

REPORT TO THE SUPERINTENDENT OF SCHOOLS:

CONTRACTED SERVICES AND THE HEALTH CURRICULUM

January 16, 2018

Clyde Woolman

## **Terms of Reference**

On December 4 the writer met with the Superintendent and Assistant Superintendent to discuss the possibility of a report on the linkages between contracted services of Dr. Claire Vanston (hereafter referred to as Dr. Claire), and the implementation of the health curriculum. There were three distinct thrusts that were prompting the desire for such a report. Firstly, there was a feeling that Dr. Claire's work was being regarded as the vehicle for delivery of the Health curriculum, especially in grades K-7, when the intent was to augment teacher work in the classroom. In conversations with Dr. Claire, she too believed that this perception of her as, "the health curriculum person" existed. Secondly, the level of instructional commitment Dr. Claire has been able or willing to devote to School District 71 will be reduced in the future. Dr. Claire has already indicated in writing that she does not intend to continue with secondary level sessions in the next school year. Such a change would have considerable impact. The third thread is linked to the two points above, is the additional support provided by schools to contract Dr. Claire's services, usually, though not exclusively, through the PACs.

This review not only demonstrates a desire on the part of the district to "get ahead of the issue", it links well with the Program Review document provided to this writer by the Superintendent. The fall 2017/winter 2018 review documents notes Curriculum, Learning Services/Resources, and Student Services as facets that may be reviewed. The topic pertinent to this report is connected to all three of these district programs and/or components.

At the conclusion of the December 4 meeting it was agreed that the report would be made available to the superintendent by the middle of January.

## **The Author**

The author of this report is a retired educator, with over thirty years in education leadership, over twenty of those in District 71. He has been an elementary, middle and high school principal, an Assistant Superintendent as well as the Superintendent of Schools in District 71 for six years. He was also a high school counsellor, at one time, responsible for organizing a guest speaker program for topics similar to those discussed in this report. At the time when agreeing to conduct the review, the writer had not met or conversed with Dr. Claire and had only minimal knowledge of her role in the district. Similarly the writer had not been part of, nor had knowledge of the changes to the new Health curriculum and the impact that may have.

## **Background to the Curricular Area**

Issues around what used to be termed “sex education” are not new. In the past, health-oriented curriculum of this nature has been taught mostly by counsellors in the junior and senior schools, (in the 1980’s and early 1990’s there were no elementary counselling positions). There was a counselling coordinator in the late 1980’s who was not directly involved with “sex-education” instruction though a Vanier counsellor was, for a time, denoted as a “district resource”. The material has also been taught at various times by nurses and public health officials, though no program or series of visitations equalled the length and depth currently provided through Dr. Claire. The material has been included in various guises in a number of provincial curricula, including Learning for Living, Career/Planning education and now, Physical Education and Health. Significantly controversial with parents one and two generations ago, there has been gradual acceptance that schools should be involved in this type of education. This is by no means universally accepted. The current practice of parents being provided prior information and having the choice for their child to “opt-out” of the sessions is a critical, though not often used, component of the delivery and should continue in the future. Generally the increased level of acceptance may be due to the increasing complexity of sexual and gender-oriented issues, including the rapid advance of technology in establishing “relationships”, or be part of a more general trend over the last thirty years. There is a broadened expectation of school involvement in social issues that in previous eras were the purview of the family, community or church, (one such example being several schools involvement in celebration-of-life ceremonies, activities rarely, if ever considered to be the realm of the schools thirty years ago).

## **Methodology**

The basic methodology utilized was discussion and conversations with a range of school district personnel and a detailed check on the learning outcomes of the new Health curriculum. There were two contacts with Dr. Claire, one an hour-long face-to-face meeting and the other a relatively short phone conversation. There were thirty-two contacts with school district personnel, ranging from ten minute conversations to discussions that exceeded an hour. Of the thirty-two contacts, fifteen were teachers (of these five were with counsellors and one other with the CDTA president), fourteen were site administrators, and three were Directors of Instruction.

