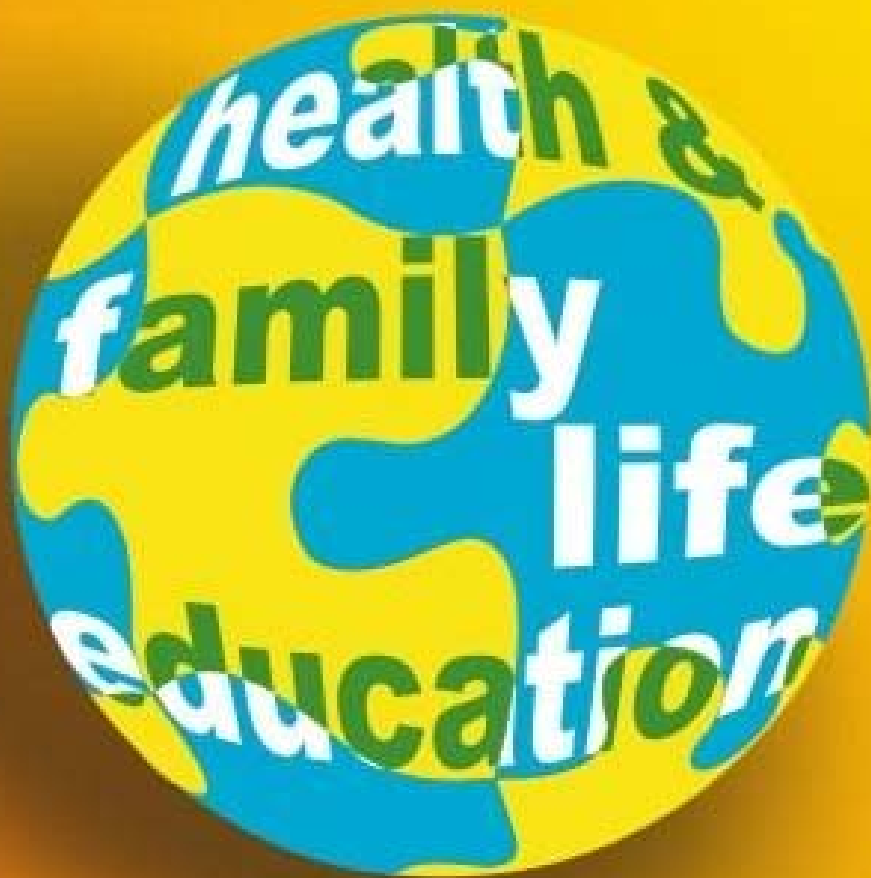# HFLE

Health and Family Life Education
TEACHER TRAINING MANUAL

Self and Interpersonal Relationships Theme Unit
Sexuality and Sexual Health Theme Unit

Empowering young people with skills for healthy living.

unicef

HFLE Training Manual Acknowledgements

January 2009

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Purpose of this Manual

The purpose of this manual is to provide regional coordinators with materials and resources to conduct in-country teacher-training on two unit themes in the Health and Family Life Education (HFLE) Common Curriculum: Self and Interpersonal Relationships and Sexuality and Sexual Health. Lessons for the Common Curriculum were developed through a participatory process with HFLE Coordinators, teachers, and others. They build on the foundation of the Regional Curriculum Framework, which sets out the HFLE philosophy and standards for teaching and identifies the desired knowledge, skills and behavioral outcomes for students. Unit themes and the content of lessons are responsive to the many health and social challenges in the region, including HIV/AIDS, violence and substance abuse. The Common Curriculum thus provides schools and teachers with a concrete set of lessons that are consistent with and flesh out the Regional Framework. Through the implementation of these lessons in diverse school settings and countries, the goal is to have a positive impact on student health, which in turn, relates to school attendance and learning.

In collaboration with UNICEF, CARICOM and HFLE coordinators and teachers in four CARICOM countries, St. Lucia, Grenada, Barbados and Antigua, the Education Development Center (EDC) is coordinating a three-year evaluation plan to monitor and evaluate the effectiveness of the Common Curriculum and, specifically, the two critical classroom units Se*lf and Interpersonal Relationships* (which incorporates violence prevention), and *Sexuality and Sexual Health* (which encompasses HIV/AIDS prevention). These two units aim to achieve measurable gains in students' knowledge, health-promoting attitudes and skills and, most importantly, reductions in risk behaviors related to HIV, sexually transmitted infections (STI), unintended pregnancy and violence.

As part of the evaluation plan, process evaluation activities were conducted to collect information on the needs of regional coordinators and teachers for implementing the curriculum. One of the findings of these process evaluation activities was the need for a regional coordinators' training manual that could help to standardized teacher training across the four countries.

Drawing upon lessons learned and needs expressed by regional coordinators and teachers during the process evaluation, the contents of this manual include the following:

> Seven sessions designed to increase teachers' knowledge and skills for implementing life skills education, and, specifically, the HFLE curriculum lessons, in their classrooms;

> Background resources and information for trainers on HFLE, life skills education and teaching methods used to teach life skills, including materials on behavioural theories supporting life skills education, strategies for establishing a respectful classroom atmosphere when teaching life skills, and alternative assessment methods;

> HFLE common curriculum lesson plans for 2 major themes, Self and Interpersonal Relationship and Sexuality and Sexual Health; and

> A Sample Agenda for in-country teacher training.

Overview of Health and Family Life Education (HFLE) and Evaluation Study of HFLE in Four Countries

Sources: *Life Skills Manual*, Caribbean Community (CARICOM) Project
          The HFLE Regional Curriculum Framework, UNICEF, 2005
          *Health and Family Life Education Evaluation, Form 1 Student and Teacher Baseline Survey Result*s, Education Development Center, Inc., 2006.

HFLE BACKGROUND

The Caribbean Community (CARICOM) comprises of fourteen (14) Member States and five (5) Associate Members. The fourteen member States are: Antigua and Barbuda, Bahamas, Barbados, Belize, Dominica, Grenada, Guyana, Jamaica, Montserrat, St. Kitts and Nevis, St. Lucia, St. Vincent and the Grenadines, Suriname and Trinidad and Tobago. The Associate Members of the Community are: Anguilla, Bermuda, British Virgin Islands, Cayman Islands and Turks and Caicos Islands.

Increasingly in the Caribbean, changing realities have placed additional strains on children and young people, modifying their behaviour and putting their life and health at risk.   There is a need for education systems in the region to develop and implement curricula that respond to these changes. In the 1990's, the Health and Family Life Education (HFLE) Programme was implemented in primary and secondary schools in some member states and in others to address some of these changes. However, the HFLE Programme, which is also commonly known as the Life Skills Programme, was not seriously implemented classrooms. Findings of a survey to determine the status of HFLE in the Region (Semei, 2005) indicated that, for the most part, teachers who delivered the programme in an ad hoc manner or did not receive adequate training to teach this programme.   In addition, a great deal of emphasis was placed on conveying knowledge and information rather than developing life skills.

It became very clear, that in order to seriously address the numerous problems and challenges that young people in the Caribbean encounter on a daily basis, some serious modifications had to be made to the HFLE Programme, including a renewed emphasis on the acquisition of Life Skills. The CARICOM Secretariat and the United Nations Children's Fund (UNICEF), with support from the Pan American Health Organisation (PAHO) and other members of the HFLE Regional Working Group, activated the process to accomplish that outcome.

In 1994, the CARICOM Standing Committee of Ministers of Education passed a resolution to support the development of a comprehensive approach to HFLE by CARICOM and the University of the West Indies (UWI). Support was also solicited from the United Nations agencies and other partner agencies working in the Region. In 1996, Ministers of Education and Health endorsed the document, "A Strategy for Strengthening Health and Family Life Education (HFLE) in CARICOM Member States."

At the Sixth Special Meeting of the Council for Human and Social Development (COHSOD) held in Trinidad and Tobago in April 2003, the Council, realizing the significant contribution that HFLE can make to help young people develop skills to build competencies and adopt positive behaviours, endorsed the need to develop a Life-Skills based HFLE Regional Curriculum Framework. This Framework, with Regional Standards and Core Outcomes, shifted the focus from what was a knowledge-based curriculum to one that was life skills-based. The Framework was intended to serve as a guide to member states to review or develop their national life skills HFLE curriculum. Additionally, the COHSOD agreed that HFLE should be a core area of instruction at all levels of the education, and should also be used to develop out-of-school youth programmes. The COHSOD also endorsed the following:

- Re-activation of the HFLE Regional Working Group
- The inclusion of HFLE in Teacher Education Programmes;
- Training for teachers, parents and other stakeholders

The CARICOM Secretariat, in collaboration with UNICEF and support from PAHO, pursued the mandates given by Council. A Regional Framework was developed for youth ages 9 -14 years, the Core Curriculum Guide for Teachers was revised, and teachers, teacher educators, curriculum officers and HFLE Coordinators were identified from all levels of the education system and trained as trainers in the Life Skills programme.

Partner agencies in the HFLE project include: the CARICOM Secretariat, Caribbean Child Development Centre (CCDC), UWI Schools of Education and the Advanced Training and Research in Fertility Management Unit (FMU), PAHO/WHO, UNESCO, UNDCP, UNFDA, UNDP, UNIFEM and UNICEF. The current operational mechanism for the project is a Regional Working Group. UNICEF has been carrying out overall coordination. Additionally, over the past two years, the Education Development Center, Inc. (EDC), headquartered in Newton, Massachusetts, has been involved in providing technical and evaluation support to the project.

WHY HFLE?

There is the perception that traditional curricula do not ensure that children and youth achieve their full potential as citizens. In addition, increasing social pressures are impacting on young persons in ways that make teaching a challenge. Teachers are finding that young people are more disruptive, are more likely to question authority, and see little relevance of schooling that fails to adequately prepare them for their various life roles. The paradox is that schools are now seen as key agencies to redress some of these very issues. HFLE, then, is a curriculum initiative that not only reinforces the connection between health and education, but also uses a holistic approach within a planned and coordinated framework. It "is perceived as the viable way to bridge existing gaps to enable young persons to attain the high levels of educational achievement and productivity required for the 21st century." (UNICEF/CARICOM, 1999.)

WHAT IS HFLE?

HFLE is a comprehensive, life skills-based programme, which focuses on the development of the whole person in that it:

- Enhances the potential of young persons to become productive and contributing adults/citizens.
- Promotes an understanding of the principles that underlie personal and social well-being.
- Fosters the development of knowledge, skills and attitudes that make for healthy family life.
- Provides opportunities to demonstrate sound health-related knowledge, attitudes and practices.
- Increases the ability to practice responsible decision-making about social and sexual behaviour.
- Aims to increase the awareness of children and youth of the fact that the choices they make in everyday life profoundly influence their health and personal development into adulthood.

ETHICAL GUIDELINES FOR THE DELIVERY OF HFLE

Responsibility to students

Teachers and other resource persons involved in the delivery of HFLE should:

- Have primary responsibility to the student, who is to be treated with respect, dignity, and with concern for confidentiality.
- Make appropriate referrals to service providers based on the needs of the student, and monitor progress.
- Maintain the confidentiality of student records and exchange personal information only according to prescribed responsibility.
- Provide only accurate, objective, and observable information regarding student behaviours.
- Familiarise themselves with policies relevant to issues and concerns related to disclosure. Responses to such issues should be guided by national and school policies, codes of professional organizations/unions, and the existing laws.

Responsibility to families

- Respect the inherent rights of parents/guardians for their children and endeavour to establish co-operative relationships.
- Treat information received from families in a confidential and ethical manner.
- Share information about a student only with persons authorized to receive such information.
- Offer ongoing support and collaboration with families for support of the child.

Responsibility to colleagues

- Establish and maintain a cooperative relationship with other members of staff and the administration.
- Promote awareness and adherence to appropriate guidelines regarding confidentiality and the distinction between private and public information.
- Encourage awareness of and appropriate use of related professions and organizations to which the student may be referred.

Responsibilities to self

- Monitor one's own physical, mental and emotional health, as well as professional effectiveness.
- Refrain from any destructive activity leading to harm to self or to the student.
- Take personal initiative to maintain professional competence.
- Understand and act upon a commitment to HFLE.

CONTENT

The content for HFLE is organized around **four** themes. These themes have been adopted from the core curriculum guide developed for teachers' colleges as part of a PAHO initiative (see PAHO/Carnegie, 1994). Standards and core outcomes have been developed for each of these themes. This thematic approach marks a departure from the traditional topic centered organization of curricula. For example, the use of alcohol and drugs, as well as premature sexual activity, represent maladaptive responses to coping with poor self-worth, boredom, failure, isolation, hopelessness, and fragmented relationships. The thematic approach, therefore, addresses the complexity and

connectedness between the various concepts and ideas, goals, components and standards, which are associated with attitude and behaviour change.

The four thematic areas are as follows:

- **Sexuality and Sexual Health**
- **Self and Interpersonal Relationships**
- **Eating and Fitness**
- **Managing the Environment**

Self and Interpersonal Relationships

Key Ideas:
- Human beings are essentially social, and human nature finds its fullest expression in the quality of relationships established with others.
- Self-concept is learned, and is a critical factor in relationship building.
- Effective or healthy relationships are dependent on the acquisition and practice of identifiable social skills.
- Supportive social environments are critical to the development of social skills in order to reduce feelings of alienation, and many of the self-destructive and risk-taking tendencies, such as violence and drug-use among children and youth in the region.
- Teachers have a critical role to play in creating supportive school and classroom environments that preserve and enhance self-esteem-a critical factor in the teaching/learning process.

Sexuality and Sexual Health

Key Ideas:
- Sexuality is an integral part of personality, and cannot be separated from other aspects of self.
- The expression of sexuality encompasses physical, emotional, and psychological components, including issues related to gender.
- Sexual role behaviours and values of teachers and children are conditioned by family values and practices, religious beliefs, and social and cultural norms, as well as personal experiences.
- Educational interventions must augment the socialization role of the family and other social and religious institutions in order to assist in preventing/minimizing those expressions of sexuality that are detrimental to emotional and physical health and well-being.

Eating and Fitness

Key Ideas:
- Dietary and fitness practices are influenced by familial, socio-cultural and economic factors, as well as personal preferences.
- Sound dietary practices and adequate levels of physical activity are important for physical survival.
- The quality of nutritional intake and level of physical activity are directly related to the ability to learn, and has implications for social and emotional development.
- The eating and fitness habits established in childhood are persistent, conditioning those preferences and practices, which will influence quality of health in later life.
- Teachers are well poised to assist students in critically assessing the dietary choices over which they have control, using the leverage provided by classroom instruction and the provision of nutritionally-sound meals in the school environment.

Managing the Environment

Key Ideas*:*
- All human activity has environmental consequences.
- Access to, and current use of technologies have had an unprecedented negative impact on the environment.
- Human beings are capable of making the greatest range of responses to the environment, in terms of changing, adapting, preserving, enhancing, or destroying it.
- There is a dynamic balance between health, the quality of life, and the quality of environment.

Method of Delivery

The approach adopted in the delivery of life skills-based HFLE should take into account context, needs, and availability of resources.

There are two major approaches to delivery:

- *Discipline-based* - HFLE is taught as a separate subject.
- *Integration* - HFLE is integrated with other subjects in the school curriculum. Models of integration include the following:

  - o *Infusion* **-** An HFLE topic area and related skills are infused into another subject area. For example, strategies for developing healthy interpersonal relationships skills may be infused into a biology lesson that critiques the range of relationships found in living organisms. Decision-making and goal-setting skills related to promoting abstinence or delaying sexual activity may be infused into a mathematics lesson that explores statistical data related to the rates of incidence of HIV/AIDS among young persons of various age groups.
  - o *Multidisciplinary* – Two or more subjects are organized around the same theme and skills. For example, subjects such as social studies, biology or science, language arts, physical education, and home economics, are subject areas that can be organized around the theme of "Eating and Fitness." The core skills are identified, and specific areas are allocated among the identified subject areas.
  - o *Interdisciplinary* – Skills form the focus of the integration among two or more subject areas. For example, if core skills such as critical thinking, communication, and problem-solving are selected as the focus, then content may be selected from two or more subject areas that are appropriate for the teaching of these skills. In this case, the content areas may or may not be directly related, since the focus is on skill acquisition.
  - o *Trans-disciplinary* – This is used in problem-based learning. For example, a problem may be loosely structured around an environmental issue in a community, which has implications for health and the quality of life of persons living in that community. The assumption is that different subject areas are embedded in the problem. Students then brainstorm to determine what they know, what they need to know, and how they are going to find out. Learning objectives, including the implicated life skills, are then determined. Students have to access the available resources and demonstrate the identified skills in coming up with strategies for solving the problem.

All of these approaches have advantages, as well as disadvantages, and have implications for teacher training. The obvious advantage of the discipline-based approach is wider coverage of HFLE. This approach requires a core of teachers specially trained to deliver life skills-based HFLE.

The integrated approaches are more economical, with respect to resource demands - human resources, material resources, and time resources. However, in addition to special training in life skills

teaching and methods/strategies for integration, they require a high level of organization, with respect to planning and collaboration across subject areas. For example, infusion, which is the simplest form of integration, requires that topics to be infused be developed and inventoried, that they be linked to the subjects in which they would be infused, that staff be rationally located to the tasks, and so on. In the case of trans-disciplinary integration, teachers would need additional training in problem-based learning methodologies. The major disadvantage with the integrated approaches is that key learning outcomes, from either HFLE, or the other subject/s area/s, or all, may be sacrificed.

Whether HFLE is integrated into existing curricula, taught as a separate subject or as a mix of both methods, will ultimately be a choice to be made by each country. Most countries have found a mixture of both to be effective.

EVALUATING THE IMPACT OF HFLE IN FOUR CARICOM COUNTRIES

EDC is coordinating a three-year evaluation UNICEF study to monitor and evaluate the effectiveness of the HFLE Common Curriculum and, specifically, two critical classroom units: Se*lf and Interpersonal Relationships* (which incorporates violence prevention), and *Sexuality and Sexual Health* (which encompasses HIV/AIDS prevention). These two units aim to achieve measurable gains in students' knowledge, health-promoting attitudes and skills and, most importantly, reductions in risk behaviors related to HIV, sexually transmitted infections (STI), unintended pregnancy and violence.

Taking into account the resources available, the evaluation plan incorporates collaborative activities that will document the process of implementation of the Common Curriculum and assess its impact through surveys of teachers and students. The evaluation plan lays the groundwork for ongoing school assessments that Ministries can conduct to measure health indicators.

The evaluation employs a quasi-experimental, pre-post match pairs design and is being conducted in Antigua, Barbados, Grenada and St. Lucia. In each country, 6 schools enrolling Form 1, 2 and 3 students (approximate ages 11-14 years) have been selected in collaboration with the Ministry and HFLE Coordinator, for a total of 24 schools. In each country, 3 pairs of schools have been matched on school characteristics that may influence curriculum implementation and outcomes. These characteristics include location (urban, rural); size; average level of academic performance; and level of student risk behavior, as judged by Ministry staff.

EDC randomized pairs into intervention or comparison condition. One school from each pair was randomized to the intervention condition; the other school was assigned to the comparison condition. Intervention schools began implementing the new HFLE Common Curriculum with all Form 1 students during the 2005-2006 school year, and will follow with all Form 2 students during the 2006-2007 school year, and with all Form 3 students during the 2007-2008 school year. Comparison schools will continue to teach their current HFLE or health curriculum during the 2005-2008 school years with Forms I, II and III respectively. Thus, the new HFLE Common Curriculum is being introduced in stages, starting with Form 1 in fall of 2005. The evaluation study is following one cohort starting in Form 1 ('05).

A process evaluation supports the implementation of the curriculum. It will identify challenges and successes on key areas including teacher preparation/training, student receptivity and administrative support. Findings will identify areas for improving the Common Curriculum and its delivery.

CONCLUSION

Society expects schools to assist in the education of children and youth in such ways as to prepare them to assume and practise responsible and positive roles in all aspects of personal, family, and community living. This is also a prerequisite for national and regional development. Because many of the problems affecting students impact negatively on learning, it is incumbent upon schools to go beyond their traditional boundaries to meet the challenge. The time has come for vigorous, coordinated and sustained effort to support the implementation and strengthening of HFLE in the Region.

ICEBREAKER AND INTRODUCTION:

10 minutes

➢ Lead an icebreaker/warm-up activity of your choice.

➢ After the activity, introduce yourself and ask teachers to introduce themselves.

BACKGROUND AND OVERVIEW OF THE TRAINING

30 minutes

➢ Give a brief overview of the HFLE program and core curriculum using the overview in this manual. Specifically describe: What is HFLE? Why HFLE?

➢ Define the purpose of the training:

- To standardize in-country teacher training of the HFLE curriculum across all countries who are implementing the lessons

- To provide teachers with the knowledge and skills to implement the HFLE curriculum in their classrooms.

- To provide teachers with the opportunity to practice teaching the common curriculum lessons with other teachers and to learn useful strategies and tips for teaching these lessons.

