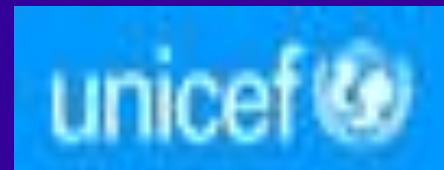


A Strategy for Strengthening Health and Family Life



*A strategy for
Strengthening Health and
Family Life Education
in CARICOM
Member States*

1995 - REVISED 2010

LIST OF ACRONYMS

CARICOM	Caribbean Community
CARNEID	Caribbean Network of Educational Innovation for Development (UNESCO project)
CCA	Caribbean Conservation Association
CCDC	Caribbean Child Development Centre
CERIS	Caribbean Educational Research Information Services
CFNI	Caribbean Food and Nutrition Institute
CFPA	Caribbean Family Planning Affiliate
CHED	Child Health and Development Curriculum
CICAD	Inter-American Drug Abuse Control Commission
CXC	Caribbean Examinations Council
CYP	Commonwealth Youth Programme
DSPM	Department of Social and Preventive Medicine, UWI, Mona Campus
GAHEF	Guyana Agency for Health Services and Education, Environment and Food Policy
FAO	Food and Agricultural Organization
FLE	Family Life Education
FMU	Advanced Training Research in Fertility Management Unit
HFLE	Health and Family Life Education
HPRC	Health Promotion Resource Centre
IPPF	International Planned Parenthood Foundation
JEMS	Junctions, Enhams, MacCarthy villages in St. Vincent; refers to JEMS Progressive Community Organization
JHPIEGO	John Hopkins Programme in Education in Gynaecology and Obstetrics
MNH	Mental Health Division, WHO

NGO	Non-governmental organization
OAS	Organization of American States
OECS	Organization of Eastern Caribbean States
PAHO/WHO	Pan-American Health Organization/World Health Organization
PAREDOS	Parent Education for Development in Barbados
PTA	Parent-Teachers' Association
SERVOL	Service Volunteered for All
TACADE	The Advisory Council on Alcohol and Drug Education
UNDCP	United Nations Drug Control Programme
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations' Fund for Population
UNIC	United Nations' Information Centre
UNECLAC	United Nations' Economic Commission for Latin America and the Caribbean
UNICEF	United Nations' Children's Fund
UNIFEM	United Nations' Development Fund for Women
UWI	University of the West Indies
UWIDITE	University of the West Indies Distance Teaching Experiment
USAID	United States' Agency for International Development
WCOTP	World Council of Teaching Professionals
WFP	World Food Programme
WHO	World Health Organization

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AIMS AND STRUCTURE OF THE DOCUMENT

The primary aim of this strategy document is to consolidate a series of recommendations, facts, experiences and ideas and to infuse drug prevention education into a strategy for the strengthening of health and family life education (HFLE) in CARICOM Member States.

CARICOM MEMBER STATES



Antigua, Bahamas, Barbados, Belize, Dominica, Grenada, Guyana, Haiti, Jamaica, Montserrat, St. Lucia, St. Kitts and Nevis, St. Vincent and the Grenadines, Suriname, Trinidad and Tobago

CARICOM Associate Member States include: Anguilla, Bermuda, British Virgin Islands, Cayman Islands and Turks and Caicos Islands.

The main part of the document outlines strategies needed to take HFLE to the next level by increasing the capacity of teachers and continuing the process of the development of comprehensive HFLE teaching materials for use in primary and secondary schools and teacher training institutions. These materials were designed to provide a practical solution to the problem of “the over-burdened school curriculum”. The increasing number of health concerns including the widespread use of illicit drugs, reflects the need to rethink the objectives of family life education that were set some years ago in the Region. It is therefore imperative to develop more appropriate tools and approaches so that HFLE programmes can be improved and expanded. Development of additional materials or new material with the infusion of drug prevention education is one of those priorities. The intention is to place life skills at the core of the HFLE curriculum where it can have an impact on the behaviour of young people and the multiple health and social issues that affect them. By so doing, a single comprehensive life skills-based programme will eventually replace the need for the growing number of vertical programmes on the school curriculum. This activity and other supporting activities described in this document aim to help prepare young people for the considerable responsibilities and challenges they will face in modern Caribbean society.

In addition to addressing curriculum-related issues, the initiative is a call for coordination among the many governmental and non-governmental (NGO) organizations and agencies working in the area of HFLE. It is an appeal for the elimination of fragmented approaches in the area of HFLE which have resulted in less than effective programmes which have failed to influence the behaviour of young people on a significant scale. The strategy regroups partners and builds on their strengths and responsibilities to focus on agreed priority activities. This revised strategy now represents a shared view among collaborators of the “way forward” for HFLE. It is hoped that action can be taken together to implement the strategy in order to create more effective HFLE programmes in the Region.

The development of the strategy by the consultant (1995) was based on specific terms of reference listed below and agreed upon by several partners working in the area of HFLE:

- To define a strategy for the development, field-testing, implementation, monitoring and evaluation of regional skills-based HFLE materials in the Caribbean including teacher training;
- To make recommendations for setting up an effective system to ensure ongoing input by young people into the development and field-testing of the materials;
- To outline approaches for ensuring that teachers and curriculum planners have an effective input into the development and regular review of the materials developed and to facilitate contributions from the different countries in the Region;
- To make recommendations regarding the effective management of the programme and to critically analyse issues of sustainability and future requirements for financial, human and other resource support; and
- To identify opportunities for organizations with difference technical expertise to contribute, share and coordinate activities towards the development of the materials (e.g., UN Agencies, UWI, CARICOM, NGOs, etc).
(Consultant, 1995)

Representatives of organizations involved in HFLE also agreed that for the strategy development phase to be successful, new partnerships should be formed; vital resources should be identified and mobilized; partners should feel a sense of ownership in the strategy; and a clear path should be drawn towards providing every school child, every teacher and every curriculum planner with quality support materials for HFLE.

While the main objective is to enhance the capacity of the school system to deliver skills-based HFLE, the creation of a set of teaching materials was seen to be timely and appropriate. Although these materials would be primarily for in-school use, it was generally felt that the target group should be broadened to include children and adolescents who are out-of-school.

In addition, in dealing with issues of management and sustainability recommendations will be made regarding support systems outside the immediate school environment, such as parent and community networks which will increase the overall effectiveness of HFLE programmes.

More recently, an additional and timely objective was added to this endeavour which was to update this strategy and to infuse drug prevention education. (January 2010)

The strategy was developed in 1995 and has not undergone any review since its first development. Changing global realities are putting tremendous strain on young people. Drug use problems threaten personal health, disrupt family integration, spread delinquency and violence and endanger young people healthy social development. There is need to address some issues associated with drug use among young people both in and out of the school system. Consequently this strategy will infuse drug prevention education to guide the development of the CARICOM led HFLE framework.

This document is divided into three parts: Part I reviews stated definitions of “adolescence”, “youth”, “family life education”, and “health”. It provides the justification for family life education programmes in the Region, defines life skills and goes on to describe the status of programmes. It identifies the shortcomings and gaps in the current health and family life programme and describes some significant activities which have been undertaken to address these weaknesses resulting in the proposal to review and update this strategy document.

Part II, provides a critical analysis of recommendations for managing and sustaining HFLE programmes and distils the main points from numerous interviews and meetings including the recently held workshop in St Lucia 19th to 23rd November 2009. This workshop was specifically designed to infuse drug prevent education into this strategy document. (Annex 8) depicts the infusion of drug prevention into the HFLE curriculum areas of Sexuality and Sexual Health and Managing the Environment. This was an indication of the urgent need for this infusion as displayed by the workshop team.

Part III, the main part of the document, shares a vision for HFLE in a new school environment in the Caribbean and details five strategies that include teacher training and materials development, family and community involvement, coordination among agencies, advocacy and funding.

EXECUTIVE SUMMARY

Health and family life education (HFLE) is essentially a societal intervention aimed at preparing young people for the challenges of adolescence and adulthood. Given the fact that primary and secondary enrolment in the Caribbean Region is as high as 97% and 54% respectively, HFLE in-school programmes have a particularly important contribution to make to the health and development of young people. (UNESCO, 2005).

Increasingly, in the Caribbean as elsewhere, changing global realities are placing additional strains on young people, modifying their behaviour and putting their health at risk. Faced with competing mass media communication, sometimes at odds with cultural norms, migration, and high unemployment, new trends are developing within the Caribbean family. Lifestyles, attitudes and values are changing. These trends have led to an increase of new health threats notably early pregnancy, violence, substance abuse, HIV/AIDS and other lifestyle-related conditions. Consequently, there is growing concern about 'health promotion,' 'prevention', and values education in an attempt to positively influence the behaviours and attitudes of young people as early as possible or before they become too firmly 'fixed'. It is in this context that a determined effort is being made to infuse drug prevention education to further strengthen life skills-based HFLE programmes in the Region. These programmes are seen as a means to provide increasing awareness among young people of the relationship between their health and development and the choices they make in everyday life. Studies have shown that assets and deficits in students' lives influence their ability to make choices. Those studies recommend that steps should be taken by educators to enhance the competencies of young people including the teaching of friendship-making, caring skills, assertiveness skills and resistance skills. Life-skills also help to fulfil socialising needs of young people in a society where there is increasing influence of the media and decreasing influence of the family.

According to WHO Mental Health Division there are five core skill areas that should be incorporated into prevention education programmes:

Skill Area	Core Skills
Decision-making	Problem-solving
Critical thinking	Creative thinking
Self-awareness	Ability to empathise
Coping with stress	Coping with emotions
Communication skills	Interpersonal relationship skills

These core skills form the foundation upon which other skills can be built and are central to many of the goals of HFLE. Acquisition of these core life skills requires the active participation of the learners. Placing life skills at the core of the school curriculum allows essential elements to be exchanged with students thereby allowing them to more easily apply these skills for the

prevention of multiple health and real life situations. It is this comprehensive approach that is advocated in the development and revision of HFLE teaching materials for the Region.

A review of the status of HFLE programmes in the Region shows that a number of organizations have been supporting government efforts in HFLE programme development over the last thirty five years. Some of the in-school programmes however, are vertical, content-based initiatives in such areas as substance abuse, HIV/AIDS, teenage pregnancy, nutrition and environmental management. Some initiatives have taken a generic approach to the teaching of skills. United Nations agencies, CARICOM Secretariat, UWI, and NGOs have all been involved in the area of HFLE, either alone or in bilateral partnerships. Curricula have been developed, peer counselling programmes established, teachers have been trained and more recently parents and community groups informed and educated. Unfortunately, these efforts have not all been as successful as planned.

Some concerns of school-based programmes still exist. These include

- Fragmented approaches
- Poor teaching methodologies, inadequate teacher training to deal with new subject areas and interactive methodologies;
- Lack of coordination among funding agencies resulting in donor-driven activities and vertical programmes;
- Inadequate or poor teaching materials lacking in content related to drug prevention education; and
- Lack of programme monitoring and evaluation

In order to address these issues, several steps have been taken jointly by agencies to strengthen HFLE both in and out of school. One of the first truly regional efforts was the development of the PAHO/Carnegie Core Curriculum Guide for the Strengthening of Teacher Training in the Eastern Caribbean. This guide, developed by representatives from throughout the Caribbean, is based on the identification of five core areas for living which have important implications for the prevention of priority health concerns. It formed the basis for the development of teaching material in schools. Recently, Teachers' Colleges in the Eastern Caribbean agreed to incorporate HFLE into the core curriculum of the teacher training programme and also use the PAHO/Carnegie guide in that process. The new Associate Degree in Education UWI (2008) programme for Teachers' Colleges includes an elective in HFLE.

For comprehensive life-skills based materials to be developed for use in primary and secondary schools in the Region, a multi-agency initiative was proposed by several partners working in the field of HFLE and agreed by the CARICOM standing Committee of Ministers of Education at their meeting in Belize in October 1994.

Materials for HFLE cannot be developed in isolation if they are to have meaningful impact on the practices and lifestyles of the primary target audiences. They must be institutionalized and supported by suitable policies, services and health-promoting school environment. A number of factors are described which are critical for the advancement of HFLE. These include: political

commitment; donor coordination and support; management and management style; the school environment; the teaching infrastructure; teacher training; school-home-community linkages; youth outreach and support services; and finally funding. To ensure that HFLE programmes are sustained these factors still need to be addressed in due course by governments and agencies involved in HFLE. This strategy document sets out the process for continuing the implementation of the multiagency initiative.

The strategy has five new main objectives:

- Objective 1: to strengthen the capacity of teachers through training and material development to deliver HFLE programmes;
- Objective 2: to empower families and communities to perpetuate and sustain life skills based HFLE;
- Objective 3: to improve coordination among all agencies operating at the regional and national levels in the area of HFLE;
- Objective 4: to increase resource mobilisation for overall strengthening of HFLE programmes in and out of school.
- Objective 5: To increase awareness of HFLE initiatives through advocacy

The St Lucia workshop team (November 2009) suggested changes to Objectives 2, 4 and 5 (in previous document) as will be discussed in Part 111

To address objective 1, teacher training in colleges will focus on the development of knowledge and interactive skills among teachers aimed at strengthening the delivery of HFLE. In-service programmes will be expended in HFLE-related areas and will aim to strengthen use of interactive methodologies; infusion methods; guidance and counselling, parent education and awareness of gender issues in teaching and learning. These programmes were taught through the Advanced Training and Research in Fertility Management Unit at UWI Jamaica, UWIDITE and UWI Continuing Studies units. Materials development activities will be implemented while teacher training is on-going. These materials will be specifically geared towards the infusion of drug prevention education into the curriculum.

In response to Objective 2, aimed at empowering families and communities to perpetuate and sustain life skills based HFLE, a different approach is needed. This involves out of school type of activities usually after school hours. Here massive campaigns are recommended including use of the media and other special community type meetings/activities. There is a strong need for reinforcement at home and in the community. Families need to be more supportive and provide enabling environments. Drug prevention education is also critical for parents as they themselves face daily challenges of their children's teen years. Reinforcement of HFLE by parents and guardians within the home produces a lasting effect. The focus of HFLE is n the transfer of skills based on the premise of producing ideal Caribbean people and free movement in the region. Both adults and children can transfer skills learnt to everyday living and become better persons.

In response to Objective 3, a network of focal points and technical coordinators will be established and sustained at the regional and national levels in order to channel expertise and resources to achieve greater coherence in programme development for HFLE. Regional and National Working Groups will be established which will meet as required to develop the teaching materials and will include both teachers and youth input. The donor agencies will also strengthen coordination through agreement on principles for collaboration and regular meetings which will be coordinated by one representative from within their grouping. At the national level it is proposed that a multisectoral Working Group including an expert in drug prevention be established which will be composed of committed persons who can act as “agents of change” for HFLE. This group will be expected to give support to the HFLE coordinator in the Ministry of Education and the person designated at the level of the school to coordinate programme implementation, monitoring and evaluation.

In response to Objective 4, partners can be identified for both technical and financial support to assist with obtaining resources for HFLE initiatives. This objective is about sensitizing and not merely seeking funding. It is hoped that if partners are sufficiently sensitized on issues relating to the life skills approach to HFLE, the thematic approach and the application of life skills in areas such as drug prevention and the effects on self and the environment, they will have a better understanding of the support needed.

