and societal support for abuse prevention
- describe how living things reproduce
- describe responsible ways to acts on various feelings

## **Grade 4 (Personal Planning: to be revised in 2006)**

It is expected that students will:

- describe the influence of the media and community on personal attitudes and behaviours regarding healthy living
- identify health related services and resources that can contribute to healthy living
- describe how the physical characteristics of males and females develop
- recognize the various types of abuse including physical, emotional and sexual abuse and neglect
- apply safety guidelines to protect self and others from exploitation and abuse
- explore appropriate strategies for sharing and expressing feelings
- demonstrate awareness of the factors that influence self-esteem
- identify positive ways to initiate, maintain and end friendships

## **Grade 5 (Personal Planning: to be revised in 2006)**

It is expected that students will:

- identify the dynamics of individual and group friendships
- describe possible consequences of exploitation and abuse
- identify factors that influence their attitudes respecting healthy living
- identify the physical, emotional and social changes associated with puberty
- describe the family's role in developing moral and behavioural standards

**Grade 6 (Personal Planning: to be revised in 2006)**

It is expected that students will:

- refine strategies for sharing and expressing feelings
- describe one's individuality within the social group
- explain the concept of stereotyping
- related changes at puberty to the human reproductive system
- describe the physical, emotional and social changes associated with puberty
- access and evaluate sources of information related to physical, emotional and social development
- distinguish between supportive and non-supportive relationships

**Grade 7 (Personal Planning: to be revised in 2006)**

It is expected that students will:

- analyze the relationships between a variety of feelings and behaviours
- demonstrate an ability to manage their responses to their feelings
- list indicators of both healthy and abusive relationships
- describe characteristic patterns in abusive relationships
- evaluate personal attitudes that promote health
- describe the responsibilities that accompany friendships and other relationships
- identify stereotypical views of gender roles in families
- describe factors that influence the development of healthy relationships
- explain how the human reproductive system works
- assess the factors that influence decision making regarding relationships

**Grade 8 (Health and Career Education: Optional in 2005-06, mandatory from 2006-07)**

It is expected that students will:

- set personal goals for attaining and maintaining a healthy lifestyle
- identify factors that influence healthy sexual decision making
- demonstrate an understanding of the consequences of contracting sexually transmitted infections including HIV/AIDS (e.g., symptoms, short-term and long-term health issues)

- assess the importance of healthy relationships (e.g., with friends, family, teachers, mentors)
- identify school and community sources of information and support for individuals in unhealthy, abusive, or exploitative relationships (e.g., school counsellor, help line)

### **Grade 9 (Health and Career Education: Optional in 2005-06, mandatory from 2006-07)**

It is expected that students will:

- relate the characteristics of a healthy lifestyle to their ability to maximize personal potential
- describe practices that promote healthy sexual decision making
- assess the short-term and long-term consequences of unsafe sexual behaviour (e.g., unplanned pregnancy, sexually transmitted infections including HIV/AIDS, negative impact on future goals)
- propose strategies for building and maintaining healthy interpersonal relationships (e.g., effective communication skills, effective expression of emotions, setting and communicating personal boundaries)
- describe skills for avoiding or responding to unhealthy, abusive, or exploitative relationships (e.g., assertiveness skills, refusal skills, communication skills, accessing help and support)

### **Grades 10 to 12 (Planning 10)**

It is expected that students will:

- analyse factors that influence health (e.g., physical activity, nutrition, stress management)
- analyse health information for validity and personal relevance
- demonstrate an understanding of skills needed to build and maintain healthy relationships (e.g., effective communication, problem solving)
- analyse factors contributing to a safe and caring school (e.g., respect for diversity, prevention of harassment and intimidation)
- evaluate the potential effects of an individual's health-related decisions on self, family, and community
- analyse practices that promote healthy sexual decision making (e.g., recognizing influences, accessing accurate information, applying informed decision-making skills)
- analyse practices associated with the prevention of HIV/AIDS

## 2. Teaching Sexual Health

When The Ministry did a review of the PP/ CAPP programs in 2001, two recommendations emerged related to teacher training:

**Recommendation 8:** The Ministry of Education should consider entering into discussion with the universities and the College of Teachers to ensure that CAPP becomes a recognized teaching major and be included in the pre-service courses for teacher education.

**Recommendation 9:** The Ministry of Education should consider facilitating the development of an electronic-based network for sharing information about best practices and other in-service opportunities, including access to community-based resources.

Teachers responding to surveys used in the review cited a wide range of actions they felt would improve their ability to teach sexual health. The observations they made included these comments:

- There is little available to Education students in BC in terms of health education or career education “methods” courses.
- The College of Teachers does not recognize CAPP as a teaching major. (Teacher certification in most other Canadian provinces surveyed requires health teachers to have a background or specialization in health education.)
- The most frequently mentioned reason for effective delivery of PP/CAPP was teacher dedication and commitment. In some cases, PP/CAPP is taught by teachers who are not interested and/or do not have a background in the program.
- Teacher comfort level with the curriculum enhances their ability to make it interesting and relevant for students. PP/CAPP teachers have indicated a strong need for specialized teacher training, both pre-service and in-service.
- There are numerous and diverse topics in the PP/CAPP curriculum, requiring a broad range of background expertise that not all teachers assigned to PP/CAPP possess. Many expressed difficulties in presenting the sensitive topics in PP/CAPP.
- There is a need to facilitate the sharing of information among teachers about best practices.
- Teachers also need access to current information about the many community agencies in B.C. that provide CAPP-related resources, workshops and other instructional support.
- The Ministry of Education evaluates written and audio-visual resources for classroom use and produces a list of recommended resources. The Ministry has not yet set any criteria for evaluating the qualifications of people who enter the classroom to teach sexual health.