➢ Provide an overview of what the training will entail:

- Training activities on Life Skills education, including activities to familiarize teachers with different types of life skills

- Training activities on teaching methods used in life skills education, including activities that allow teachers to participate in and create lessons that use these teaching methods

- Training activities on establishing a respectful classroom atmosphere dealing with difficult classroom situations and giving effective feedback.

- Training activities on assessment methods used in life skills education

- Modeling, review and practice of lessons from the regional HFLE curriculum

SESSION 1:
WHAT IT MEANS TO BE AN HFLE TEACHER

➢ **What Are the Objectives of This Session?**

The activities in this section are intended to allow teachers to explore the various issues related to teaching HFLE, including their own viewpoints related to some of the health topics in the curriculum, such as sexuality and interpersonal relationships.

At the end of this session, participants will be able to:

- Reflect on what they bring to classroom as an HFLE teacher, including their own views and values about various issues
- Consider the various circumstances that affect the types of decisions that people make and why they might make those decisions
- Describe procedures for making referrals related to some of the sensitive topics covered in HFLE lessons, such as child abuse, domestic violence and grief and loss.

➢ **Who Is This Session For?**

Teachers who are going to teach Health and Family Life Education.

➢ **How Long Will It Take To Implement This Entire Session?**

It should take about 90 minutes to complete this session.

➢ **What Activities Are In This Session?**

Activity 1A: What Do I Bring to the Classroom?

Activity 1B: The Decisions We Make And Why

Activity 1C: What To Do When…

INTRODUCTION

➢ Introduce this session by telling teachers that they will now spend some time thinking about what it means to teach HFLE, and how they, as both and individuals and as an HFLE teacher, affect how HFLE is taught to their students.

ACTIVITY 1A:
What Do I Bring To My Classroom?

30 minutes

➢ Give each teacher a blank paper and pen/pencil. Write the 2 sentences stems on the board:

> *"I am excited about being an HFLE teacher because…"*

> *"I am nervous about being an HFLE teacher because…"*

➢ Ask teachers to spend about 5 minutes finishing these 2 sentences, knowing what they do about HFLE and the topics covered.

➢ After 5 minutes, ask teachers how they think other teachers may have finished these 2 sentences. They do not have to share their own answers if they choose not to.

➢ Lead a discussion about some of the issues that may be raised during the teaching of HFLE lessons (e.g., HIV/AIDS, homosexuality, prostitution, abortion, abstinence, children's issues/rights) and how a teacher's own individual perspectives and opinions on these issues may influence what they say or do in the classroom.

  ➢ Is it acceptable to bring some of your own personal values into the classroom when you teach on these subjects? Why or why not?

  ➢ How might a teacher incorporate his or her viewpoints on a topic without explicitly stating it to students? How might this affect what students learn?

  ➢ What are some of the ways that teachers might prepare themselves for teaching HFLE in the classroom, given the various issues that might be raised?

ACTIVITY 1B:
The Decisions We Make and Why*

40 minutes

➢ Tell teachers that in the last activity they explored some of the personal issues and values they might bring to their classroom.

➢ Note that it is important for students and teachers to understand that before "judging" anyone for their behaviours or circumstances, they need to think about the various reasons why people may behave in certain ways, and possibly make themselves more vulnerable to risk.

➢ Divide teachers into groups of 4 or 5. Ask each group to write the following headings on four separate sheets of paper (one heading per page): Younger Woman, Older Woman, Younger Man, and Older Man.

> **Note**: If you think it would be helpful, you may want to make the four headings more age specific (e.g., a female adolescent, a middle-aged man, etc.,)

➢ Ask each group to think about ONE risk behaviour that a person might engage in (for example, had sexual intercourse without a condom, became drunk on alcohol, sold drugs).

➢ Ask teachers to use the four sheets of paper (*and any other writing or art supplies*) to list and explain reasons why people in each of the four groups might find themselves in this situation and may have put themselves and others at risk.

➢ Ask participants to consider and discuss the following questions while they are compiling their ideas:

- What are some life events that a person in this group may be going through?

- How would those events or circumstances affect whether or not they take risks that put them at risk?

- Who are the other people in their lives right now that might affect what they do?

- How much control do you think they have in making decisions about their health and safer sex?

- What kinds of internal factors (knowledge, self-esteem, empowerment) do you think might affect their actions?

- What kinds of external factors (money, partners, children, traditions, gender, culture, employment, poverty, drugs/alcohol) do you think might affect their actions?

➢ After 20 minutes, ask each group to present their ideas to the larger group. You may use the following questions to guide these presentations. Remain open to any of the ideas/reasons that participants may give.

- What are the reasons why this person/these people may not be able to stay safe?

- How/why did these reasons differ depending on gender, age?

- What are some factors that may affect actions and/or ability to make decisions of people in each group?

➢ After each group has presented, highlight the importance of understanding the number of reasons and circumstances that affect the decisions that people make. Before harshly "judging" a person for making poor decisions, one must consider their life circumstances.

➢ To conclude, note how this exercise highlights the importance for each person, regardless of age, to develop the internal skills (e.g., life skills) and to have the external support (through school, teachers, family) to help them face their circumstances in the most positive way possible.

*This activity adapted from World Health Organisation [WHO] (2005) *WHO Information Series on School Health Teachers' Exercise Book for HIV Prevention*. Geneva: WHO.

**ACTIVITY 1C
What To Do
If…**

20 minutes

➢ Ask teachers to think again about the different types of sensitive issues that will be discussed as they teach HFLE.

➢ Highlight the fact that because these issues will be raised in their classrooms, and because students view them as a trusted adult, they may be approached by students seeking help.

➢ Ask teachers to list some of the various issues for which students may approach them for help. The list should include: domestic violence, child abuse, sexual harassment and abuse, grief and loss, anger management, and stress management.

➢ Ask teachers to think about the steps they should take if they are approached by a student regarding one of these issues, and write them on the board. These steps should include the following:

- **Listen actively and carefully** to what the student is saying. If you don't have time at that moment, schedule a specific time for you and the student to speak.
- **Be non-judgmental** when responding to the student. Thank him or her for speaking with you about this important topic, and tell them that there are people that he or she should talk with about this issue.
- **Refer the student** to the appropriate personnel. These may be in-school personnel (e.g., school psychologists) or out-of-school agencies (e.g., help hotlines or community-based organizations).

➢ Conclude by noting that as they practice their lessons, teachers will become more familiar with ways to respond to students seeking help and to encourage help-seeking by students.

SESSION 2:
REGIONAL STANDARDS AND OUTCOMES

➢ **What Are the Objectives of This Session?**

The activities in this section are intended to give teachers a comprehensive overview of the regional standards and core outcomes that guided the development of HFLE lessons.

At the end of this session, participants will be able to:

- Reflect on how the different topics covered in HFLE pervade throughout their communities and affect everyone in the community
- Identify the process through which Regional Standards and Core Outcomes were developed for HFLE
- Define the concepts that underpin these standards and outcomes; i.e., what is HFLE trying to achieve for our students and our communities?

➢ **Who Is This Session For?**

Teachers who are going to teach Health and Family Life Education

➢ **How Long Will It Take To Implement This Entire Session?**

It should take about 45 minutes to implement this Session.

➢ **What Activities Are In This Session?**

Activity 2A: Introductory Activity - HFLE and Our Community

Activity 2B: Regional Standards and Core Outcomes – What Do They Really Mean and What Are They Trying to Achieve?

ACTIVITY 2A:
Introductory
Activity:
HFLE and
the
Community

15 minutes

➢ Conduct a culturally-relevant activity (e.g., bus ride, stone wash, gigurd and boo, bajan bus stop, ro ro) that that reflects a social setting where community issues/gossip are discussed and spread and exemplifies how the different topics addressed in HFLE pervade throughout one's life and one's community.

➢ Ask teachers to comment on how the activity they just completed is related to HFLE and teaching HFLE. Highlight the many different "life" issues that were raised by those participating in that activity. Issues could include interpersonal relationships, sexual behaviours, substance use, and anger management.

➢ State that in the next activity they will explore how the Regional Standards and Core Outcomes of HFLE relate specifically to those issues and how HFLE strives to create individuals who engage in the most positive, healthy behaviours for themselves and those around them.

ACTIVITY 2B

30 minutes

➢ Divide teachers into small groups or pairs (depending on the number).

➢ Hand each group a page with one Regional Standard and the corresponding Core Outcomes.

➢ Ask each group to discuss the following questions with their group:

- What is the Regional Standard that was established and how is it related to the overall unit theme (e.g., Self and Interpersonal Relationships)
- How are the Core Outcomes different for each of the age groups?
- What are the concepts underpinning the standards and outcomes?

➢ After 10 minutes, bring the group back together for a group discussion about the following question:

What is the intended product of HFLE, i.e., what kind of person(s) is HFLE trying to help create?

You may choose to use the Ideal Caribbean Person as an example.

Resources and Materials for
<u>Session Two</u>

VISION OF THE CARIBBEAN IN THE FUTURE AND THE IDEAL CARIBBEAN PERSON
Source: CARICOM

Informed by :

The Regional Cultural Policy
The West Indian Commission Report
The Caribbean Charter for Health Promotion
The Special Meeting of SCME, May 1997

CARIBBEAN FUTURE

The Caribbean should be seen as that part of the world where the population enjoys a good quality of life with the basic needs of food, clothing, shelter, health care and employment being all virtually satisfied. The environment should be one which provides clean air and water, unpolluted seas and healthy communities - an environment that has not been destroyed by the development process.

THE IDEAL CARIBBEAN PERSON

The Ideal Caribbean Person should be someone who among other things:

> is imbued with a respect for human life since it is the foundation on which all the other desired values must rest;

> is emotionally secure with a high level of self confidence and self esteem; sees ethnic, religious and other diversity as a source of potential strength and richness;

> is aware of the importance of living in harmony with the environment;

> has a strong appreciation of family and kinship values, community cohesion, and moral issues including responsibility for and accountability to self and community;

> has an informed respect for the cultural heritage;

> demonstrates multiple literacies independent and critical thinking, questions the beliefs and practices of past and present and brings this to bear on the innovative application of science and technology to problems solving;

> demonstrates a positive work ethic;

> values and displays the creative imagination in its various manifestations and nurture its development in the economic and entrepreneurial spheres in all other areas of life

> has developed the capacity to create and take advantage of opportunities to control, improve, maintain and promote physical, mental, social and spiritual well being and to contribute to the health and welfare of the community and country

> nourishes in him/herself and in others, the fullest development of each person's potential without gender stereotyping and embraces differences and similarities between females and males as a source of mutual strength

Health and Family Life Education

Theme: Self and Interpersonal Relationships

Regional Standards
Self and Interpersonal Relationships

1) Examine the nature of self, family, school, and community in order to build strong healthy relationships.

2) Acquire coping skills to deter behaviours and lifestyles associated with crime, drugs, violence, motor vehicle accidents, and other injuries.

3) Respect the rich differences that exist among Caribbean peoples as a valuable resource for sustainable development of the region within the framework of democratic and ethical values.

Regional Standard 1
Examine the nature of self, family, school, and community in order to build strong, healthy relationships.

Descriptor:
Acceptance of self, the need to belong, and the need to be loved are some of the universal needs and rights that contribute to the shaping of our individual selves. Students need to develop a healthy self-concept in order to foster healthy relationships within the family, school, and community. They also need to be assisted in developing resiliency—the capacity to assess, cope, manage, and benefit from the various influences that impact on relationships.

Key Skills:
Coping Skills (healthy self-management, self-awareness)
Social Skills (communication, interpersonal relations)
Cognitive Skills (critical thinking, creative thinking, problem-solving, decision-making)

Core Outcomes Age Level 9–10	Core Outcomes Age Level 11–12	Core Outcomes Age Level 13–14
12. Demonstrate an understanding of self. 13. Identify ways to promote healthy relationships with family and friends.	1. Analyse the influences that impact on personal development (media, peers, family, significant others, community, etc.). 2. Demonstrate an understanding of issues that impact on relationships within the family, school, and community.	1. Demonstrate ways to use adverse experiences for personal growth and development. 2. Recognise risks to mental and emotional well-being.

Regional Standard 2
Acquisition of coping skills to deter behaviours and lifestyles associated with crime, drugs, violence, motor vehicle accidents, and other injuries.

Descriptor:
Students need to practise skills that reduce their involvement in risky behaviours. Crime, violence, bullying, alcohol and other drugs, and motor vehicle accidents and other injuries threaten the very fabric of Caribbean society and the lives of Caribbean youth. The acquisition of these skills will increase students' ability to assume a responsible role in all aspects of personal, family, and community living.

Key Skills:
Coping Skills (healthy self-management, self-awareness)
Social Skills (communication, interpersonal relations, assertiveness, conflict resolution, mediation, anger management)
Cognitive Skills (critical thinking, creative thinking, problem-solving, decision-making)

Core Outcomes Age Level 9–10	Core Outcomes Age Level 11–12	Core Outcomes Age Level 13–14
1. Identify ways of coping with feelings and emotions in adverse situations. 2. Demonstrate skills to cope with violence at home, school, and in the community.	1. Develop resilience for coping with adverse situations (death, grief, rejection, and separation). 2. Analyse the impact of alcohol, and other illicit drugs on behaviour and lifestyle. 3. Demonstrate skills to cope with violence at home, school, and in the community.	1. Demonstrate skills to avoid high-risk situations and pressure to use alcohol and other illicit substances. 2. Demonstrate skills to cope with violence at home, school, and in the community.

Regional Standard 3
Respect the rich diversity that exists among Caribbean peoples as a valuable resource for sustainable development of the region within the framework of democratic and ethical values.

Descriptor:
Survival in a global economy demands that we pool our individual and collective resources in order to be productive as a people. Students must be committed to valuing and respecting the rich diversity (cultural, ethnic, and religious) of the people of the Caribbean. Additionally, they must be encouraged to realise their fullest potential as contributors to sustainable development while embracing core values and democratic ideals.

Key Skills:
Coping Skills (healthy self-management)
Social Skills (communication, interpersonal relations, assertiveness, refusal, negotiation)
Cognitive Skills (critical thinking, creative thinking, problem-solving, decision-making)

Core Outcomes Age Level: 9–10	Core Outcomes Age Level 11–12	Core Outcomes Age Level 13–14
1. Affirmation of persons who are different from oneself (ethnic and cultural). 2. Appreciate that resources among diverse people are essential to developing positive relationships.	1. Assess ways in which personal and group efforts can be enhanced by the interactions and contributions of persons of diverse cultural and ethnic groupings. 2. Recognise the value of personal commitment and hard work to the improvement of self, others, and the wider community.	1. Critically examine how relationships can be affected by personal prejudices and biases. 2. Advocate for acceptance and inclusion of persons from diverse groupings at all levels of society. 3. Recognise that the development of the region depends on individual and collective efforts at all levels of society.

Health and Family Life Education

Theme: Sexuality and Sexual Health

Regional Standards
Sexuality and Sexual Health

1) Demonstrate an understanding of the concept of human sexuality as an integral part of the total person that finds expression throughout the life-cycle.

2) Analyse the influence of socio-cultural and economic factors, as well as personal beliefs on the expression of sexuality and sexual choices.

3) Build capacity to recognise the basic criteria and conditions for optimal reproductive health.

4) Develop action competence to reduce vulnerability to priority problems, including HIV/AIDS, cervical cancer, and STIs.

5) Develop knowledge and skills to access age-appropriate sources of health information, products, and services related to sexuality and sexual health.

Regional Standard 1
Demonstrate an understanding of the concept of human sexuality as an integral part of the total person that finds expression throughout the life-cycle.

Descriptor:
A differentiation needs to be made between the terms *sex* and *sexuality*. Sexuality is presented as including biological sex, gender, and gender identity. One's sexuality also encompasses the many social, emotional, and psychological factors that shape the expression of values, attitudes, social roles, and beliefs about self and others as being male or female. It is important to have students develop positive attitudes about self and their evolving sexuality.

Key Skills:
Coping Skills (healthy self-management, self-awareness)
Social Skills (communication, interpersonal relations, assertiveness, refusal)
Cognitive Skills (critical and creative thinking, decision-making)

Core Outcomes Age Level 9–10	Core Outcomes Age Level 11–12	Core Outcomes Age Level 13–14
1. Explore personal experiences, attitudes, and feelings about the roles that boys and girls are expected to play. 2. Demonstrate awareness of the physical, emotional, and cognitive changes that occur during puberty.	1. Develop strategies for coping with the various changes associated with puberty. 2. Assess traditional role expectations of boys and girls in our changing society. 3. Assess ways in which behaviour can be interpreted as being "sexual."	1. Assess the capacity to enter into intimate sexual relationships. 2. Demonstrate use of strategies for recognising and managing sexual feelings and behaviours.

Regional Standard 2
Analyse the influence of socio-cultural and economic factors, as well as personal beliefs on the expression of sexuality and sexual choices.

Descriptor:
Young people make daily decisions about their sexual behaviour, values, and attitudes. Family, religion, culture, technology—including media, and peers, influence these decisions. It is critical to provide students with knowledge and skills that will assist them in understanding their own sexuality and realising their potential as effective and caring human beings.

Key Skills:
Coping Skills (healthy self-management, self-awareness)
Social Skills (communication, interpersonal relations, assertiveness, refusal, negotiation)
Cognitive Skills (critical thinking, creative thinking, problem-solving, decision-making, critical viewing)

Core Outcomes Age Level 9–10	Core Outcomes Age Level 11–12	Core Outcomes Age Level 13–14
1. Demonstrate an understanding of the ways in which sexuality is learned. 2. Demonstrate ways to respond appropriately to the key factors influencing sexual choices and experiences. 3. Demonstrate knowledge of the various types of sexual abuse and exploitation.	1. Critically analyse the key factors influencing sexual choices and experiences. 2. Demonstrate skills in communicating about sexual issues with parents, peers, and/or significant others.	1. Critically analyse the impact of personal beliefs, media, money, technology, and entertainment on early sexual involvement. 2. Demonstrate skills to counter the negative influences reaching youth through personal beliefs, media, money, marketing, and technology.

Regional Standard 3
Build capacity to recognise the basic criteria and conditions for optimal reproductive health.

Descriptor：
Young people are facing a variety of risks that compromise their sexual and reproductive health. Acquisition of requisite skills to counteract these risks will increase the opportunity to maximise learning and provide a foundation for a healthy population.

Key Skills:
Coping Skills (healthy self-management)
Social Skills (communication, interpersonal relations, assertiveness, refusal, negotiation)
Cognitive Skills (critical thinking, creative thinking, problem-solving, decision-making)

Core Outcomes Age Level 9–10	Core Outcomes Age Level 11–12	Core Outcomes Age Level 13–14
1. Demonstrate knowledge of factors that influence reproductive health. 2. Demonstrate knowledge of the basic health and social requirements of raising a child.	1. Demonstrate knowledge of the impact of raising a child. 2. Critically analyse the risks that impact on reproductive health.	1. Make appropriate choices to avoid risks to reproductive health. 2. Evaluate the social and biological factors that support healthy pregnancy and child rearing.

Regional Standard 4
Develop action competence to reduce vulnerability to priority problems, including HIV/AIDS, cervical cancer, and STIs.

Descriptor :
Beyond knowledge of HIV/AIDS, cervical cancer, and STIs as a disease, efforts have to be intensified to render students less vulnerable to contracting and spreading HIV/AIDS, cervical cancer, and STIs. Addressing issues related to the physical and emotional aspects of HIV/AIDS, stigma of living with HIV/AIDS, and discrimination against people living with HIV/AIDS is critical. Importantly, students are encouraged to examine a range of options for reducing vulnerability to these problems such as abstinence, a drug-free lifestyle and so on.

Key Skills:
Coping Skills (healthy self-management, self-monitoring)
Social Skills (communication, assertiveness, refusal, negotiation, empathy)
Cognitive Skills (critical thinking, creative thinking, problem-solving, decision-making)

Core Outcomes Age Level 9–10	Core Outcomes Age Level 11–12	Core Outcomes Age Level 13–14
1. Identify the risk behaviours/agents that are associated with contracting HIV, cervical cancer, and STIs. 2. Demonstrate skills to assist and respond compassionately to persons affected by HIV.	1. Make appropriate choices to reduce risk associated with contracting HIV, cervical cancer, and STIs. 2. Set personal goals to minimise the risk of contracting HIV, cervical cancer, and STIs. 3. Demonstrate ways of empathising and supporting persons and families affected by HIV/AIDS.	1. Critically examine abstinence, fidelity, and condom use (if permitted) as preventive methods in transmission of HIV and STIs. 2. Make appropriate choices to reduce risk associated with contracting HIV, cervical cancer, and STIs. 3. Critically examine social norms and personal beliefs in light of current knowledge of the transmission and spread of HIV/AIDS. 4. Advocate for reducing the stigma and discrimination associated with HIV, cervical cancer, and STIs.

Regional Standard 5
Develop knowledge and skills to access age-appropriate sources of health information, products, and services related to sexuality and sexual health.

Descriptor：
Students should be capable of identifying a range of age-appropriate health services in their communities. Through an informed use of these services, they should acquire the necessary knowledge, skills, and attitudes needed for a lifelong commitment to the promotion of personal, family, and community health, including advocacy. Age-appropriate health services in the community may address the following: sexuality, child abuse, sexual assault/harassment, and domestic violence.