These were the following points that met with general, though not universal agreement:

1. That the issues around sex-gender education is changing rapidly especially for older children and teens, and it is extremely difficult for classroom teachers to be current,
2. That the majority, though not all, teachers regard Dr. Claire's services as providing most or all of the health curriculum requirements,
3. That Dr. Claire provides excellent service (this point was universal),
4. That it is highly unlikely that the level and type of participation by Dr. Claire will remain at the current levels in the future, (this was provided mostly by administrators and counsellors who were more aware of specific information),
5. That classroom teachers have no specific training in this area,
6. That though there is a range of comfort level, a number of teachers feel uncomfortable and even vulnerable when discussing these issues, particularly with older students as the questions and content become more complex,
7. That Intermediate and high school students are more likely to ask questions of a trusted adult other than their classroom teacher,
8. That having familiarity with the instructor is beneficial, though there may be a point during the graduation program levels when a "new voice" may have more impact,
9. That primary teachers who would be most able to conduct the sessions with their own students, assuming that support materials are in place,

These points and others will be discussed as the report unfolds.

### **Background to Dr. Claire Services**

Dr. Claire has been providing service to the district for the last eight years. The program has become more involved over the years, particularly with the advent of "non-district" monies as a type of "value-added" service. The district program includes services comprising two sessions in grades 1, 3, and 5, and one session in grades 7, 8 and 10. This is made available to all schools no matter their size or location. In this aspect, District 71 has, according to Dr. Claire, a more comprehensive approach than many other school districts. Her hourly rate is \$115.00 plus .43 per kilometre. This has not changed since the beginning of the contractual relationship, though it may change in the future. On behalf of the district she also applies for grants. The district budget is \$25,000 which is supplemented by grants. At the conclusion of the 2017 year, records indicate that Dr. Claire was paid approximately \$35,800 through school district funds.

In addition, some schools, PACs or community-school organizations fund visitations by Dr. Claire for Kindergarten and grades 2, 4, 6, and 9. Dr. Claire reports that there are 11 schools doing so fully or in part for 2017-18 school year, with Miracle Beach and Airport being the last two to join the group in 2017. Not being directly related to this report, and not involving public monies (with two or three exceptions), these financial arrangements were not explored. It has not been historical practice for PACs to fund an external source to a level what some believe to be the delivery of significant aspects of a provincial curriculum. The CDTA president did not, however, note any issues from the teachers' association in that regard.

Organizationally there has been one member of the senior leadership team that has been the primary link with Dr. Claire. However, there are aspects of her work tied to the topics in the Health curriculum which have connections to other departments, and thus fall under the auspices of others. Like all organizations, school districts need to adapt when issues cross categories or departmental boundaries. At one time or another, the Assistant Superintendent has been in charge of liaising with Dr. Claire. Meanwhile, the Director of Instruction (Elementary; since retired), was responsible for resources and working with LRC staff to develop various kits. The Director of Instruction (Student Services), was working with elementary counsellors on a safety-based program that has clear connections to the Health curriculum outcomes. It would likely be beneficial if one senior leader oversaw the implementation of the Health curriculum and any contracted work that augments the work, be it Dr. Claire or others. Liaison between curricular and counselling services is essential for optimum curricular delivery and related support.

### **Quality of Dr. Claire's Services**

It would be remiss if this report did not mention the high quality of Dr. Claire's work. It is extremely rare to have such consistency of opinion and for it to be overwhelmingly positive. Dr. Claire is regarded as a knowledgeable, highly-skilled presenter who works exceedingly well with students of all ages. Teachers, administrators and counsellors find her easy to work with and appreciate her straight-forward approach. Whatever the future holds, Dr. Claire is to be commended for her services to the students for such a long period of time, and the school district recognized for obtaining and supporting such a service to augment teacher work in the classroom.