# Consensus Statements on School Sexual Health Education

In May 2004, Options for Sexual Health held a consensus conference on school sexual health education in BC that included youth, parents, educators, school authorities, public health services representatives and public policy makers. The following is a list of the eight statements that participants developed in consensus to reflect priorities for school sexual health education in BC. They can be read as the characteristics of effective SSHE.

- 1. Access to accurate and comprehensive sexual health education is recognized as a basic right and need of all individuals.*
- 2. An essential building block to the lifelong health of people is continuous access, from kindergarten to Grade 12, to comprehensive and accurate sexual health information appropriate to age, cognitive development, sexual orientation and cultural context.*
- 3. Through kindergarten to Grade 12, students' voices in determining what they learn about their sexual health should be fostered and respected by involving them at all stages of program design, provision and evaluation in a manner appropriate for their age and cognitive development.*
- 4. In support of achieving the BC Government's health goals related to sexual health, school sexual health education must be a product of coordinated, comprehensive community, public health and education strategies, supported by adequate funding.*
- 5. In support of parents and caregivers, school-based sexual health education must be complemented with school- and community-based opportunities for them to acquire the knowledge and skills to teach sexual health to the children for whom they are responsible.*
- 6. In support of students, every effort must be made to provide a non-judgmental, confidential, safe and supportive environment, acceptable to them, in which they can acquire knowledge about their sexual health, sexuality and gender identity from appropriately trained educators in school and other community supporting services.*
- 7. In support of educators, both pre-service and continuing professional development programs should offer safe and supportive opportunities to acquire the specialized knowledge and skills to teach sexual health and to acknowledge sexuality as an element of human diversity.*
- 8. Sexual health is a personal responsibility. In the context of a sexual relationship this responsibility is shared. Students of all gender expressions need equal information about themselves and one another.*

# Directory

# Who's Who in School Sexual Health Education in BC

Jurisdiction over education in Canada lies with the provinces. The *School Act* is the piece of legislation in BC that gives the Government, through the Ministry of Education, the right to set mandatory and core curriculum, educational standards, and policies to guide school boards for K-12 education. There are many players involved in the delivery of SSHE; the most critical ones are listed below.

## Ministry of Education

### Related Responsibilities:

- determines education policies
- allocates overall funds for the education system
- develops mandatory curriculum, including SSHE content, through IRPs (Integrated Resource Packages)
- establishes yearly accountability contracts with each school district. These outline the School Boards' commitments to improving student achievement and they are supposed to reflect the unique characteristics, priorities and needs of each district.
- conducts District Review of various school districts each year

The BC Ministries of Health and Education have set up a shared position called the Director of Health-Promoting Schools, to encourage coordination of health and education programs for students. To contact the Director, email [EDUC.Initiatives@gov.bc.ca](mailto:EDUC.Initiatives@gov.bc.ca).

Information about the current Minister of Education can be found on the Ministry's website: [www.bced.gov.bc.ca](http://www.bced.gov.bc.ca)

Information about the current official Opposition critic for education can be found at: <http://nid-15496.newsdetail.bc.ndp.ca/>

To find out who your Member of the Legislative Assembly (MLA) is, visit: <http://www.legis.gov.bc.ca/mla/3-1-1.htm>

## School Board

There are currently 61 school districts in the province of BC. Each district has a board of locally elected trustees that serve as the school board; these elections take place every 3 years.

## Related Responsibilities

- works with School Planning Councils (see below) to determine how to implement curriculum and programming in a given area
- approves, modifies or rejects the school plans developed by the School Planning Councils
- determines allocation of staff and resources in the school, which could affect the delivery of sexual health education and the availability of outside resources, etc.

Each school district has its own website on which you can find the list of your local school trustees. You can also find information on School Board meetings and the issues that the School Board is currently working on. As you become an advocate for SSHE, it's a good idea to keep abreast on what else is on your local School Board's agenda.

To determine which school district you are in and to connect to that district's website visit: <http://www.bced.gov.bc.ca/schools/bcmap.htm>

### **Tips:**

- Because they are local and accountable to the community, School Boards are a natural focal point for your advocacy efforts.
- Parent Advisory Councils can be particularly successful in getting the School Board's attention. Arising from concern at the level of a single student, PAC parents prompted the Victoria School District to develop a gay, lesbian, bi-sexual, transgender (LGBT) position statement to address homophobia in its schools; this led to the "Queer Eye for the Straight School" conference.
- There are linkages to be made between sexual health and other health issues e.g. smoking adversely affects your sexual health. When you are reviewing a school board's agenda, look for items like this, or for a healthy schools policy that may be an opportunity to raise sexual health education.

## School Planning Council

The School Planning Council in each district consists of:

- the school principal,
- one teacher representative from the teaching staff
- three representatives from the school's Parent Advisory Council
- one student from Grade 10, 11 or 12, where applicable, appointed annually by the school principal

### Related Responsibilities:

- formalizes the role of parents in developing plans to improve student achievement in BC schools
- develops, monitors and reviews school plans that are part of the district accountability contracts with the Ministry of Education
- provides advice to the School Board, including advice related to education services and programs within the school.