Key Skills:
Coping Skills (healthy self-management)
Social Skills (communication)
Cognitive Skills (critical thinking, creative thinking, problem-solving, decision-making)

Core Outcomes Age Level 9–10	Core Outcomes Age Level 11–12	Core Outcomes Age Level 13–14
1. Identify sources of accurate information. 2. Identify family, school, and community resources that deal with health, social, and emotional issues.	1. Demonstrate the ability to locate and utilise community resources that support the health, social, and emotional needs of families.	1. Evaluate the availability and appropriateness of the resources to address reproductive health and parenting issues. 2. Demonstrate an understanding of the basic tenets that address the sexual health of children and youth.

➢ **What Are the Objectives of This Session?**

The activities in this section are intended to give teachers a comprehensive overview of life skills education, including the theories supporting life skills education, the different types of life skills, and how to translate skills into specific replicable steps.

At the end of this session, participants will be able to:

- Define life skills and give examples of life skills
- Explain why it is important to incorporate life skills in a curriculum
- Practice ways in which to incorporate life skills to reach overall curriculum goals

➢ **Who Is This Session For?**

Teachers; Any individual who is interested in learning about life skills education

➢ **How Long Will It Take To Implement This Entire Session?**

It should take about 2 ½ - 3 hours to complete all the activities in this section, depending on the audience. However, the activities are also meant to stand alone, and therefore can be used on their own.

➢ **What Activities Are In This Session?**

Activity 3A: What Is Life Skills Education?

Activity 3B: Theories Supporting Life Skills Education

Activity 3C: Types of Life Skills and Translating Skills into Steps

Activity 3D: Using Life Skills to Promote Positive Health Behaviours

INTRODUCTION

➢ Introduce this session by telling teachers that they will now spend some time learning about life skills education, the theories that support it, and how it is used in lessons to create positive behaviour change. Later in the training, they will practice using the actual lesson plans from the HFLE core curriculum with one another to role-play and model how to teach life skills.

**ACTIVITY 3A:
What Is Life Skills Education?**

20 minutes

➢ Tell teachers that in this session, they will be learning about the concept of life skills and life skills education. Ask teachers what they think of when they hear the term "Life Skills."

➢ Provide a brief overview using the references in this training manual. A brief definition of life skills education might be:

> Education that focuses on the development of "abilities for adaptive and positive behavior that enables individuals to deal effectively with the demands and challenges of everyday life." (WHO, 1993)

➢ Ask teachers why they think it is important for children and adolescents in the Caribbean to have good life skills as they grow up. Ask them to consider some of the challenges they are facing and how life skills might help them overcome these challenges. Also ask them to consider some of the strengths of their culture that support the development of life skills among youth.

- Review some of the key factors tied to successful life skills education: Participatory and interactive methods of pedagogy (note that you will be discussing teaching methods in more depth later in the session)

- The recognition of the developmental stages that youth pass through and the skills they need as they progress to adulthood (you may refer to the resources on developmental characteristics of adolescents at various ages).

- The use of relevant, effective and gender-sensitive learning activities.

**ACTIVITY 3B:
Theories Supporting Life
Skills Education and
Translating Theories
Into Skills**

30 minutes

> Prior to this training, teachers should have spent some time researching or reviewing the various development and behavioural theories that are related to and support life skills education.

➢ Tell teachers that this activity is to review some of the developmental and behavioral theories that support life skills education and to discuss how they can be used to specifically develop life skills. Ask teachers to break up into small groups.

➢ Assign each group <u>one</u> theory that supports life skills. (See "Theories Supporting Life Skills Education")

➢ Ask each group to spend 10 minutes reading about and discussing this theory and how it is relates to life skills education. Ask each group to use the bullets under "Implications for skills-based health education planning" to think about 2-3 <u>specific ways</u> that these implications can be translated in the classroom.

> **For example**, one of the implications for Social Influences Theory is: "*Making young people aware of these pressures ahead of time gives them a chance to recognize in advance the kinds of situations in which they may find themselves.*" A specific example for translating this in the classroom is having students role-play various pressure lines that they may hear from peers and how they could effectively respond.

➢ After 10 minutes, ask for volunteers from each group to present a brief, 2-minute summary on their theory and the 2-3 specific examples they generated to demonstrate how that theory could be applied in a life skills education lesson.

➢ Ask for other groups to volunteer other possible ways in which that theory could be translated into specific skills and lesson activities.

➢ Note it is more difficult to think about concrete examples for some of the theories than others. Congratulate teachers for their efforts.

ACTIVITY 3C:
Types and Categories of Life Skills

40 minutes

➢ Write the 3 overarching categories of Life Skills that are often found in the literature (See Chart "Types of Life Skills") Define each of these categories, giving examples:

> ➢ **COGNITIVE SKILLS**
>   (e.g., decision-making skills)
> ➢ **SOCIAL SKILLS**
>   (e.g., communication or interpersonal skills)
> ➢ **EMOTIONAL/COPING SKILLS**
>   (e.g., help-seeking skills)

➢ Hand each teacher a strip of paper with one "life skill" on it (see list below). Ask them to think about what this life skill might mean. Then ask each teacher to place their strip of paper under the category where they think that life skill best fits.

➢ As teachers make their decisions and place them under a category, ask them to state their reason to the group. Review the definition of each skill as they are being placed on the board, and give examples to clarify.

  List of Life Skills to be handed to teachers:

  - Interpersonal communication skills
  - Negotiation/Refusal skills
  - Empathy-Building
  - Advocacy skills
  - Decision-making skills
  - Problem-solving skills
  - Coping Skills
  - Self-Management skills
  - Self-Awareness skills

➢ Take the strip of paper with the words "Interpersonal Communication skills" and paste it on the board. Note that within each skill, there may also be "sub-skills."

➢ Ask for volunteers to brainstorm some of the "sub-skills" that may fall under "Communication Skill." Examples would include: assertiveness skills, negotiation skills, refusal skills, and conflict resolution skills. Note that as they practice the different HFLE lessons during this training, they will become more familiar with the different life-skills and sub-skills and how they are taught.

➢ Briefly discuss the concept of "higher order" and "lower order" skills (see Resource Sheet on Bloom's Taxonomy of Education Objectives), and how life skills education applies both of these types of skills.

➢ Ask teachers to volunteer how "lower order" skills may be used in life skills education – e.g., demonstrating how to refuse peer pressure to drink alcohol – and how "higher order skills" may be applied in life skills – e.g., analyzing and evaluating advertisements and media messages that are targeting adolescents.

Note: the discussion of sub-skills and higher order/lower order skills may be reserved for training with teachers who are already quite familiar with life skills in general. For those teachers, you may wish to expand the discussion further, by also tying in how developmental characteristics of students should be considered when developing lessons and the types of skills taught.

**ACTIVITY 3D:
Using Life Skills to
Promote Positive
Health Behaviours**

20 minutes

➢ Tell teachers that in the last activity they discussed the theoretical foundation for life skills education, but in this activity they will see how specific life skills can be tied to developing positive health behaviours in specific contexts.

➢ Ask teachers to break up into pairs or small groups.

➢ Give each pair three overall "purposes" for a lesson:

- Resisting peer pressure to drink alcohol
- Engaging in behaviors with fewer sexual risks
- Providing support to someone who is HIV infected

➢ Ask teachers to think about:

1) The different life-skills that could be developed in order to achieve the purpose of each of the three lessons and

2) How the type of life skill taught may differ depending on the age of the students in the classroom (i.e. how developmental characteristics of the students could affect the skill or sub-skill being taught). Have each pair write down their answers on a piece of paper.

For example:
- Resisting peer pressure to drink alcohol (communication skills, refusal skills, assertiveness skills, problem-solving skills; younger ages – refusal skills; older ages— assertiveness skills)

- Engaging in behaviors with fewer sexual risks (refusal skills, decision-making skills)

- Providing support to someone who is HIV infected (empathy-building skills, advocacy skills, communication skills; younger ages – empathy building; older ages— advocacy)

➢ After 10 minutes, ask teachers to read the lesson purpose that they were given and what were the main life-skill and any sub-skills they thought should be addressed in that lesson. Encourage others to provide their own ideas.

ACTIVITY 3E:
Translating Skills into
Specific Steps

20 minutes

➢ Tell teachers that in the last activity they discussed how life skills can be tied to behavioural changes. Now they will briefly review how to translate skills into specific steps, but that this will be further discussed/reviewed during lesson practice.

➢ Write the term "decision-making skills" on the board. Ask teachers to think of one decision that a person their students' age might have to make that could be risky (e.g., whether or not to drink alcohol)

➢ Ask for 2 volunteers (or, you can play a role and just ask for one volunteer) to role-play a scenario where someone is making this decision (e.g., a friend approaches with suggestion to drink alcohol).

➢ Have the person making the decision state out loud the different steps that are going through his or her mind as he or she makes the decision whether or not to drink. Highlight the consideration of different options and their consequences.

➢ Hand out the worksheet that gives examples of how to translate skills into different steps. Tell teachers again that they will become more familiar with these steps as they go through the lessons.

Resources and Materials for
<u>Session Three</u>

Overview of Life Skills Education and Interactive Teaching Methods

Sources: *Life Skills Manual*, Caribbean Community (CARICOM) Project, 2006
Skills for Health: Skills-based health education including life skills: An important component of a Child-Friendly/Health-Promoting Schools, WHO Information Series on School Health Life Skills, Doc. 9, 2003.

What is Life Skills Education?

Skills-based or Life Skills education focuses on the development of "abilities for adaptive and positive behavior that enables individuals to deal effectively with the demands and challenges of everyday life" (WHO 1993). The acquisition of life skills can greatly affect a person's overall physical, emotional, social, and spiritual health which, in turn, is linked to his or her ability to maximize upon life opportunities. The success of skills-based health education is tied to three factors: 1) the recognition of the developmental stages that youth pass through and the skills they need as they progress to adulthood, 2) a participatory and interactive method of pedagogy, and 3) the use of culturally relevant and gender-sensitive learning activities.

Various health, education and youth organizations and researchers have defined and categorized key skills in different ways. Despite these differences, experts and practitioners agree that the term "life skills" typically includes the life skills listed in the table on page 43. The process of categorizing various life skills may inadvertently suggest distinctions among them. However, many life skills are interrelated and several of them can be taught together in a learning activity.

The Life Skills programme is a comprehensive behaviour change approach that concentrates on the development of the skills needed for life such as communication, decision-making, managing emotions, assertiveness, self- esteem building, resisting peer pressure, and relationship skills. Additionally, it addresses the important related issues of empowering girls and guiding boys towards values. The programme moves beyond providing information. It addresses the development of the whole individual, so that a person will have the skills to make use of all types of information, whether it be related to HIVIAIDS, STDs, reproductive health, safe motherhood, other health issues, and other communication and decision-making situations. The Life Skills approach is completely interactive, using role- plays, games, puzzles, group discussions, and a variety of other innovative teaching techniques to keep the participant wholly involved in the sessions.

In practice the skills are not separate or discrete, and more than one skill may be used simultaneously.

The Life Skills Approach

The Life Skills approach is built on the assumption that opportunities can be created for youth to acquire skills that will boost their protective factors and enable them to avoid being manipulated by outside influences. The use of life skills is to enable youth people to be able to recognise the coercive forces of social pressures in their immediate environment that promote behaviours that can jeopardize their health, emotional and psychological well-being.

The Life Skills approach aims to assist young people develop healthy lifestyles and to regain control of their behaviours, while at the same time take informed decisions that will positively influence their values, attitudes and behaviours. This approach should serve as a means to

develop in young people skills that will lead to optimum health, social and physical well- being.

Life Skills education is designed to facilitate the practice and reinforcement of psychosocial skills in a culturally and developmentally appropriate way. It contributes to the promotion of personal and social development, the projection of human rights, and the prevention of health and social problems. Another justification for the life skills approach is that it is a natural vehicle for the acquisition of the educational, democratic and ethical values. In the delivery of Life Skills, the fostering of laudable attitudes and values is set alongside the knowledge and skill components. Some of the commonly held values are respect for self and others; empathy and tolerance; honesty; kindness; responsibility; integrity; and social justice.

The teaching of values is to encourage young people to strive towards accepted ideals of a democratic, pluralistic society such as self-reliance, capacity for hard work, cooperation, respect for legitimately constituted authority, and ecologically sustainable development. This is done in the context of existing family, spiritual, cultural and societal values, and through critical analysis and values clarification, in order to foster the intrinsic development of values and attitudes (Regional Curriculum Framework, 2005).

To be effective in supporting quality learning outcomes, skills-based health education must be used in conjunction with a specific subject or content area. Learning about decision-making, for example, is more meaningful if it is addressed in the context of a particular issue (e.g., the decisions we make about tobacco use).   In addition, while skills-based education focuses somewhat on behavior change, it is unlikely that a learning activity will affect behavior change if knowledge and attitudinal aspects are not addressed (e.g., a student will not try to negotiate for effective condom use if he/she doesn't know that they can prevent disease transmission or doesn't believe that condoms are necessary). Therefore, it is important for skills-based approaches to be accompanied by activities which focus on students' knowledge and attitude.

The following figure gives examples of ways in which skills-based health education can be applied to specific informational content. **These illustrate only a few possible examples; there are numerous other ways that life skills can be incorporated into these content areas**.

Health Topics	Examples of ways that life skills may be used
Sexual and Reproductive Health and HIV/AIDS Prevention	**Communication Skills**: Students can observe and practice ways to effectively express a desire to not have sex **Critical Thinking Skills**: Students can observe and practice ways to analyse myths and misconceptions about HIV/AIDS, gender roles and body image that are perpetuated by the media **Skills for Managing Stress**: Students can observe and practice ways to seek services for help with reproductive and sexual health issues
Alcohol, Tobacco and Other Drugs	**Advocacy Skills**: Students can observe and practice ways to generate local support for tobacco-free schools and public buildings **Negotiation/refusal Skills**: Students can observe and practice ways to resist a friend's request to chew or smoke tobacco without losing face or friends
Violence Prevention or Peace Education	**Skills for Managing Stress**: Students can observe and practice ways to identify and implement peaceful ways to resolve conflict **Decision-Making Skills**: Students can observe and practice ways to understand the roles of aggressor, victim and bystander.

In addition, skills-based education emphasizes the use of learning activities which are culturally relevant and gender-sensitive. To achieve this, the learning activities offer numerous opportunities for participants to provide their own input into the nature and content of the situations addressed during the learning activities (e.g., creating their own case studies,

brainstorming possible scenarios, etc.).   This approach ensures that the situations are realistic and relevant to the everyday lives of participants. It is critical that the skills youth build and practice in the classroom are easily transferable to their lives outside the classroom.

How Do You Teach Life Skills?

The primary goal of skills-based education is to change not only a student's level of knowledge, but to enhance his or her ability to translate that knowledge into specific, positive behaviors**. Participatory, interactive teaching and learning methods are critical components of this type of education**. These methods include role plays, debates, situation analysis, and small group work. It is through their participation in learning activities that use these methods that young people learn how to better manage themselves, their relationships, and their health decisions.   A chart outlining some participatory teaching methods is found in Section 5, Session Two.

The foundation of life skills education is based on a wide body of theory-based research which has found that people learn what to do and how to act by observing others and that their behaviors are reinforced by the positive or negative consequences which result during these observations. In addition, many examples from educational and behavioral research show that retention of behaviors can be enhanced by rehearsal. As Albert Bandura, one of the leading social psychologists in the area has explained, "*When people mentally rehearse or actually perform modeled response patterns, they are less likely to forget them than if they neither think about them nor practice what they have seen*" (Bandura, 1977). A summary of behavioral theories that support life skills education is found in this training manual in Section Five, Session One.

Cooperative learning or group learning is another important aspect of skills-based programs. Many skills-based programs capitalize on the power of peers to influence the acquisition and subsequent maintenance of positive behavior. By working cooperatively with peers to develop prosocial behaviors, students change the normative peer environment to support positive health behaviors (Wodarski and Feit). "As an educational strategy, therefore, skills-based health education relies on the presence of a group of people to be effective. The interactions that take place between students and among students and teachers are essential to the learning process."[*]

In addition to the use of participatory, interactive teaching methods, skills-based health education also considers the developmental stages (physical, emotional, and cognitive) of a person at the time of learning.   There are three distinct stages in the adolescence period-early adolescence (12-14 years), middle adolescence (14-17) and late adolescence (17-19), this explains the major difference between a thirteen year old and an eighteen year old.

Each learning activity is designed to be appropriate to the students' age group, level of maturity, life experiences, and ways of thinking. A guideline to the developmental learning tasks of children and adolescents are found in this training manual on page 44. At the same time, participatory activities provide the opportunity for students to learn from one another and appreciate the differences, as well as similarities, among individuals in the classroom setting.

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[*] "Handouts 1-5 on Life Skills Education," Gillespie, A. UNICEF (unpublished document)

Why Is Life Skills Education Important?

Over the last decade, a growing body of research has documented that skills-based interventions can promote numerous positive attitudes and behaviors, including greater sociability, improved communication, healthy decision-making and effective conflict resolution. Studies demonstrate that these interventions are also effective in preventing negative or high-risk behaviors, such as use of tobacco, alcohol and other drugs, unsafe sex, and violence. The table below summarizes some of the results from research studies conducted on skills-based education programs. It is important to note that research has also found that programs which incorporate skills development into their curricula are more effective than programs which focus only on the transfer of information (e.g. through lecture format).

Research shows that skills-based health education programs can:
➢ Delay the onset age of the **abuse of tobacco, alcohol, and marijuana** (Botvin et al, 1995. Hansen, Johnson, Flay, Graham, and Sobel, 1988)
➢ Prevent **high-risk sexual behavior** (O'Donnell et al., 1999; Kirby, 1994; Schinke, Blythe, and Gilchrest, 1981)
➢ Teach **anger control** (Deffenbacher, Oetting, Huff, and Thwaites, 1995; Deffenbacher, Lynch, Oetting, and Kemper, 1996; Feindler, et al 1986)
➢ Prevent **delinquency and** (Young, Kelley, and Denny, 1997)
➢ Promote positive **social adjustment criminal behavior** (Englander-Golden et al. 1989)
➢ Improve health-related behaviors and **self-esteem** (Elias, Gara, Schulyer, Branden-Muller, and Sayette, 1991)
➢ Improve **academic performance** (Elias, Gara, Schulyer, Branden-Muller, and Sayette, 1991)
➢ Prevent peer rejection (Mize and Ladd, 1990)

Theories Supporting Life Skills

Each of the theories summarized in the chart below forms part of the foundation for the life skills approach. Some of the theories focus on behavioral outcomes, using skill development as a way to encourage pro-social behaviors in young people. According to other theories, the acquisition of skills is the goal, since competency in problem solving, communication, and conflict resolution are crucial to healthy human development. Still other theoretical perspectives view life skills as a way for young people to participate actively in their own development and the construction of social norms.

Implications of Theories of Life Skills

Theory	Implications
Child & Adolescent Development Theory	• Early adolescence presents a critical opportunity for building skills and positive habits since at that age there is a developing self-image and ability to think abstractly and solve problems. • Early and middle adolescence provide varied situations in which young people can practice new skills with peers and others outside the family. • Acquiring skills and competencies is seen as critical to a child's development.
Constructivist Psychology	• The learning process is facilitated by social interactions in peer learning, cooperative groups, and open discussions. • Developing life skills in adolescents is infused with cultural beliefs and values.
Social Learning Theory	• Teaching life skills needs to replicate the natural processes by which children learn behaviors (e.g., modeling, observation, social interaction). • Children need to develop internal skills (e.g., self-control, stress reduction, decision-making) that support positive behaviors.
Problem-Behavior Theory	• Behaviors are influenced by one's values, beliefs and attitudes, as well as the perception of friends and family about the behaviors. • Young people need values clarification and critical thinking skills to evaluate themselves and the values of their social environment.
Social Influence Theory	• Addressing social pressures to engage in unhealthy behaviors before the young person is exposed to the pressures can diminish the impact of peer and social pressure. • Teaching children resistance *skills* is more effective in reducing problem behaviors than simply providing information or provoking fear of the results of the behavior.

Cognitive Problem Solving	• Poor problem-solving skills often lead to poor social behaviors. • Teaching interpersonal problem-solving skills at earlier stages in the developmental process (e.g. childhood, early adolescence) is more effective.
Multiple Intelligences (including Emotional Intelligence)	• Using a variety of instructional methods is critical for engaging different learning styles • Managing emotions and understanding one's feelings and the feelings of others are critical skills that children can learn.
Resiliency Theory	• Social cognitive skills, social competence, and problem-solving skills can lead to pro-social behavior • Life skills programs can teach skills to help young people respond to adversity and become resilient

Source: Mangrulkar, L., Vince Whitman, C., and Poster, M. (in press) *Life Skills Approach to Child and Adolescent Healthy Human Development*. Washington, DC: Pan American Health Organization, World Health Organization.

Theories and Principles Supporting Skills-Based Health Education[1]
(From the WHO's Information Series on School Health
Document 9, Skills for Health)

Purpose: to summarize the theories and principles that serve as a foundation for skills-based health education, and to highlight how they are applied.