In response to objective 5, a research based public awareness campaign will be implemented to garner support for the national and regional policy initiatives. CARICOM will lobby governments for policy development. Guidelines have already been documented by UNICEF. A policy framework is also available from the CICAD Hemispheric Guidelines on School Based Prevention (2004). Mechanisms must also be developed for effective monitoring and evaluation of HFLE implementation. This strategy is very important as several countries are at various stages of policy development or ratification by the local cabinet of ministers. This strategy will ensure follow through and continuity.

Life skills-based HFLE programmes have the potential to promote behaviour development and change among young people as a response to many of the social problems facing them. Several challenges lie ahead for programme developers. This initiative presents a good opportunity for governments, UN agencies and CARICOM to work in partnership in a single area that concerns them all. Urgent steps need to be taken to clarify the commitment and potential contribution of each partner.

PART I

DEFINITIONS

Health and family life education (HFLE) is essentially a societal intervention aimed at preparing young people for the challenges of adolescence and adulthood. “Adolescence” has been defined as a “period of physical, psychological and social maturing from childhood to adulthood.” The term includes those between the ages of 10 and 19, while “youth” refers to those between 15 and 24. “Young people” is a term that covers both groups, i.e., those between the ages of 10 and 24 years (WHO, 1989). The Caribbean Region has a large population of young people (approximately 2 million between the ages of 5-24 in 1990). Nearly one-third (29-44 per cent) of the population is below 15 years of age (Sinha, 1988).

Table 1 below shows projections of youth to the year 2010.

**Table 1: Caribbean- Projections of the 5-14 and 15-19 year age groups
1985, 1990, 2000 and 2010 youth to year 2010
(in ‘000 population)**

	5-14 years				15-19 years			
	1985	1990	2000	2010	1985	1990	2000	2010
Antigua	24	24	14	20	8	12	12	6
Bahamas	60	55	60	59	28	32	27	30
Barbados	47	42	39	35	26	26	20	18
Belize	54	49	64	74	22	24	22	34
Dominica	21	25	16	17	7	9	14	8
Grenada	20	24	28	24	14	10	14	14
Guyana	188	189	160	114	86	84	84	65
Jamaica	550	558	546	457	290	270	257	256
St. Kitts	12	9	8	8	6	5	4	3
St. Lucia	44	41	38	39	16	22	18	19
St. Vincent	30	31	27	27	14	14	14	13
Trinidad	249	265	288	241	122	120	129	133

Source: Adapted from Bulatao et al. (1990), taken from World Bank document, “Access, Quality and Efficiency in Caribbean Education: A Regional Study, 1992

In the 5-14 age groups, Bahamas, Belize and Trinidad show absolute increases to the year 2000, while in the 15-19 age groups projected patterns of growth are shown in Antigua, Dominica, St. Lucia and Trinidad. In Jamaica, Guyana and Barbados, the 15-19 age groups are not expected to increase in either time period. These projections bear significance for immediate and long-term planning in education and support services for young people. According to the World Bank report from which this data is taken, projected decreases in some Caribbean countries could

“catalyze debate around the issues of appropriate resourcing and potential tradeoffs between increased access and enhanced quality” of education. HFLE programmes can make a substantial contribution to increasing the quality of education and health of young people in the Region but would undoubtedly require Governments to consider the reallocation of resources for the implementation of such programmes in schools.

“**Health**” is closely linked to development. WHO describes it as a “state of complete physical, mental and social well-being.” It is well known that the transition from childhood to adulthood is complex. During this time, young peoples’ physical size changes, their bodies become sexually defined, relationships with parents become less dependent and give way to more intense relationships with peers. It is a time when young people develop their capacity for empathy with others and for abstract thinking. It is also a period during which there is considerable vulnerability to potentially negative consequences of illicit drug use and sexual interaction. As a result, moral codes have evolved regarding what is considered appropriate. HFLE can be viewed as one of the inputs to those codes which are designed to prepare young people for life. For their human potential to be fully realized, young people must be able to use their capabilities in healthy and constructive ways and that depends very much on the mix of support and opportunity provided by adults in their environment (WHO, 1995).

JUSTIFICATION FOR LIFE SKILLS BASED HFLE PROGRAMMES

There is social, economic and political justification for teaching life-skills based HFLE in the Region:

Social and economic justification

The Health and well being of the children and youth in the Caribbean is and has been the centre of attention of many meetings, studies and policy directives set at the national, regional and international levels. Programmes have been put in place to address basic needs of young people in the areas of health and education and to provide guidance to youth and adolescents. While the situation is good for some, growing numbers of children and youth cannot cope anymore with the challenges experienced very early in their lives. The process from maturation to social integration and independence has become less clear cut and less straightforward.. The path through which young people move from schooling to employment, from their family of origin to the formation of their own families and from dependence to independence are diverse and have different effects on different groups. Young people are staying home longer both because they tend to undertake more years of formal school and because they have difficulty in obtaining steady employment. This delayed sense of autonomy sometimes manifests itself in a false sense of manhood and male machoism contributing to society’s image of young people as one that includes phenomena such as dropping out of school, the breakdown of standards and high risk behaviours including the use of illicit drugs

According to the 2007 World Development Report issued by the World Bank, there are currently 1.5 billion youth between the ages of 12-24 worldwide. 1.3 billion of which live in developing countries – the most ever in history. There are an estimated 57 million young people in Latin America between the ages 15-24 (Youth Employment, ILO, 2008) while approximately 30 percent of the 6.7 million people living in the Caribbean are between 10 and 24 years of age. (Caribbean Youth, World Bank, 2003). This trend is further substantiated by the Population, Households and Families survey computed by the CARICOM secretariat 2000 round of census in table where almost thirty percent of the total population fall into the young adults' category (10 – 24 years). These more recent findings from the World Bank and CARICOM highlights the large numbers of young persons in the region whether the numbers have levelled off or not. This has implications for employment opportunities, health and tertiary education. This also means that this age group is increasing with a possible increase in concerns and issues associated with young people.

Table 2: Percentage of Total Population in Broad Age Groups 2001 – 2005

Country	Year	% of population in age group 0 - 14			% of population in age group 15 - 24		
		Girls	Boys	Total	Women	Men	Total
Antigua & Barbuda	2001	14.2	14.1	28.2	8.4	7.5	16.1
Bahamas	2005	13.6	13.9	27.5	8.4	8.3	16.7
Barbados	2003	10.6	11.0	21.5	7.5	7.4	14.7
Belize	2002	20.2	20.8	41.0	10.0	9.9	19.9
Dominica	2003	14.4	14.7	29.1	7.8	8.2	16.0
Grenada	2001	15.1	14.3	29.3	10.2	9.9	20.1
Guyana	2002	17.5	18.1	35.6	8.8	8.7	17.5
Jamaica	2001	15.9	16.4	32.3	9.1	8.9	17.9

Women and Men in the Caribbean Community: Facts and Figures, 2001 – 2005. Population Households and Families Survey (CARICOM)

This period from childhood to adolescence is difficult with many physical and emotional changes occurring. Children and young people acquire some of the skills that are central to their development and at the same time they develop habits and behaviours that will accompany them in their adult life. In drug prevention terms this is a period of both opportunity and risk, since this is the time when young people start experimenting with drugs. Studies are showing that young people experiment and use illicit drugs in spite of the consequences.

While some may postulate that the drug trade and production is a major source of income for some, it has a price. While the costs are borne by the entire society, the number of beneficiaries of the drug trade is very limited. The most visible effects of illicit drugs is the productivity

losses that drug abuse produces coupled with the violence associated with drug dealing. The fact that many young people are the main victims of drug abuse and drug related violence increases the productivity loss effect

Drug related violence tends to be a disincentive for foreign and local businesses. Violence can increase the fixed and variable costs of locally established firms that have to pay a premium for security and higher taxes to strengthen the state law enforcement agencies. However, the main effect of violence is introducing a higher degree of uncertainty in making business. While it may be difficult to measure the effect of drugs on the economy, there is ample evidence in the media regarding specific cases in which foreign and local firms have said that violence was a major cost for them. Additionally drug investments are made with the aim of money laundering and not for productive and long term reasons

Illicit drug production and trade has contributed to increases in the violence level in Caribbean societies. This is because of the enforcement of their informal justice code. This makes private violence in general more lethal by increasing the number of firearms available in the region. An illicit market in which drugs and firearms as well as stolen goods are exchanged is flourishing in the Caribbean with young people at the centre. This has serious implications for the quality of life among communities impacted by this activity. Persons in such communities are always suspicious of their neighbours and often fear for their safety and well-being. While some persons may appear to be living the “good life”, others are still struggling and are barely able to make a decent living. The upper end of this unequal distribution of wealth may look attractive to young persons who often fall into the trap of engaging in illicit drug activities including utilizing these drugs as well as trafficking. A great concern in the region is the frequency of use coupled with the age when used. Table 3 highlights the prevalence of drug use in Jamaica and the rest of the region. The age of initiation is worth noting for consideration in drug prevention education. This pattern is consistent with the rest of the region.

**Table 3: Prevalence of Drug Use
A National and Regional Comparison**

	National %	National %	Regional %	Regional %	Age of Initiation Region
Substance	Lifetime	30-Days	Lifetime	30-Days	
Alcohol	70	26	72	27	<9 yrs.
Cigarettes	27	4	26	4	<9 yrs.
Ganja	24	5	17	5	<9 yrs.
Inhalants	28	11	8	<1	<9 yrs.

(National School Survey Jamaica 2007)

While young people enjoy greater access to education and information than their elders, they also have fewer opportunities for employment. The unemployment rate in the region and the associated maladies of youth unemployment is of serious concern. The total youth

unemployment rate for the United States in 2001 was 10.6 while for Latin America and the Caribbean it was 15.2. Approximately 60 percent of all employed youth are in the commercial and services sector. The percent of youth in the active labour market is declining. (Youth in Numbers, World Bank, 2005) One thing is sure that youth unemployment in the formal labour market is high This is not surprising, since available census data states that less than one third of all young people in Grenada, St Lucia and Antigua and Barbuda between the ages of 15 – 24 reports to have ever received training for a specific occupation or profession

Table 4: Percentage (%) of Young People ever trained for Specific Occupation/Profession

Country	Age Group 15 - 19		Age Group 20 - 24	
	Male	Female	Male	Female
Antigua & Barbuda	18.8	12.5	46.8	45.2
Grenada	14.3	12.5	34.7	36.8
St. Lucia	12.6	9.6	37.6	34.9

(Socio Demographic Analysis of Youth in the Caribbean – A three Country Case Study) ECLAC 2008

Table 4 indicates that more young men than women received some type of professional training with the exception of Grenada where the opposite seem to be the case for the age groups between 20 and 24. Youth in Antigua and Barbuda seem to display somewhat higher percentage of being trained for a specific profession than youth from Grenada or St Lucia, the latter exhibiting the lowest share of professionally trained youth.

Since youth unemployment in the formal labour market is high, there is need to improve the quality of professional training along with the provision of adequate employment opportunities. This is critical to enable youth to complete effectively the transition into adulthood, to develop autonomy and to take advantage of the opportunities to develop and to use their human capital in the process. Young people need to be empowered with the skills necessary to work and make meaningful contributions to their society. The type of work training employed must include a heavy focus on soft skills including life skills

Even in their state of delayed autonomy, some young people have greater expectations of autonomy than their parents. This is a result of the secularization of values and the tendency to question authority but young people do not have the productive means of translating those expectations into reality. As afore mentioned, they still live at their parents homes and are mainly unemployed. However, they have the benefit of better health care systems, but they lack services adapted to their specific health profiles that take high risk behaviour and social violence into account as key factors. While young people are seen as potential human capital that must be trained for the future and demands are made on them accordingly. The consumer society urges them to indulge in instant gratification and the decline of the employment society presents them

with an increasingly uncertain future. These outcomes lend themselves to all sorts of negative activities which put them at more risk.

Although the problems facing youth are well known, the causes behind the observed risk taking behaviour and negative outcomes are hardly discussed. A better understanding of these social determinants is necessary and appropriate for programme design and policy and for strategic planning.

Table 5 highlights risks and protective factors as social determinants of youth behaviour. It is imperative that the interrelatedness of these factors be discussed as essential inclusions into any programme dealing with young people. For example, a positive self esteem among others is a fundamental factor in protecting youth from consuming drugs, alcohol, engaging in violence or initiating early sexual activity. Risk factors associated with low self esteem among Caribbean youth are primarily formed in the household: maternal emotional abandonment, absence of parental nurturing (bonding) unskilled parents and sexual abuse in the home that is sometimes known and accepted by others. Additionally the social ranking in secondary schools by the colour of the uniform worn and poverty that includes coming from the wrong neighbourhood was identified by St Lucian youth as negative influences on self concept

Table 5: Risks and Protective Factors of Child and Adolescence Development

Risk factors	Protective Factors
Dysfunctional families	Strong family ties
Parental ineffectiveness	Vigilant parenting
Underachievement in schools, scholastic failure	Success in schools
Association with companions who have behavioural problems or are disruptive or peers who use drugs	Strong ties with pro social institutions such as family, school and religious organisations and adoption of conventional norms with respect to drugs

CICAD Hemispheric Guidelines on School Base Prevention (2004)

With over 200 million youth living in poverty, 130 million illiterate, 68 million unemployed and 10 million living with HIV and AIDS, the case for investing in young people is clear (World Youth Report, UN, 2005).

Political Justification

Regional

CSME with its free movement of people calls into question the partiality of social security and the need for the extension of universal health insurance or some form of health protection to cover the Caribbean. Institutions must now harmonize their policies and actions in areas not only in trade and justice but also in the area of public health. Public health is specifically dealt with in the Treaty of Maastricht which in article 129 states “The community shall contribute towards ensuring a high level of human health protection by encouraging cooperation between Member States and, if necessary, lending support to their action. Community action shall be directed towards the prevention of disease, in particular the major health scourges, including drug dependence by promoting research into their causes and their transmission as well as health formation and education. Health protection requirements shall form a constituent part of the community’s other policies”. (CCHD 2005) There is also a call from CARICOM and ministers of education to develop the ideal Caribbean person. This is in response to the problems facing the region.

National

At the national level, the Jamaican Reform of Secondary School Education (ROSE) document recommends that new curricula should be more responsive to the needs of the student and society. Indeed, it has integrated “learning skills” for the 21st century into the draft curriculum. The region has recognised the need for life skills as a response to the concerns in country

In the final analysis, stronger prevention programmes for young people is a national investment. Education of young people will assist governments in fulfilling their educational performance objectives through greater school attendance, increased abilities to learn due to better nutritional habits and adoption of alternative lifestyles and skills. This will all lead to improved social and economic development both at the national and regional levels.

In summary, the timing is right to strengthen current government and non-governmental efforts in HFLE in the Caribbean. It is useful to examine what life skills are advocated.