**Tip:**

SPCs are formed at the beginning of the school year; school plans for year are developed in the spring prior. To get in touch or involved with the SPC at your child's school, contact the school principal.

## Principal

### Related Responsibilities:

- is a member of, and provides information and leadership to, the School Planning Council
- often participates in the Parent Advisory Council
- oversees curriculum delivery (approval for SSHE is often vetted through the school principal)

**Tip:**

- Your principal may be approached by a number of parents looking for answers to the checklist in this toolkit; you may want to suggest to the principal that he or she prepare a handout that can be given in response to every inquiry.
- Given the principal's role in the SPC, you may want to connect with the principal before contacting the SPC about SSHE.

## Teachers/Counsellors

### Related Responsibilities:

- deliver SSHE or arrange for outside educators to do so
- elect one representative to the School Planning Council.

#### Tips:

- Teachers are valuable resources. See the *Working with Teacher and Other Sexual Health Educators* for tips on working with teachers.
- Teachers are expected to follow the policies set by the principal and the school board. Nevertheless, their insights into what happens at the classroom level are important when you are assessing the policy at the school.
- Many teachers have told us that they need to know that parents support them in delivering school sexual health education. Let teachers and/or counselors in your school know about your coalition.

## Parent Advisory Council (PAC)

### Related Responsibilities

- advises the board and the principal and staff of the school regarding any matter relating to the school, other than those assigned to the School Planning Council
- topics PACs often offer advice and assistance on include curriculum (including SSHE) and improving relationships and communicating with the community

#### TIP

- The role of parents through PACs is enshrined in the *School Act*. The PAC offers an official and formalized role for parents to have their voices heard. To find out more about the PAC at your school, visit your school district's website or phone your school and request the contact information for the PAC chair

## **Other Parent and Professional Organizations**

These organizations are less directly involved in the delivery of school sexual health education but are good organizations to be aware of in your advocacy efforts.

### **British Columbia School Trustees Association**

[www.bcsta.org](http://www.bcsta.org)

BCSTA is the association of elected school trustees from across the province.

### **BC Confederation of Parent Advisory Councils**

[www.bccpac.bc.ca](http://www.bccpac.bc.ca)

The BCCPAC is the association of PACs across the province.

### **BC School Superintendents Association**

[www.bcssa.org](http://www.bcssa.org)

The BCSSA is the association of senior managers in BC school districts.

### **BC Teachers' Federation**

[www.bctf.bc.ca](http://www.bctf.bc.ca)

The BCTF is the union of public school teachers in BC.

### **BC College of Teachers**

[www.bcct.ca](http://www.bcct.ca)

The BCCT is the professional self-regulatory body for BC teachers.

## **Students and Student Organizations**

Students currently have no role in the determination of the sexual health curriculum they are taught. However, collaborating with other students is a powerful way of gaining strength for your cause. Student bodies and associations are also great resources!

### **Student Council**

Student Councils are responsible for promoting school spirit, organizing school-related activities.

Contact your child's school to find out how to contact the Student Council.

### **The British Columbia Association of Student Activity Advisors**

<http://www.bcasaa.bc.ca/>

The BCASAA is an organization whose that works to promote the development of student leadership in schools and communities.

# Tools

## Tool for Advocacy Step I

# Make Friends with the Opposition

Opposition is inevitable but it can actually be a helpful experience. Opposition catches people's attention and addressing your opponents' arguments can actually strengthen your own.

Here are some tips for how to approach controversy and make it work to your advantage:

- Find out in advance who opposes comprehensive SSHE and what their arguments are.
- Include those arguments in your presentation, letter, etc. and refute them.
- Choose your battles: don't argue for the sake of arguing – argue to make a point.
- Don't burn any bridges – be cooperative and know to what extent you're willing to compromise. You may need the cooperation of your opponents later.
- Be assertive, not aggressive, in your verbal and written communication
  - When speaking, remember to breathe, speak calmly, without raising your voice and try not to interrupt others
  - When writing or speaking, avoid sarcasm, offensive and accusatory language
- Some of the concern people have about SSHE stems from a lack of knowledge about sexual health in general, including their own. Have information and resources available for people to take away with them and investigate privately if they want to (see the *Resources* section of this toolkit).
- It may be apathy, rather than opposition, that you encounter in your efforts. Here's how to generate enthusiasm about SSHE
  - Make a connection between SSHE and how it will influence all individuals in the community; for example, how personal sexual health and behaviour are related to health and social services, economic and education potential, and community attitudes.
  - Don't simply point out what is wrong – it is important to include an alternative vision of what's possible, of what could be. Everyone wants to be a part of something bigger and better and to believe that change is possible

**Tools for Advocacy Step 2**

# Assessing the Quality of School Sexual Health Education in Your Child's School

This is a checklist for Step 3 of this toolkit, *Assess the Current Situation in Your Community* to use to evaluate if the SSHE your child is currently getting (or not getting!) measures up.

## **PART I: HOW SEXUAL HEALTH IS VIEWED IN THE SCHOOL SYSTEM IN YOUR COMMUNITY**

1. Does the school or School Board have a "Healthy Schools" policy or program that promotes health education, helps students build healthy relationships with others, and makes them feel safe and respected? Is sexual health education included?

**Tip:**

To get a better idea of the "healthy school" concept, you may want to look at a report by the Provincial Health Officer, Dr. Perry Kendall, called "An Ounce of Prevention", that describes the philosophy of the healthy school. You can read his report at [www.healthplanning.gov.bc.ca/pho/](http://www.healthplanning.gov.bc.ca/pho/). Another source of information about youth health and behaviour, including sexual health, is the McCreary Centre Society website [www.mcs.bc.ca](http://www.mcs.bc.ca).