### **Dr. Claire's Services and the Health Curriculum**

In an interesting twist, Dr. Claire's positive contribution may have led to many teachers assuming that her work "covers" the Health curriculum. While it is impossible to categorically state this perception is true of all elementary teachers, (and those teaching PHE to those in grades 7, 8 or 9) virtually all those interviewed thought that this was a relatively common belief. Dr. Claire also believed this to be true. While there is a strong link between the topics covered by Dr. Claire and *some* of those in the Health curriculum, there are many more topics that she does not touch upon. Thus the service she provides is not delivering the Health program. It should be regarded as a district-sponsored service intended to augment the delivery for what is ultimately the role of the classroom teacher. That it is presented in what happens to be an exceptional manner does not mask this fact.

The Health curriculum was implemented in K-9 in 2017-18 with grade 10 scheduled for 2018-19. Clearly curricular change of this magnitude (particularly for secondary PHE teachers) is not likely to be implemented evenly across any school district without some supplemental specialist assistance. There is a considerable range of teacher interest, comfort and ability in several of the topics to be covered in the new curriculum. Thus there is little doubt that whatever the future model for delivery may be for K-10, there is a need to develop in-district capacity.

The Health curriculum has four main strands, Physical Literacy, Healthy/Active Living, Social and Community Health and Mental Well Being. Unlike curriculum of previous eras there is no specific time indicated or even suggested and the emphasis is on flexibility. The document states that, "As with other areas of learning there is no fixed delivery model for PHE . . . depending on local needs and supports, teachers could also continue to utilize community resources, such as public health nurses . . . allowing for flexible learning environments." The district has demonstrated flexibility in the past, perhaps more so than several other jurisdictions, and will need to do so in the future.

### **Building Teacher Capacity at Elementary Grades – LRC Kits**

The district has demonstrated initiative in preparing for the future. There are four prototype kits at the LRC currently on-hold; one for parents, one for grades K-3, one for grades 4-5 and one for grades 6-7. The kits are housed in totes and Dr. Claire has chosen the materials. There are some French language downloads for French Immersion classes but the majority of

material is in English. This has been a challenging project and the district should be commended on demonstrated foresight. In particular, Joan Pearce, librarian at the LRC is to be congratulated on the development of the prototype kits, as is Dr. Claire for providing her expertise and advice. The plan would be for one of each levelled kit to be placed in each elementary school, including Navigate, Cumberland Community School and Lake Trail, given the school enrolls grade 6 and 7. There would also be additional kits housed at the LRC since the number of divisions in large schools may mean difficulty of access. The total cost for the resource kits would be in the \$6,000-7,000 range. Given that building teacher capacity will be important for future success, it appears that purchasing the materials should be a relatively easy decision to make.

### **Building Teacher Capacity at Elementary Grades – Kids in the Know Program**

The second initiative to build capacity has been the purchase of the Kids in the Know Program for grades K-7. This program is from the Canadian Centre of Child Protection's National Safety Program. The intent is to, "Build resiliency skills (in children) and reduce their likelihood of victimization in the online and offline world." The kits were distributed to all elementary schools, at coincidentally about the same time as Dr. Claire started the connection with the district. The Student Services department purchased the kits to support safety education and the elementary counsellors have been asked to encourage teachers to use the material and continued promotion should be sustained. While the material does not duplicate Dr. Claire's work, it does connect well with it and could provide supplemental support for classroom teachers in delivering the Health curriculum, thus building teacher capacity. The Kids in the Know program, coupled with the LRC kits provides makes for a potentially good combination of support materials for classroom teachers.