Caribbean Youths: Risks and Vulnerabilities

There is a growing concern among policy makers and the general public over the situation of Caribbean Youth today. Although the majority of youth are doing well there are still large numbers who are unable to cope with the challenges of everyday living. Some concerns that have been raised over and over again include: the spread of HIV/AIDS, the threat to their well being by early initiation into sexual activity and teenage pregnancy, the unemployment situation, the involvement of youth in drug abuse and trading, crime and violence and the social exclusion of youth. Some regional challenges highlighted in the CARICOM Commission and Youth Development (2010) include: the youth themselves stating that their dreams and aspirations and

concepts of good life have been altered and that crime is their number one concern because of the increasingly high levels of crime and violence linked to drug trafficking.

It must be noted that youth development and youth at risk have been on government agendas over the years, but the emphasis was on leisure and service to communities rather than on developing an understanding of the needs and challenges faced by youths and how meeting these needs and addressing these challenges can lead to the overall economic and social development of the entire Caribbean. More recently research and policy on youth development have tended to focus on the behavioural aspects and work has shifted to the underlying causes of youth behaviour (World Bank 2000).

When youth engage in pro-social behaviours and avoid health compromising and future jeopardizing behaviours this leads to positive youth development. Risky behaviours predispose youth to negative outcomes eg: use of illicit drugs can lead to drug addiction, compromising a young person's future and can have high societal cost in the short and long term. Risk factors also referred to as risk antecedents are those factors that increase the likelihood of experiencing negative outcomes (Resnick et al 1997). These factors may be individual (e.g.: aggressive temperament) or environmental (high crime and violence neighbourhood). Counter balancing these risks are the resources, protective factors and resilience (Masten 2002) that also arise from the individual (eg: protective family), and family (eg: caring adults) and social environment where the individual lives.

While risks and protective factors aid in understanding underlying causes of behaviours, subjective experiences of youth are varied. Not all youth will succumb when the odds of negative behaviour are higher than protected factors. Resilience or the ability to bounce back and keep going helps with resistance to threats. Resiliency is a powerful life skill of the existing HFLE programme. Resilience and risk theory attempts to explain why some people respond better to stress and adversity than others. Resilience theory argues that there are internal and external factors that protect against the social stressors or risks of poverty, anxiety or abuse. If a child has strong protective factors then he or she can resist the unhealthy behaviours that often result from these stressors or risks. The characteristics that set resilient people apart are social competence, problem solving skills, autonomy and a sense of purpose. These characteristics are embedded in the life skills HFLE programme.

Figure 1 – Risk and Protective Determinants impacting Adolescents

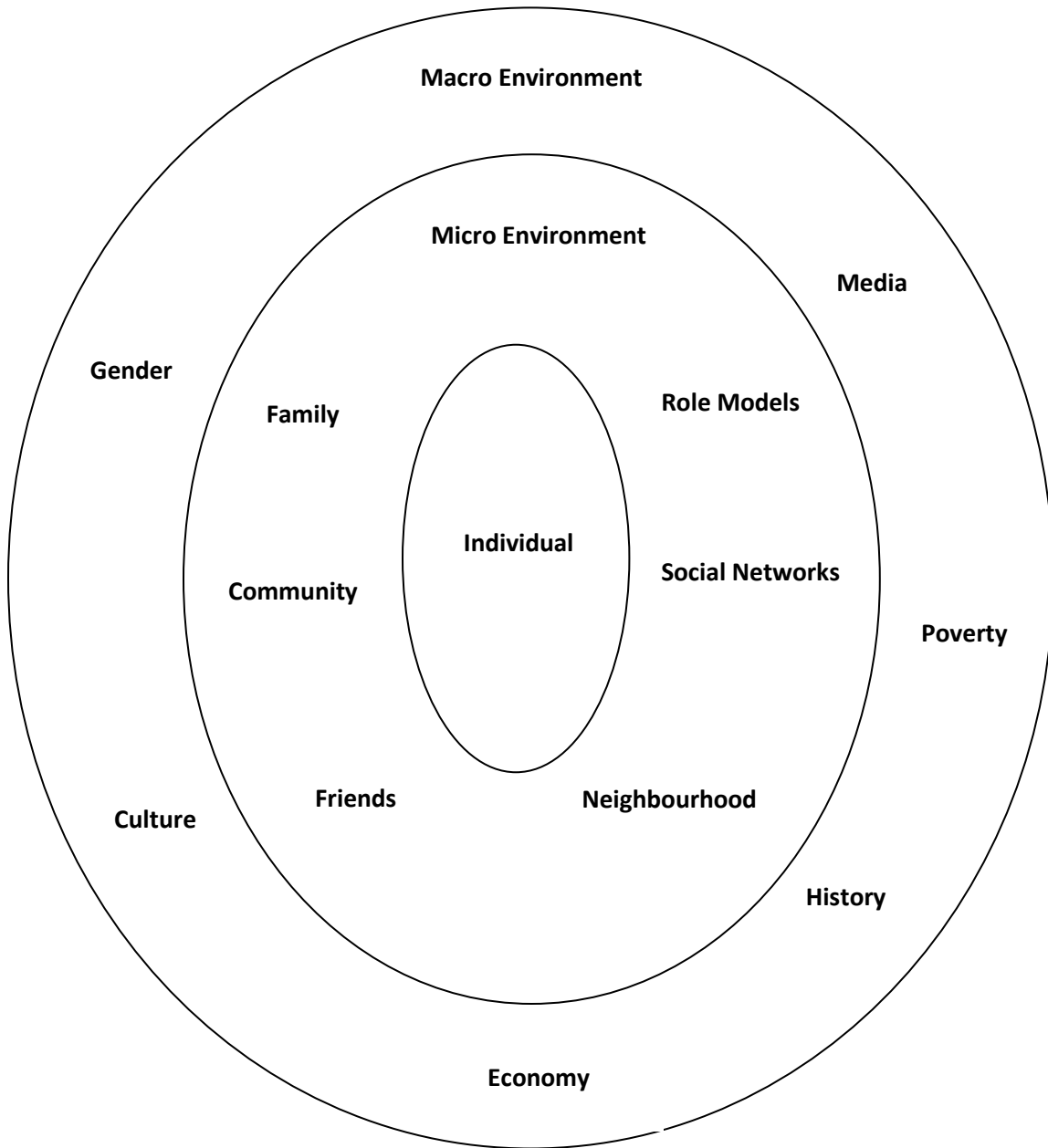


Figure 1 represents the social determinants of risk and protective factors and consists of the individual and the forces surrounding which help to mould that individual as he or she grows and contributes to the society. This is an attempt to highlight the adolescent individual at the centre and the impact of the environment around. These environmental forces can both help to build or

destruction depending on the degree of risk and protection. Table 5 above clearly illustrates that a family can be dysfunctional (risk) or have strong family ties (protection)

The Macro-Environment represents the detached environment and includes the state of the national economy and poverty among others. The Micro-Environment represents the dynamics of family friends and other social influences. Individual factors are those related to the physiological, cognitive and behavioural system. Individual factors that impede healthy behaviours are not only biological but are also learned characteristics such as poor self esteem, rage and hopelessness. The Micro environment consists of those protective and risk factors that the individual confronts on a daily basis. The family is the most influential in this scheme. Other important micro environmental factors are the peer groups, role models, social networks and the community and neighbourhood. Finally, the largest environment that surrounds the youth has strong influences that interact with the risk and protective factors at the individual and microenvironment levels. The most important are the economy, poverty, legislation and culture and gender

There is a high degree of interrelatedness among these factors and they cannot be compartmentalised as any one factor contributing to undesirable behaviour. This suggests that a holistic approach must be taken when dealing with youth to improve their situations. An individual with a low self esteem (individual factor) with no positive role model (micro environment) and no employment (micro environment) is more likely to become involved in drug trafficking.

Drug trafficking, substance abuse and drug dealing is plaguing the Caribbean today. Several regional studies have highlighted the wide spread social acceptance of Alcohol and Marijuana and the group most at risk of substance abuse and involvement in drug dealing are out of school youth age 13 to 19, particularly male (Barker 1995). The extent of drug dealing and wheeling and the associated ills is mind boggling especially in communities where unemployment is rampant. In recent times the Caribbean has taken over from Latin America as the region most affected by lethal violence (UNODC World Bank, 2007). Murder rates in Jamaica have reached 59 per 100,000 populations with the City of Kingston most affected by violent disputes among rival gangs (Stevens et al 2009). There is also a strong link between drug markets and urban violence.

The CARICOM commission on youth development (2010) cites crime and violence as the number one concern among youth and that crime and violence robs societies of creative energies and potential. The mismatch between education and the world of work was also highlighted. Youth need training for work and training to be able to stay at work with the soft skills and the life skills such as that presented in the HFLE programmes. The link between drug markets and violence has been examined through the tripartite framework developed by Goldstein (1985). This categorises three types of links between drugs and violence. The first is the psychopharmacological link where violence is associated with the use of drugs in stimulating anxiety and aggression. The second is economic compulsive which come from dependent users having to commit crime to feed their habit. The third is systemic violence. While violence is

not the only to deal with their issues, the “drug pushers” have no recourse for legal methods and often resort to violence.

While the relationship has been clearly established between drug use and abuse and violence, it is clear that youth need life skills to be able to cope and manage their lives in meaningful ways. Drug prevention education must become part of the HFLE programme with a life skills approach. The cost of not investing in youth is too high and cannot be overemphasised. The costs associated with negative youth behaviours have an indirect cost on the country’s economy. (CARICOM commission on youth 2010) The commission further stated that in education, Jamaica’s GDP would increase by .78% if it could guarantee completion of full primary education; by 1.37% for secondary, and by 5.47% with a 30% enrolment at the tertiary level. Also by reducing youth unemployment to the adult levels, the Saint Lucian economy would grow by 2.46% of GDP. For St Vincent and the Grenadines, the growth would be 2.3%, for Haiti 1.3% and Belize 1.1%. There is a clear link between investing in youth and the future of countries and the need to develop a culture to measure the impact of all programmes and to discontinue programmes with low social returns. (CARICOM commission on youth 2010)

DEFINING LIFE SKILLS

Life Skills are behaviours that tell us what to do and when to do it. (WHO 1993) A life skills approach to teaching develops skills in adolescents and young people, both to build the competencies for human development and to deal effectively with the challenges of everyday life. For the purposes of this strategy document, life skills as defined here do not include technical and vocational skills such as carpentry, sewing and cooking. While these are important and many young people may benefit from them, the socio-cognitive and emotional coping skills addressed here are the core elements of human development.

Life skills are composed of three categories which complement and reinforce each other. These are

- Social and interpersonal skills including communication, negotiation skills, assertiveness skills, cooperation and empathy. During adolescence relationships with parents and peers become more difficult. Effective social interactions are critical for successful functioning in the home, school and work. Children who fail to develop the skills for interacting with others in a socially acceptable manner early in life are rejected by their peers and engage in unhealthy behaviours like violence and drug abuse. From a prevention and health promotion perspective research supports the development of skills including communication, assertiveness, refusal and negotiation.(Bierman and Montimy, 1993).
- Cognitive skills including problem solving, understanding consequences, decision making, critical thinking, self evaluation. Both cognitive skills and social skills are combined when dealing with adolescent issues. Problem solving skill, for example is considered as a course of action that closes the gap between a present situation and a desired future one. The decision maker must identify several courses of actions or solutions to a problem and to determine the best alternative solution. According to

Bandura's social learning theory, people who experience development difficulties are those who are less able to set appropriate goals and to generate ways of achieving those goals. (Bandura, 1977).

- Emotional coping skills including managing stress, managing feelings, self management and self monitoring. These skills are particularly important for anger management, social competency programmes and substance abuse prevention programmes which are much needed among the youth. These skills are also useful when managing anxiety among children. Anxious children often have distorted perceptions of the degree of threat present in certain situations and lack the effective coping skills to manage their internal distress. (PAHO, 2001).

Various youth and health organizations as well as adolescent researchers have defined and categorized the key skills in different ways depending on the desired outcomes. When life skills focus on social competencies, violence prevention and general health promotion, they are categorized as social skills, cognitive skills and emotional coping skills.

Table 6: Life Skills

Social skills	Cognitive skills	Emotional coping skills
<ul style="list-style-type: none"> • Communication skills • Negotiation skills • Assertiveness skills • Interpersonal skills for developing health relationships • Cooperation skills • Empathy and perspective taking 	<ul style="list-style-type: none"> • Decision making/problem solving • Understanding the consequences of actions • Determining alternative solutions to problems • Critical thinking skills • Analyzing peer and media influence • Analyzing one's perceptions of social norms and beliefs • Self evaluation and values clarification 	<ul style="list-style-type: none"> • Managing stress • Managing feelings including anger • Skills for increasing internal locus of control (self management, self monitoring)

(Life Skills approach to child and adolescent health and human development, PAHO 2001)

As afore mentioned these three skills categories complement and reinforce each other. For example, a programme aimed at promoting social competence in children would teach ways to communicate feelings (a social skill), to analyze different ways of handling social situations (cognitive skill) and to manage their reactions to conflict (an emotional coping skill).

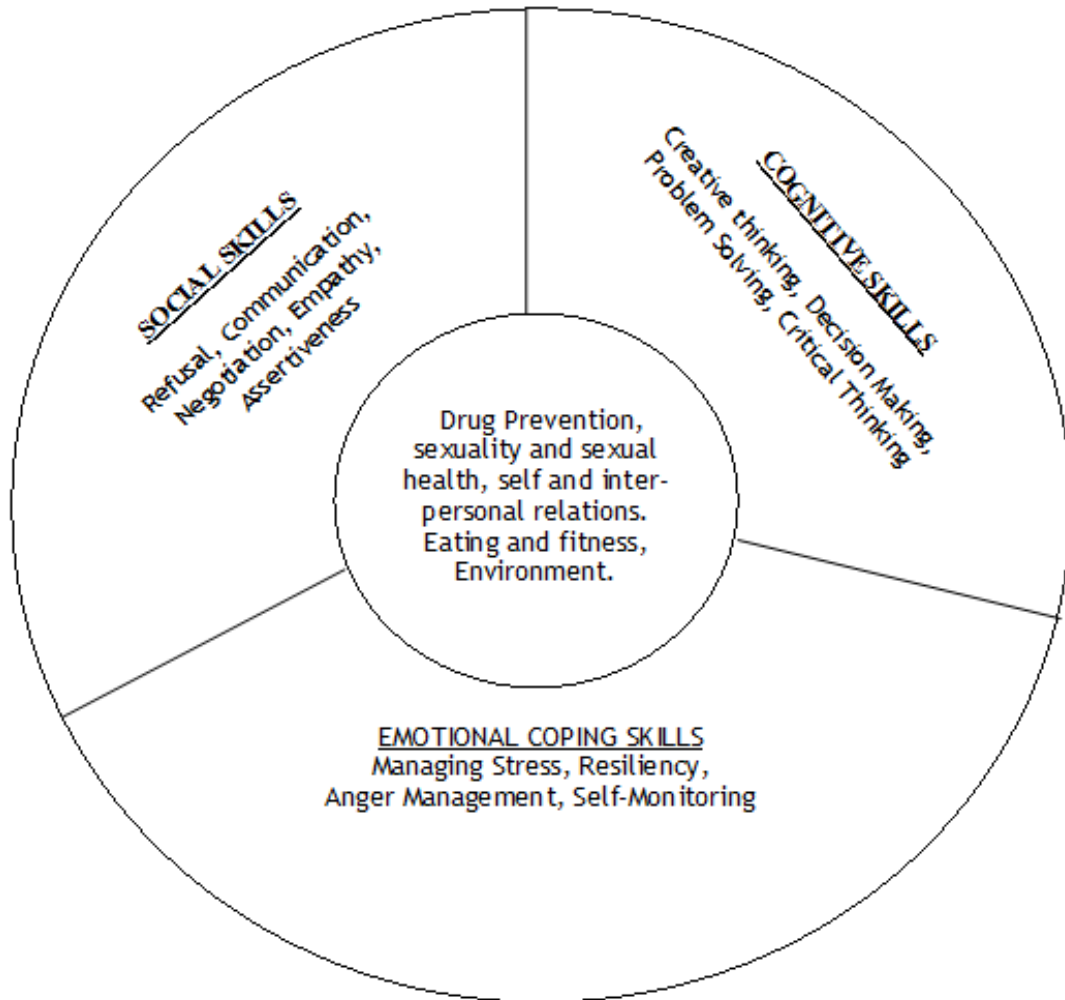
DEFINING HEALTH AND FAMILY LIFE EDUCATION (HFLE)

Experts in the Region have succeeded in changing the terminology from Family Life Education (FLE) to Health and Family Life Education (HFLE). This term is more inclusive and recognises the changing needs and priorities in the Region. Health and Family Life reflects the link between Health and Development. It is a fact that choices people make will have an impact on their quality of life. For example the excessive use of alcohol increases the risk of traffic injuries, interpersonal violence, heart disease, ulcers, hypertension as well as reduced workplace productivity.