2. How does the School Board go about periodically consulting the community, professional experts and students about what needs the sexual health education program must meet?

**Tip**

In some communities in BC, parents and school officials have encountered inappropriate sexual behaviours among quite young students, resulting in increased awareness and attention to education needs, and even to direct intervention with the youth involved. It helps to have processes in place in the community that anticipate these needs based on experience elsewhere and community consultation.

3. Does the school offer a safe, supportive and confidential environment in which students can acquire sexual health knowledge, seek answers to their questions, or disclose experience with sexual abuse or coercion?
4. Does the school acknowledge the right of students to be able to access accurate and comprehensive sexual health education as part of their right to health information?

**Tip:**

To explore this you might want to ask:

- Does the School Board give students a voice in determining what will be covered in sexual health education classes?
- Can students access legitimate and reliable web sites that provide sexual health information on school computers?
- What resources are available in the library? Have any been banned from the school – if so, why?

5. What is the school's policy and approach with regard to diversity of sexual expression? Does the school allow or bar such student groups as Gay-Straight Alliances? Does the school have an active program to prevent and address discrimination that includes gender and sexual orientation?

**Tip**

To learn more about school-based programs addressing diversity of sexual expression, you may want to contact YouthQuest! At [www.youthquest.bc.ca](http://www.youthquest.bc.ca)

## PART 2: FOLLOWING THE MANDATED CURRICULUM, AND BEYOND

1. Has the School Board prepared supplementary material for schools to support sexual health education? Is the material prepared compatible with the Ministry's curriculum?

### Tip

This is a huge question! As a way of getting started, you may want to use these criteria as part of your assessment:

- Does the make-up of the advisory group that writes and reviews the course material reflect balance and the appropriate knowledge base? Does this group include experts on how to teach the subject effectively, as well as on content?
- Does the course material cover all options available to prevent pregnancy and sexually transmitted infection in a way that balances risks and benefits?
- Does the course material encourage students to examine their values, interact with others, and make informed choices for themselves, in non-judgmental terms?
- Is age-appropriate sexual health education a part of the learning experience in every Grade?
- Is the sexual health curriculum linked to other related curriculum areas?

2. Are male and female students taught sexual health together, or are they separated?

### Tip

One of the important characteristics of comprehensive sexual health education is that all students hear and appreciate the questions, concerns and perspectives of others. Students of all gender expressions need equal information about themselves and one another

3. If parents choose to withdraw their children from school sexual health education classes in favour of teaching them at home (as the law permits), what measures are in place to monitor their adherence to the mandated curriculum (as the law requires)?
4. How do the school and the School Board evaluate (measure) the effectiveness of the sexual health education they are delivering? Are the results discussed in the community, and with parents in particular? How often is an evaluation done?

**Tip**

It's hard to measure immediate effects of school sexual health education but research indicates that the effect of education among young people is strongest within the next six months, and declines from there without reinforcement. You may want to consider these factors, as well as the following questions:

- Have goals been defined for what school sexual health education should achieve?
- Whose voices are included in the evaluation (for example, parents, students, health professionals and others in the community)?
- What comparisons are used to decide how well the community is doing with regard to sexual health education?
- An important part of the general health curriculum is imparting a sense of self-worth, personal dignity and respect for others. How is this showing up in other aspects of the lives of your children, and youth in the community in general?

### **PART 3: RESOURCES AND COMMUNITY LINKS FOR QUALITY SEXUAL HEALTH EDUCATION**

1. What collaboration is in place between the education system and the health system in the community to support students?
2. What criteria are used to determine which teacher(s) will be assigned the role of teaching sexual health? Are those criteria adequate? What is in place to ensure that those teachers get regular education themselves on the information they need? What priority does this education get?

**Tip:**

Here's what the *Canadian Guidelines* recommend that persons providing sexual health education have in training and experience.

- *Extensive knowledge of human sexuality*
- *Specific knowledge of sexual health issues relevant to the audience*
- *The skills to act as effective educators in their professional setting*
- *The ability to establish rapport with people of diverse backgrounds, sexual orientation, and varied education needs*
- *The ability to sensitively affirm sexual feelings as a natural part of life*
- *The ability to recognize the effect that religious, ethno-cultural and other variables may have on an individual's values and beliefs about sexuality*
- *The ability to sensitively address and resolve conflict that may arise as a result of differing values and beliefs surrounding sexual health and sexuality*
- Specific understanding about issues related to sexual orientation and skills to provide sexual health education in this area
- Sensitivity to gender-related issues relevant to sexual health
- Media literacy relevant to sexual health
- Commitment to a professional code of ethics that guides their work in sexual health education

3. What support does the school environment give to the sexual health educator to ensure a sense of safety and respect for that person?
4. Has the school or School Board allocated sufficient financial resources to ensure that students receive adequate sexual health education?
5. A number of community organizations offer sexual health education. What is the policy of the school or School Board with regard to involving them in the sexual health education process? What criteria are used to determine who from the community is qualified to provide comprehensive sexual health education to students?

**Tip:**

Some of the items in this checklist could be used to draft a policy, and any group or individual from the community providing sexual health education at the school could be required to commit to following the policy.