A significant body of theory and research provides a rationale for the benefits and uses of skills-based health education. This section outlines a selection of these theories, with brief annotations highlighting their implications for skills-based health education planning. The theories share many common themes and have all contributed to the development of skills-based health education and life skills.

Behavioral science, and the disciplines of education and child development, placed in the context of human rights principles, constitute a primary source of these foundation theories and principles. Those who work in these disciplines have provided insights acquired through decades of research and experience - into the way human beings, specifically children and adolescents, grow and learn; acquire knowledge, attitudes, and skills; and behave. Research and experience have also revealed the many spheres of influence that affect the way children and adolescents grow in diverse settings, from family and peer groups to school and community.

Most of the theories outlined below are drawn from Western or North American social scientists and may or many not be equally relevant to other cultures and practices. Therefore, programme designers, together with local social and behavioral scientists, pediatricians, anthropologists, educators, and others who study child and adolescent development, may want to consider the relevance of these ideas and their own cultural basis for programme design.

1.1 CHILD AND ADOLESCENT DEVELOPMENT THEORIES

An understanding of the complex biological, social, and cognitive changes, gender awareness, and moral development that occurs from childhood through adolescence lies at the core of most theories of human development.

The onset of puberty constitutes a fundamental biological change from childhood to early adolescence. An important component of social cognition in the transition from adolescence to adulthood is the process of understanding oneself, others, and relationships. The ability to understand causal relationships develops in early adolescence, and problem-solving becomes more sophisticated. The adolescent is able to conceptualize simultaneously about many variables, think abstractly, and create rules for problem-solving (Piaget, 1972). Social interactions become increasingly complex at this time. Adolescents spend more time with peers; increase their interactions with opposite-sex peers; and spend less time at home and with family members. Moral development occurs during this period as well; adolescents begin to rationalize the different opinions and messages they receive from various sources, and begin to develop values and rules for balancing the conflicting interests of self and others.

→ **Implications for skills-based health education planning:**

1. In the school setting, late childhood and early adolescence (ages 6-15) are critical moments of opportunity for building skills and positive habits. During this time, children are developing the ability to think abstractly, to understand consequences, to relate to their peers in new ways, and

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[1] Most of this chapter represents a summary of "Chapter 11: The Theoretical Foundations of the Life Skills Approach," from Mangrulkar, L., Vince Whitman, C., & Posner, M. (2001), *Life Skills Approach to Child and Adolescent Healthy Human Development,* Washington, DC: Pan American Health Organization.

to solve problems as they experience more independence from parents and develop greater control over their own lives.

2. The wider social context of early and middle adolescence provides varied situations in which to practice new skills and develop positive habits with peers and other individuals outside the family.

3. Developing attitudes, values, skills, and competencies is recognized as critical to the development of a child's sense of self as an autonomous individual and to the overall learning process in school.

4. Within this age span, the skills of young people of the same age and different ages can vary dramatically. Activities need to be developmentally appropriate.

1.2 MULTIPLE INTELLIGENCES

This theory, developed by Howard Gardner (1993), proposes the existence of eight human intelligences that take into account the wide variety of human capacities. They include linguistic, logical/mathematical, musical, spatial, bodily/kinesthetic, naturalist, interpersonal, and intrapersonal intelligences. The theory argues that all human beings are born with the eight intelligences, but they are developed to a different degree in each person and that in developing skills or solving problems, individuals use their intelligences in different ways.

→ **Implications for skills-based health education planning:**

1. A broader vision of human intelligence points toward using a variety of instructional methods to engage different learning styles and strengths.

2. The capacity of managing emotions and the ability to understand one's feelings and the feelings of others are critical to human development, and adolescents can learn these capacities just as well as they learn reading and mathematics.

3. Students have few opportunities outside of school to participate in instruction and learning for these other capacities, such as social skills. Therefore, it is important to use the school setting to teach more than traditional subject matter.

1.3 SOCIAL LEARNING THEORY OR SOCIAL COGNITIVE THEORY

This theory is based largely upon the work of Albert Bandura (1977), whose research led him to conclude that children learn to behave both through formal instruction and through observation. Formal instruction includes how parents, teachers, and other authorities and role models tell children to behave; observation includes how young people see adults and peers behaving. Children's behavior is reinforced or modified by the consequences of their actions and the responses of others to their behaviors.

→ **Implications for skills-based health education planning:**

1. Skills teaching needs to replicate the natural processes by which children learn behavior: modeling, observation, and social interaction.

2. Reinforcement is important in learning and shaping behavior. Positive reinforcement is applied for the correct demonstration of behaviors and skills; negative or corrective reinforcement is applied for behavior skills that need to be adjusted to build more positive actions.

3. Teachers and other adults are important role models, standard setters, and sources of influence.

1.4 PROBLEM-BEHAVIOR THEORY

Jessor & Jessor (1977) recognize that adolescent behavior (including risk behavior) is the product of complex interactions between people and their environment. Problem behavior theory is concerned with the relationships among three categories of psychosocial variables. The first category, the personality system, involves values, expectations, beliefs, and attitudes toward self and society. The second category, the perceived environmental system, comprises perceptions of friends' and parents' attitudes toward behaviors and physical agents in the environment, such as substances and weapons. The third category, the behavioral system, comprises socially acceptable and unacceptable behaviors. More than one problem behavior may converge in the same individuals, such as a combination of alcohol and tobacco or other drug use and sexually transmitted disease.

→ **Implications for skills-based health education planning:**

1. Behaviors are influenced by an individual's values, beliefs, and attitudes and by the perceptions of friends and family about these behaviors. Therefore, skills in critical thinking (including the ability to evaluate oneself and the values of the social environment), effective communication, and negotiation are important aspects of skills-based health education and life skills. Building these types of interactions into activities, with opportunities to practice the skills, is an important part of the learning process.

2. Many health and social issues, and their underlying factors, are linked. Interventions on one issue can be linked to and benefit another.

3. Interventions need to address personal, environmental, and behavioral systems together.

1.5 SOCIAL INFLUENCE THEORY AND SOCIAL INOCULATION THEORY

These two theories are closely related. Social influence theory is based on the work of Bandura (see above) and on social inoculation theory by researchers such as McGuire (1964, 1968), and was first used in smoking prevention programmes by Evans (1976; et al., 1978). Social influence theory recognizes that children and adolescents will come under pressure to engage in risky behaviors, such as tobacco or premature or unprotected sex. Social influence and inoculation programmes anticipates these pressures and teach young people both about the pressures and about ways to resist them before youth are exposed. Usually these programmes are targeted at very specific risks, tying peer resistance skills to particular risk behaviors and knowledge. Social resistance training is usually a central component of social skills and life skills programmes.

→ **Implications for skills-based health education planning:**

1. Peer and social pressures to engage in unhealthy behaviors can be dissipated by addressing them *before* the child or adolescent is exposed to the pressures, thus pointing towards early prevention rather than later intervention.

2. Making young people aware of these pressures ahead of time gives them a chance to recognize in advance the kinds of situations in which they may find themselves.

3. Teaching children *resistance skills* is more effective for reducing problem behaviors than just providing information or provoking fear of the results of the behavior.

1.6 COGNITIVE PROBLEM SOLVING

This competence-building model of primary prevention theorizes that teaching social-cognitive problem-solving skills to children at an early age can improve interpersonal relationships and impulse control, promote self-protecting and mutually beneficial solutions among peers, and reduce or prevent negative "health-compromising" behaviors. Poor problem-solving skills are related to poor social behaviors, indicating the need to include problem-solving and other skills in skills-based health education.

→ **Implications for skills-based health education planning:**

1. Teaching interpersonal problem-solving skills at early stages in the developmental process (childhood, early adolescence) develops a strong foundation for later learning.

2. Focusing on skills for self-awareness and self-management, as in anger management or impulse control, as well as generating *alternative solutions* to interpersonal problems, can reduce or prevent problem behaviors. Focusing on the ability to conceptualize or think ahead to the consequences of different behaviors or solutions can help children make positive choices.

1.7 RESILIENCE THEORY

This theory explains the process by which some people are more likely to engage in health-promoting rather than health-compromising behaviors. It examines the interaction among factors in a young person's life that protect and nurture, including conditions in the family, school, and community, allowing a positive adaptation in young people who are at risk. The importance of this theory is its emphasis on the need to modify and promote mechanisms to protect children's healthy development. Resilience theory argues that there are internal and external factors that interact among themselves and allow people to overcome adversity. Internal protective factors include self-esteem and self-confidence, internal locus of control, and a sense of life purpose. External factors are primarily social supports from family and community. These include a caring family that sets clear, nonpunitive limits and standards; the absence of alcohol abuse and violence in the home; strong bonds with and attachment to the school community; academic success; and relationships with peers who practice positive behaviours (Kirby 2001; Infante, 2001; Luthar, 2000; Kirby 1999; Kass, 1998; Blum & Reinhard, 1997; Luthar & Ziegler, 1991; Rutter, 1987). According to Bernard (1991), the characteristics that set resilient young people apart are social competence, problem-solving skills, autonomy, and a sense of purpose. Today, there seems to be agreement on the sets of factors that are present in resilient behaviors. Research is focusing on identifying the types of interactions among these factors that allow resilient adaptation to take place despite adverse conditions.

→ **Implications for skills-based health education planning:**

1. Social-cognitive skills, social competence, and problem-solving skills can serve as *mediators* for behavior.
2. The specific skills addressed by skills-based health education, and life skills-based education for other learning areas, are part of the internal factors that help young people respond to adversity and are the traits that characterize resilient young people.
3. It is important that both teachers and parents learn these same skills and provide nurturing family and school environments, modeling what they hope young people will be able to do.
4. Resilience focuses on the child, the family, and the community, allowing the teacher or caregiver to be the facilitator of the resilient process.

While skills may protect young people, many larger factors in the environment play a role and may also have to be addressed if healthy behavior is to be achieved.

1.8 THEORY OF REASONED ACTION AND THE HEALTH BELIEF MODEL

The Theory of Reasoned Action and the Health Belief Model contain similar concepts. Based on the research of Fishbein and Ajzen (1975), the Theory of Reasoned Action views an individual's intention to perform a behaviour as a combination of his *attitude* toward performing the behaviour and *subjective normative beliefs* about what others think he should do. The Health Belief Model, first developed by Rosenstock (1966; Rosenstock et al., 1988; Sheehan & Abraham, 1996) recognises that perceptions - rather than actual facts - are important to weighing up benefits and barriers affecting health behaviour, along with the perceived susceptibility and perceived severity of the health threat or consequences. Modifying factors include demographic variables and cues to action which can come from people, policies or conducive environments.

→ **Implications for skills-based health education planning:**

1. If a person perceives that the outcome from performing a behavior is positive, she will have a positive attitude toward performing that behavior. The opposite can be said if the behavior is thought to be negative.

2. If relevant others (such as parents, teachers, peers) see performing a behavior as positive and the individual is motivated to meet the expectations of relevant others, then a positive individual behavior is expected. The same is true for negative behavior norms.

1.9 STAGES OF CHANGE THEORY OR TRANSTHEORETICAL MODEL

This theory, based on a model developed by Prochaska (1979; & DiClemente, 1982), describes stages that identify where a person is regarding her change of behavior. The six main stages are precontemplation (no desire to change behavior), contemplation (intent to change behavior), preparation (intent to make a behavior change within the next month), action (between 0 and 6 months of making a behavior change), maintenance (maintaining behavior change after 6 months for up to several years), and termination (permanently adopted a desirable behavior).

→ **Implications for skills-based health education planning:**

1. It is important to identify and understand the stages where students are in terms of their knowledge, attitudes, motivation, and experiences in the real world, and to match activities and expectation to these.

2. Interventions that address a stage not relevant to students are unlikely to succeed. For instance, a tobacco-cessation programme for people who mostly do not smoke or who smoke but have no desire to change is not likely to lead to quitting smoking.

For more information, see Chapter II in *Life Skills Approach to Child and Adolescent Healthy Development,* by Mangrulkar, L., Vince Whitman, C., and Posner, M., published by the Pan American Health Organisation in 2001. Available at http://www.paho.org/English/HPP/HPF/ADOL/Lifeskills.pdf

Types and Categories of Life Skills

The core of life skills that facilitate the practice of healthy behaviours is divided into the following groups:

Social Skills	Cognitive Skills	Emotional/Coping Skills
• Interpersonal Skills • Communication Skills • Refusal Skills • Negotiation Skills • Empathy Skills • Cooperation Skills • Advocacy Skills	• Decision-making skills • Problem-solving skills • Critical-thinking skills • Creative-thinking skills	• Healthy self-management skills • Self-monitoring skills • Self-awareness skills • Coping with emotions (anger, self-esteem, grief, loss)

Life Skills	Definitions	Significance
Decision making	The ability to choose a course of action from a number of options which may result in a specific outcome or involve only the resolve to behave in a certain way in the future.	Helps us deal constructively with health and other decisions about our lives by enabling us to assess the different options and what effects different decisions may have.
Problem solving	The process thought which a situation/problem is resolved (i.e., diagnosing the problem, taking action to close the gap between present situation and desired outcome, and generalizing the principles to other situations)	Allows us to deal constructively with problems in our lives, that left unattended, could cause new problems, including mental and physical stress.
Creative thinking	The ability to depart from traditional ways of thinking, resulting in the generation of original and innovative ideas that enable us to respond adaptively to life situations.	Contributes to both decision making and problem solving by enabling us to explore the available alternatives and various consequences of our actions or non-actions.
Effective communication	The ability to express ourselves, both verbally and non-verbally, in ways that are appropriate to our cultures and situations.	Allows the transfer of information, understanding, and emotion from one person to another to make one's intent clear.

Life Skills	Definitions	Significance
Interpersonal relationship skills	The ability to relate positively with people, creating an environment in which people feel secure and free to interact and express their opinions.	Allows us to keep friendly relationships, which can be of great importance to our mental and social well-being, and impacts the way we communicate with, motivate and influence each other.
Self-awareness	Having a sense of identity and an understanding of our own feelings, beliefs, attitudes, values, goals, motivations, and behaviors.	Helps us to recognize our feelings and values and is a prerequisite for effective communication, interpersonal relationships, and developing empathy for others.
Empathy	The ability to imagine what life is like for another person, even in a situation that we are unfamiliar with.	Can help us to accept others who may be very different from ourselves, respond to people in need, and promote other positive social interactions.
Coping with emotions	The ability to recognize a range of feelings in ourselves and others, the awareness of how emotions influence behavior, and the ability to respond to emotions appropriately.	Enables us to respond appropriately to our emotions and avoid the negative effects that prolonged, pent up emotions may have our physical and mental health.
Coping with stress	The ability to recognize the sources of stress in our lives and the effects that stress produces, and the ability to act in ways that help us cope or reduce our levels of stress.	Enables us to adjust our levels of stress and avoid the negative consequences of stress, including boredom, burnout, susceptibility to diseases, and behavioral changes.
Negotiation Skills	The ability to communicate with other people for the purpose of settling a matter, coming to terms, or reaching an agreement. This may involve the ability to compromise or to give and take.	Helps us to meet and address individual needs and concerns in ways that are mutually beneficial. This is a key factor in working and playing cooperatively with others.
Refusal Skills	The ability to communicate the decision to say "no" effectively (so that it is understood).	Enables us to carry out health-enhancing behaviors that are consistent with our values and decisions.

Life Skills	Definitions	Significance
Assertiveness Skills	The ability to state one's point of view or personal rights clearly and confidently, without denying the personal rights of others.	Assertiveness skills enable people to take actions that are in their own best interests. Such actions include the ability to stand up for oneself or someone else without feeling intimidated or anxious and to express feelings and points of view honestly and openly.
Healthy self-management/ monitoring skills	The ability to make situational and lifestyle behavior choices that result in attaining and/or maintaining one's physical, social, emotional, spiritual, and environmental health.	Enables us to maintain health-enhancing decisions from day to day as well as to reach longer-term health and wellness goals.

Source: CARICOM Multi-Agency HFLE Programme Manual for Facilitators of Life Skills Based HFLE Programmes in the Formal and non-Formal Sectors and Teenage Health Teaching Sessions

Translating Skills Into Steps – Examples from the HFLE Curriculum

Decision-Making Skills

1. Define the decision to be made
2. Gather necessary information.
3. Identify all possible solutions/choices and how these possible solutions will impact your life, your values, beliefs, your significant others. Look at a wide range of alternatives. Don't limit yourself to a few choices.
4. List the negative and positive consequences of each solution or choice.
5. Select one solution/choice.
6. Evaluate your choice. It should be based on the solution with the least negative consequences and more pros. It should also be in keeping with your values and beliefs, as well as your life goals.

Problem-Solving Skills

1. Identify the "problem."
2. Consider the possible causes of the problem.
3. Brainstorm possible solutions to the problem
4. Mull over or "incubate" the possible solutions. Examine solutions from all points of view for value and consequences
5. Select the solution that has the most positive outcomes.
6. Consider what is needed to carry out the solutions.

Interpersonal Skills

1. Consider the situation and what you can say or do – How will what I say or do affect my relationship with this person?
2. Assess positive and negative aspects of your choices – look at your choices from many angles for benefits, advantages, consequences, disadvantages etc. "If I say _____, then my (friend) may feel _____"
3. Make personal choices based on your assessment – choose the interpersonal behavior that could lead to what you want to happen and that you can manage.
4. Act on your choices. If you don't get the response you expected, examine the situation again.

Critical-thinking Skills

1. Analyse information presented for its elements and interrelated parts: Think carefully about what is happening in the scenario
2. Assess information based on existing knowledge, beliefs, attitude
3. Critique information using relevant and credible criteria
4. Evaluate the critique, determine the conclusion

Advocacy skills

1. State the effect of that condition on individuals
2. Present arguments to do things differently
3. Present benefits of doing things differently.

Developmental Characteristics of Students Ages Five to Eighteen: Implications for Health and Family Life Education

Growth and Development: Ages 5 to 9

Selected Developmental Characteristics	Desired Health Knowledges, Attitudes, or Behaviors
• Is curious about the human body, but may not know correct names; can draw human body • High interest in growth • Eyes and ears not fully mature and may present some problems • Is curious about the birth of animals and humans and the phenomenon of growth	• Learns correct names and functions of parts of body • Learns ways individuals grow and what affects growth; accepts that individuals grow in different and similar ways • Learns importance of ears and eyes; understands the importance of glasses; takes care of eyes and ears • Understand the concept "like begets like"

Growth and Development: Ages 9 to 12

Selected Developmental Characteristics	Desired Health Knowledges, Attitudes, or Behaviors
• High interest in human body; concern with body image • Shows interest in human growth and development • Concerned with differences in growth patterns; may be embarrassed about own and others' physical development • High interest in growth and development of embryos and fetuses • Tends to fear any differences in sexual orientation	• Learns structure and function of human body; relates health habits to body image • Acquires basic and accurate information on how one grows and develops mentally, physically, intellectually, and socially • Understands normalcy of differences in growth patterns and cycles • Appreciates the process of healthy growth and development • Explores accurate information on differences in sexual preferences

Growth and Development: Ages 12 to 15

Selected Developmental Characteristics	Desired Health Knowledges, Attitudes, or Behaviors
• Concerned with body image • Has interest in structure and function if related to immediate concerns • High interest in continued changes in body at puberty • Ambivalent feelings about dependence and independence • High interest in embryonic and fetal growth • Tends to fear differences in sexual orientation • Menstrual disorders may occur	• Knows relationship of exercise, food selection, metabolism, physical activity, heredity, environment, attitude, and grooming on body image • Reviews systems of body as they relate to use of drugs, appearance, illness, etc. • Understands how heredity and the endocrine system affect body changes • Investigates possible interrelationship of physical, emotional, and social growth • Understands mother's ability to affect healthy embryonic and fetal development • Explores accurate information on differences in sexual preferences • Explores relationship of good health to normal menstrual periods; accepts medical assistance if necessary

Growth and Development: Ages 14 to 18

Selected Developmental Characteristics	Desired Health Knowledges, Attitudes, or Behaviors
• Develops fully physically • Shows concern for healthy children • May be impatient with other age groups	• Understands and appreciates growth and development, especially variances • Understands factors involved in healthy embryonic and fetal development, especially effects of nutrition; knows that mothers can affect development • Cites major growth and developmental characteristics of people at selected ages

Developmental Characteristics of Students Ages Five to Eighteen:
Health Education Implications

Personal and Family Relationships: Ages 5 to 9

Selected Developmental Characteristics	**Desired Health Knowledge, Attitudes, or Behaviors**
• Need security of family • Likes to be helpful • Shows interest in different types of family configurations	• Knows that families take care of young people and young people need a lot of care • Demonstrates ways to help at home • Appreciates families

Personal and Family Relationships: Ages 59 to 12

Selected Developmental Characteristics	**Desired Health Knowledge, Attitudes, or Behaviors**
• Shares sexuality misinformation • Ambivalent toward need of family • Has "crushes" • Girls ahead of boys in wish to date	• Seeks sources of and acquires reliable information • Contributes to family harmony; knows needs of all people; knows importance of family individual development • Examines factors that help to identify 'love'; contrasts qualities inherent in successful dating, friendship, and marriage relationships • Analyzes pressures in society that influence dating; develops friendships with both boys and girls; seeks individuals as people first and then as sexual beings