Health status depends on the action competence of people in their everyday life. Competent action is achieved through acquisition of life skills that are nurtured and reinforced by a Health and Family Life Education programme. 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. HFLE:

- promotes an understanding of the principles that underlie personal and social wellbeing
- 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 behaviours
- 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 (UNICEF 2009).

Figure 2: Life Skills and HFLE Themes



When Life Skills can be applied to drug prevention education, eating and fitness and the other thematic areas,(Figure 2) any topic in HFLE can be successfully dealt with by competent and trained teachers using interactive methodology. For example in drug prevention education all three categories of life skills are necessary. The skill of resiliency is needed to draw on the positive characteristics and to create that critical consciousness in adolescents and young people. (Emotional coping skills). (Cognitive Skills) of critical thinking and decision making must come into play, while assertiveness and refusal (social interpersonal skills) are also necessary. This clearly highlights the fact that the life skills approach is the most productive, time and cost effective way to teach HFLE. While HIV/AIDS, eating and fitness, drug abuse prevention are and can be separate courses and programmes, there may be a tendency for the contents to override the life skills. Also the school’s curriculum is already crowded with other subject areas and cannot accommodate any more. The need to apply life skills to drug prevention education in HFLE cannot be overemphasized.

PROGRESS IN HFLE IMPLEMENTATION

The following paragraphs give a brief overview of the status of programmes and describe some of their main shortcomings and gaps. This and the foregoing information set the framework for the strategies that will be proposed in Part III of this document.

For over thirty years, various organizations have developed programmes in support of government efforts for the promotion of healthy lifestyles among adolescents in the English-speaking Caribbean. Many of them are school-based. With a 97% primary school enrolment second to industrialized countries, the school is the best place to target young people. (Table 7) indicates the ratio of the total number of students successfully completing the last year of primary school in a given year.

Table 7: Primary Completion Rate 2002/03

Region	Primary Completion Rate (%)		
	Male	Female	Total
East Asia, Pacific	96.6	96.6	96.6
Eastern and Southern Africa	63.3	55.7	59.5
Eastern Europe, CIS	96.7	95.4	93.8
Industrialize Countries	100.7	100.7	100.5
Latin America and the Caribbean	95.9	98.5	97.2
Middle East, North Africa	79.1	71.5	75.4
South Asia	84.6	78.3	81.6
West and Central Africa	72.0	57.4	64.8
World	86.4	82.3	84.5

Data Source UNESCO Institute for Statistics 2005. Global Education Digest

Given the statistics it is safe to conclude that the current generation of youth is the best educated so far. From 2000 to 2004 the youth literacy in Latin American and the Caribbean was high at 95.9 as compared to developed and transition countries 99.7, East Asia and the Pacific 97.9, South and West Asia 73.1, Arab State 78.3 (UNESCO 2006).

Table 8 further highlights the school enrolment in selected Caribbean Islands which indicates that the overall rate is high.

Table 8: Caribbean School Enrolment

Country	2005	2008
Trinidad and Tobago	95.9	94.9
St. Kitts and Nevis	95.6	90.4
Jamaica	91.0	86.7
Grenada	86.5	78.7
Belize	97.7	99.7
Dominica	87.7	82.0
Antigua and Barbuda	74.0	74.0
Bahamas	90.7	91.2
Barbados	93.7	97.0

Source: World Bank 2009

Stronger school-based initiatives complemented by effective HFLE programmes designed to reach youth who are out-of-school, could constitute a powerful force in dealing with social challenges that are affecting our society.

In terms of course design and structure, programmes in the Region are generally **vertical, content-based** initiatives addressing such areas such as teenage pregnancy, sex education, nutrition, and more recently, substance abuse, HIV/AIDS, and environmental management. They are being taught in some cases using traditional didactic methodologies. More recently efforts have been made to encourage the use of participatory approaches and to introduce HFLE with a life skills approach throughout the entire Caribbean. Many of these initiatives have been spearheaded mainly by CARICOM and UNICEF. Other funding and support came from non-governmental organisations, external governmental and inter-governmental agencies and supported by foundations.

Anecdotal information indicates that programmes from country to country are at different levels of development. In Jamaica, programmes are taught in both primary and secondary schools. Some of the interventions in the latter country, such as the USAID-supported Family Life Education programme and UNICEF's Healthy Lifestyles programme took a more **generic** approach to teaching of skills with a fair amount of overlap apparent between the two programmes which were delivered separately at the primary school level.

Many of the initiatives have been funded by United Nations agencies, non-governmental organizations, and external governmental and inter-governmental agencies and supported by foundations. Often, the institutions have implemented their programmes alone or with a national counterpart such as the Ministries of Health or Education. A few have collaborated with other partners such as the CARICOM Secretariat and the University of the West Indies (UWI) in a funder/executor type of relationship. The number of agencies operating in the Region makes coordination difficult but necessary if programmes are to be effective. The matrix attached as Annex 1 gives some indication of the institutions and activities in the area of HFLE in the Region.

A number of countries have developed a specific National Policy on HFLE. In some cases the Policy is awaiting ratification by the Cabinet of Ministers of Government. Policy guidelines were developed by UNICEF and used as a template for individual countries. Where there is no Policy, there is still a need for guiding principles on HFLE. Part II of this document will address in more detail some of the policy issues.

The following is a listing of some of the activities that are on-going in the area of HFLE:

Curricula – Schools

Through current efforts some progress has undoubtedly been made towards the achievement of appropriate educational interventions and health programme and policy development in the following and non-formal sectors. Curricula, developed by the Ministries of Education, are still in use in some schools. In fact, all the CARICOM countries have approved Regional FLE Curriculum Guidelines developed with UNFPA support by CARICOM Secretariat in 1991. Although content-based, the document is a useful teaching aid and is utilized throughout the Region. In 1993, the Caribbean Examination Council (CXC) responded to the demand for HFLE in the curriculum by extending the range of topics on HFLE as part of the Social Studies syllabus in secondary schools. NGOs too, such as Caribbean Family Planning Affiliate (CFPA), and the national Family Planning Associations have developed HFLE-related curricula that are used in schools-based programmes. Focused curricula have been developed by UNDCP/UNESCO-CARNEID for substance abuse, WHO/UNESCO for HIV/AIDS, and Caribbean Food and Nutrition Institute (CFNI) for nutrition and fitness. While PAHO/WHO are strengthening health aspects of environmental issues through targeted school interventions, the Caribbean Conservation Association (CCA) has been disseminating fact sheets to schools to provide guidance on infusion of environmental issues, into the CXC subject areas. More recently, CCA has developed “A Strategy for Environmental Education and Communication for the Caribbean” which defines the areas in which important work needs to be done in the Region. This includes IEC activities in schools.

As a response to a call for an ideal Caribbean persons striving for positive uplifting ideals, the Standing Conference of Government Ministers of Health and Education (1996) endorsed the CARICOM multiagency Health and Family Life Project. This catapulted the move towards a new type of HFLE Programme using the life skills approach. With the development of a Regional Curriculum Framework to support the delivery of HFLE in CARICOM Member States,

there was need to not only monitor the implementation of the framework but to also assess its impact on students. An evaluation was then designed to document the implementation and impact of the initial roll out of the revised HFLE curriculum for students in forms 1, 2 & 3 of Secondary Schools in Antigua and Barbuda, Barbados, Grenada and St. Lucia. To ensure compatibility of data specific lesson plans referred to as the common curriculum were designed for use in these countries. Two types of evaluation were conducted: the process evaluation and the impact evaluation.

The Process Evaluation revealed that the teachers were very enthusiastic about the common curriculum and were comfortable with lesson content. Teachers reported students were engaged in activities and learned new things. Also most teachers felt that the lessons would have a moderate or large impact on students.

As far as the Impact Evaluation, a consistent pattern of positive effects on student health outcomes were not identified but there were no significant negative effects either. (UNICEF: Strengthening Health and Family Life Education in the Region 2009).

Curricula – Teachers’ Colleges

In 1994, Teachers’ Colleges in the Eastern Caribbean agreed to put HFLE on the core curriculum as a required subject. In April 1995 agreement was reached to make use of the **PAHO/Carnegie Core Curriculum Guide on HFLE for Teachers’ Colleges** as of September 1995. This Curriculum provides a framework of five core “areas of living” which have vital implications for health. This Curriculum is the only one of its kind in the Region and represents a truly regional effort at coordinating expertise and creating a single life-skills based programme useful for multiple health concerns. The framework that is developed in that Guide will be used as a starting point for the development of new teaching materials for HFLE.

Promoting the health of children through schools has been one of the important goals of PAHO over the decades. Through its office of the Caribbean Programme Coordination Unit (CPC) it has played a pioneering role in the curricular for Teachers’ Colleges. This effort was further catalyzed with the collaboration of the University of the West Indies, the Carnegie Corporation of New York and the United Nations Fund for Population Activities (UNFPA). PAHO also agreed to be one of the partners of the CARICOM/UN Multi-agency Health and Family Life Education Project which was, as aforementioned heralded by the Standing Conference of Ministers of Health and Education in 1996. PAHO assumed responsibility to provide technical and financial support to revise and formulate the core curriculum guide for Teacher preparation in HFLE. To this end, three technical working groups were formulated with the financial support of the CARICOM PANCAP Project and technical support of the School of Education of UWI. The PAHO Caribbean Food and Nutrition Institute (CFNI), HFLE Tutors from the various Teacher’s Colleges and Personnel from Planning and Management of Ministries of Education. The revised curriculum guide for institutions engaged in Teacher Preparation is now being used in many CARICOM member states (CARICOM Multi-Agency Project 2006). The curricular being used presently (2008) as an elective for the ADE UWI Teacher Programme is an offshoot of this revised curriculum guide.

Use of new media

Since 1990, UNICEF has used the medium of film animation in several programmes to assist in the empowerment of young people with information relevant to their health and development. Films have been developed through training workshops in such areas as life skills, teenage pregnancy, HIV and AIDS and films covering other health issues. This medium attracts young people, helps demystify technical issues and is a valuable tool for reaching out to semi-literate audiences. It is hoped that greater use will be made of this form of communication as a means of adding new energy to the classroom setting.

Other agencies such as CCA and CFPA have also used videos for public education on environmental and family planning issues respectively. ASHE of Jamaica uses drama to stimulate discussion on issues such as HIV/AIDS while the Self-Esteem project in Trinidad and Tobago has chosen television to reach young people. Drama, music, animation, video, television and more recently multimedia are exciting forms of communication that remain under-exploited for the purpose of education in the Region. To some extent countries have been limited by lack of resources and expertise. UNICEF has given its backing to local experts to develop skills in animation in collaboration with the Walt Disney Corporation in the USA. Other agencies, such as the Barbados Teachers' Union have developed high quality videos with accompanying materials for HIV/AIDS.

The St Lucia workshop meeting (November 2009) was presented with another media effort. This project is called "Eva goes to Foreign" which explores the pitfalls of young Jamaican women in the underworld of drug trafficking. The purpose of this project was to promote public education on drug courier issues which predominantly involve women in the 1990's. Jamaica was identified as the country with the highest number of couriers held in the United Kingdom. This project which utilizes posters and animation was adapted for use in Jamaica. Using posters and media to get the message across, the project resulted in a reduction of arrests.. Several organisations are also working with media houses to tackle the illegal drug trade.

In short, the talent and interest in this area is present in the Region what is needed to move it forward is consolidation of expertise and additional funding support. New media hold out promise for reaching many of the young people outside of the school system including those with special learning difficulties who are not accommodated in the formal educational system.

Peer counselling

Peer counselling programmes have been established all over the Region mostly by non-governmental organizations such as the Family Planning Associations. These youth-to-youth programmes promote healthy life styles by building knowledge about health conditions such as HIV/AIDS, teenage pregnancy, substance abuse, perception of risk and norms and feelings of self-esteem among young people. Although agencies have expressed difficulties in sustaining projects, peer counselling programmes have been successful in reaching especially out-of-school youth and youth at risk..

In-service teacher training

Teachers and health professionals have also been provided the opportunity to acquire skills and deepen their understanding of HFLE through in-service courses conducted by UWI's Fertility Management Unit, UNFPA and the PAHO

The CFPA has offered annual training of trainers' courses and UWI's Diploma Programme in Community Health has assisted in developing human resources in the Region. Through the use of modern satellite teleconference systems, the University of the West Indies Teaching Education Experiment (UWIDITE) has brought training on HFLE-related subjects into the islands without the expense and dislocation of travel

In addition, a growing number of health-related, community-based projects have been established by NGOs in the Region. Undoubtedly, a lot more work remains to be done in this area over the long term but the capability for strengthening teacher training is in place although increased resources will be required.

Parent education

Parent education programmes have been initiated by government ministries and non-governmental organizations all over the Region. Materials have been developed to assist parents to communicate more effectively with their children about sexuality, values and issues that affect their self-esteem. Strengthening interpersonal relationships between parents and children is an important way of complementing school-based programmes. It is recognized that in the Region much more work is required in this area. A need has been expressed by many individuals working with parent outreach to establish a forum for exchange of information with others in the Region in order to identify and document the most successful approaches. The Caribbean Child Development centre (CCDC) in Jamaica conduct important research in this area which is helping to strengthen programmes and increase understanding in such areas as gender socialization and fathering. Input from this work will be important as HFLE partners strive to strengthen general understanding of gender issues. Other groups such as SERVOL (Service Volunteered for All) in Trinidad and Parent Education for Development in Barbados (PAREDOS) as well as ministries of social development work with juvenile delinquents in probation centres, with school children individually and in groups, and as facilitators in seminars. It is unfortunate that many of the non-governmental organizations working in the area of parent and family outreach have complained of inadequate human and financial support to allow them to expand activities and services that are so badly needed. This area of work deserves high priority in health and family life education programming.