6. Does the school provide easy access to information about the community resources available to meet students' sexual health needs (for example, sexual health clinics, social service agencies, youth clinics)?
7. Does the school or School Board have a program in place for training youth as peer educators, with careful training and supervision, and clear definitions of roles and responsibilities?
8. What support does the school system offer parents, guardians and caregivers to enhance their ability to provide sexual health education to their children?

### Tool for Advocacy Step 3

## Building a Coalition

### Why a coalition?

- A coalition creates power in numbers
- It increases the amount you can accomplish
- It allows for the sharing of tasks
- It demonstrates community support for an issue beyond an individual or small group
- It encourages each member to contribute her/his own expertise
- It encourages members to tap into their own networks to generate further support
- It builds enthusiasm and momentum

### Whom to approach

When building a coalition around school sexual health education, you may find many supporters who may be interested in joining. They include:

- Youth
- Other Parents
- Groups of organized parents, such as the Parent Advisory Council at your school and/or the District Parent Advisory Council
- School teachers and staff, including nurses and school counsellors
- Youth-serving organizations
- HIV/AIDS prevention and services organizations
- Independent sexual health educators
- Family planning providers/pregnancy prevention organizations
- Public and community health professionals and officials, such as doctors, nurses, particularly from youth clinics, sexual/reproductive health specific clinics and community health centers
- Regional health authority
- Civil rights groups
- Gay, Lesbian, Bisexual and Transgendered (LGBT) organizations

- Anti-violence organizations
- Women's groups
- Anti-racist groups
- Teachers' unions (in BC, this is the BC Teachers' Federation)
- Elected officials (federal, provincial and/or municipal)
- Religious leaders and organizations

**Tip**

Start with the groups most connected and involved with the school/local community and then branch out into the other community organizations and political groups/individuals

### Tool for Advocacy Step 3

## Working with Youth

Youth are a group that you should develop relationships with during your advocacy efforts and involve in your coalition. Youth need to know that you support their right to comprehensive and accurate SSHE. Here are some tips for working with youth in your community.

- Ask your own children what they think about the SSHE they receive and what changes they would like to make.
- Approach youth who are active in the school (through the Student Council, Gay/Straight Alliance, HIV/AIDS Committee, etc.) to be a part of your coalition.
- Ensure they have a voice in coalition work; their input is tremendously valuable and their personal stories can make a big impact.
- Offer your support to youth who are working to improve SSHE and be willing to take direction from youth on what they need.
- As you organize with other parents, encourage youth to organize with other youth so you reinforce and strengthen one another's efforts.
- Parents often have organizational skills that they can lend youth who need it; offer your help.
- There is a complementary advocacy toolkit on SSHE for youth; print it out and pass it along.
- In your advocacy efforts, be sure to emphasize the need for youth input and involvement in changing SSHE.
- Encourage other parents to support youth efforts.
- Be open and non-judgemental about young people's insights and suggestions; youth are the experts of their lives and their contribution can further your advocacy efforts.

**Tool for Advocacy Step 3**

# **Working with Teachers and Other**

## **Sexual Health Educators**

Developing relationships with the people who actually teach sexual health will increase your knowledge and strengthen your advocacy efforts. Teachers need to know you'll support them in teaching it. Here are some tips for working with teachers.

- Ask the people who teach the sexual health curriculum at your child's school about the challenges they face teaching the subject. Different people deliver SSHE in different school districts: it can be teachers, school counsellors or independent educators outside of the school.
- Invite sexual health educators inside and outside of your child's school to join your coalition.
- Ask teachers how you as a parent can support their sexual health education work and how to demonstrate that support.
- Teachers are excellent resources – they can help spread your message and provide you with helpful information about the curriculum and political climate at your school and school board.
- Partner with teachers and other sexual health educators to start a youth/partners advocacy club at the school.

## Tool for Advocacy Step 4

# Mapping your Plans

At this stage, you may be eager to get going...but before you get ahead of yourself, it's a good idea to make a plan of action to ensure all coalition members are on the same page and have a shared understanding of goals and expectations.

- Decide with your coalition what your overall vision is. It doesn't have to be big and fancy; it may be as simple a statement as improving the sexual health education in your child's school.
- Brainstorm things that would need to change to make the vision a reality. Decide as a group which of those things you can influence the most. These will become the goals of your advocacy campaign.
- Develop 3-4 key messages that reflect overall vision and goals of your advocacy effort and that your coalition members agree to; these messages will be used and repeated in all advocacy strategies you choose. See the box for tips on developing your messages.
- Decide how you want to communicate your message and to whom: is it the public, is it the local school board, is it your MLA, etc. Use the *Directory* in this toolkit for contact information.

### Developing your messages

- Messages should be short sentences (no more than 12 words each), in simple language, that are easy to remember.
- Messages should include personal stories and anecdotes – compelling messages have a personal element.
- Where possible, refute arguments against SSHE in your messages.
- Messages should be repeated, and often!
- Developing messages is hard but important work. Be patient and prepared to put in the time.