Personal and Family Relationships: Ages 12 to 15

Selected Developmental Characteristics	**Desired Health Knowledge, Attitudes, or Behaviors**
• Influence by parents on young person's behavior diminishing outside the home but needs adult affection even if reaction is reject or ambivalence • Physical changes may result in emotional stress; changes may not be easily accepted • Interested in opposite sex, although girls may be more interested than boys • Crushes and hero worship common for same and opposite sex • Unwanted pregnancies may occur	• Continued communication from and involvement with parents important even if there is rejection; understands parents' concerns; knows where reliable help is available • Understands normalcy of maturation and especially differences in rate of change; explores changes in roles and responsibilities as age level change • Explore similar and different factors in friendships and dating; seeks a variety of friends of both sexes • Explores "in love" phenomenon; explores patters of growth and development • Knows functioning of the reproductive system; knows types and correct use of contraceptives; assesses impact of early unwanted pregnancies on mother, infant, father, family, society; explores ways to enhance relationships other than sexually; analyzes pressures that influence men-women relationships • Develops a code of behavior for self constraint with value system

Personal and Family Relationships: Ages 14 to 18

Selected Developmental Characteristics	**Desired Health Knowledge, Attitudes, or Behaviors**
• Struggles to learn socially approved outlets for sex drive; may experiment with intimate and casual sexual activity • Usually has great concern for children • Is aware of risks to child and mother of early unwanted pregnancy • Shows high interest in the birth process • Anxious about formation and continuation of relationships; looks for permanence in relationships • Concerned with alternative forms of sexual preference	• Relates goals and values to sexual behavior, to type of relationships into which one enters, and to responsibilities towards children; shows respect for individuals as individuals and not just sexual beings • Understands and appreciates effect of family on the development of individuals; needs to develop parenting skills for food selection, caring for a sick child, nurturing a child physically and emotionally, etc. • Relates life goals and values to sexual activity; knows ways to prevent conception if involved in sexual activity until one is able to meet a child's physical, emotional, and social needs • Knows the normal activities of birth; critiques literature on differing viewpoints on birth; knows father's role • Assesses own values and goals and their relationships to mate selection; explores factors in successful relationships; needs to know self in relationship to capabilities of sustaining relationships • Takes opportunities to understand all forms of sexual preference; establishes own sexual preference

Developmental Characteristics of Students Ages Five to Eighteen: Health Education Implications

Community Health: Ages 5 to 9

Selected Developmental Characteristics	**Desired Health Knowledge, Attitudes, or Behaviors**
• May ingest harmful substances • May need encouragement to visit medical advisor, dentist, nurse • Is curious about hospitals, fire departments, etc. • May not be aware of where to go for help • Associates self with school community • Needs immunizations	• Recognizes importance of medicine; knows who should give a person medicine • Understands what health professionals do; learns importance of physical and dental examinations; asks questions of health-care professionals • Learns place of community and in caring for the ill • Knows and seeks help from reliable adults • Learns about a wider community; is aware of how community and self affect each other • Accepts immunizations

Community Health: Ages 9 to 12

Selected Developmental Characteristics	**Desired Health Knowledge, Attitudes, or Behaviors**
• Does some of own shopping • Has feelings of pride in own town • Interested in stories of great people • May experiment with drugs	• Evaluates advertising and its effect on purchasing food and personal products; establishes criteria for purchasing • Determines activities to contribute to making town better; predicts effect of community problems on health of people • Learns how people who have contributed to health advances; studies health careers • Identifies drugs and their effect on the body and behavior

Community Health: Ages 12 to 15

Selected Developmental Characteristics	Desired Health Knowledge, Attitudes, or Behaviors
- Is faced with decisions regarding use of drugs, including alcohol and tobacco, foods, and health products - Sometimes seeks assistance for health problems on one's own - Gets involved in solutions to community problems	- Acquires accurate information on products; evaluates information against one's own established criteria; understands motivation behind abuse and misuse - Knows community resources; evaluates resources against one's own established criteria; asks questions of health-care professionals - Investigates and utilizes good problem-solving techniques for community health problems

Community Health: Ages 14 to 18

Selected Developmental Characteristics	Desired Health Knowledge, Attitudes, or Behaviors
- Begins development of socially responsibly behavior - Utilizes more drugs, independent of family - Formulates and tests hypotheses to solve problems - Is concerned with the hypothetical and the future - Worries about career choice - Chooses occupations suited to individual's capacities	- Assesses individual's and society's responsibility for certain community health problems; contributes to the maintenance and improvement of health of friends, neighbors, family; recognizes the emotional health value of consideration towards others; asks questions of health-care professionals - Acquires accurate information about drugs and regulations concerning their use; purchases, uses, and stores drugs correctly - Assesses community health problems and possible solutions; evaluates world food shortage - Explores possible health decisions that may arise from research and technology - Assesses self in relations to selected health careers; understands change as an acceptable factor throughout life - Identifies potential and health assets and liabilities in choosing a career

Developmental Characteristics of Students Ages Five to Eighteen:
Health Education Implications

Safety: Ages 5 to 9

Selected Developmental Characteristics	Desired Health Knowledge, Attitudes, or Behaviors
- Likes to play with abandon - Relates cause to effect - May not know or practice safety rules in cars and buses - Is involved in accidents to and from school - May take unfamiliar paths - May "show off" - Avoids dangerous situations when reminded - May be victim of sexual abuse - Sometimes samples contents of bottles - May forget rules and safeguards when on vacation - Is serious about fire and earthquake drills - Is concerned about small cuts and bruises	- Consciously uses rules of safety on playground, in gymnasium, on bicycles, when skating, etc. - Assesses situations as safe or hazardous - Learns and practices safe travel rules, including use of seat belts - Takes safest route to school; respects safety patrol; does not play in streets - Avoids strangers offering rides or candy; learns what to do if lost - Assesses relationship of "showing off" to accidents; knows why people "show off" - Begins to take responsibility for own safety, i.e., uses drinking fountains safely, picks up objects from floor, cleans spilled liquids - Learns what is acceptable behavior by others - Avoids ingesting unknown substances; does a home check with parents on storing cleaning supplies and medicines; begins to watch out for younger children ingesting substances - Learns to swim and practices safety in and on the water; learns camping safety; identifies common poisonous plants - Practices fire and earthquake drills - Learns how to care for minor injuries to self

Safety: Ages 9 to 12

Selected Developmental Characteristics

Desired Health Knowledge, Attitudes, or Behaviors

• Accidents are leading cause of death and injury • Is interested in fires and fire hazards • Uses electricity and stoves at home and tools at school • Is interested in first aid • Spends much time bicycling and skating • Dares and accepts risks • May spend much time swimming, boating, and fishing	• Develops behavior patterns that contribute to personal and group safety; analyzes relationship of accidents and behavior • Learns principles of fire control; learns what to do in case of fire • Learns safety in use and care of tools, pans, electrical devices, and stoves • Demonstrates stoppage of bleeding, mouth-to-mouth resuscitation, care of minor wounds, and reporting injuries; knows when not to move victims; learns about explosives, electrical accidents, and poisonous substances • Understands and obeys traffic signs and regulations relating to cycling and skating • Understands motivation behind daring and risking; predicts consequences of risking • Learns how to swim and what to do and what not to do when others are in trouble in the water; learns boating safety

Safety: Ages 12 to 15

Selected Developmental Characteristics

Desired Health Knowledge, Attitudes, or Behaviors

• Accidents are the leading cause of death in this age group • Is interested in emergency procedures, but tends to panic in emergencies	• Investigates causes and preventions of accidents related to this age group; suggests reasons for high accident rate in his age level • Demonstrates basic first aid

Safety: Ages 14 to 18

Selected Developmental Characteristics

Desired Health Knowledge, Attitudes, or Behaviors

• Accidents are the leading cause of death in this age group • May resent limitations imposed on driving • Has opportunities to use first aid	• Assesses situations as safe or hazardous; explores safety problems of young children; assesses own attitudes, values, skills, and knowledge in preventing accidents • Explores reasons for limitations • Completes American Red Cross first-aid courses

Developmental Characteristics of Students Ages Five to Eighteen: Health Education Implications

Disease Prevention: Ages 5 to 9

Selected Developmental Characteristics	Desired Health Knowledge, Attitudes, or Behaviors
- Experiences periods of great susceptibility to communicable diseases; comes to school when ill - May fear immunizations - Exhibits interest in what is eaten or drunk - Is curious about diseases friends or family have	- Understands how germs travel; covers sneezes and coughs, does not share personal objects; learns activities to stay well - Learns reasons for and importance of immunizations - Learns where food comes from and how it is safeguarded; knows medicine may help individuals get well if taken properly - Knows what causes diseases and health problems; investigates selected diseases and health problems; learns that flies carry germs

Disease Prevention: Ages 9 to 12

Selected Developmental Characteristics	Desired Health Knowledge, Attitudes, or Behaviors
- Is interested in disease; may show signs of hypochondria - Is curious about health-related problems in the world - Identifies with "ideal" men and women and imitates actions; period of hero worship - Period of good health generally - Is curious about disabilities	- Learns about disease prevention and the body's defenses - Understands sanitation, water purification, and health laws and regulations - Studies about people who have contributed to health and medical advances - Takes responsibility for preventing illness, especially in avoiding behavior that may be detrimental - Understands physical, social, emotional implications of having a disability

Disease Prevention: Ages 12 to 15

Selected Developmental Characteristics

Desired Health Knowledge, Attitudes, or Behaviors

• Shows interest in sickness and disease • Beginning increase of sexually transmitted diseases • Has empathy for disabled • May pretend illness	• Explores diseases, their causes and preventions; assumes personal responsibility in controlling selected disease and health problems • Learns about transmission, dangers, and prevention of STD • Investigates emotional, physical, and social implications of disabilities • Understands relationship of physical and mental health; explores coping mechanisms

Disease Prevention: Ages 14 to 18

Selected Developmental Characteristics

Desired Health Knowledge, Attitudes, or Behaviors

• Shows selected interest in disease prevention • Shows much interest in health problems	• Understands relationship of lifestyle and disease; is able to care for minor problems; investigates the epidemiology of selected diseases • Explores physical, emotional, and economic costs of handicapping conditions and chronic illness; explores preventative measures; assesses personal and societal responsibility for health problems

Developmental Characteristics of Students Ages Five to Eighteen: Health Education Implications

Mental Health: Ages 5 to 9

Selected Developmental Characteristics	Desired Health Knowledge, Attitudes, or Behaviors
- Is aware of attitudes and opinions of others; begins to be influenced by individual and societal expectations - Feels urge to be friendly but focuses on two or three best friends, which change frequently - Exhibits openly feelings of anger, fear, joy, hate, jealousy - May fear making mistakes; needs opportunities to try independence - May have disturbing dreams, fears, anxieties - Gives up easily when task is difficult - Accepts ideas of others at times and yet may want own way too often - May have difficulty accepting differences in others - May tattle, invent stories, say cruel things - Needs frequent assurance of love and approval; self-concept not always strong - Works well in groups; may be preoccupied with acceptance by groups	- Discusses feelings resulting from helping others; is pleased with self - Describes how it feels to be included and excluded from a group - Learns that feelings are normal and can be expressed in positive ways; understands that feelings affect behavior - Realizes that everyone makes mistakes and making a mistake can be a learning process; seeks help of others; learns to predict consequences - Understands reason for dreaming and that dreams are just dreams; talks out fears and anxieties - Recognizes that learning sometimes takes effort - Shares and takes turns; realizes how one's actions affect others - Knows when to report actions; learns that thoughtfulness brings happiness to self and others - Feels loved and feels secure; identifies actions that make one feel good about self - Shares and cooperates; respects rights of others; recognizes power to influence others and be influenced; develops comfort with being alone at times

Mental Health: Ages 9 to 12

Selected Developmental Characteristics Behaviors	**Desired Health Knowledge, Attitudes, or**
• Wants independence but needs to know that help is nearby when wanted • Wants adult approval but not at the expense of own group relationship • Feels considerable peer-group influence; becomes overly concerned with peer-imposed rules • Enjoys satisfaction of achievement; likes hard work; desires to be helpful • Forms cliques to the exclusion of others; wants to make friends; is aware of importance of belonging • Occasional emotional outbursts • Has tendency to carry stories about others; engages in considerable competition and boasting • Wants to impress friends and be attractive to others; worries about lack of popularity or achievement • Feels peer criticism if deviation from stereotype of sex roles • Tends to want things own way; develops strong concepts of right and wrong • Is capable of planning • Sees cause-effect relationship • Becomes sensitive to criticism • Worries	• Values seeking help from reliable adults • Identifies ways to feel good; explains reasons behind rules; identifies reasons adults may be concerned • Receives parent or guardian involvement; explores ways to cope with peer pressure; assesses why others can influence; shows increasing independence • Accepts challenges of new experiences; is challenged intellectually; needs opportunities to plan, lead, and execute • Learns all people need friends; learns to show concern for others; seeks groups through interests; identifies and practices qualities of good friendship • Learns to release built-up emotion in acceptable ways • Appreciates importance of truth; learns how stories hurt self-image of self and others; nee sot know failure can be learning situation; learns to appreciate differences in individuals' abilities • Strengthens habits of personal cleanliness, good grooming; develops communication skills; recognizes positive traits in self; learns empathy skills • Values individual differences; becomes aware of changes in role expectations in today's society • Practices reasoning with contingencies; considers alternative solutions; assesses effect on total group or on individual • Is able to set goals and show movement toward reaching goals • Understands motivation for using and understands effects of use of caffeine, alcohol, tobacco, and drugs; understands role habit plays • Develops self-confidence; learns how to give and take positive criticism • Gains understanding of such problems as death, disease, divorce, and financial problems of parents; learns skills for dealing with stress

Mental Health: Ages 12 to 15

Selected Developmental Characteristics	Desired Health Knowledge, Attitudes, or Behaviors
- Needs to belong to a group or groups - Ambivalent between independence and need for adults; self-identity strong at times to a point of rebellion - Easily upset with self and others - Questions values, beliefs, and rules - Concerned with group opinions and yet is beginning to assert and develop own value system; sometimes intolerant of others' apparent differences because of importance of conformity - Needs practice in making decisions; can apply logic and can consider alternatives - May lack self-confidence and may be self-conscious, shy, and worry about popularity - Sometimes moody and unpredictable, but emotional outbursts less frequent; needs to be aware that suicides are a leading cause of death in this age group	- Explores groups related to own interests, values, hobbies - Strengthens self-concept and self-understanding; explores effect of selected situations; assesses own feelings about selected risk behavior - Practices coping skills; knows needs of people; assesses positive qualities about self; infers why each person must set own standards; discusses fairness in judging others - Needs strong parental or other adult role models about acceptable behavior; understands need for rules; understands relationship of values and behavior - Knows own values, where they come from and how they influence; parental or other adult influence important; develops appreciation of the value of differences; understands social, emotional, physical implications of disabilities - Explores decision-making process; applies process to a variety of health problems; explores consequences of hypothetical decisions - Assesses strengths; develops interests and hobbies; relates good physical and mental health to attractiveness; practices communications skills; learns qualities of good friendship - Understands emotions and positive ways of expressing them; participates in mental health practices

Mental Health: Ages 14 to 18

Selected Developmental Characteristics

Desired Health Knowledge, Attitudes, or Behaviors

Selected Developmental Characteristics	Desired Health Knowledge, Attitudes, or Behaviors
- May aspire to more than is possible - Fluctuates between following own beliefs and being influenced by groups - Makes independent judgments regarding drugs, including alcohol and tobacco - Needs communication skills and group activities - May leave home for extended periods; enjoys freedom but may feel uncertain - Experiences stress - Does not always comprehend ramifications of risk-taking - Needs to integrate values into a personal philosophy that includes ethical and moral values to be used throughout adult life - Independently judges matters despite tendency to conform - May have extreme emotional states - Shows concern for interpersonal problems	- Assesses own strengths and weaknesses in determining capabilities - Understands influence; knows own beliefs (values); compares own beliefs to groups with which one is involved - Understands decision-making process; understands factors that influence behavior; makes responsible judgments - Uses communication skills in work, home, play; explores and participates in group activities related to interests; develops and uses coping skills - Understands ambivalent feelings; accepts parental advice and support during transition period into adulthood - Develops a variety of coping skills, such as hobbies and sports, and utilizes them - Theorizes consequences of selected behavior and utilizes this information when making decisions - Establishes relationship of individual's values to societal values; knows own values - Explores consequences of decisions based on own values and compares to consequences of other's values; develops confidence in self as a unique person; increasingly is less influenced by others - Explores mental health practices and utilizes those best suited to self - Understands possible causes and preventions of abusive behavior; formulates plan for maintaining mental health

Developmental Characteristics of Students Ages Five to Eighteen: Health Education Implications

Physical Well-Being: Ages 5 to 9

Selected Developmental Characteristics	Desired Health Knowledge, Attitudes, or Behaviors
- Wants to grow/learn - Needs adequate amounts of nutrients and minimum amounts of sweets and soft drinks - May need encouragement to try new foods - Participates in scheduled time for eating - May not be aware of effect of unsanitary practices - Has a high level of energy; tires easily - Experiences eruption of all primary teeth; is forming foundation and calcification of permanent teeth - Poor posture may develop	- Learns relationship of growth/learning to health habits; identifies activities that deter growth/learning - Eats food served; knows value of and eats breakfast; tries healthful snacks; knows effect of sugar on teeth - Tries new foods; knows values of and eats a variety of foods - Chews well; eats slowly; makes mealtimes pleasant - Washes hands before eating and after using bathroom; correctly uses toilets, toilet paper. Drinking fountains - Understands value of rest, relaxation, and exercise; participates in big muscle activities; takes responsibility for own bedtime - Brushes teeth and visits dentist; understands why first teeth need to be kept in good condition; learns importance of six-year molars - Responds to encouragement for improvement in posture

Physical Well-Being: Ages 9 to 12

Selected Developmental Characteristics	**Desired Health Knowledge, Attitudes, or Behaviors**
- Constantly active or wants to be busy; shows tendency to over-exert and become fatigued - Has a great amount of energy that needs to be channeled; becomes over-stimulated easily - Shows increasingly poor posture - May have ear infections or problems - Eyes are not fully mature; views television frequently - Wants to stay up late - Values fitness - May not take time to eat leisurely; may begin to miss meals, especially breakfast - May be selective in what is eaten - Is interested in what happens to food eaten - Shows concern about overweight and underweight; most are unceasingly hungry - Questions need for personal hygiene, but is interested in appearance - Permanent teeth appearing; may need orthodontic care	- Plans for well-balanced days; knows own physical limitations; is physically fit - Develops healthy hobbies and interests, some of which may be quiet activities; recognizes need for relaxation; learns relaxation techniques - Investigates aesthetic, social and physical value of good posture; practices good posture - Knows relationship of ear infections to loss of hearing; selects actions not injurious to ears - Responds to need for eye examinations; wears glasses, if needed; practices eye care - Recognises the need for sufficient sleep; discovers amount of sleep needed - Relates health habits to fitness; knows effect of drugs on fitness - Learns to relax at mealtime; has regular time for meals; knows value of and eats breakfast - Knows what constitutes a well-balanced diet; tries new foods, knows effect of sugar on teeth and general health - Understands that food is needed for energy. Building new tissue, and for maintenance of health - Calculates input and output of energy - Investigates hygiene's effect on personal relationships and health and energy - Relates structure and health of teeth to dental care; responds to need for dental check-ups and care.

Physical Well-Being: Ages 12 to 15

Selected Developmental Characteristics	Desired Health Knowledge, Attitudes, or Behaviors
• May make poor selection of food; may avoid breakfast • May have concern with underweight or overweight • Postural difficulties increase with body changes • Spends many hours in recreational activities • May practice extremes in grooming • May have skin problems • Tires easily • Vision and hearing defects increase • Personal appearance important • May have dental problems	• Applies knowledge of nutrition to food selection; understands relationship of nutrition to appearances and health; examines research on value of breakfast; understands relationship of food selection to dental health • Knows principles of weight maintenance; stabilizes weight • Brings good-posture feel into consciousness; practices good posture • Participates in a variety of activities that contribute to fitness, some of which can be lifetime activities • Develops criteria and assesses health products related to grooming; considers effects of grooming on health and interpersonal relationships • Assesses value of and practices good health habits; visits dermatologist if necessary • Determines relationship of nutrition, exercise, balanced day, sleep, and stress to fatigue • Responds to need for ear and eye check-ups; assesses effects of noise pollution, respiratory infections, etc., on ear; wears glasses if necessary, evaluates how eyes are used • Determines what good personal appearance is: selects behavior that contributes to good personal appearance • Understands effect of good dental health practices on health of teeth and mouth

Physical Well-Being: Ages 14 to 18

Selected Developmental Characteristics

Desired Health Knowledge, Attitudes, or Behaviors

Selected Developmental Characteristics	Desired Health Knowledge, Attitudes, or Behaviors
- May worry about physical appearance, attractiveness, and physical development - May have obesity problem - May indulge in bizarre health behavior; may need more sleep than one is getting - Has all permanent teeth except third molar - May not be living at home so no longer has parental concern for health	- Understands relationship of exercise, nutrition, attitude, and grooming to appearance and development and utilizes this information. - Understand and practices principles of weight maintenance; determines dangers of fad diets and schemes; loses weight slowly and with safe methods - Knows when and how to exercise; eats a variety of foods; critiques information on food; knows need for sleep; organizes lifestyle to get more sleep - Uses good dental health practices to preserve teeth and gums - Acquires and uses knowledge about low-cost good nutrition. Physical check-ups, etc.; projects relationship of well-being to achievement of goals

SESSION 4:
TEACHING METHODS

➢ **What Are the Objectives of This Session?**

The activities in this section are intended to introduce teachers to the concept of teaching methods used to teach life skills and to familiarize teachers with how to use interactive teaching methods in the classroom.