### **Building Teacher Capacity - Primary Teachers**

As previously stated, Dr. Claire has indicated in writing that she does not intend to continue to deliver instructional services to secondary (grades 8-12) in 2018-19. There will likely be further reductions in direct instructional service over the next few years. Assuming that, the most likely first step is to move toward primary teachers teaching the Health curriculum without her services. This statement is based largely on the type of material that is covered, (largely body science), the level of questions and comments from students at primary age when

compared to older students,, and previous work that many current primary teachers have had with programs such as the CARE Kit. Dr. Claire also agrees with this logic. Depending upon discussions with Dr. Claire, the district could move to a fully K-3 teacher-driven model for 2018-19, or

1. a K-3 model with a grant process for extra Dr. Claire support in schools where a teacher(s) may be especially uncomfortable, or,
2. a K-1 model in 2018-19 with a full K-3 implementation the following year, or
3. a K-3 pilot in certain schools in 2018-2019 with full implementation the following year.

It is noteworthy that the content for the Health curriculum changes from K-1 to 2/3 and and then again from grade 3 to grade 4. The K-1 content notes the need for awareness of “Appropriate and inappropriate ways of being touched.” In grade 2/3 that is altered to, “Strategies and skills for use in potentially hazardous, unsafe or abusive situations.” By grade 4 the content has changed dramatically with the strategies listed for grade 2/3, but with the additional, “Including lures or tricks used by potential abusers.” The grade 4 content also adds two totally new content goals, “Factors that influence self-identity, body mass and social media,” as well as, “Physical, emotional and social changes that occur during puberty, including those involving sexuality and sexual identity.”

If either of the above three optional plans are chosen over a full K-3 “roll-out”, the established goal would be to move to a teacher-taught K-3 model in 2019-2020 at the latest. If the district were to move toward a teacher-driven delivery model in primary, video-taping a Dr. Claire session in this school year with each of grades K-3 would be extremely beneficial. The tape could be added to the LRC kits and be an excellent resource for teachers and parents in 2018-19. This would be an additional expense and agreement would need to be reached regarding intellectual property, though that should not be an insurmountable task. Additionally, should the district decide to move in the primary teacher-delivery direction, a series of optional zonal workshops in 2018-19 for primary teachers after school with Dr. Claire could be instituted, as well as her presence at a district or school professional development sessions. The district should pay for her services for these sessions.



### **Building People Capacity at Elementary Schools - Counsellor Support**

There needs to be a “point-person” in each school regarding issues brought up in Dr. Claire sessions, the use of the Kids in the Know program and/or teachers and parents encountering issues from the teaching of the Health curriculum. For this section, the writer includes Navigate, Cumberland Community School and Lake Trail counsellors, differentiating the personnel, for the time being, from those at Glacier View, Nala’atsi or the three large high schools. From disclosures to student and parental questions, there is a need for a school contact since Dr. Claire is not always readily available. Counsellors are clearly the logical choice. They are more comfortable with sensitive issues and can provide assistance to classroom teachers, parents and students. They are aware of the need to refer onward when issues may require more intense intervention. There was general agreement that elementary counsellors currently perform this challenging role. To maintain their currency, the district should provide an annual or semi-annual workshop session for the elementary, Lake Trail and Cumberland counsellors with Dr. Claire. Counsellors should also be encouraged to attend at least one Dr. Claire session occurring in their school.

### **The Issue at Alternate Schools – Glacier View, Navigate, Nala’atsi**

Given that the delivery models are different between these schools and the three large high schools, and that there are differences between each of the three “alternative” schools the writer did not spend time on these situations. Each site is so unique that personnel there will need to work to develop an individual response. There will likely be opportunity for Glacier View students to link with community services through the Wellness Centre housed at the school. Should funding for the K-7 LRC kits be approved, Navigate will receive one. Additionally, given Navigate’s expertise in utilizing technology to deliver educational programs, there may be opportunities in the future to develop interactive technology and connect Dr. Claire via a technical link to a group of secondary school students. The grade 10-12 Nala’atsi program is not yet officially impacted. However, given the uniqueness of the program, a specific site-based approach to the topics covered by Dr. Claire and related health issues will most likely be the preferred approach.