- Here's a list of just some of the strategies to consider; for help, see the related tools in the *Tools* section
  - At election time, ask school board trustee candidates what their plans of action are for SSHE (see *Questions for Political Candidates*)
  - Engage the media (see *Working with the Media*)
  - Get on the agenda and make a presentation to your local school board (see *Working with the School Board*)
  - Write letters to your child's school principal, the chair of your local school board and/or the Minister of Education (see *Sample Letters for the School Principal, School Board Chair and Minister of Education*)
- Discuss with coalition members which strategy will be the most effective in your community at that time
- Make a plan of every task associated with reaching your goals and implementing your strategies (see *Mapping your Plans, Working with the Media* and other pages in the *Tools* section of this kit).
- Give some thought to the time it will take to do each task and the skills and ability that will be needed. Then share with each other what talents each of you bring to the coalition. If there are gaps, brainstorm who else to approach to join your group to assist in these areas.
- You may want to have specific roles for certain people ie: media spokesperson, youth liaison, chair, presenter, etc.
- Remember to have a way of checking in to ensure people have done what they've signed on for and if not, how to redistribute the work ie: action items from minutes, etc.
- Create a list of members and document your vision, key messages and goals to have as background information about your coalition
- It's just a plan—try to stick to it but if something isn't working, don't be afraid as a group to try something else.

**Tip**

- Be specific when listing tasks – sometimes it's the small things that take the most time!
- See if there are any events coming up that will make your efforts more timely ie: World AIDS Day, a school board trustees election, a review of your school district, etc.
- Not everyone in the community will agree with your message for improving school sexual health education; take some time to figure out how to convey your message in a calm and reasonable way that takes opposing views into account. See *Making Friends with the Opposition* in the *Tools* section of this kit for tips on how deal with resistance.
- There are many other advocacy strategies including letter writing campaigns, organizing rallies and creating a petition; for tools on how to do this, see the toolkits cited in the *Resources* section.

**Tool for Advocacy Step 4**

## **Questions for School Board Candidates**

Election time for school board trustees can be a great opportunity for advocacy work! This checklist of questions was created to support you in asking school board trustee candidates what their plans of action are for SSHE.

These questions do not imply or promote endorsement of any position or particular candidate. They are intended to give you some idea of where all candidates stand on the issue of SSHE.

- What is your position regarding school sexual health education and how will your position influence the education children and youth receive in our community?
- If elected, what will you do to ensure youth receive accurate and comprehensive school sexual health education?
- What is your plan for supporting school sexual health education for children and youth and what kind of financial resources will you designate to your plan?
- What will you do to ensure that the voices of youth are heard and considered when planning changes to sexual health curriculum?
- There are currently no Provincial criteria for the qualifications of outside sexual health educators coming into our school. Do you support establishing such criteria for our school district and if so, what criteria do you think are important?
- What do you think the school system can do to support parents who want to do a good job of teaching their children about sexual health?

## Tool for Advocacy Step 4

# Working with the Media

Getting media exposure can do much for educating the public about SSHE, raising awareness about your efforts to improve SSHE in your community and most importantly, to motivate members of the public to support those efforts.

### Tips

- Do not use the media if your coalition is in disagreement or at a time when bigger political issues are dominating media coverage.
- Do not engage the media *before* you have developed your key messages. Conflicting or unclear messages can do much damage to a campaign.
- Choose someone from your coalition to be the media spokesperson – the one who will communicate the group’s message, not their own, to the media. Try to choose someone who is comfortable on camera/radio and who has experience working with the media.

Once you have developed your messages, here are some of the ways to engage the media in your campaign.

### 1. Prepare and distribute a press release about your campaign activities.

- Journalists get tons of press releases, so make yours catchy and about something significant enough to warrant attention (an event, a major achievement or groundbreaking decision/outcome)
- A press release should assist journalists in producing a story so include: an outline of your action/response to an action; background info on the issue/event and your coalition, an invitation to media if it’s an event; and contact information.
- Be clear, concise and keep it to one page.

### Tips

Avoid jargon and explain technical terms, abbreviations if necessary

**2. Be interviewed for television, radio, and print media.**

- This may be in response to a press release or you may use public call-in or talk shows to get your voice heard
- Develop good relationships with journalists and give them background information in advance if possible
- Repeat your key messages!
- Speak in short but complete sentences. Try and stick to a limit of 10 to 15 seconds for answering questions.
- Think of challenging questions prior to your interview and practice answering them.
- If you don't have the answer to a question, say so and let your interviewer know that you will try to find the answer and provide it prior to their deadline.

**Tips**

Avoid being defensive; just state your position clearly

**3. If you see an article recently published in the newspaper related to SSHE, write a letter to the editor in response to it.**

- Write a short letter in response to the article (maximum 250 words).
- Include the title or subject of the article and date it appeared.
- Include your contact information in your letter for verification.

**Tips**

Be timely. Respond as quickly as possible, even the same day as the piece appeared.

## Tool for Advocacy Step 4

# Working With the School Board

Why approach the School Board?

- The School Board determines how curriculum will be delivered in a school district, including SSHE
- The School Board is accountable to the community

Getting the School Board's attention may be tough. They're dealing with many issues and have a complex agenda to manage, so be patient. Here are some steps to help you along:

- Log on to the School Board's website and find out how it works: who is on the board and when they meet, etc.
- School Board Meetings are open to the public – attend one first to get a feel for what they are like
- Contact the secretary of your local School Board to find out which committee or person to contact to get your coalition on the agenda of an upcoming School Board meeting
- Send information packages about your coalition and goals to School Board members
- Before making any assumption, ask a School Board trustee how the School Board has supported SSHE in the past

### Tips

If you give School Board trustees the heads up, they may be more willing to work with you.

Should you succeed in getting an opportunity to present to the School Board, here are some tips for making your presentation.

- Stick to the time allotment you are given
- Start with a personal anecdote that will capture people's attention
- Introduce your topic and provide a summary of your presentation at the end.
- State your key messages and repeat them throughout your presentation.