At the end of this session, participants will be able to:

- Define interactive teaching methods
- Identify reasons why interactive teaching methods are important for teaching life skills
- Identify ways in which to set classroom rules for establishing a respectful learning environment
- Develop skills for designing classroom activities that use interactive teaching methods
- Acquire skills for using interactive teaching methods in the classroom and addressing difficult situations that may arise during lesson activities.

➢ **Who Is This Session For?**

Teachers and anyone who would like to use interactive teaching methods in a learning environment.

➢ **How Long Will It Take To Implement This Entire Session?**

It should take about 3 hours to complete all the activities in this Session, depending on the audience. However, the activities are meant to stand alone, and therefore can be used on their own.

➢ **What Activities Are In This Session?**

Activity 4A: Interactive Teaching Methods (non-traditional vs. traditional)

Activity 4B: Reasons for Using Different Interactive Teaching Methods

Activity 4C: Creating a Respectful and Conducive Environment for Learning

Activity 4D: Modeling of Interactive Teaching and Tips for Teaching
                        (including giving feedback and critiquing)

Activity 4E: Creating Your Own Interactive Activity and Practice of Teaching Skills

INTRODUCTION	➤ Introduce this session by telling teachers that they will now spend some time experiencing interactive teaching methods and the teaching of life skills in the classroom. Later in the training, they will be practising using the actual lesson plans from the HFLE core curriculum with one another. The purpose of this session is to familiarise teachers with the methods used to teach life skills.
ACTIVITY 4A: **Overview of Interactive Teaching Methods:** *45 minutes*	➤ Tell teachers that they will now be learning about the different teaching methods that are most effective for teaching life skills.

➤ Define "Interactive Teaching Methods," which are the most effective methods used to teach life skills. Specifically note that Interactive Teaching Methods:

- Encourage student participation in the classroom
- Provide opportunities for students to tailor the activities so they are relevant to their real lives
- Give students the opportunity to practice using life skills in a safe, respectful environment

➤ Ask teachers if any of them have used interactive teaching methods in their classrooms before. Ask for volunteers to name some of those learning methods (e.g., brainstorming, role-playing, small groups).

➤ Ask the volunteers to provide some examples, and write them on the board or flipchart. Add any additional methods that were not named by the group. (See "Participatory Teaching Methods" chart.)

➤ Ask for volunteers to define the different types of Interactive Teaching Methods that are written on the board.

  If useful, you may want to break them into "non-traditional" and "traditional" methods.

   "Non-Traditional" Methods (define)
- Participatory/Interactive
- Cooperative
- Small Group Discussions or Tasks

   "Traditional" Methods (define)
- Lecture
- Questioning Techniques
- Brainstorming

➤ Correct any inaccuracies.

> **Note**: You (the coordinator) may want to handout to teachers "Tips for Giving Feedback" in the Resources section of this Session to provide them with guidelines on giving each other feedback throughout this session and other sessions.

**ACTIVITY 4B:
Reasons for Using Interactive Teaching Methods:**

20 minutes

➢ Ask teachers to think about how and when each of the learning methods on the board might be useful when teaching life skills**.**

➢ Write the following sentence stem on the board:

_____ is helpful when you want students to _____.
(teaching method)

➢ Using the example of "role-playing," ask teachers for some possible answers for finishing the sentence. Write answers on the board.

> Possible answers for role-playing:
> - Learn how others might react to certain behaviors or attitudes.
> - Try out new ways of behaving to see if they bring the intended results.
> - Try out new ways of behaving to see what they would feel like.
> - Take the risk of behaving in a certain way without fear of failure or negative consequences.

➢ Divide participants into small groups. Assign each participant one method of interactive teaching (e.g., brainstorming, role-playing, small group discussion)

➢ Using the same sentence stem as above, ask participants to think of responses related to their assigned method.

➢ After 5 minutes, ask each group to report out their ideas to the larger group. Ask others in the larger group for additional suggestions that may have been left out.

**Activity 4C:
Establishing Classroom
Rules and a Respectful
Learning Environment**

40 minutes

➢ Explain to teachers that when teaching life skills it is very important to set up a classroom atmosphere that feels safe, respectful and encouraging to students. Because topics that are covered in health and family life education can be very sensitive ones, it is important for all students to fully understand what types of behaviours are expected of them in class.

➢ Write the words "Class Rules" on the board. Ask teachers what class rules they think should be established before teaching a lesson on life skills.

➢ Write down their answers on the board, and add any additional rules that should be included. Refer to "Setting Up the Classroom Atmosphere" in the Resources Section of this session for a comprehensive list of classroom rules.

➢ Point out that even after reviewing class rules and getting agreement from students to follow them, it is very likely that teachers will still encounter difficult situations in the classroom to which they will need to respond. However, by establishing classroom rules prior to the lesson or unit, teachers can minimise the number of situations that occur.

➢ Note that one important role that teachers can play in creating a respectful learning environment is to respond to students who may feel anxious during lessons due to personal experiences that he or she may have had in her home or community. Because a life skills programme touches upon many sensitive topics, it is important for teachers to know how to help these students.

➢ Ask teachers to work in pairs or small groups and to generate a list of strategies for working with students who appear anxious or stressed during class, or who approach them with concerns after class.

➢ After 10 minutes, ask teachers to share their ideas. Hand out "Setting Up the Classroom Atmosphere" which includes tips for helping the anxious student and dealing with the overzealous student. Tell teachers that as they review specific lessons, they will also discuss how to deal with more specific topics like domestic violence.

➢ Tell teachers that in the next activity, you (the coordinator) will be facilitating a specific lesson activity that uses interactive teaching methods. After the lesson, the group will discuss types of difficult situations that may occur during this activity and strategies for addressing them.

Activity 4D:
Sample Lesson –
Critiquing and Giving
Feedback

40 mins.

➢ Select one of the sample lessons from one of the unit themes that uses role-playing as one of the interactive teaching methods.

➢ Ask teachers to spend about 5 minutes reading through the sample lesson on their own.

➢ After 5 minutes, review some of the specific characteristics of the lesson plan. Include a brief definition and discussion of the following:

- Regional Standards and Core Outcomes
- Purpose
- Objectives
- Overview of activities
- Teaching methods
- Resources and materials.

➢ Note the importance of being familiar with a lesson and its contents prior to delivering one. For lessons that use interactive teaching methods, teachers may have to gather or prepare specific materials (e.g., strips of cards, scenarios, TV/VCR) ahead of time.

➢ Tell the group that you will now <u>facilitate the role-playing activity</u> in the lesson with them **(Note: do not conduct the entire lesson, just the <u>one</u> activity)**. Tell teachers that because you (the coordinator) will be reviewing strategies for addressing difficult situations in the classroom after running this activity, teachers should feel welcome to role-play the part of a student who is embarrassed, rowdy or anxious while you run the activity. The group will discuss how to handle these situations following the activity.

➢ After conducting the activity, discuss how this specific activity allowed you to reach lesson objectives.

> **Note**: This activity is a good one to introduce positive ways for giving feedback and providing critiques to students in a way that is respectful and constructive. You may choose to ask volunteers for effective ways to give feedback when using such teaching methods as role plays and small group work.

➢ Ask teachers to volunteer some difficult situations that could arise when using a role-playing activity (e.g., students become rowdy and lose track of what they are doing; one student is too embarrassed or uncomfortable to participate). Write these situations on the board in one column. Then ask teachers to think about strategies for

➢ overcoming these situations. Write the strategies in a column next to the first ones.

Note: One key challenge to include is what to do in a classroom with different literacy and reading skills and/or age ranges.

➢ Hand out "Tips for Using Interactive Teaching Methods" and "Tips on Giving Feedback" for teachers' review.

Activity 4E:
Creating an Interactive Activity and Practice of Teaching Skills

60 mins.

➢ Ask teachers to group into pairs or small groups.

➢ Tell them that they will be developing their own interactive activity to teach one or more life skills.

Note: Teachers are not to write an entire lesson; just one interactive activity that would take about 10-15 minutes long to implement.

➢ Ask teachers to select or assign them to a specific life skill (e.g., decision-making, problem-solving, communication skills). Then, ask them to select or assign them to a specific content area and objective (e.g., reduce tobacco smoking among 14 year olds).

➢ Tell them to spend 15 minutes creating an interactive 10-15 minute-long activity that seeks to reach the objective using the specific life skill.

➢ After 15 minutes, ask for volunteers to present their activity with the rest of the participants.

➢ As they do, ask others to identify the life skill and the content area/objective of that activity.

➢ After each group has presented their activity, create a list of "tips" that teachers could use when teaching that particular activity.

Resources and Materials for
<u>Session Four</u>

Participatory Teaching Methods

Each of the teaching methods in the following chart can be used to teach life skills.

Teaching Method	Description	Benefits	Process
CLASS DISCUSSION (in Small or Large Groups)	The class examines a problem or topic of interest with the goal of better understanding an issue or skill, reaching the best solution, or developing new ideas and directions for the group.	Provides opportunities for students to learn from one another and practice turning to one another in solving problems. Enables students to deepen their understanding of the topic and personalize their connection to it. Helps develop skill in listening, assertiveness, and empathy.	• Decide how to arrange seating for discussion • Identify the goal of the discussion and communicate it clearly • Pose meaningful, open-ended questions • Keep track of discussion progress
BRAINSTORMING	Students actively generate a broad variety of ideas about a particular topic or question in a given, often brief period of time. Quantity of ideas is the main objective of brain-storming. Evaluating or debating the ideas occurs later.	Allows students to generate ideas quickly and spontaneously. Helps students use their imagination and break loose from fixed patters of response. Good discussion starter because the class can creatively generate ideas. It is essential to evaluate the pros and cons of each idea or rank ideas according to certain criteria.	• Designate a leader and a recorder • State the issue or problem and ask for ideas • Students may suggest any idea that comes to mind • Do not discuss the ideas when they are first suggested • Record ideas in a place where everyone can see them • After brainstorming, review the ideas and add, delete, categorize
ROLE PLAY	Role play is an informal dramatization in which people act out a suggested situation.	Provides an excellent strategy for practicing skills; experiencing how one might handle a potential situation in real life; increasing empathy for others and their point of view; and increasing insight into one's own feelings.	• Describe the situation to be role played • Select role players • Give instruction to role players • Start the role play • Discuss what happened

SMALL GROUP/BUZZ GROUP	For small group work, a large class is divided into smaller groups of six or less and given a short time to accomplish a task, carry out an action, or discuss a specific topic, problem, or question.	Useful when groups are large and time is limited. Maximizes student input. Lets students get to know one another better and increases the likelihood that they will consider how another person thinks. Helps students hear and learn from their peers.	• State the purpose of discussion and the amount of time available • Form small groups • Position seating so that members can hear each other easily • Ask group to appoint recorder • At the end have recorders describe the group's discussion
GAMES AND SIMULATIONS	Students play games as activities that can be use for teaching content, critical thinking, problem, solving, and decision-making and for review and reinforcement. Simulations are activities structured to feel like the real experience.	Games and simulations promote fun, active learning, and rich discussion in the classroom as participants work hard to prove their points or earn points. They require the combined use of knowledge, attitudes, and skills and allow students to test out assumptions and abilities in a relatively safe environment.	**Games:** • Remind students that the activity is meant to be enjoyable and that it does not matter who wins **Simulations:** • Work best when they are brief and discussed immediately • Students should be asked to imagine themselves in a situation or should play a structured game or activity tot experience a feeling that might occur in another setting

SITUATION ANALYSIS AND CASE STUDIES	Situation analysis activities allow students to think about, analyze, and discuss situations they might encounter. Case studies are real-life stories that describe in detail what happened to a community, family, school, or individual.	Situation analysis allows students to explore problems and dilemmas and safely test solutions; it provides opportunities to work together, share ideas, and learn that people sometimes see things differently. Case studies are powerful catalysts for thought and discussion. Students consider the forces that converge to make an individual or group act in one way or another, and then evaluate the consequences. By engaging in this thinking process, students can improve their own decision-making skills. Case studies can be tied to specific activities to help students practice healthy responses before they find themselves confronted with a health risk.	• Guiding questions are useful to spur thinking and discussion • Facilitator must be adept at teasing out the key points and step back and pose some 'bigger' overarching questions • Situation analyses and case studies need adequate time for processing and creative thinking • Teacher must act as the facilitator and coach rather than the sole source of 'answers' and knowledge
DEBATE[2]	In a debate, a particular problem or issue is presented to the class, and students must take a position on resolving the problem or issue. The class can debate as a whole or in small groups.	Provides opportunity to address a particular issue in-depth and creatively. Health issues lend themselves well: students can debate, for instance, whether smoking should be banned in public places in a community. Allows students to defend a position that may mean a lot to them. Offers a chance to practice higher thinking skills.	• Allows students to take positions of their choosing. If too many students take the same position, ask for volunteers to take the opposing point of view. • Provide students with time to research their topic. • Do not allow students to dominate at the expense of other speakers. • Make certain that students show respect for the opinions and thoughts of other

[2] Source: Meeks, L. & Heit, P. (1992). *Comprehensive School Health Education.* Blacklick, OH: Meeks Heit Publishing.

			• debaters. • Maintain control in the classroom and keep the debate on topic.
STORY TELLING[3]	The instructor or students tell or read a story to a group. Pictures, comics and photonovelas, filmstrips, and slides can supplement. Students are encouraged to think about and discuss important (health-related) points or methods raised by the story after it is told.	Can help students think about local problems and develop critical thinking skills. Students can engage their creative skills in helping to write stories, or a group can work interactively to tell stories. Story telling lends itself to drawing analogies or making comparisons, helping people to discover healthy solutions.	• Keep the story simple and clear. Make one or two main points. • Be sure the story (and pictures, if included) relate to the lives of the students. • Make the story dramatic enough to be interesting. Try to include situations of happiness, sadness, excitement, courage, serious thought, decisions, and problem-solving behaviors.

Source: Health and Family Life Education (HFLE) Life Skills Training, Barbados, March/April 20001, compiled by HHD/EDC, Newton, Mass.

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[3] Source: Werner, D. & Bower, B. (1982). *Helping Health Workers Learn.* Palo Alto, CA: Hesperian Foundation.

Participatory Learning

Participatory Learning is central to life skills teaching; it is also the basis for the training of life skills trainers. Participatory learning relies primarily on learning in groups.

During childhood and adolescence, as in adulthood, much social interaction occurs in groups. This can be capitalized upon, and used in a structured way to provide a situation in which members can learn, share experiences and practice skills together.

The role of the teacher or teacher trainer is to facilitate this participatory learning of the group members, rather than conduct lectures in a didactic style.

Participatory learning:

- utilizes the experience, opinions and knowledge of group members • provides a creative context for the exploration and development of possibilities and options
- provides a source of mutual comfort and security which is important for the learning and decision making process

It is recognized that there are advantages of working in groups, with adults and with young people because group work:

- increases participants' perceptions of themselves and others
- promotes cooperation rather than competition
- provides opportunities for group members and their trainers/teachers or careers to recognize and value individual skills and enhance self-esteem
- enables participants to get to know each other better and extend relationships
- promotes listening and communication skills
- facilitates dealing with sensitive issues
- appears to promote tolerance and understanding of individuals and their needs
- encourages innovation and creativity.

The place and importance of participatory learning draws some of its influence from adult learning theory and from research into in-service training which suggests the following:

- The adult learner has accumulated a reservoir of experience that is a substantial resource to be utilized in the learning process. This emphasizes the need for experiential techniques to be used.
- The adult learner is often concerned with the immediacy of application of learning. The theoretical must thus always have a practical outlet.
- Lecturing, as a method of communicating relevant information to adult professionals has little effect on their actual work practice.
- Lecturing, followed by general discussion does not tend to have much influence on practice; unstructured discussion is seen as creating a circular reaction: people picking up anecdotes and strong opinion leaders perhaps swinging the group towards things that are not wholly relevant.
- There are indications that if participants are asked to perform practical tasks in the middle of the in-service work, or if they have to go back to try out ideas in their work practice, then this heightens the chance of the in-service experience having some long term effect.
- The experience of the participants must be used and built on. Unless this is taken account of by in-service providers, it is unlikely that participants will apply what they learn to their work setting.

Taken from CARICOM Multi-Agency HFLE Programme Manual for Facilitators of Life Skills Based HFLE Programmes in the Formal and Non-Formal Sectors.

☝Tips for Teachers on Using Interactive Teaching Methods

1. If your class time is 80 minutes, the expectation would be to cover 2 lessons not drag out one lesson to fill up the time.

2. Leave time to reinforce conclusions and skills at the end of lesson

3. Reinforce to teachers to make lessons age/language appropriate. If necessary, teacher must interpret lessons so students can understand.

4. Keep small group work to the limited time frame. Tell students that it's okay if they didn't get everything done before time was up. There will be time to discuss further as a class.

5. Tips on how to facilitate group discussion

   - Give students examples of possible answers if no one is willing to start the discussion. You might say, "What about…."
   - Keep the discussion to the limited amount of time
   - Allow as many students as possible to participate. If one student is dominating the conversation, ask "[Name of student] has provided some great ideas. Does anyone else have an answer?"
   - If there is not enough time for all students to answer, say "We've had a really good discussion. There will be time in a later activity or lesson for others to participate."

6. Tips on using small group work

   - Small groups are useful for encouraging student participation
   - Divide students into even groups (e.g., five students in each group)
   - For topics that may be gender-sensitive, separate girls and boys
   - Note that one person may need to report back to the larger group, and for students to select one person to be that reporter
   - Encourage students to take notes if necessary
   - Walk around during the group activity to hear what students are saying

7. Tips on using role-playing

   - Role-playing is a useful teaching method for practicing interpersonal skills
   - Let students know before the activity if they may be asked to role-play in front of the class afterwards
   - Remind students of the importance of body language during role-playing and paying attention to non-verbal cues.
   - If students start to get rowdy during role-playing activities, remind them to stay on the topic and walk around the class to help them focus.

8. Tips on using brainstorming

   - Brainstorming is useful for gather many answers in a short amount of time.
   - Although a number of students may want to provide answers to your question, this exercise should last only 5 minutes. You may not be able to get answers from all the students.
   - Tell students after 5 minutes that they will have many other opportunities to provide answers. Give students positive feedback on their answers.

Tips to Encourage Discussion

(a)   Ask open-ended questions which allow for any possible response (How did you feel about...)

(b)   Ask open-ended questions which guide the discussion in a particular direction (What else could the boy have done in the story?)

(c)   Use active or reflective listening. This technique involves paraphrasing a person's comments (without inserting opinions and/or judgments) so that the person knows why they have been heard. For example:

> Student: "I think my friend acted like a spoiled child."
>
> Teacher: "So you feel some of her behavior was immature."

Paraphrasing allows the teacher to clarify his/her understanding of the speaker's word. If the paraphrasing is incorrect, the student has the opportunity to restate what she/he meant; if the paraphrasing is correct the teacher will feel encouraged to elaborate her/his initial comment. In either case, paraphrasing shows the student that the teacher cares enough to the listen. This type of listening takes time and special effort in attending to the student and the communication process. It is necessary that the teacher put aside preoccupation and concern with what she/he is going to say next.

Active listening conveys to the student that her/his point of view has been communicated and understood. This requires the teacher to:

(a)   <u>Listen to the total meaning of the message.</u> (i.e. the content of the message and the feeling or attitude underlying this content.)

(b)   <u>Respond to feelings.</u> In some instances the content is far less important than the feeling which underlies it. You must respond particularly to the feeling component to catch the full meaning of the message.

(c)   <u>Reflect back in his/her own words what the student seems to mean by his/her words or actions.</u> The teacher's response will demonstrate whether the student feels understood. An example of a reflective question is: "What I heard you say is that you are concerned about the importance of knowing everything. Is that what you said?"

(d)   <u>Listen to and support every student's contribution.</u> This does not mean that you agree or disagree with their ideas. It means that you listen carefully and accurately and respect the feelings of others.

(e)   <u>Use body language which engages students.</u> Make direct eye contact; if you are sitting, lean in the direction of the group: if you are standing, circulate so as to increase contact with the students.