Resources

Still, despite the fact that additional resources are required, huge amounts of human and financial resources have in fact been committed by governments, agencies and individuals with expertise in the various areas of health and education. For example, by the end of 1993, UNFPA had supported more than 160 projects with an allocation of over US\$25 million over 25 years, in such areas as:

- reproductive health and family planning;
- family life education youth programmes;
- research;
- programme planning and review; and
- censuses.

Information, Education and Communication and special programmes for youth and women accounted for 9.4% and 8.0% of the budget respectively or in total US\$1.6 million. UNFPA has shown over the years strong commitment for HFLE-related work in the Region and with PAHO/WHO initiated one of the first partnerships between agencies for the development of HFLE.

UNICEF, has contributed to the strengthening of HFLE through support to government such as Jamaica in the development of teaching materials in the CHED project. They have supported the participation of nationals at FMU-conducted HFLE courses and backed CCDC research. UNICEF has also contributed to strengthening of parent education through support to the governments of Grenada and St. Lucia and to PAREDOS and more recently is working with Erdiston College to expand values education in the Region. The Agency has contributed to the initial coordination of initiatives. Since focusing its support to life skills initiatives, UNICEF, Barbados alone has spent about \$US300, 000 in the last three years.

UNDCP has spent over the last three years approximately US\$3.7 million to develop and introduce substance abuse curricula in over 10 countries in the Caribbean (UNDCP, 1995). PAHO/WHO has spent US\$363,000 on the PAHO/Carnegie project alone which was aimed at strengthening HFLE at the tertiary level in the Eastern Caribbean as well as a selected number of Eastern Caribbean countries.

Although not completely coordinated in their operations in this area of work, governments and agencies have taken important steps to respond to their own concerns as well as to the call of the 1986 CARICOM Ministers of Education for the introduction of HFLE in Caribbean schools.

SHORTCOMINGS AND GAPS

In addition to those already mentioned, dissatisfaction has been expressed by curriculum planners, teachers, tutors and donors themselves about several aspects of school-based programmes. Some of the major concerns include:

- over-loading of the teacher and school curricula with vertical programmes that are too knowledge-based;
- poor teaching methodologies, inadequate teacher training to deal with new subject areas and interactive methodologies;
- lack of coordination among funding agencies resulting in donor-driven activities and vertical programmes;
- inadequate or poor quality teaching materials; and
- lack of programme evaluation

Young people have complained that HFLE efforts in schools fail to provide them adequately with information that they think is important. They also fear that issues brought up in confidence with teachers will not be kept confidential beyond the classroom and have remarked the discomfort that teachers feel in dealing with sensitive issues. (UNDCP, 1995, Kurz et al., 1995).

At the St. Lucia Workshop 19th to 23rd November 2009 drug prevention education was highlighted as a major shortcoming and gap in the HFLE curriculum. Some observations were:

- Research does reveal that peer influence is one factor that drives drug experimentation and use. However, there are other factors such as social influences and their effects on self and family that are not clearly articulated;
- The premise of poor academic performance or underachieving is one strong factor that drives substance use and abuse must be addressed;
- The need to address the intricacies of drug use and abuse are compartmentalised and may miss the intended outcomes which include remaining drug free or reverted to a life without the dangers associated with drug use;
- The links between drug use and the damaging effects on the body's organs are not mentioned. So too is the link between drugs and HIV;
- Parental involvement is critical in the Family Life component of the curriculum. This leaves an area as important as drug use and abuse to the individual who needs parental and family support to either continue the prevention or be assisted if the drug use has started;
- Students becoming advocates for drug prevention in schools and in their communities and thereby promoting a sense of social responsibility.

Some recommendations include:

- A revisit of the present standards and lessons in the HFLE curriculum;

- Drug prevention education as a separate content area in the HFLE curriculum that can be infused into the existing HFLE curriculum
- The need to be research-driven with HFLE standards;
- The need for constant evaluation to maintain student interest and be up to date with the delivery mode.
- The technological age must be embraced more for this population of students.

REEXAMINING HFLE INITIATIVES

Teacher training

In October 1993, the Fertility Management Unit hosted a “Regional Meeting on Strengthening HFLE in the Eastern Caribbean”, at which Ministries of Education and Health, and Teachers’ Colleges were represented. PAHO and UWI resource persons were also present. The meeting was held to give participants the opportunity to “share their concerns and consider how the in-college and in-service programmes can contribute to achieving the over-all goals in their countries” in HFLE. At this meeting, participants were encouraged to view themselves as “agents of change” and to “actively and firmly advocate change” within the educational institutions to which they are affiliated. The meeting recognized that to educate children to “perceive health as a resource for living personally satisfying and socially responsible lives”, all teachers in the school system had “to develop and put into practice the perception of health as behaviour”.

The meeting recommended, inter alia, the use of the PAHO/Carnegie Core Curriculum Guide and that HFLE be a required subject in Teachers’ Colleges. As mentioned previously, action has already been taken on this recommendation and HFLE will be taught at Teachers’ Colleges using the Guide as of September 1995.

The participants also recommended that funding agencies could “enhance both the quality and the potential of the investment of nations... in education” by supporting the training of teachers who can effectively deliver the course on HFLE in schools. It was recommended that:

- the Ministries of Education provide funds for materials and activities;
- the Faculty of Education at Cavehill monitor the implementation of the HFLE course in Teachers’ Colleges; and
- the Fertility Management Unit in Jamaica continue its support for the training of resource persons to deliver HFLE in colleges and pursue their outreach programmes within communities.

These recommendations will be incorporated into the strategy that follows in Part II of this document.

Multi-agency effort in HFLE

Following multiple requests to the UNICEF Caribbean Area Office (CAO) for funds to develop and distribute HFLE materials in 1994, the CAO, realizing that there may be some duplication of efforts, carried out a survey of HFLE programmes in CARICOM countries. Many of the findings already mentioned were identified through the survey:

- duplication of effort;
- inadequate supply of age-appropriate materials for students and teachers;
- poor quality of many of the materials;
- inadequate training of teachers;
- lack of institutional support from the Ministries of Education; and
- separate handling of HFLE-related subjects overburdening the curriculum.

They recommended that critical concerns should be integrated into all curriculum areas. There was also “enthusiastic support for a process which will lead to a Caribbean-wide approach for the teaching of the skills which will promote self-esteem, decision-making, and good personal and interpersonal relationships in children”. The results of the survey increased the momentum for comprehensive life-skills based HFLE teaching materials.

Agency coordination

Following the survey, a regional workshop was held from 12-15 July 1994 and hosted by UNICEF, UNFPA and PHSO in collaboration with the Fertility Management Unit and CARICOM.

Thirty-two participants, representing national, regional and international agencies engaged in the promotion of HFLE attended the workshop. Specific focus was given to envisioning the future of HFLE in schools, and assessing the progress and planning of current programmes.

Participants at the Mona meeting made several recommendations regarding the future of HFLE programmes ranging from the need for clear policies and the development of comprehensive HFLE curricula to the personal development of teachers and evaluation research. Other recommendations addressed some coordination concerns, as follows:

- Agencies should become familiar with countries’ long-and short-term developmental programmes so as to permit a more integrated approach to demands;
- Agencies should set realistic timeframes for the completion of projects;
- Differences in the budgets of agencies and national counterparts should be taken into account in setting timeframes for implementation;

- Agencies should ensure that administrative mechanisms are put in place to increase collaboration between central planners and programme managers in order to facilitate access to project funds.

As a follow-up to this important meeting, another joint action was taken to secure political acceptance of the comprehensive, integrated approach to HFLE programme development.

CARICOM Initiative

At the Biennial meeting of the Standing Committee of Ministers of Education of CARICOM, in Belize in September 1994, a resolution was passed that noted past developments and achievements in HFLE. It noted, in particular those observations and recommendations of the above-mentioned HFLE workshop in Mona (Annex 2). As a follow-up the Ministers requested the CARICOM Secretariat and the regional university system to develop and seek funding for projects that will help students and their families to master skills necessary for coping effectively with challenges to health and family life. UNICEF agreed with CARICOM at this point to initiate the programme design and development phase of this multi-agency initiative in close collaboration with other partners.

As the consultant for the initiative, (1995) the writer paid visits to several Ministries of Education and Health, non-governmental organizations, funding agencies and faculties of the UWI working in the area of HFLE and met with HFLE consultants. (Annex 2). The main purpose of the visits was to obtain a better understanding of the activities of the institutions and to make contact with some of the key partners working in the area in order to obtain further guidance for the development of the strategy which follows. The above discussion reflects what was learned by the writer from these visits. While much of the information is not new, it provides some idea of the current status of programmes and the overall environment.

The strategy that is developed in Part III draws on the recommendations, facts and guidance provided by Caribbean experts. It takes consideration of the gaps and shortcomings and attempts to develop a systematic process for the further development of HFLE. To take the activity forward political will, commitment in terms of time and effort, resources and participation by all partners in the decision-making process are needed. These and other factors are discussed in Part II of this document.

Part II

Introduction

Part I of this document reviews justification for life skills-based Health and Family Life Education courses, identify the shortcomings and gaps in current programmes and indicates where progress in the development of such programmes has been made in the Caribbean Region. In Part II areas are identified where change is still needed to improve the management and sustainability of HFLE programmes. It is important to focus on the tools and supports which are critical for the advancement of HFLE before describing a strategy. The recommendations listed

at the end of this Part provide guidance to all partner agencies and governments concerned with the strengthening of HFLE.

Effective Management and Sustainability of HFLE

Several factors will determine the effectiveness and long-term sustainability of HFLE programmes. The following is an analysis of the most important ones.

Factor 1: Political commitment

HFLE must be placed on the agenda of policy-makers in all sectors since the decisions made in other sectors often impact on health and eventually influence plans and activities in HFLE. Policy-makers must also take responsibility for ensuring that action is taken to implement national and international agreements concerning HFLE. Sometimes decisions are made on paper with little follow-up action. Slow follow-up has reduced interest of partners and partnerships and increased the number of fragmented approaches taken in the Region. Despite feelings of frustration, discussions with partners have revealed that interest remains in developing integrated regional approaches to HFLE. The framework and justification for a regional initiative in HFLE is also in place. To increase momentum and advance programmes, political commitment is crucial. Part I of this document already described some of the commitments and progress made by governments in the area of HFLE. This regional initiative on HFLE responds directly to many of the goals of those agreements. It creates an opportunity to build bridges across agencies and territories to take action that may very well open avenues for cooperation in other areas. Policy-makers at the regional and national levels can show their commitment in various ways: through development and revision of legislation, reallocation of resources, human resource development and infrastructure development for improved coordination.

Political commitment includes the re-examination of legislation that might impede progress in health promotion. Legislation that affects the well-being and rights of young people should also be reviewed. Clear policies concerning HFLE are also needed. These should ensure that HFLE is taught at all levels of the school system from pre-primary to tertiary; that a minimum number of hours be devoted to HFLE; that all schools public and private establish and strengthen Parent-teachers Associations (PTAs) as a means of linking school, home and community; and HFLE Coordinators be identified in each school or area to complement the work of the ministry's HFLE specialist and to monitor progress; that collaborative arrangements be formally established with NGOs in order to reach the growing number of young people outside the formal educational system. To implement these policies, policy-makers will be obligated to examine some of the ways in which time is allocated to subject areas in schools, to examine how resources are allocated for teacher training and parent outreach and will need to strengthen the status of teachers and guidance counsellors.

Political commitment includes the allocation of resources for health promotion activities and comprehensive HFLE programmes. In order to make informed decisions, governments will need to ensure that research is conducted to clarify the situation of youth and steps are taken to interpret the data for decision-makers. To raise political commitment, HFLE specialists and researchers have a duty to convince policy-makers that the potential for achieving a positive impact on youth justifies significant financial input into HFLE programmes. Documenting the value of effective development programmes will also assist in reducing the negative impact of diminishing budgets. Clear political commitment and support will undoubtedly facilitate the overall management and coordination of HFLE.

Factor 2: Donor coordination and support

A very important aspect of the management of HFLE programmes is ensuring coordination within and among donor agencies as well as between regional and national programmes and donor plans and activities in the area of HFLE. As outlined in Part I of this document, many donors, notable the United Nations agencies, have defined programmes of work in the area of HFLE and are as compelled as governments to ensure that those programmes are effectively implemented within a specified timeframe. The obligation “to implement” and “to show results or products” is imposed, as in the case of governments, on agencies by their own funders. Experience in the Region shows that when timeframes and programme plans are determined in an uncoordinated manner (fuelled by territorial issues), agencies and governments have developed isolated projects and vertical, issue-based programmes. These actions account for the large number of teaching materials supported by individual donors and placed in schools. The pressure is felt at the level of the classroom as teachers are expected to deliver the contents of each one of these individual programmes to students along with core subject areas. In most cases (although the outcomes have not been formally measured) one could assume that these vertical programmes have not had the kind of impact on young people, in terms of behaviour development or change, that funders hoped they would have achieved.

Lack of coordination among donors has also resulted in duplication of effort as described in Part I of this document. Some partners argue that there is no lack of resources for HFLE in the Region so much as poor management of the available resources. Agencies contributing to HFLE can increase the value for money by increasing coordination. Towards this end, each agency should start by designating an individual as focal point for HFLE. These persons will be responsible for taking forward the agency’s work in HFLE but also for working with other agencies and governments to establish mutually acceptable goals and targets and ensuring that proper coordination mechanisms are put in place within and between agencies.

The paper entitled, “**Health and Family Life in the English-speaking Caribbean: Coordination among Funding Agencies**” (UNICEF), takes the position that a process needs to be initiated between funding as well as between funding agencies and governments to facilitate cooperation. This process will aim to develop programmes among entities that complement and reinforce each other. A step in the right direction was taken on 11 July 1995 in Barbados when

Heads of United Nations Agencies operating in the Caribbean Region met to discuss HFLE. The agencies were presented with an overview of HFLE and the multi-agency initiative. A sub-committee of Agencies composed of PAHO/WHO, UNICEF, UNESCO; UNFPA will be established to plan strategies for coordination and will meet for the first time in September 1995. A second meeting of all Heads of Agencies will then be held to discuss the subcommittee's plans, priority activities and review draft principles to guide collaboration with countries in the Region and explore possibilities for immediate financial commitment to launch the initiative.

CARICOM and the UN agencies must determine where responsibility for the overall management of the initiative will lie. This strategy proposes that UNICEF Caribbean Area Officer as a possible option. Urgent discussion and agreement is required on this matter. A rapid decision regarding a Regional HFLE Coordinator for this initiative will build on the momentum of the recent visits and discussions among technical staff and will allow implementation of activities within the specified timeframes.

As regards, coordination between funders and governments, it is hoped that once principles have been agreed any bilateral agreements made with governments will reflect those accepted principles. If National Working Groups on HFLE are established, Ministries of Education can use these groups as "sounding boards" to assess proposals before funding is sought from donors for HFLE-related work. Operating at the national and community levels these Groups will be in a favourable position to identify priority needs and could assist Ministries in designing joint activities with donors and other partners.