- Include counter-arguments to SSHE and refute them
- Speak clearly, make eye contact with your audience and try not to read from your notes
- Put a human face to the issue – let the board know how SSHE affects the entire community. For example, on average, there are 12 pregnancies a day in BC in the 15 to 19 age group, etc.
- Provide an alternative – let people know there is something they can do to make a difference
- Convey enthusiasm and conviction
- Thank people for listening

**Tips**

Suggest to the school board that it may be easier for them to address the concerns of parents about SSHE in a community forum or other public event rather than one on one

**\Tool for Advocacy Step 4**

## **Sample Letters for the School Principal, School Board Chair and Ministry of Education**

The letters in this section are just samples. Your words are, of course, the best ones to use to put your thoughts forward.

Letter A is to the BC Minister of Education. School Boards must sign accountability agreements with the Ministry of Education but those agreements typically have little or nothing to say about standards of delivery of required curriculum in the school district. The letter asks the Minister to get more accountability from School Boards in this regard. The letter offers several suggested actions for you to consider including.

Letter B is to the Chair of your School Board. It has several choices to select from in terms of what you might ask for.

Letter C is to the Principal of your child's school. It, too, offers some choices for what you might ask the Principal to address.

## LETTER A

The Honourable Shirley Bond  
Minister of Education  
Province of British Columbia  
PO Box 9045, Stn Prov Govt  
Victoria BC  
V8W 9E2

Dear Minister:

Sexual health is an important part of every person's life, and the impact of inadequate personal knowledge and preparation can be felt early. In BC we see a daily average of 12 pregnancies among young women 15 to 19. Sexually transmitted infections (STI) rates are unacceptably high among our youth. Youth hold a variety of ideas about what activity is "real sex" and what is not: these ideas can present real health risks for them that they may not understand.

Your Ministry has recognized the importance of sexual health by making sexual health education mandatory for all students. The quality of that education should be something for which school boards are accountable. That is why I am asking you to introduce additional requirements in the accountability contracts school boards must sign, to measure the effectiveness of sexual health education they deliver.

I have a few suggestions for how this could be included in the contract:

In the section of the contract where the school board describes the district it manages, rates of pregnancy and sexually transmitted infections among the school population should be discussed.

The resources given to schools and school planning councils for sexual health education should be reported.

One goal in all the contracts could be related to sexual health education. The goal could cover things like looking for the best techniques used in other school districts, involving students in identifying what they need to learn, setting up peer educator programs, and providing education for parents to help them do their part of the job better.

School boards could be asked to report on links they have made between schools and other community services to support sexual health for students, including clinical services through Public Health or other agencies.

Over a longer time period, effective sexual health education should change pregnancy and STI rates for the better. This can be tracked.

As a past member and Chair of the Prince George School Board, you have had valuable experience with how School Boards go about making changes and meeting new challenges.

Parent Advocacy Kit

Please consider using your experience, and your new role, to help make the important changes I am suggesting.

Thank you for your consideration of this letter.

Sincerely,

## LETTER B

The Chair of the Board

School District #

Dear

Sexual health is an important part of every person's life, and the impact of inadequate personal knowledge and preparation can be felt early. In BC we see a daily average of 12 pregnancies among young women 15 to 19. Sexually transmitted infection (STI) rates are unacceptably high among our youth. Youth hold a variety of ideas about what activity is "real sex" and what is not: these ideas can present real health risks for them that they may not understand.

Our School Board has a great deal of influence over the quality of sexual health education our students receive. They need it to be the best we can achieve. For that reason I am asking the School Board to consider taking the following steps:

Consultation with our students, appropriate for their age group, to confirm that our schools are teaching them what they need to know when they need to know it.

Consultation with school planning councils and parent advisory council, to ensure that sufficient resources are allocated to sexual health education.

Consultation with other School Boards to find and share the best techniques used elsewhere for teaching sexual health.

Consultation with our teachers to ensure that those charged with teaching sexual health feel they are adequately prepared to deliver the best possible educational experience for our youth.

Introduction of youth peer sexual health educator programs where they do not exist.

Sponsorship of parent education programs to help them do their part of the job better.

Active promotion of links between our schools and other community services to support confidential and non-judgmental access to sexual health services for our students, including clinical services through Public Health or other agencies.

Thank you for your consideration of this letter.

Sincerely,

## LETTER C

The Principal  
[School]

Dear

Sexual health is an important part of every person's life, and the impact of inadequate personal knowledge and preparation can be felt early. In BC we see a daily average of 12 pregnancies among young women 15 to 19. Sexually transmitted infections (STI) rates are unacceptably high among our youth. Youth hold a variety of ideas about what activity is "real sex" and what is not: these ideas can present real health risks for them that they may not understand.

As the Principal of your school, you play an important role in influencing the quality of sexual health education our students receive. They need it to be the best we can achieve. For that reason I am asking you to consider taking the following steps:

Establishment of a consultation process with students to review their sexual health education needs on a periodic basis, so they can be addressed in an appropriate manner, and complementary consultation with parents to convey those decisions.

Support for teachers teaching sexual health, to ensure they feel comfortable and sufficiently trained.

Consultation with other Principals to find and share the best techniques used elsewhere for teaching sexual health.

Introduction of a youth peer sexual health educator program.

Active promotion of links between your school and other community services to support confidential and non-judgmental access to sexual health services for our students, including clinical services through Public Health or other agencies.

Thank you for your consideration of this letter.