The teacher avoids:

(a)   <u>Using closed-ended questions</u> - questions which are answered by yes or no. (Did you like the film?)

(b)   <u>Making judgments about the rightness or wrongness of students' opinions</u> - (I couldn't disagree with you more)

(c)   <u>Interpreting students remarks:</u> You must really have a hang-up about your father."

Prepared by: Annette Wiltshire

Tips on Giving Feedback

- **Keep in mind that the feedback process should be experienced as a positive, learning experience for everyone.** The emphasis should be on strengthening skills, not making judgments.

- **If possible, allow the person to do a self-assessment before you offer your comments.**

- **Use clear criteria or a checklist for giving feedback.** If there are specific expectations for performance, share these with the person in advance and then use the written expectations as the basis for your feedback.

- **If appropriate, make eye contact with the other person**. Eye contact is an example of how body language can reinforce a verbal message. Be aware that in some cultures, eye contact between two people (e.g., a young person and an adult) might be considered disrespectful.

- **First, share positive comments.** This will help the person to feel good about him- or herself, and might enable the person to be more open to your suggestions for new strategies to try.

- **Use constructive, positive language to offer your comments.** For example, you can say, "Have you considered... ?" or "It might help to try . . ."

- **Focus your comments on aspects of the performance or task, not on the person.**

- **Be as specific as possible.** The clearer and more specific you are with your feedback-your sense of what worked as well as suggestions for improvement-the more likely the person will be to learn from the feedback and integrate your input.

- **Make sure that the feedback process is two-way**. Allow the person opportunities to ask clarifying questions, offer his or her opinion, etc.

- **Remember that there are many ways to perform a task effectively**. Don't expect the other person to adopt your way of doing things; each person needs to find an approach that works for him or her.

- **Following the feedback session, give the person opportunities to demonstrate how he or she has improved in the performance of the task**. Ideally, feedback should be an ongoing part of the learning process, not an isolated event.

Education Development Center, Inc., Newton, MA. 2001.

Setting Up The Classroom Atmosphere

Students may react to this programme in different ways. They may:

- Ask baiting questions (to try to embarrass you).
- Remain silent because of embarrassment.
- Shock or try to amuse by describing sexually explicit behaviors.
- Ask very personal questions about your private life.
- Make comments that open themselves to peer ridicule or criticism.

To deal with these situations it is important to set <u>class rules</u>. These must be very clear to the students before you start. You can have students develop their own rules or you can start with a list and discuss with the students if they are fair and why they are important. A suggested list might be:

- Students are expected to treat each other in a positive way and be considerate of each other's feelings.
- Students are not to discuss personal matters that were raised during the lesson with others outside of the classroom.
- Students should avoid interrupting each other.
- Students should listen to each other and respect each other's opinions.
- Both students and teachers have a "right-to-pass" if questions are too personal.
- No put-downs – no matter how much you disagree with the person you do not laugh, make a joke about them or use language that would make that person feel inferior.
- Students may be offered the possibility of putting their questions anonymously to the teacher.
- Many times students laugh and giggle about sex. This should be allowed in the beginning, as it lowers the barriers when discussing sexuality.

Strategies To Deal With Special Problems

The following strategies might be used to deal with personal questions, explicit language and inappropriate behavior.

- Respond to statements that put down or reinforce stereotypes (for example, statements that imply that some groups of people are responsible for the AIDS epidemic) by discussing the implications of such statements.
- Be assertive in dealing with difficult situations – for example, "That topic is not appropriate for this class. If you would like to discuss it, I'd be happy to talk to you after class."
- Avoid being overly critical about answers – so that students will be encouraged to express their opinions openly and honestly.
- Present both sides of a controversial issue. Avoid making value judgments.
- It might be important to separate males and females in group activities that might be embarrassing to the students or where separated groups may function more efficiently.

Helping the Anxious Student

- It is helpful to think ahead of how you might respond to students in the class who feel particularly sensitive to a topic covered in class as a result of their own personal experiences. It is important that you behave in such a way that students who are worried will feel comfortable seeking your advice.

- Your responsibility in teaching a life-skills programme includes learning in advance what help and services are available in you community.

- Listen to the student who approaches you, without imposing your values, moral judgments, or opinions. Do not ask leaning or suggestive questions about his or her behavior.

- Convey your concern for the student's health or well-being and when appropriate, tell the student that you know of services that can help him/her. Offer to start the process by contacting the one the student chooses.

- Continue your support by confidentially asking the student from time to time if he or she needs more information, has taken any action, or is still concerned about anything related to your conversation.

Helping the Overzealous Student

- It is helpful to think ahead of how you might respond to students in the class who are particularly overzealous in their desire to participate in class activities and, as a result, may not afford other students the chance to participate.

- If the student is the only one who is volunteering to answer your questions, you might say to him or her, "You've provided some great ideas and answers. Does anyone else have any ideas or answers?"

- Don't ignore the student, as this may make her or him feel disrespected or unappreciated. Acknowledge and commend his or her enthusiasm, but remind the student of the importance of getting everyone's input and viewpoint.

- Consider calling on students, particularly those you think would like to answer, but are feeling reluctant. You might say, "How about you, [name of student]? What do you think?"

- As you observe small group work or role-playing activities, encourage other students to participate if it seems that one student is dominating the group work.

Facilitator: Critical Role for Teachers

When facilitating learning activities, skillful facilitators take on several roles. They:
- Develop and maintain a positive atmosphere
- Address all goals and objectives of the training and "cover" essential content
- Balance the content and the process of training

Developing a Positive Atmosphere

Teachers need to establish an atmosphere of trust – one that supports and encourages respectful, open, and honest sharing of ideas, opinions, attitudes, and behaviors. Such an atmosphere is characterized as warm, accepting, and non-threatening, and promotes learning. The behavior and attitude of the teacher are critical in establishing warmth, interest, and support, establish an atmosphere that invites active participation. This kind of atmosphere can be established by:

- Including opportunities for non-threatening introductory activities – an "ice-breaker' – to acclimate students to the subjects to be addressed.
- Establishing norms – ranging from concerns about confidentiality, the amount of time allotted for lunch, and even the location of the amenities.
- Discussing expectations – what will and wont' be addressed, what learns will and won't do, and what teachers will and won't do.
- Encouraging all learners to join in discussions and keeping overly zealous participants from monopolizing.
- Acknowledging sound ideas and interesting points and rephrasing comments so that learners know that they've been heard and understood.
- Maintaining trust and confidentiality by reminding learners of established ground rules/norms.
- Remaining open and responding positively to comments.

Reaching Goals and "Covering" Material

To address goals and objectives, as well as "cover" appropriate content, a teacher needs to be able to:

- Link topics together by introducing new topics and pointing out connections to ones addressed earlier.
- Provide needed information clearly, succinctly, and in an interesting way.
- Give (and model) clear, step-by-step instructions for each activity.
- Promote thoughtful discussion by asking well-planned questions that require more than "yes" or "no" responses.
- Know when and how to bring a discussion back to the topic at hand when the discussion strays.
- Tie things together by reminding learners of feelings, ideas, opinions, or questions mentioned earlier.
- Bring closure to an activity or lesson by seeking final questions and acknowledging when time requires the group to move.

Balancing Content and Process
During activities, teacher facilitators:

- Circulate among learners to develop a clear picture of what's happening and how it's happening
- Help learners redirect their focus when they need to.
- Accept that outcomes of activities may not be exactly what was planned – and that many different, valuable learnings can come out of the same activity.
- Help learners identify, analyze and generalize from activities – whether outcomes were planned or not!

Developed by the National Training Partnership, EDC. Inc., 1998

SESSION 5:
ALTERNATIVE ASSESSMENT METHODS

➢ **What Is the Purpose of This Session?**

The activities in this section are intended to familiarize teachers with the concept of alternative assessment, and how to incorporate the use of alternative assessment methods in life skills education.

At the end of this session, participants will be able to:

- Define "alternative assessment methods"
- Identify the strengths and benefits of different types of assessment methods
- Develop skills for using alternative assessment methods for assessing student performance.

➢ **Who Is This Session For?**

Teachers and any individual interested in using alternative assessment methods

➢ **How Long Will It Take To Implement This Entire Session?**

It should take about 3 hours to complete all the activities in this section, depending on the audience. However, the activities are meant to stand alone, and therefore can be used on their own.

➢ **What Activities Are In This Session and What Do They Entail?**

Activity 5A: What is Alternative Assessment?

Activity 5B: Creating and Using Performance Tasks and Rubrics for Evaluation

Activity 5C: Creating and Using a Student Portfolio

INTRODUCTION

➤ Introduce this session by telling teachers that they will now spend some time learning about alternative assessment methods and how they can be used to assess lessons that aim to develop life skills.

Activity 5A:
Alternative
Assessment Methods

45 minutes

➤ Define what is meant by "Assessment"

> *The process of quantifying, describing, gathering data, or giving feedback on performance; vehicles for gathering information about student achievement or behaviour*

➤ Ask teachers to provide reasons why they need to assess students and write the reasons on the board.

➤ Reasons may include:
  • Administrative purposes
  • Feedback to students on progress or achievement
  • Guidance to students about future work
  • Instructional Planning
  • Motivation

➤ Note that there can be different levels of assessment: national, district-school, and classroom.

➤ Ask teachers what they think the meaning of "Alternative Assessment" is.

> *Alternative assessment is any kind of assessment that differs from the traditional timed, multiple choice, one shot approaches to assessment.*

➤ Ask teachers to break up into pairs. Ask each pair to spend 5-10 minutes brainstorming the different types of assessment methods that they use in their classroom and how they are different from the more traditional approaches.

➤ After 10 minutes, ask each pair to share their list. Write down each type of assessment mentioned by teachers on the board. As a group, go through the following questions about each type of assessment mentioned:

  • How does this form of assessment work?
  • What are the strengths/benefits of using this kind of assessment?
  • When would it be best to use this form of assessment?
  • What are the limitations of using this form of assessment?
  • What would this form of assessment look like in action?

Activity 5B:
Creating and Using
Performance Tasks
and Rubrics for
Assessment

75 minutes

➢ Write the words "**Performance Task**" on the board or newsprint. Ask teachers what they think this means.

➢ Guide teachers through a definition of "performance task" using the resource materials at the end of this session.

➢ Hand out the sample lesson at the end of this Session and the handout "Options for Performance Tasks" to each teacher.

➢ Ask teachers to break up into small groups and to spend 5 minutes reading through the lesson plan. After 5 minutes, briefly summarize the lesson activities with the group.

➢ Ask each group to spend 5-10 minutes discussing possible performance tasks found in the sample lesson. Ask them to pick one recorder to make a list of the performance tasks in that lesson.

➢ After 10 minutes, have each group share the performance tasks on their list. Reponses could include: 1) small group work on reasons people abuse drugs, 2) graphic organizer; 3) homework paragraph on decisions to not use drugs.

➢ Tell teachers that they will now spend some time learning about how to create **rubrics** using the performance tasks on their list.

➢ Ask teachers if they have ever used rubrics in their assessments methods before.

➢ Ask for volunteers to define what a rubric is. Provide a comprehensive definition of a rubric and how it can be used to assess student work.

> *A rubric is a scoring tool that lists the criteria for a piece of work, or "what counts." It also articulates gradations of quality for each criterion, often from excellent to poor.*

➢ Tell teachers you will lead them through the development of a rubric for assessment, and the larger group will then discuss the benefits of using a rubric for assessment.

➢ Draw a large, empty rubric on the board or newsprint. Demonstrate how a rubric to assess student work and participation in these activities might be developed using the list of performance tasks they generated

and the sample below.

➢ Ask volunteer for their input on what the criteria would be for each performance task.

Sample Rubric for Evaluation of a
Life Skills-based Lesson

Performance Task	Criteria			
	4	3	2	1
Group analysis of why people use drugs	Strong participation	Fair participation	Rarely participated	Made no effort
Graphic organizer	Answers thoughtful, comprehensive	Well thought out, but could be more thorough	Filled out hastily; not complete	Not Completed At all
Homework paragraph on decisions to not use drugs	Well-written; showed good decision-making skills about drug use	Fair writing job; could have addressed decision-making more	Poorly written; showed little effort to address decision-making	Not Completed

➢ Show teachers how scoring might work for this rubric:
    12 = Highest marks
    3 = Lowest marks

➢ Discuss the benefits of using rubrics and when they are most useful. Point out that rubrics do not need to be used for all lessons, but can be particularly helpful when there are multiple items that are being assessed, as in the example above.

➢ Describe the option of "weighting" each item on a rubric based on how much teachers would like that item to count towards a student's score. For example, if the homework assignment score is weighted more (e.g., multiplied by 2), it will count more towards a student's score than the other 2 tasks.

Sample Rubric for Evaluation of a
Life Skills-based Lesson with <u>Weighted Tasks</u>

Performance Task	Criteria				Weight
	4	3	2	1	
Group analysis of why people use drugs					X 1
Graphic organizer					X 1
Homework paragraph on decisions to not use drugs					X 2

➢ Select another lesson that provides options for rubric development. Ask teachers to work in groups and to develop their own rubric for assessment, by first identifying performance tasks for that lesson and then developing specific criteria for assessing each task using the rubric template in the resources section of this session.

Activity 5C:
Creating and Using
Student Portfolios

60 minutes

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➢ Tell teachers that so far in this session, they have been discussing assessment specific to one lesson or activity. Now they will discuss the creation and use of student portfolios over time.

➢ Ask teachers if they know what is meant by a "Portfolio."

➢ Provide additional information to define a portfolio, using resources provided in this manual. For example:

> *"A portfolio is a collection or showcase of examples of a person's best work in a particular field. Portfolios contain students' work (in class and homework) over a period of time and their reflections about doing the work and the learning that took place. They provide solid evidence of students' growth in health knowledge and skills and document progress as a learner. They can also be used during parent-teacher and teacher-student conferences."*[§]

➢ Review some possible contents of an HFLE portfolio as described in the handout "Contents of an HFLE Portfolio." Note how students will be asked to write reflective summaries about their work in the portfolio in addition to the work they complete for the lessons.

➢ Explain to teachers that it is important for students to know at the start of each unit that they will each be developing a portfolio of their work in that specific unit.

➢ Divide teachers into pairs or small groups. Hand out the "Getting Started with Portfolios" Worksheet. Ask them to read the list of tasks associated with creating and using a portfolio.

➢ Tell teachers that they will now spend some time reviewing lessons from one of the HFLE units, and will suggest a few examples of student work that can be included in a portfolio on that unit. They will also identify possible topics for student reflections to be included in their portfolio based on the standards and outcomes of that unit.

[§]Rhode Island Department of Education

➢ Ask teachers to divide into small groups. Hand out "Creating an HFLE Portfolio" (Draft by Semei, 2006).   Review the examples of task included in this portfolio and the rubric created for marking the portfolio.

➢ Hand teachers <u>3 lessons</u> from one of the theme units. Ask each group to spend about 15 minutes reviewing the lessons (e.g., they may want to each be responsible for one lesson) and to develop a list of specific student products that could be included in a portfolio on that unit (e.g., specific homework assignments, poems, posters). Note that they may want to "weight" their items based on importance for the overall lesson score.

➢ Ask them to think about additional items that students could create specifically for that portfolio that isn't included in the lessons (e.g., reflections on what they learned about communicating with others).

➢ After 20 minutes, ask each group to share the contents of the portfolios they developed for their lessons.

Resources and Materials for
Session Five

What are performance tasks?

Performance tasks (pts) are assignments that ask students to undertake a task or series of tasks to demonstrate proficiency with health knowledge and skills. They provide a means for students to demonstrate progress in meeting HFLE objectives. A pt presents a descriptions of the student work and the health education standards and criteria by which the students' work will be evaluated.

What kinds of activities could qualify as a performance task?
Generally, pts will fall into one of four categories:
constructed responses: answers on tests, student-generated diagrams, and/or
visuals presentations such as concept maps or graphs.
Products: an essay, research paper, or lab report; a journal; a story, play, or poem; a portfolio; an exhibit or model; a video- or audio-tape; a spreadsheet
Performances: an oral report; a dance demonstration; a competition; a dramatic presentation; an enactment; a debate; a recital
Processes: a session for oral questioning; observation; an interview or conference; an ongoing learning log; a record of thinking processes

Although some pts may be simple and involve an open-ended question, others
Can be more complex and require several days, weeks, or months to complete.
For a more ideas, review the options for performance tasks handout.
How do you know when you have an effective performance task?
A pt is more than an activity or incidental product. It needs to answer a
Central question to qualify as valid:

Will this task enable students to demonstrate that they have acquired the skills an knowledge embodied in the standards?
If this question cannot be answered affirmatively, the pt must be reconsidered.

In addition, a good performance task:
1. Clearly indicates what the student is being asked to do
2. Addresses specific content standards and performance descriptions
3. Is developmentally appropriate and of interest to students
4. Provides for student ownership and decision-making
5. Requires student to be actively engaged
6. Flows from previous activities
7. Provides an opportunity for the student to stretch abilities to the next level
8. Allows the teacher to gather important evidence about what the student knows and does
9. Emphasizes higher order thinking skills
10. Requires evaluation and synthesis of skills
11. Is linked to ongoing instruction
12. Reflects a real world situation
13. Clearly indicates how good is good enough
14. Has criteria that are clear to students and teacher

Finally, for a performance task to be sound, it must be one that is actually
Feasible and that doesn't require inordinate time or resources or create undue controversy.

Examples of Different Performance Tasks

Advertisement
Animated Movie
Annotated Bibliography
Art Gallery
Block Picture Story Brochure
Bulletin Board
Bumper Sticker

Chart Choral Reading Clay
Sculpture Collage Collection
Computer Program Cookbook
Crossword
Comic Strip Community Display
Calendar Flip Book

Detailed Illustration
Data Analysis Database Debate
Demonstration
Diorama Display

Editorial Essay

Fairy Tale
Family Tree
Film
Fitness

Game
Graph

Historical Perspective

Illustrated Story
Infomercial
Internet Review
Interview

Journal

Map with Legend
Mobile
Model

Mural
Museum Exhibit

Needlework
Newspaper *Story*

Oral Defense
Oral Presentation

Pamphlet
Paper Mache
Petition
Photo essay
Pictures
Picture Book For Children
Play
Poetry
Popup Book
Poster
Powerpoint Presentation
Press Conference Public Announcement
Puppet Show
Puzzle

Radio Program
Rap
Research Project Riddle Role Play

Storytelling Scrapbook Sculpture
Skit
Slide Show
Slogan
Song
Survey

T-Shirt
Tapes: Audio or Video

Video

Web Page
Write A New Law

Sample Rubric for Evaluation of a
Life Skills-based Lesson

Performance Tasks	Criteria			
	Highest score ⟶ Lowest score			
	4	**3**	**2**	**1**
Task #1:				
Task #2:				
Task #3:				

Total: _____

Sample Rubric for Evaluation of a
Life Skills-based Lesson with <u>Weighted Tasks</u>

Performance Tasks	Criteria				Weight
	Highest score ⟶ Lowest score				
	4	3	2	1	
Task #1:					X 1
Task #2:					X 1
Task #3:					X 2

SAMPLE LESSON PLAN

REGIONAL STANDARD 2:	Acquisition of coping skills to deter behaviours and lifestyles associated with crime, drugs, violence, motor vehicle accidents, and other injuries.
CORE OUTCOME 2:	Analyse the impact of alcohol, and other illicit drugs on behaviour and lifestyle.

Title	**Could It Happen To Me?**
Age Level	12 – 13 yrs
Time	40 min
Purpose	Students need to understand why people take drugs and the consequences drug use can have on their lives.
Overview (Include Concepts)	Students will reflect on reasons why people use drugs and the devastating effects drugs can have on all aspects of a person's life. Using a graphic organizer, students will identify behaviours associated with drug abuse and possible consequences.
Specific Objectives	Students will be able to:

1. Identify three reasons people abuse drugs;
2. Acknowledge the consequences of drug use on a persons life;
3. Use decision-making skills to determine the consequences of drug abuse on various aspects of a person's life.

Resources and Materials	Scenario, graphic organizer
Methods and Strategies	Individual and small group work

PROCEDURE

Step I Introduction (15 min)	Introduce the lesson as being about the dangers of substance abuse and the devastating effect it can have on people's lives. Divide students into small groups, and ask them to discuss why people abuse drugs. Some common answers are peer pressure, imitating adults, to please others, to feel like an adult, to challenge authority, curiosity, to escape problems at home or school.

Ask one group to report out to the class and other groups are asked to add to the list.   Write the reasons on the board. |
| **Step II Skill Development and Reinforcement** (15 min) | Hand out a graphic organizer to each student and tell students they are going to use decision making skills to determine the consequences of drug abuse on various aspects of a person's life. Read the scenario Alicia and |

introduce students to the graphic organizer. Ask students to answer the following questions using the scenario "Alicia" to complete work on the graphic organizer.

1. What is the problem?
2. What drug(s) is being abused?
3. How is the drug impacting Alicia's behaviour?
4. What could be the consequences of that behaviour on Alicia's personal life, home life, performance in school, on friends, family and the community (accidents, crime etc)?