Factor 3: Management and management style

For the regional HFLE initiative to be viable and relevant it is important to re-examine the way we work. One of the factors that have made it difficult to carry forward HFLE programmes in the Region is weak leadership. At the regional level, direction in HFLE has been inconsistent which has contributed to lack of unity in programme development. At the national level, often an individual in the Ministry of Education or Health has been specifically designated to the mammoth task of strengthening HFLE programmes in all schools in the country. While NGOs and agencies do also work at the national level to strengthen HFLE, insufficient joint problem solving, action planning, implementation and evaluation has been done. One of the goals of Regional and National Working Groups on HFLE will therefore be to encourage collaboration and strengthen leadership in support of the work of Ministries in the area of HFLE. These proposed Groups will be described in detail in Part III of this document. The way in which these Groups work with the Ministry's HFLE specialist, schools and communities to plan and implement change is one of the factors that will determine effectiveness and sustainability of HFLE programmes. Through participation in the Working Group new relationships with NGOs will be formed. Governments will benefit from the expertise and practical skills of these groups especially in its outreach programmes. Efforts should be made in all countries to identify trained and respected HFLE specialists and if possible support staff who would act as the focal points for HFLE within the Ministry and at the community level. Developing new management styles even within the Working Groups will be crucial.

Many approaches to management have been developed to release human and financial potential within organizations and to assist organizations in the management of change. One approach to management which is of interest to the regional HFLE initiative is described in the UNESCO/CARNEID-supported document, **“Managing Change in the Caribbean: the CXC experience: lessons and implications for Managers”**. According to the author, Rita Voeth, the approach entitled, “Organization Development (OD)” has as its main objective to “build and strengthen the internal capacity of organizations to detect, diagnose and find solutions to their problems”...”it allows for flexibility and for inputs from all sectors, perspective and sub-systems. It permits the use of all available resources both internal and external”, rather than imposing pre-packaged solutions. “Because of the nature of the process used, organizational health and team work, communication, motivation and commitment, as well as problem-solving capacities are also improved”. It is the Working Groups made up of individuals familiar with regional and national situations that are best placed to devise appropriate management solutions and actions to HFLE-related issues. Management approaches have also been developed in the private sector that can be applied to public sector operations. Governments could seek the support of the private sector to strengthen public sector managerial skills.

A recently published book entitled, **“Reengineering Management”** by James Champy, although written with business corporations in mind, is instructive for management of any organization. Champy informs that reengineering the operational processes alone is not sufficient to be successful; the management processes must also be reengineered. These processes must focus on “mobilizing, enabling, defining, measuring and communicating in order to achieve a ...culture that enables a continuous process of reengineering—in order to achieve success”. It is the type of management style that is needed to sustain HFLE projects. “Agents of change” must adopt these approaches to mobilize young people, teachers and guidance counsellors, parents and community leaders. New management styles must also permeate the school system and create a new environment in order to “energize” teachers and students and make them effective leaders in their own right. To motivate such action principals, HFLE specialist and members of the National Working Groups need the full support of policy-makers at the highest levels to create such an environment.

Factor 4: The school environment

HFLE is a strategic input into a larger health promotion plan designed to improve the health and development of individuals and communities. The success of health promotion programmes will depend on the number of interrelated factors including the creation of a supportive physical, social, political and economic environment. For school-based HFLE programmes to be sustainable, the school itself must be engaged in a coherent way in creating a health-promoting environment. UWI’s Department of Social and Preventive Medicine through the Health Promotion Resource Centre (HPRC) is taking steps with other partners like PAHO/WHO, to implement the Caribbean Conference on Health Promotion on 1-4 June 1993. The HPRC has developed a model for the establishment of health promoting schools which calls for a series of implementation strategies. These strategies are designed to mobilize group and individual action, create awareness and maintain enthusiasm; infuse messages to sustain action among individuals and institutionalise health promotion “into the fabric of school life”. In addition,

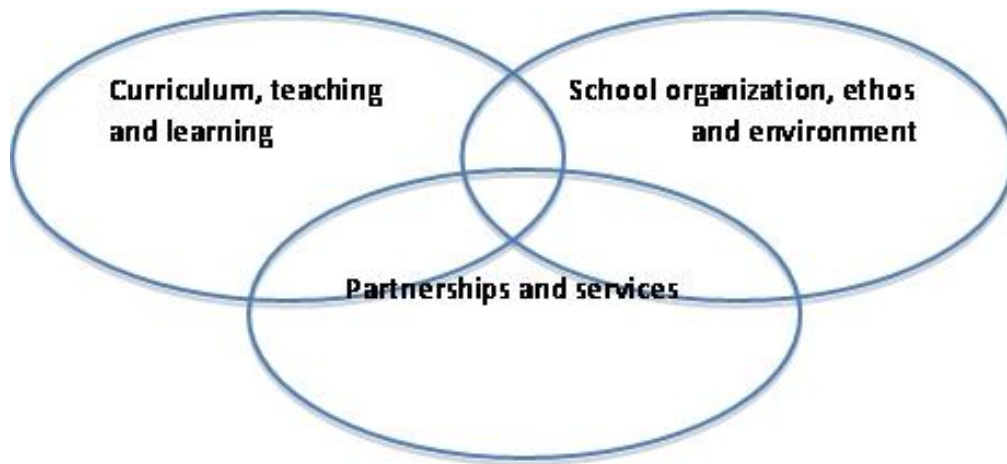
strategies will be designed to form alliances, strengthen support services, train committed resource persons, encourage ownership and build home, school and community links.

Development of health promoting schools will make an important contribution to regional efforts in HFLE. These programmes have the potential for creating the environment that undoubtedly contribute to the sustainability of HFLE programmes. Figure 3 below shows the inputs to a complete school health education and promotion programme. The model which follows focuses on the whole child and the resiliency skill needed as part of the drug prevention education as part of the HFLE programme in and out of school. Both models emphasise the importance of school curriculum, healthy environments and effective partnerships, while ensuring that the child in school be exposed to life skills like resiliency to help offset the false attractiveness of illicit drugs.

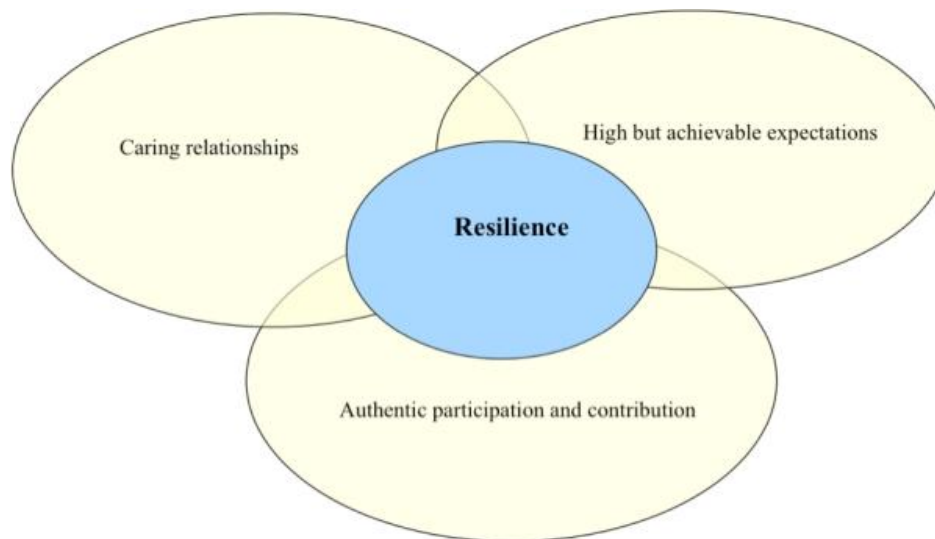
As the HPRC has stated, its model for health promotion will need to be tailored to meet variations in schools throughout the Region. The strategy adopted at each school will depend on the “culture, socio-economic background, resources, and will of the school community to participate”. However, even without huge amount of resources there are steps that can be taken by all schools to create a supportive environment for health promotion. Ministries of Education should encourage all schools that have not done so already to develop a mission statement and work towards its implementation. The statement should be developed in collaboration with the staff and students of the schools and should be in-keeping with the principles of the Charter on Health Promotion. Schools can monitor their cafeteria to make certain that students are eating healthy foods. In short, if the HPRC and its partners are successful in institutionalizing health promotion, it is expected that HFLE programmes will be much more manageable in the long-term.

Figure 3: The Whole School Approach: School Health education and Promotion

A.



B.



Resilience and the Whole student approach

Source: Adelman, H & Taylor, L 2008, Fostering school, family, and community involvement, Hamilton Fish Institute on School & Community Violence, George Washington University, viewed 4 February 2009

Factor 5: The Teaching Infrastructure

How effective is our current system of teaching and learning in serving individual student needs? The knowledge explosion is calling into question long-held beliefs about what students need to learn in their secondary and undergraduate years of schooling, while newly emerging tools for accessing information are transforming the nature of the learning process. HFLE education will need to fit within this evolving system of learning and be delivered in a way that is as attractive to the student in the classroom setting as emerging tools are to them in a non-formal setting. This implies new ways of delivering information to students using participatory techniques and discovery learning. A learning-by-doing model will increase the chances of success of HFLE programmes but will be highly dependent on the actual mastery and use of the model by the teaching body.

The student body in the Caribbean is characterized by heterogeneity: in sex: (there are 110 girls enrolled for every 100 boys¹); economic means (students from all socioeconomic groups are attending school); ethnicity (this is more obvious in countries like Trinidad and Guyana); ability (girls seem to do better at school than boys) and accessibility to emerging communication tools. Despite this heterogeneity, the current system focuses on teaching as though the student population is a relatively homogenous one and needs to be taught a body of knowledge to allow them to pass exams and prepare for a career. One must question whether this is not a delivery system of the past. More emphasis should be placed on the development of student-centred approaches, asking what students need to learn rather than what students need to be taught. Putting the child at the centre of the learning process as an active participant rather than a passive recipient of information is a more suitable response to heterogeneity of today's youth. All courses including HFLE must take into consideration the heterogeneity of the student body and allow flexibility to accommodate differences among students in particular gender differences and learning abilities. Presently, women account for three fourths of all primary school teachers in the Caribbean (United Nations, 1991). The way in which schools adapt to the evolving student needs will therefore be another factor in determining long-term success of HFLE.

Apart from the primary and secondary levels, greater flexibility is needed at tertiary level to increase access to continuing education for the adult population. Distance education is an option that the UWI is currently pursuing but a balance will need to be struck between increasing access and providing fact-to-face contact for the development of the skills, attitudes and values. In short, both the processes and management of the teaching infrastructure need to be reengineered so that they do not remain obstacles to progress in education.

Factor 6: Teacher Training

As important as the teaching infrastructure is teacher training, to ensure that HFLE programmes are delivered appropriately in the classroom teachers need to feel at ease with both the content and methods of the course. Studies abroad have shown that teachers report feeling less at ease with more active methods such as role playing and group work than they do with information giving and discussion (Scott and Thomson, 1992; Levinson-Gingiss and Hamilton, 1989). In the

Caribbean, anecdotal reports are consistent with these findings. The fact that teachers report difficulties in interactive methods is worrying. First of all, those methods are essential for securing a change in attitude and behaviour. Secondly, didactic methods are inconsistent with HFLE goals. Developing a responsible attitude, preventing HIV infection, unwanted pregnancies and drug prevention are thought to be some of the most important goals of an HFLE programme. To reach these goals the use of active methods is needed. In-service training in the use of interactive methods essential to the long-term sustainability of HFLE programmes have started in the region. However steps still needs to be taken at the national level to expand opportunities for teacher and counsellor training.

In addition to training in methods and content, poor self-esteem, lack of confidence and general dissatisfaction with their status as teachers are all issues that need to be addressed. Low morale among teachers could lead to the use of violence in the schools. Discussions concerning the “Change from Within” project in Jamaica which was designed to develop new approaches to teacher preparation revealed that: “teachers need continuing training and encouragement on the job. They need more workshops in a variety of areas and they need to be empowered.... There is a need to develop teachers who are creative, who can recognize problems, devise solutions and make appropriate judgements”. This statement is true not just of Jamaican teachers but of all Caribbean teachers. Ministries of Education and UWI must develop curricula that allow teachers to continue their training at all levels so that they develop creativity, sensitivity and motivation for teaching. Without strong teacher support HFLE programmes will not function effectively in the long-term.

It must be noted that since 1995 several efforts aimed at training teachers both in pre service and in service programmes have been undertaken. In several countries teachers can boast of being trained in interactive methodology, contrary to earlier findings. Teachers are now more confident after being trained in life skills and interactive methodology. In spite of the efforts of CARICOM, UNICEF and other agencies HFLE still has a problem with recognition and support.

Factor 7: School-home-community linkages

An important part of HFLE programmes is outreach. To understand students one needs to understand their community’s interests, needs and values. For HFLE programmes to be meaningful the school must forge stronger links with parents and communities. Parent-Teachers’ Associations (PTA) provide the opportunity to develop positive parenting attitudes and learn about a community’s values. Through these Associations, parents are not limited to assisting schools in raising resources but have the opportunity to share ideas with educators.

In 1994, the International Year of the Family, the United Nations published a series of papers dedicated to the family. Series No. 8 proposed the development of family enrichment programmes to foster healthy family development. Some of the areas of importance in such programmes include : “augmenting parents’ knowledge of and skill in child-rearing; helping them to deal with the problems of adolescents; enriching families ‘skills in coping with stress; affording families access to services; facilitating the development of information support networks; and helping families to organize to counteract dangerous trends in the community”. Schools and families working together can support each other. In fact, the school can provide a

good forum for parents to share experiences with other parents, to pool information and exchange coping strategies.

Schools can also reach into the community by making allies of churches, voluntary organizations and the private sector. For example, the workplace provides a setting to educate parents and to obtain support for projects that will strengthen the capacity of schools. Discussions, exhibitions and debates on values, family life concerns are appropriate activities for the workplace.

In addition to the above settings, it is also possible, if resources are made available, to create new settings where young people, in and out of school, can gather and receive information and support. Adolescent Clinics have been supported by the UNFPA throughout the Region to reach young people with information in order to reduce the number of teenage pregnancies, to prevent HIV infection and other sexually transmitted diseases, to promote better interpersonal relationships and improve the quality of life and self-esteem. In Antigua and St Lucia, for example, one such clinic is in operation and provides a comfortable venue for young people.

Peer counsellors can also assist in strengthening home, school and community linkages. Students who demonstrate interest and ability in HFLE including leadership skills can be selected for special training as peer counsellors. Once they have acquired a sound knowledge of issues of concern to the school and community including the confidence to deal comfortably with the issues they can begin to interact with parents, families and other young people in the community.

The PHO/Carnegie guide entitled, **“Strengthening Linkages between home, school and community for the health and total development of Caribbean children and youth”**, provides additional ideas for schools and communities.