Sincerely,

# Resources

## Related Resources

### Other Campaign Resources

[www.dontjustdoit.com](http://www.dontjustdoit.com)

This is the site of the BC SexEd Curriculum Builders, which is a group of young people (and those who care about them) taking an active part in the sexual health education.

[www.opt2act.org](http://www.opt2act.org)

This is the site of the SSHE campaign being championed by Options for Sexual Health in conjunction with other partners including YouthCO AIDS Society, ANKORS, the Vancouver School Board, Youthquest! and the Island Sexual Health Society. There is a section for parents that includes a downloadable version of this toolkit.

### Other Advocacy Toolkits for Sexual Health Education Advocacy

<http://www.ppfa.org/pp2/portal/educationoutreach/advocacy/>

This is the Planned Parenthood Federation of America site, which features an advocacy toolkit for The Reality-based Education and Learning for Life that can be used by professionals, parents, and other community members to advocate for responsible sexuality education.

<http://www.ppfca.ca/ppfc/toolkit/english/main.htm>

The Planned Parenthood Federation of Canada website features a toolkit for rural communities, The How to Rural Toolkit for Sexual Health Programs & Services.

<http://www.advocatesforyouth.org/publications/advocacykit.pdf>

This Toolkit provides in-depth information on how to improve adolescent reproductive health and sexual health programs and policies by organizing at the state and local levels. It includes information on building coalitions, conducting needs assessments, planning public education campaigns, working with the media, educating policy makers, and responding to opposition.

<http://www.advocatesforyouth.org/youth/advocacy/myvoicecounts/toolkit/toolkit.pdf>

This toolkit, entitled My Voice Counts, is designed to assist youth in organizing around the My Voice Counts campaign around youth's reproductive and sexual health. It provides useful tips and guidance for grassroots campaigns in general.

<http://www.aidsmap.com/en/docs/6F2FA05C-8B05-4136-9048-27B0C95091E4.asp>

This toolkit is produced by the International HIV/AIDS Alliance, and while specific to HIV/AIDS, has a wealth of information and tools on media work, communications and other advocacy tactics.

## **Sexual Health Education Information**

<http://www.optionsforsexualhealth.org/about/advocacy/advocacy.htm>

This is the Options for Sexual Health site where you can access reports about the state of sexual health information in BC.

<http://www.bced.gov.bc.ca/irp/irp.htm>

This is the BC Ministry of Education's site, which outlines the Career and Family Planning curriculum (called IRPs – Integrated Resource Packages) for grades K - 12 , which is where the bulk of sexual health information is taught.

[http://www.safehealthyschools.org/old\\_files/gateway.htm](http://www.safehealthyschools.org/old_files/gateway.htm)

This gateway is designed to help teachers and other educators locate good lesson plans and classroom-based learning activities in sexuality education.

[http://www.phac-aspc.gc.ca/publicat/cgshe-ldnemss/cgshe\\_toc.htm](http://www.phac-aspc.gc.ca/publicat/cgshe-ldnemss/cgshe_toc.htm)

This site has the *Canadian Guidelines for Sexual Health Education*, a report produced by Health Canada in 2003 and it proposes a framework that outlines the philosophical and guiding principles for the development, delivery and evaluation of sexual health education.

[www.seiccan.org](http://www.seiccan.org)

The Sexual Health Information and Education Council of Canada is a national educational organization that works to foster public and professional education about human sexuality. This site has reports and information on sexual health education in Canada.

## **General Sexual Health Information**

**1.800.739.7367**

Facts of Life Line

Staffed by nurses and trained volunteers, you can call this line for anything related to sexual and reproductive health.

[www.optionsforsexualhealth.org](http://www.optionsforsexualhealth.org)

Options for Sexual Health works to reduce unplanned pregnancy and promote optimal reproductive health by providing quality education, information and clinical services to all British Columbians. On this site, you will find sexual health information for youth, parents and professionals as well as information about OPT services.

[www.youthco.org](http://www.youthco.org)

YouthCO is a non-profit, youth-driven organization working to involve youth ages 15-29 from all communities in addressing HIV/AIDS, Hepatitis C and related issues. This site offers information on HIV/AIDS and Hepatitis C from a youth perspective.

[www.planetahead.org](http://www.planetahead.org)

Condomania, an initiative of the Vancouver Coastal Health Authority, is made up of teen website committee members, youth peer educators, and program staff who care about young people and their sexual health. Sexual health information for youth and information for parents can be found on this site.

[www.sexualityandu.ca](http://www.sexualityandu.ca)

A Canadian web site devoted to sexuality education and information, administered by The Society of Obstetricians and Gynaecology of Canada.

[www.ankors.bc.ca](http://www.ankors.bc.ca)

ANKORS is based in Nelson, BC and provides support and advocacy services to people living with HIV or AIDAS, their friends and families in the East and West Kootenay/Boundary region. Their services are outlined on this site.

[www.youthquest.bc.ca](http://www.youthquest.bc.ca)

YouthQuest's goal is to provide youth aged 14-21 who are grappling with their sexual identity a non-judgmental and nurturing space where they can find their own truth without the pressure they find at home, at school, and in all aspects of their lives when they test the boundaries of identity.

[www.purposesociety.org](http://www.purposesociety.org)

The Purpose Society has an HIV/AIDS program including the *Transmit Knowledge – Not HIV* program.

<http://www.religiousinstitute.org/matters.html>

The Religious Institute on Sexual Morality, Justice and Healing has articles about youth sexuality and religion.

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