Sexual health and wellbeing benchmarks

Healthy policies

1. A whole school sexual health and wellbeing policy is in place and is supported by a sexuality education program.
   a) The policy addresses the promotion of sexual health and wellbeing through creating safe, inclusive and empowering environments, developing social and emotional skills that promote positive and respectful relationships, resilience and help-seeking behaviours, and forming family and community partnerships.
   b) Staff, families and students are involved in guiding sexual health and wellbeing policy and inclusive practices.
   c) Staff, families and students are provided with information about policy requirements.
   d) The diversity of the school and the community is considered when developing and implementing this policy.
   e) This policy is cross-referenced with, and complements other relevant policies (e.g. student engagement, bullying, safe environments).
   f) The policy can stand alone or be incorporated into a whole school health and wellbeing policy.

2. The school has a staff health and wellbeing policy which supports sexual diversity, health and wellbeing.

Healthy physical environment

3. The school provides a safe, respectful and inclusive environment.
   a) A welcoming and inclusive physical environment is created which reflects the diversity and interests of the students, families and staff.
   b) Sexual health and wellbeing information and materials are appropriately visible and readily accessible in the school.
   c) All school sanctioned events (on/off premises) including school camps, excursions, sporting events, fetes and celebrations are respectful and inclusive of sexual and gender diversity.
   d) School staff are proactive in ensuring an environment that is free of homophobia and transphobia, and is safe and affirming for all students, not just those who ask for support.
   e) When used as a term of derision and harassment, the word ‘gay’ and its equivalents are understood by the whole school community as offensive, hurtful and unacceptable.

4. Students have access to suitable environments for privacy needs.
   a) Student privacy is respected and appropriately managed.
   b) Students can access welfare and nursing staff in private spaces.
   c) The school provides a warm and welcoming space for meeting with students, families and staff to discuss private matters.
Healthy social environment

5. The school provides a safe, inclusive and empowering social environment
   a) The school leadership and staff promote a culture of respect, fairness and equality.
   b) A sense of belonging and connectedness is created through inclusive and participatory practices.
   c) The school encourages and values the contribution of students, families and staff to create a positive school environment.
   d) Respectful and supportive relationships are fostered between students, staff and families.
   e) The school implements strategies to promote positive and responsible behaviour, and to prevent and respond to bullying, discrimination and harassment.

6. Staff and families recognise they are role models and demonstrate respectful relationships and inclusive behaviour.

7. Students and staff are supported when sexual health, diversity or harassment issues are identified.
   a) A collaborative partnership is established between the school, parents and health professionals when supporting a young person around sexual health, diversity and harassment issues.
   b) Young people are supported with counselling or referrals to health professionals as appropriate.
   c) The school actively monitors for early identification of health and support needs.

Learning and skills

8. Age-appropriate sexuality education is delivered from foundation to year six.
   a) Sexuality education provides interactive teaching strategies which focus on understanding the body and positive relationships, and build students’ skills in problem solving, decision-making, assertiveness, refusal and help seeking.
   b) Sexuality education encompasses current practices and issues with the community and identifies norms, influences, risks and strategies to promote understanding of the body, sexual health literacy, respect, inclusion and safety.
   c) Sexuality education is delivered in one or more key learning areas of the curriculum.
   d) Sexuality education is recognised as a shared responsibility with families as critical partners in their child’s learning.
   e) Sexuality education is assessed and reported against AusVELS from Level 3.

9. Staff are supported to access resources, tools and professional learning to enhance their knowledge and capacity to deliver and promote sexuality education and sexual health and diversity initiatives across the curriculum.

Engaging children, young people, families and staff

10. Families, students and staff are key partners in promoting and supporting age-appropriate sexuality education and sexual health, wellbeing and diversity initiatives.
    a) Families are provided with information about the sexuality education program.
    b) Families and staff are provided with information, ideas and practical strategies on a regular basis to promote and support sexual health, wellbeing and diversity at school and at home.
    c) Students are consulted about sexual health, wellbeing and diversity initiatives.
    d) Families are encouraged to be involved in sexual health and wellbeing initiatives at school.
    e) Staff are encouraged to develop competencies to facilitate engagement of families and students from diverse cultural backgrounds.
### Community partnerships

11. Staff are encouraged to work with local health professionals, services and other organisations to increase their capacity to deliver and promote sexuality education and sexual health, wellbeing and diversity initiatives.

a) Partnerships are established with local health professionals, services and organisations to support sexual health, wellbeing and diversity initiatives.

b) School networking and local partnership opportunities are pursued to facilitate student transition to learning about sexual health in secondary schools, and aid teacher peer support and resource sharing between schools.

c) Referral policies, procedures and pathways to local health and support services are developed collaboratively with local providers.

d) The school provides information to students, staff and families about local health and support services.

e) Use of external programs, consultants and services is with a capacity-building emphasis, or as value-add to a school's existing program, and not for the direct delivery of school's sexuality education program.