CONCLUSION (5 min)   Reinforce the dangers of drug abuse including alcohol and tobacco. Review why some people resort to abusing drugs and the devastating consequences it can have on their lives.

HOMEWORK: **Ask students to complete the graphic organizer for homework. On the back of the graphic organizer, students will write 2 paragraphs on how this information will affect their decisions about drug use.**

Notes For Lesson

Alicia

My name is Alicia and I started using drugs at 13 years old.   It first started with drinking beer and smoking cigarettes with my friends, and then I was introduced to ganja.   From there, I was up for trying anything. I found that the more drugs I took the more worthless I felt. I didn't care about how I looked any more. I didn't bathe or wash my hair as often, I stopped visiting my grandmother who was ill and I fought with my mother all the time. My best friend decided she wanted to be friends with other girls. My parents would try to talk to me, but I knew better. It was **MY** life! I started hanging around boys that were drinking and doing drugs, and I got pregnant by a boy who didn't love me at all. At sixteen, I had to drop out of school and my mother had to take care of my baby. I looked in my mother's eyes and saw her disappointment. I would look in the mirror and ask myself, "what went wrong?" This was not how I dreamed my life would be.

I am twenty years old now and trying to get my life back together. My daughter will be going to school soon. I dumped that boyfriend and I am dating a man who respects and values me. **My advice to young people is to hold on to your hopes and dreams and avoid drugs at all costs. This story could be about you!**

Graphic Organizer

Problem

↓

Effect on Alicia (physical and emotional)

Behaviour	Consequences

At Home   **At School**

Behaviour	Consequence		Behaviour	Consequence

Relationships with Family   **Relationships with Friends**

Behaviour	Consequence		Behaviour	Consequence

Sports   **Community**

Behaviour	Consequence		Behaviour	Consequence

What Is a Portfolio?

A portfolio is a collection or showcase of examples of a person's best work in a particular field. For example: Architects create portfolios that contain blueprints they have drawn. Artists' portfolios typically include collections of sketches and drawings they. have made. Musicians may create portfolios using audiotapes or videotapes of songs they have performed or composed. People use portfolios to show others what they can do. Students can use the portfolio to demonstrate to others what they know and what they can do in health education.

Rationale for Portfolio

Portfolios have the advantage of containing students' work (product) over a period of time and their reflections (process) about doing the work and the learning they believe took place. Portfolios provide evidence of students' growth in health knowledge and skills and document progress as a learner. Portfolios form a solid basis for a student's conferencing with teacher, parent, student or other interested parties.

Essential Elements of a Portfolio

Portfolios should be designed so those who read them will understand why students chose each piece of work and what each piece of work demonstrates. Students need to spend time organizing and describing the pieces they select and their reasons for selecting them. A portfolio is not a collection of everything students have done.

Portfolios use samples of students' best work. Decisions about what work to include and not to include are made by teacher and student together. Only the final version of a student's best work should be included.

Expert practitioners in every field realize the strategic importance of improving their work samples. In our quest to produce life- long learners, we must encourage students to develop the habits and skills of professional learners. These skills include revision, reflection and self-assessment using clear standards of achievement. These three practices are essential elements of the portfolio process.

Revision

Throughout the course of a school year, students learn new information and develop and practice new skills. In the portfolio process, students have the opportunity to revise and restructure their work. Teachers should provide multiple opportunities to utilize the health education standards, so students have a wide selection of work from which to choose their best examples.

Students must be taught that revision is more than revising to fix mechanical mistakes and be given multiple opportunities to practice revising their work. Students should be encouraged to keep all scratch notes, rough drawings, doodling and draft copies. An examination of these thinking tools and practice works will allow students to compare and contrast, categorize and relate, infer and apply all essential components of revision. With in- creased practice, students will become more skilled at revision.

Engaging Students In Portfolio

Explain to students that a portfolio will be a collection of their best work. Just as artists, models, architects, writers use their portfolios to show others what they have accomplished in their chosen field, students can use their health portfolios to demonstrate what they know, understand and are able to do in health education -in other words, their level of health literacy. Besides teachers and parents, potential employers would be an interested audience for

a health portfolio. Clearly explain the logistics (location, schedule for portfolio work', due dates, conference etc.) Let students know that you would like to photocopy their best work as benchmarks for subsequent years.

- Clearly explain how portfolios will be assessed.
- Have a set portfolio work time.
- Set a timeline with due dates for installments.
- Encourage peer evaluation.
- Check with other teachers to see if some health portfolio work could receive credit in other classes.
- Explain that parents will be encouraged to review students portfolios and to offer suggestions. Portfolios could also form the basis for a parent/teacher student conference.

Managing Portfolios
Of paramount importance is accessibility of portfolios to-students so one of the first challenges is deciding where in your classroom portfolios will be stored. Some teachers use boxes with hanging files, some milk cartons, others a file drawer or stackable plastic bins like the postal workers use. Because student work may come in all shapes ad sizes, student folders need to be legal size or accordion. Teachers may use color-coding to distinguish one class from another. Teachers need to set aside time each week for students to work with their portfolios.

Getting and staying organized is also important with portfolios. In addition to designing a management system for the portfolios themselves, a management system for the contents of the portfolio is crucial.

In addition to arranging the classroom, scheduling time for students to work with portfolio and preparing student handouts, teachers need to think about how they will conference with students. Conferences could be held during the scheduled portfolio time. The conference is an opportunity for student and teacher (or a few students and a teacher) to talk about the student's portfolio work. The more chances students have to discuss their work, (how they did, what they learned, how they feel, how they might improve the work, what new goals they want to set for their work, what growth they see in themselves) the greater the likelihood that they will become better and lifelong learners. Conferences are collaborative, not teacher led; the teacher listens the students and asks leading questions. It is a true blend of instruction and assessment. A conference is a time for teachers to learn first- hand about the instructional strengths and needs of a students. The teacher could meet with one or more students. Building conferencing skills takes time.

Involving Parents in the Health Literacy Portfolio
Portfolios are a good way to involve parents in their children's learning. Teachers need to communicate to parents (in writing, at meetings, in newsletters):

- what portfolios are,
- the purpose of this particular portfolio,
- how it will be scored,
- what part of the child's grade it will be,
- how it is different from traditional paper-pencil tests, and
- how they, the parents, can play an active part in their child's learning.

Teachers can encourage parents to:

- be a receptive audience for their child as he/she develops or decides what work to include in the portfolio,

- offer the child constructive feedback (this is helped by the use of rubrics),
- ask questions that encourage a child's reflection on his/her learning,
- communicate with the teacher about the growth in knowledge and skills they observe in their child,
- write reflective comments about the child's learning as demonstrated at home and in the portfolio, and
- discuss the portfolio work at parent teacher conferences.

The less familiar parents are with portfolios, the more important it is for communication about them to be ongoing with parents.

Evaluating the Portfolio

Teachers need to decide in advance how they are going to evaluate and share this information with their students. An assessment portfolio documents what a student has learned over time. It serves as a showcase of their best work. A review of a portfolio should provide the reader with a sense of the student's purpose and a portrait of the student's growth over time. In order for this to happen, the portfolios should:

Have some kind of organization;
Contain a range of work in context rather than as isolated pieces and skills;
Include pieces from throughout the assignment period in order to show growth;
Provide clear links between the health education standards and the pieces of work; and
Present evidence of self-assessment

Teachers may also decide to incorporate portfolios as part of a grading system and may even use them in as a final grade. If used for grades, some questions that educators need to answer in advance are:

How much of the student's grade will portfolios be?
Will they be used as part of or in place of a final examination?

Students need to know from the start the requirements for the portfolio and what they need to produce for a portfolio that achieves the performance standard.

It is likely that the teacher will develop a rubric or set of rubrics to guide students in their portfolio development. (**See Sample HFLE Portfolio and Rubric DRAFT** as created by Arthusa Semei, 2006). These rubrics would apply to the entire portfolio not to individual lessons that have their own rubrics.

Adapted from: Rhode Island Department of Education Assessment Portfolio Project and Council of Chief State School Officers SCASS Project

Getting Started with Portfolios Worksheet

Tasks to consider:

- Define the purpose of the collection. How will it relate to the HFLE objectives?

- What will you require students to put in their HFLE portfolio? What kinds of student work will you include? How can this be related to performance tasks?

- Decide how the finished HFLE portfolio will be evaluated. Will you develop criteria? What are some of the criteria?

- Decide what part of the students' grade the portfolio will be.

- How will you guide students through the process of reflecting on their work? Will you also include peer reflection? How will you incorporate student self-reflection with teacher reflection? How will this be used? What forms will you need? What would they look like?

- Decide how you will manage portfolios in the classroom.

- Review sample portfolio forms. Which ones will you use? Which ones will you revise? How? What other forms do you need to prepare? Be sure to include: an information sheet; a table of contents; a reflective summary; examples of student work entry slips.

- Explain how you will engage students in portfolio work. How will you introduce it? How will you get them to actively participate?

- Decide how to involve parents in their children's portfolio.

- How will you instruct, monitor, guide, and conference with students.

- Reflect on the portfolio process and revise any of the above as necessary.

SESSION 6:
SELF AND INTERPERSONAL RELATIONSHIPS UNIT
LESSON MODELING, PREPARATION AND PRACTICE

➢ What are the Objectives of This Session?

The activities in this section are intended to provide teachers with the opportunity to prepare and practice actual lessons from the Self and Interpersonal Relationships Unit of the HFLE Common Curriculum.

At the end of this session, participants will be able to:

- Reflect on the importance of self and interpersonal relationships during one's life and the skills needed to have positive relationships
- Gain a familiarity with the lessons in the unit
- Have skills to teach lessons in the unit.

➢ Who Is This Session For?

Teachers and other individuals who plan to implement the lessons from the Self and Interpersonal Relationship Unit of the HLFE Common Curriculum

➢ How Long Will It Take To Implement This Entire Session?

It should take about one and a half days to complete all the activities in this section, depending on the audience. However, the activities are meant to stand alone, and therefore can be used on their own.

➢ What Activities Are In This Session?

Activity 6A: Introductory Activity: What I Wish I Knew Then…

Activity 6B: Overview of Theme and Trainer-Facilitated Lesson Practice

Activity 6C: Review and Preparation of Lessons

Activity 6D: Teacher-Facilitated Lesson Practice

**Activity 6A
Introduction to Self
and Interpersonal
Relationships Unit:**

*What I Wish I Knew
Then…*

30 mins.

> **Note**: You may choose your own introductory activity that has teachers reflect on self and interpersonal relationships.

➢ Introduce this session by asking teachers to write down on a piece of paper the different types of interpersonal relationships that they have in their lives across the top of a sheet of paper. This could include family, friends, acquaintances, co-workers, and even themselves.

➢ Ask them to write down, under each person or heading, the different things that they have learned throughout their lives about maintaining positive interpersonal relationships with these people, and/or some of the negative things that they have done or encountered.

➢ Ask them to then write down, based on what they have experienced in their own lives, what they think it is important for their students to learn about interpersonal relationships, particularly in relationship to life skills.

➢ Have volunteers to share their answers.

**Activity 6B:
Trainer-facilitated
Lesson Practice**

60 mins.

➢ Tell teachers that they will now spend some time preparing and running lesson plans from the Self and Interpersonal Unit of the HFLE core curriculum.

➢ Provide a definition for "Self and Interpersonal" as found in the Regional Framework.

➢ Briefly review the Regional Standards and Core Outcomes of the Self and Interpersonal Unit.

➢ Answer any questions that teachers may have.

➢ Tell teachers that you will now lead one of the lessons from the Self and Interpersonal Relationships Unit.

➢ Ask teachers to note specific teaching strategies you are using and to be prepared to comment on specific tips that would be useful to know as one is teaching this lesson.

➢ Model the lesson as the teacher. Point out the steps in the skills development activity.

➢ After the lesson, note what skills are being developed and how. Discuss any challenges in teaching that lesson and tips or strategies for overcoming these challenges.

**Activity 6C:
Review and
Preparation of
Lessons**

60 mins.

➢ Tell teachers that they will now break into pairs to prepare one of the lessons from the Self and Interpersonal Relationships Unit. It is up to the coordinator to decide how lessons will be assigned.

> **Note**: If the group size is too large to work in pairs, teachers may be divided into small groups. During lesson practice and modeling, each teacher in the group may take one activity or aspect of that lesson to lead with the group.

➢ Ask teachers to carefully review the different components as outlined at the start of each lesson:

- Regional Standards and Core Outcomes
- Purpose
- Objectives
- Overview of lesson activities
- Teaching methods
- Resources and materials

➢ Ask teachers to envision the flow of the lesson as they prepare to conduct it. What are the various materials and resources they need to gather (e.g., TV/VCR) or prepare (e.g., strips of cards; scenarios) prior to the lesson?

➢ Also ask teachers to discuss with their partner the specific activities that may present them with challenges (e.g., discussion of sensitive topics) and to consider ways that they may address these challenges during the lesson.

> **Note**: For teachers that deal with specific student populations (e.g., special needs students), ask them to consider ways to adapt the lesson to better meet the needs of those students.

➢ Have teachers determine which one of them will lead different parts of the lesson.

**Activity 6D:
Teacher-facilitated
Lesson Practice**

*5 60-min. practice
lessons (including
discussion)*

➢ Tell teachers that they will now present their lessons to the larger group.

➢ Ask for volunteers to conduct their lessons, until each pair has conducted a lesson.

➢ Ask other teachers to note specific teaching strategies that are being used and to be prepared to comment on specific tips that would be useful to know as one is teaching this lesson. Ask them to refer to the handout "Tips on Giving Feedback" as they provide their comments.

➢ <u>After each lesson</u>, ask for feedback from teachers conducting the lesson and from teachers posing as students.

➢ Review the specific skills that were developed.

➢ Ask the group if they adapted the lesson in any way, e.g., for special needs students.

➢ Discuss any challenges in teaching that lesson and tips or strategies for overcoming these challenges.

➢ Ask other teachers to provide feedback on other innovative strategies for teaching this lesson.

SESSION 7:
SEXUALITY AND SEXUAL HEALTH UNIT
LESSON MODELING, PREPARATION AND PRACTICE

➢ **What are the Objectives of This Session?**

The activities in this section are intended to provide teachers with the opportunity to prepare and practice actual lessons from the Sexuality and Sexual Health Unit of the HFLE Common Curriculum.

At the end of this session, participants will be able to:

- Reflect on the many aspects of sexuality and sexual health, including both positive and negative aspects.
- Gain a familiarity with the lessons in the unit
- Have skills to teach lessons in the unit.

➢ **Who Is This Session For?**

Teachers and other individuals who plan to implement the lessons from the Sexuality and Sexual Health Unit of the HLFE Common Curriculum

➢ **How Long Will It Take To Implement This Entire Session?**

It should take about one and a half days to complete all the activities in this section, depending on the audience. However, the activities are meant to stand alone, and therefore can be used on their own.

➢ **What Activities Are In This Session?**

Activity 7A: Introductory Activity: What Does Sexuality Mean to Me?

Activity 7B: Overview of Sexuality and Sexual Health Unit and Trainer-Facilitated Lesson Practice

Activity 7C: Review and Preparation of Lessons

Activity 7D: Teacher-Facilitated Lesson Practice

**Activity 7A
Introductory Activity
to Sexuality and
Sexual Health Unit**

*What Does Sexuality
Mean to Me?*

Note: You may choose your own introductory activity that has teachers reflect on the many different aspects of sexuality and sexual health, both positive and negative.

➢ Introduce this session by writing the word "Sexuality" on the board.

➢ Ask teachers to spend one minute writing down all the things that come to their mind when they hear this word.

➢ After one minute, ask teachers to stop writing.

➢ Ask for volunteers to read their words.

➢ Note how many positive words were read, and how many negative words were read.

➢ Ask teachers what they think their students should learn about sexuality – the negative or the positive, or both, and why.

**Activity 7B:
Trainer-facilitated
Lesson Practice**

➢ Tell teachers that they will now spend some time preparing and running lesson plans from the Sexuality and Sexual Unit of the HFLE core curriculum.

➢ Provide a definition for "Sexuality and Sexual Health" as found in the Regional Framework.

➢ Review the Regional Standards and Core Outcomes of the Sexuality and Sexual Health Unit. Ask teachers for reasons why it is important to address these core outcomes.

➢ Answer any questions that teachers may have.

➢ Tell teachers that you will now lead one of the lessons from the Sexuality and Sexual Health Unit.

➢ Ask teachers to note specific teaching strategies you are using and to be prepared to comment on specific tips that would be useful to know as one is teaching this lesson.

➢ Model the lesson as the teacher. Point out the steps in the skills development activity.

➢ After the lesson, note what skills are being developed and how. Discuss any challenges in teaching that lesson and tips or strategies for overcoming these challenges.

**Activity 7C:
Review and
Preparation of
Lessons**

➢ Tell teachers that they will now break into pairs to prepare lessons from the Sexuality and Sexual Health Unit. It is up to the coordinator to decide how lessons will be assigned.

Note: If the group size is too large to work in pairs, teachers may be divided into small groups. During lesson practice and modeling, each teacher in the group may take one activity or aspect of that lesson to lead with the group.

➢ Ask teachers to carefully review the different components as outlined at the start of each lesson:

- Regional Standards and Core Outcomes
- Purpose
- Objectives
- Overview of lesson activities
- Teaching methods
- Resources and materials

➢ Ask teachers to envision the flow of the lesson as they prepare to conduct it. What are the various materials and resources they need to gather (e.g., TV/VCR) or prepare (e.g., strips of cards; scenarios) prior to the lesson?

➢ Also ask teachers to discuss with their partner the specific activities that may present them with challenges (e.g., discussion of sensitive topics) and to consider ways that they may address these challenges during the lesson.

Note: For teachers that deal with specific student populations (e.g., special needs students), ask them to consider ways to adapt the lesson to better meet the needs of those students.

➢ Have teachers determine which one of them will lead different parts of the lesson.

Activity 7D:
Teacher-facilitated
Lesson Practice

➢ Tell teachers that they will now lead, in pairs, the lesson they have just prepared.

➢ Ask for volunteers to conduct their lessons, until each pair has conducted their lesson.

➢ Ask other teachers to note specific teaching strategies that are being used and to be prepared to comment on specific tips that would be useful to know as one is teaching this lesson.

➢ <u>After each lesson</u>, ask for feedback from teachers conducting the lesson and from teachers posing as students.

➢ Review the specific skills that were developed.

➢ Ask the group if they adapted the lesson in any way, e.g., for special needs students.

➢ Discuss any challenges in teaching that lesson and tips or strategies for overcoming these challenges.

➢ Ask other teachers to provide feedback on other innovative strategies for teaching this lesson.

SAMPLE FIVE-DAY AGENDA FOR TEACHER TRAINING

Self and Interpersonal Relationships Theme
Sexuality and Sexual Health Theme

DAY ONE

BACKGROUND AND INTRODUCTION TO TRAINING AND HFLE

SESSION 1: WHAT IT MEANS TO BE AN HFLE TEACHER

SESSION 2: REGIONAL STANDARDS AND OUTCOMES

Break/Lunch

SESSION 3: LIFE SKILLS EDUCATION

DAY TWO

SESSION 4: TEACHING METHODS

Break/Lunch

SESSION 5: ASSESSMENT

DAY THREE

SESSION 6: PRACTICE AND REVIEW OF LESSON PLANS:
SELF AND INTERPERSONAL RELATIONSHIPS

OVERVIEW

Activity 4A: *Trainer-facilitated Lesson Practice*

Activity 4B: *Review and Preparation of Lessons*

Break/Lunch

Activity 4C: *Teacher-facilitated Lesson Practice*

SESSION 6 is continued

> **Activity 6D**: *Teacher-facilitated Lesson Practice #2*

> <u>OPTION</u>: *If needed, coordinator can substitute the remaining 1 ½ days of the training to continue practicing the additional 5 lessons from the SIR unit, rather than 5 lessons from the next unit (Sexuality and Sexual Health).*

<p align="center">Break/Lunch</p>

SESSION 7: PRACTICE AND REVIEW OF LESSON PLANS: SEXUALITY AND SEXUAL HEALTH

> **OVERVIEW**

> **Activity 7A**: *Trainer-facilitated Lesson Practice*

> **Activity 7B:** *Review and Preparation of Lessons*

[SESSION 7 is continued]

Activity 7C*: Teacher-facilitated Lesson Practice*

<p align="center">Break/Lunch</p>

Activity 7D: *Teacher-facilitated Lesson Practice #2*

Conclusion and Teacher Evaluations

SELF AND INTERPERSONAL RELATIONSHIPS THEME
LESSONS: FORM 1, 2 AND 3

SEXUALITY AND SEXUAL HEALTH THEME
LESSONS: FORMS 1, 2 AND 3

<center>

COMMENTS SHEET
To be filled out by trainers, as needed

</center>

Session # _____

Activity # _____

Specific Comments and Suggestions for Revisions:

Session # _____

Activity # _____

Specific Comments and Suggestions for Revisions:

Please mail comment sheets back to: Connie Constantine, Education Development Center, 55 Chapel Street, Newton, MA 02458, USA