### **The Issue at the Large Secondary Schools – PHE Teachers**

The situation at the large secondary schools is far different than that at elementary schools. Still overwhelmingly departmentalized, secondary schools need to adapt when faced with cross-jurisdictional issues. Assuming Dr. Claire does not continue with secondary school sessions, and there is no alternative solution except the work of the PHE teacher, there will be an uneven implementation of all aspects of the Health curriculum, including those previously covered by Dr. Claire. Unlike at the elementary level, there are no LRC kits planned and there is no Kids in the Know materials available (except perhaps at grade 8 in a few schools). Unlike at elementary school where the teachers are generalists and it is common practice to teach a range of subjects, teachers at high school generally are assigned classes for which they are trained, interested, or at least comfortable. While it may be that a few PHE teachers may feel reasonably competent and comfortable teaching the Health material (including that previously done by Dr. Claire), the vast majority of PHE teachers will not.

### **The Issue at Secondary School – The Role of Counsellors**

The most troubling aspects of the new Health curriculum at secondary school for PHE teachers will likely be the mental health and social/community health threads, two of the four components of the curriculum. The following four content statements are found in the grade 8 and 9 years; and states that students should know:

1. about healthy sexual decision-making,
2. strategies to protect themselves and others from potential abuse, exploitation and harm in a variety of settings,
3. signs and symptoms of stress, anxiety and depression,
4. influences of physical, emotional and social changes on identities and relationships.

Most people, in and outside the system, would view these learning outcomes as more in the teacher-counsellor realm than that of Physical Education teachers. The BC School Counsellors Association, a specialty association within the BCTF, stated in 2013 that, “Responding to the current wave of mental health and emotional troubles among students is a key preoccupation of school counsellors and our professional body.”

Any discussion of how to effectively implement the Health curriculum at grade 8, 9 and 10 should at least include the role of the counsellor(s) in a large, comprehensive high school.

This issue was not within the scope of this report. However, clearly, at least on paper, counsellors should have an important role, since they have the training and comfort level in dealing with sensitive issues. They could be the “point person” to support PHE teachers, or teach some of the material to the PHE classes, or team-teach the material with the PHE teacher. Certainly an initial step would be to build secondary counsellor capacity and currency by offering optional after-school professional development sessions with Dr. Claire in 2018-19, including the counsellor at Glacier View and the secondary counsellor(s) at Navigate.

### **Moving to the Future – Medium and Long-term**

Building people capacity within the system is the main thrust of this report. Such a change does not occur overnight and Dr. Claire’s role with the district may take on a different emphasis, one of a facilitator building capacity amongst classroom teachers rather than delivering a large portion of the instructional program.

However, it is highly unlikely that a quality, evenly implemented program in “sex-gender education,” or mental health/relationship aspects of the Health curriculum can be accomplished in grades 4-10 solely through the work of the elementary classroom teacher or the PHE teacher at middle and secondary levels. Questions of rapid change in terminology, technology-driven “sexting”, current media attention, teacher feelings of vulnerability, lack of comfort or knowledge about teaching “mental well-being” make some form of specialist support necessary. The troubling issues of increasing levels of child and youth anxiety and depression, new attitudes toward gender fluidity and the continuing impact of technology on human relationships is not going to go away; more likely, these issues will become more topical and point to the need for a person(s) of specialized training. The person may be a seconded district level health and safety counsellor, or a part-time counsellor at one school and then part time at the district level. The person may be a counsellor in the school, or a specially designated teacher. The person may be assigned on a zonal model. The person may be a source outside the school system such as Dr. Claire. Fortunately, whatever direction the district takes, it will likely be able to retain Dr. Claire’s instructional services next year, albeit in a reduced number of grades, and potentially link with her to build capacity as she gradually shifts to a role of adult guide and mentor.

The above are brief ideas on a potential future. For the moment, and in the next year or two, the district may need to have a multi-faceted approach; coalescing and promoting currently

available resources, supporting Dr. Claire's instructional involvement with a reduced number of grades, working with her to build capacity in classroom teachers and counsellors, and establishing some form of effectively implemented specialized support.