Factor 8: Youth outreach and support services

Apart from peer counselling programmes, other programmes must be put in place both in and out of school to ensure that young people can receive services and have opportunities to discuss personal relationships and other sensitive matters. Adolescent multiservice centres if well planned can attract young people. Kurz et al (1995) conducted a needs assessment in the English-speaking Caribbean during which focus group discussions were held with young people. When adolescents were asked what the ideal adolescent centre would look like the response was the following:

“The “ideal” centre...would offer many services, including reproductive health, much like the existing multiservice centres.... The centre should not look like a clinic... it should be open to both girls and boys, so that they could learn to communicate better with each other. It should also be open in the afternoon after school and in the evening”. Adolescents felt that it should be staffed by “empathic and knowledgeable counsellors” who could be trusted. “Boys suggested that the centres should contain a hotline services. ...Parents should receive counselling and participate in other centre activities”. When asked what activities should be offered, adolescents hoped that centres would replicate the SERVOL’s Adolescent Development Programme in order to develop self-esteem and

self-confidence. They also felt that it should have “social and sports activities, offer assistance with homework, and provide job training...and comprehensive health services”.

Appropriate support services must be put in place in all territories to respond to the demand that will be created as more young people take control over their health and development.

Many examples exist in the Region of alternative activities for young people in and out of school. These should be evaluated and the best approaches expanded. For example in Belize, the drug awareness and education project supports a youth training centre project, a sports project and social services and counselling project. In an effort to increase drug awareness special events are held. “Lock-ins” which are day-long recreational retreats for youth involving games, music, drama and dance appear to be effective communication tools. In the classroom setting, “teen talk”, a question and answer format is used to structure class room discussions with youth on a variety of issues that affect them. These sessions can also be used to generate material for broadcast to a wider audience, both in and out of school. Exchanging information between various committees that have been set up at the national level to deal with specific issues will undoubtedly generate ideas concerning alternative activities and services which are attractive to young people.

HFLE resource centres should also be established to provide updated information to educators, college trainees and students. These centres can be used to encourage networking across programmes and islands to share experiences with others. Information centres will save resources as teachers and programme developers would be kept up to date with materials available and in contact with resource persons. Many small documentation centres or document collections exist in the Region that contains information relating to HFLE which ought to be linked to each other. At the Faculty of Education at UWI, St. Augustine for example, the CERIS database is an on-line database which identifies by a keyword search documents, publications and research papers in the area of education including HFLE. This database should be expanded and made accessible in all territories to support in and out of school activities in HFLE. Another small documentation centre is under development at the Fertility Management Unit at UWI, Mona with special focus on population issues. Additional support could make this centre an important resource for trainees at FMU. Research conducted by Kurz et al in the Caribbean also found need for a “Resource Library”. It is described as a “repository of materials, experiences and expertise”. The centre’s staff it was suggested would “collect and organize written, visual and auditory materials developed by practitioners and researchers... the staff would make the material widely available and would develop training programs for their use or adaptation...centre staff would either help to develop new materials or would put organizations clients in touch with others who could provide that assistance”. A resource library would certainly assist in overall coordination of HFLE activities, reduce duplication of effort and increase networking among partners.

Factor 9: Funding

Without funding support for HFLE very few of the above mentioned activities could take place. All the factors listed above require additional human and financial support to be accomplished. It is clear that governments and agencies cannot tackle all the issues. Priorities will need to be determined based on national needs. Long-term sustainability and management of HFLE will depend on the development of partnerships at the national level among governments, NGOs, community workers, schools, parents and the business community. These partners will be ultimately responsible for identifying needs and mobilizing resources for HFLE. A sense of ownership and responsibility must be built at the national level to sustain HFLE programmes.

CONCLUSION

Life-skills based HFLE education programmes have the potential to promote behaviour development and change among young people as a response to many of the social problems facing them. Several challenges lie ahead. One challenge will be to find a balance between generic and problem-focussed approaches while developing the right attitudes, values and skills needed to make positive life choices among youth. Another challenge will be to balance what is ideal with what is possible in the shortest possible timeframe. The ideal will be to expand teacher training in all territories in order to strengthen the delivery of HFLE. Another goal will be to build ownership and ensure involvement among young people, teachers, parents and other people in the communities in the materials development process. But ultimately, development and long-term sustainability of the HFLE initiative will depend less on technical inputs as on political commitment, overall coordination and availability of resources. The following strategy presents a good opportunity for governments, UN agencies, NGOs and CARICOM to develop a partnership which may open avenues in other areas. Urgent steps should be taken to clarify the contribution of each partner. For the sake of clarity and ease of reference, a list of recommendations taken from the above discussion follows. These recommendations are still fully supported and endorsed by the St Lucia workshop team of 2009.

RECOMMENDATIONS

FOR GOVERNMENTS IN ALL MEMBER STATES:

Establish comprehensive national policies to increase coordination on HFLE in and out of schools.

Motivate young people, teachers, counsellors and community leaders by defining their roles in HFLE and providing them with enabling environments.

Examine existing legislation to remove impediments to health promotion among young people.

Transform the current systems of teaching and learning in schools by placing more emphasis on student-centred approaches and by adopting a learning-by-doing model in order to increase the chances of success of HFLE programmes.

Expand opportunities for teacher and counsellor training so as to raise their level of comfort with HFLE-related issues, improve their use of active methods of programme delivery and increase their awareness of gender issues.

Increase access to continuing education in HFLE-related areas for the adult population.

Establish resource centres on HFLE in collaboration with UWI to provide updated information to educators, college trainees and students.

Invest additional resources for health and family life education programmes among youth in and out of school.

FOR UWI:

Improve the human resource base for HFLE by developing, conducting and monitoring as appropriate, teacher and student programmes at the tertiary level in collaboration with governments and agencies.

Encourage networking across programmes and islands by working with governments to establish HFLE resource centres/databases which build upon existing sites/resources.

Evaluate alternative activities, services and projects designed for youth in and out of school and disseminate information regarding the best approaches so that these may be expanded in the Region.

FOR AGENCIES WORKING IN HFLE IN ALL MEMBER STATES:

Increase collaboration and coordination with governments and other agencies working in HFLE-related areas.

Maximize programme efficiency and effectiveness by developing joint activities with other agencies.

Devise new management processes that focus on increasing inter-agency communication and mobilization of the benefit of HFLE programmes.

Supports the training of teachers for the development of participatory techniques required for the delivery of HFLE and increase their awareness of gender issues.

Support the establishment of adolescent multiservice centres to respond to the demand that will be created as more young people take control of their health and development.

Establish a more effective monitoring and evaluation mechanism for accountability and sustainability

FOR SCHOOL PRINCIPALS:

Institutionalize health promotion into the fabric of school life by developing policies, creating awareness and maintaining enthusiasm among students and teachers.

Create health promoting environments in order to support HFLE programmes.

Make better use of established forums such as PTAs to augment parents' knowledge of and skill in child-rearing; dealing with adolescent problems and enriching skills for coping with stress.

Form alliances, strengthen support services and encourage ownership by building home, school and community links (e.g. with churches, private sector business).

Part III

Introduction

This part of the document details strategies for further strengthening HFLE in the region. The first strategy highlights the need for strengthening the capacity of teachers to deliver HFLE programmes. The importance of empowering families and communities to perpetuate and sustain life skills based HFLE forms the second strategy. Mechanisms for strengthening collaboration and increasing coordination among technical support and funding agencies are also discussed in the third strategy, while the fourth and fifth strategies embrace sustainability and advocacy.

ENVISIONING THE FUTURE OF HFLE

Before detailing the strategy it is instructive to reflect on how participants of the joint Regional Workshop on HFLE held in Mona in July 1995 envisioned HFLE by the year 2000. They hoped that:

“HFLE programmes will lead to healthy lifestyles in schools and homes resulting in reduction of disease and the maintenance of wellness. Such programmes will be implemented in a family life education classroom where children and teachers can enact and analyze the sources of the dramas of life, can practise debating and negotiating skills and by so doing enhance self-awareness and confidence. Indeed the values of HFLE will inform the ethos of the school”.

From the policy point of view, participants recommended that HFLE should be “implemented as a compulsory core of general education at the pre-primary, primary and secondary levels of the school system as well as in the teacher training institutions.... [that] the development and implementation of the programmes should reflect on a holistic approach in recognition of the many social problems that have to be addressed since they have common roots”. They recommended that parallel programmes in the non-formal sector should also be developed so as to provide support and reinforcement for the adoption and practice of healthy choices” by all children.

Additionally, regional experts at the workshop held in St Lucia November 19th – 23rd 2009 reiterated the views above and welcomed the special attention to drug prevention education as a deliberate inclusion into the HFLE strategy document and ultimately into the curriculum, in light of the increased drug use and associated ills in the region. The St Lucia team lamented the fact that the recommendations slated years ago were still timely in spite of the many efforts made at advancing the HFLE initiative. The following were also highlighted

- UNICEF’s commitment to the process
- Need for a database of trained personnel
- Strengthen partnerships between agencies that support HFLE and drug prevention
- HFLE should also focus on parenting.
- It is critical to have dedicated HFLE teachers with strong classroom management skills
- Partnerships with the National Drug Councils
- Ministries of Education and CARICOM should provide more effective monitoring and evaluation of programmes
- Targeting youth in alcohol advertisements should be avoided
- The role of parents and teachers to help youth to discriminate between powerful persuasion and reality
- Teacher training should be a joint effort (an area of disappointment)
- Drug prevention education be a deliberate focus of the HFLE programme
- That awareness and funding were two equally important facets of HFLE and should be treated as two separate strategies, hence the increase from four to five strategies.

These statements of experts reflect the desired direction for HFLE in the Region. Governments, agencies, NGOs working together can make the vision a reality by focusing their own initiatives within an agreed plan to respond to it. Systems, management and environments need to be “re-engineered” mobilized and enabled in order to achieve success. This is the process that the strategy advances.

STRATEGY

Objectives

The regional initiative for HFLE has the following objectives:

- Objective 1: To strengthen the capacity of teachers to deliver HFLE programmes**
- Objective 2: To empower families and communities to perpetuate and sustain life skills based HFLE**
- Objective 3: To improve coordination among all agencies operating at the regional and national levels in the area of HFLE**
- Objective 4: To increase resource mobilisation for overall strengthening of HFLE programmes in and out of school.**
- Objective 5: To increase awareness of HFLE initiatives through advocacy**

These objectives will be achieved through the following strategies and Interventions:

Strategy 1: Provide pre-service and in-service training for teachers to develop knowledge, skills, attitudes and values required for effective teaching of HFLE

Intervention 1:

Develop interactive skills-based teaching and learning material for HFLE

Outcome 1:

Availability of interactive and activity-based teaching and learning materials in all primary and secondary schools in the region

Indicator 1:

Percentage of primary/secondary school teachers in the region utilizing interactive and activity-based teaching and learning material in the delivery of HFLE

Intervention 2:

Conduct Training of Trainers to support the pre-service and in-service training of teachers

Outcome 2:

Increase the cadre of qualified facilitators to support teacher training

Indicator 2:

Increase in the percentage of facilitators trained

Intervention 3:

Conduct training with an emphasis on participatory teaching methodologies and alternative assessment strategies for primary and secondary school trainers and teachers.

Outcome 3:

Increase in the number of trainers and teachers skilled in the use of interactive and alternative assessment teaching strategies in the delivery of HFLE

Indicator 3:

Increase in the percentage of teachers trained at the primary/secondary school level in interactive methodologies

Current Training Plans

Pre-service

As of September 1995 Teachers' Colleges in the Eastern Caribbean were expected to have included HFLE on the core curriculum of teachers' training programmes using the PAHO/Carnegie Guide. When such courses are instituted, UWI Faculties of Education have an important role to play in monitoring and evaluating teaching and learning outcomes. While agreement has been reached on the use of the PAHO/Carnegie Guide in the Eastern Caribbean Colleges, similar action has not yet been taken in Belize, Bahamas, Guyana, Jamaica, Suriname, and Trinidad and Tobago. The Faculty of Education, Cavehill should therefore coordinate with its counterparts in Trinidad and Jamaica in order to share with them the agreements that have been reached in the Eastern Caribbean regarding HFLE in Teachers' Colleges. Steps should then be taken by the Faculties to liaise with the Ministries of Education and, in the case of Jamaica and Belize, the Joint Board for Teacher Education so that the PAHO/Carnegie Guide can be reviewed and the appropriate policy decisions taken to ensure that HFLE is placed on the core curriculum in Teachers' Colleges in these countries. PAHO/WHO has expressed its continuing interest in supporting activities in this area and is actively seeking funding to strengthen pre-service programmes on HFLE.

To date (January, 2010) HFLE is an elective course in the new Associate Degree UWI Teachers College Programme. A teacher may cover the entire training teachers programme without ever completing a course in HFLE. However where it is taught, in some colleges, the Revised Curriculum Guide For Institutions Engaged in Teacher Preparation (PAHO, CARICOM Multi Agency Project, Health and Family Life Education, In and Out of Schools 2006) is used.

In-service

As described in Part I, FMU has taken a lead in conducting many of the regional training activities in HFLE and has helped to strengthen skills of trainers at the college, school and community levels. UWI Continuing Studies Units also provide training courses in HFLE-related areas to adult students and community workers. It is expected that FMU will continue to take a lead in the planning of future in-service activities while taking account of revisions needed to accommodate new methods and skills required in the HFLE classroom.

Future Training Plans

Needs assessment study

To advance the process of teacher training, a critical assessment of current teaching practices in Caribbean schools and colleges was carried out. This assessment paid special regard to the delivery of HFLE and the potential challenges for introducing new teaching curricula and methods into the education system. The assessment was conducted as part of the overall needs assessment study that was carried out in an effort to increase the availability and quality of teaching materials by developing and distributing comprehensive life skills based HFLE teaching

materials. Once the assessment was completed, an overall teacher training plan of action was drawn up by UWI Faculties of Education on all campuses, Fertility Management Unit, UWIDITE and Erdiston Teacher' College, Barbados in collaboration with the Ministries of Education in the Region. Training plans gave careful consideration to the findings of the needs assessment study and existing plans for training. The plan of action informed how current programme plans could be strengthened, and outlined the numbers of teachers and community workers that could be reached, key skill areas and institutions that could make an input into future efforts.

This plan set priorities for funding of teacher training. Discussions were held with governments and interested donors to implement the plan and to ensure that national plans make arrangements for resource allocation and follow-up courses at the national level. FMU took the lead in assisting governments with their in-service training plans, while the Faculties of Education assisted countries that fell within their areas of responsibility with pre-service training arrangements. In developing training plans early attention was given to those schools which were involved in pilot-testing of prototype materials in order to prepare teachers to deal adequately with the new materials.

Redesigning training courses

Pre-service courses on HFLE were also conducted by individuals who are skilled in experiential learning techniques. It is expected that College principals would have taken steps to ensure that tutors involved in the teaching of HFLE receive adequate training in-service programmes. Regarding the PAHO/Carnegie core curriculum, arrangements were made by PAHO and UWI Faculties of Education to ensure that the guide was evaluated and updated. A few suggestions regarding the current version was received by participants of the Barbados meeting of April 1995 which approved the guide for use in Colleges

While funding had dictated the duration of in-service or adult courses in the past, one-week training sessions were inadequate to impart the knowledge and skills required for the actual practice of methods in the classroom setting and therefore efforts were made to focus funding on one or two longer courses. For instance, evening courses (2-3 months' duration/1 evening per week) should be developed (by UWI Continuing Studies Units in collaboration with the Faculties of Education) which would be accredited by the University to provide in-depth knowledge to tutors, teachers and counsellors in interactive methodologies; infusion methodologies; guidance and counselling; approaches for building self-esteem; values education and decision-making. FMU has already taken steps to redesign their current month-long summer trainer of trainers' course on health and family life education to include some of the interactive methodologies and less of the didactic approaches. An evaluation of this effort will help guide future training courses.

It was also felt that outside expertise should also be sought to strengthen skills of tutors and trainers in interactive methodologies. For example, The Advisory Council on Alcohol and Drug Education (TACADE) in the UK offers courses in professional development and training strategies including experiential learning, developing peer-led education initiatives, building

groups skills, counselling, enhancing self-concept in the child and “do-it-yourself” training courses. Local trainers could strengthen their own skills in these areas thereby building their capacity to meet the requirements of the new curricula being proposed.

The possibility of expanding the number of UWIDITE courses was also examined by FMU in order to extend the opportunity for reaching a wider number of teachers and community workers. Special attention was given to reaching male-dominated communities such as the police force, transport workers and single men. These UWIDITE sessions was supported by local facilitators capable of conducting practical training in the country.

All training opportunities were used to increase awareness of gender issues and its effect on learning and general behaviour of young men and women. Relevant, programmes designed by FMU and UWI should be reviewed by individuals with expertise in gender issues to ensure that messages are consistent with current policies in this area.

National level training plans

In order to share the benefit of regional training programmes clear arrangements were made at the national level. Once trainers have completed their courses, it is hoped that Ministries of Education, with the support of National Working Groups on HFLE, would take the responsibility for ensuring that trainers share their knowledge with other teachers and community workers in local sessions. The goal was to ensure that as many teachers and community workers as possible develop the knowledge, attitudes and skills required for the proper delivery of HFLE in and out of schools. Figure 4 below shows the “multiplier effect” of training. Training a small number of individuals in the formal and non-formal system can help strengthen the resource base in countries if plans are put in place, in a timely fashion, to develop local training courses. In addition to local and regional training programmes, UN agencies and other organizations occasionally run training courses on request or as part of their own planned activities. Examples may include a UNICEF-sponsored training workshop on values education for teachers; or WHO/MNH training session on small and large group skills building for tutors; a CFPA workshop to develop skills in dealing with sensitive issues concerning human sexuality, etc. These kinds of initiatives too, are valuable ways of expanding and strengthening the resource base for delivery of HFLE. In drawing the overall training plan consideration should therefore be given to examining how these initiatives can complement other regional training activities.

The St Lucia team (November 2009) further suggested the use of experts in other areas e.g. drug prevention, to be used as resource persons for HFLE in an effort to marry the relevant content with Life skills. These external specialist facilitators could also be trained in life skills. The principals and teachers would take the necessary steps to ensure the successful implementation of this endeavour.

There is also a strong need to standardize quality in the region. The team reiterated that short three day training was insufficient. CARICOM should maintain a database with trainers to help ensure that new/different persons do not attend successive workshops/meetings to safeguard continuity. An effective monitoring system is urgently needed to ensure that national trainers equipped with interactive skills assist with further in country training.

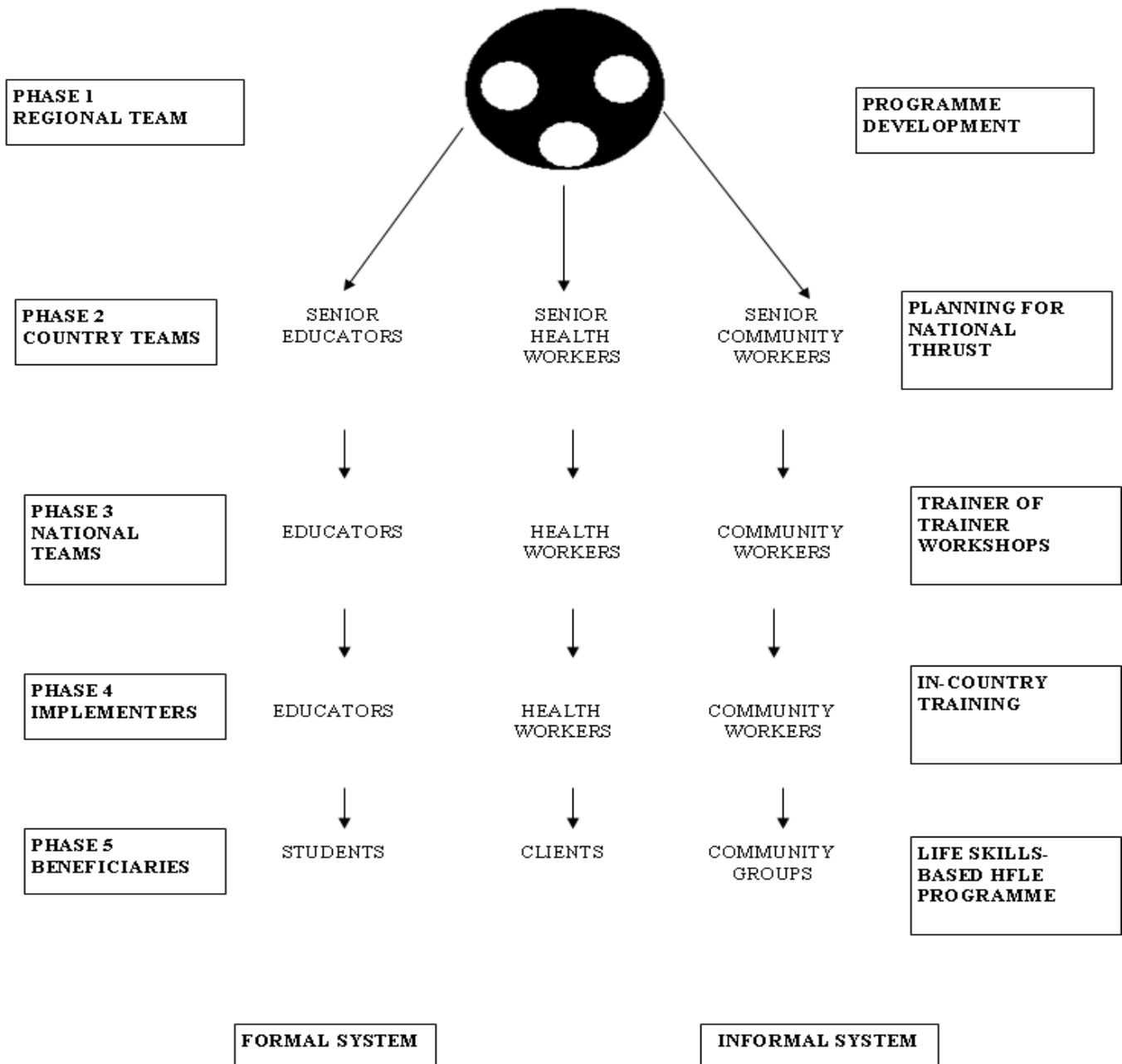
The team also recognised teachers' lack of motivation and suggested a reward and recognition system as a means of valuing teachers. It was suggested that the private sector be invited to manage this activity. They cited a need for a manual guide. They were informed of the CARICOM life skills manual which has not been widely circulated throughout the ministries of education.

It is evident that some concerns still exist while there has been much improvement. Despite the efforts of the CARICOM Multi Agency project and other efforts regionally and locally, strengthening the capacity of teachers still leaves a lot to be desired. While materials were and are still being developed particularly by CARICOM and UNICEF, the training aspect seems to be embedded with obstacles. While the specific conditions in each country differ, there was general agreement that these obstacles still exist. Surprisingly these are the same obstacles cited by Macpherson – Russel, Meade and Wynter (2006) in the Foundation and Structure of Health and Family Life Education in the Caribbean. These are

- inadequate preparation of personnel required to deliver programmes
- continued resistance to HFLE because of ignorance
- lack of structured programmes
- insufficient collaboration between agencies
- inadequate funding

It is hoped that with the implementation of this strategy that the capacity of teachers to deliver HFLE will be increased and improved. All teachers will be trained in the use of interactive methodology and that drug prevention education will be taught along with the other thematic areas of self and interpersonal relationships, sexuality and sexual health, eating and fitness and managing the environment.

Figure 4: CARICOM Multi-Agency HFLE Project
Preparing Facilitators of Change: Multiplier Effect of Training



(Russell, Meade & Wynter 2006)
 (Russell, Meade & Wynter, 2006)

It is expected that if pre-service and in-service programmes on HFLE are implemented as planned, and estimated more than 2000 teachers will be trained at the regional level to handle new teaching material and methodologies by the time they are introduced into the school systems. If governments provide follow-up training activities at the national level by using those trained at the regional level, the total number of teachers prepared for HFLE will even be greater.

Strategy 2:

Provide training for families and communities in life skills based HFLE

Intervention 1

To conduct massive educational campaigns through life skills development programmes

Outcome

A proactive family and community-based support system for HFLE

Indicators

% of family and community persons sensitised and educated in life skills based HFLE

% of persons demonstrating positive behaviour modification in families and communities

% of persons from family and community sustaining life-skills based HFLE

Actions for indicator 1

Make use of media - TV Radio Internet News Paper -

Use HFLE related messages during peak hours

In doing Ads use icons to highlight Life Skills based HFLE messages

Educational Competitions within/among community groups (debates, general knowledge quizzes, cultural arts etc.)

Youth Rally – deliver life skills based HFLE campaign messages at youth rally

Collaborate with Religious leaders/groups and NGOs to assist in getting the HFLE messages out to their members

Theatre Arts

Encourage Theatre companies to make presentations (drama, plays, poetry writing etc.) using/depicting life skills in addressing social and environmental issues in the family and community

Observation of international days/seasonal celebrations

e.g. International Day Against Drug Abuse and illicit Trafficking

World AIDS Day , World Food Day,

International Youth Day; Day of the Family –

To reinforce life skills messages

Intervention 2

Train trainers from the community to enhance their parenting skills and to support the work done in schools

Actions

Health Clinics

Pre-natal and post natal

VCT sessions to include life skills HFLE

Other Community Groups (Religious; Youth, PTA etc.)

Conduct Educational/Development Training Sessions in life skills based HFLE

Encourage parent to parent support system among members of the community who have received training.

In the discussion that followed, the following points were raised:

- Education campaigns could be conducted through enrichment programmes;
- Sensitisation was important particularly to those parents who had not heard of HFLE. There was a distinction made between “sensitising” parents vs. “training” them.
- The measurement of attitudes can be done using alternative assessments. Measurement would be taken before and after.
- There was a need to train strong groups to train parents to ensure that HFLE life skills based continued in the homes and communities.

As discussed in Part I, curricula and guidelines already exists for the teaching of HFLE in schools. New materials will build on existing resources but will not replace them. Some countries may choose to use new comprehensive materials as core materials for HFLE while others may decide to supplement the new teaching materials with existing or additional inputs from NGOs and other groups. Countries should determine how best their needs can be met with the materials that are made available through this and other initiatives. However the core

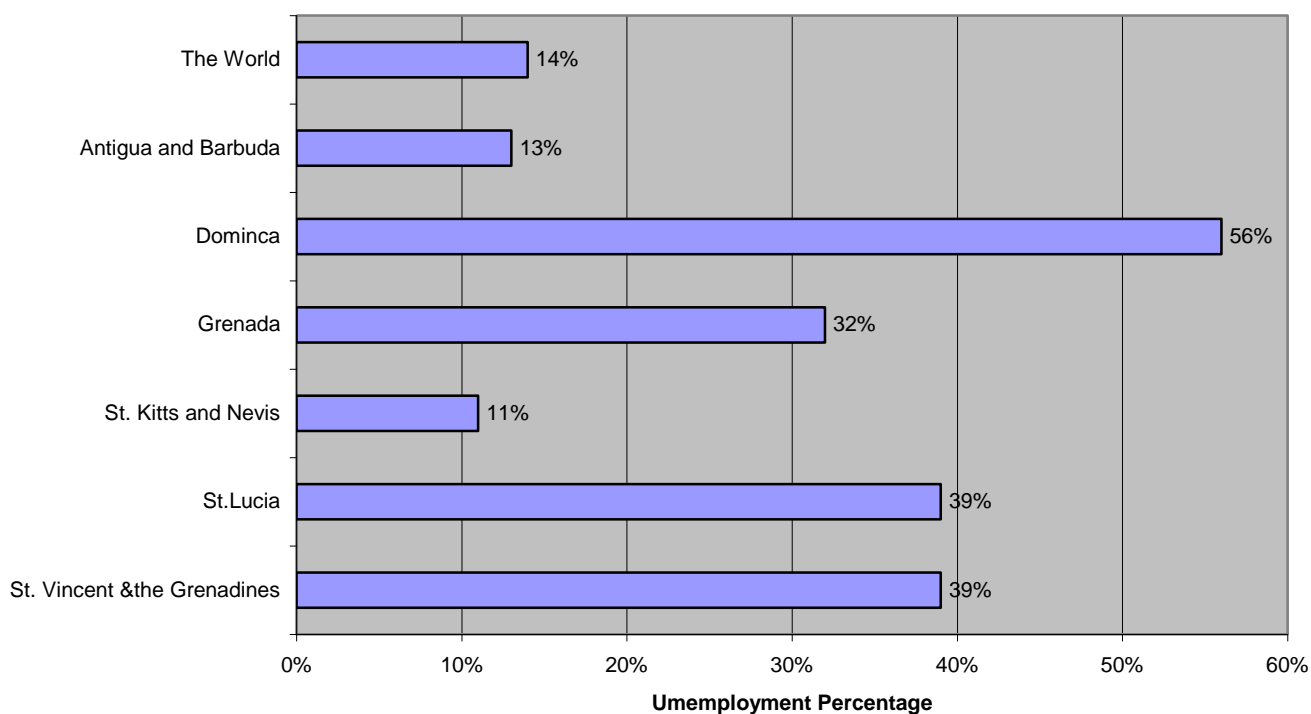
curriculum framework guide must be used as the compass for changing/developing HFLE programmes for parents and out of school youth.

What will be different from what currently exists is the way in which new materials are designed and delivered in and out of schools under this project. A few recent publications, such as the WHO/UNESCO three-part publication entitled, “School Health Education to prevent AIDS and STD”, CNFI’s “Project Lifestyle”, and UNICEF “Draft Guide book for Teachers on Health and Family Life Education” prepared in conjunction with “The Teen Years” video, include innovative ways of conveying ideas to young people using illustration, games and experiential learning techniques. Materials produced in this regional initiative should follow these approaches if they are to energize the classroom and attract and maintain the interest of young people. **Annex 4** provides extracts of the materials mentioned above for quick review.

Use of Materials in out of Schools Settings

There are a growing number of youth who have either dropped out of the educational system after primary school or have remained unemployed and who spend several hours of their day on the streets. These young people are at greater risk of substance abuse and other anti-social behaviour. Table displays the high unemployment rate in some parts of the Caribbean.

Table 9: Youth (14-25 year-olds) Unemployment in the OECS



Source: Table extracted from, —Chapter 4, From School to Work//, World Bank, Nov-2007

Young people have exceptional difficulty finding employment in the Eastern Caribbean. In every region of the world, youth face difficulties entering the labor market. However, according to the latest available data, youth unemployment in the OECS is high on a comparative global scale. The average youth unemployment rate in OECS over a six-year period (1998-2005) is 32 percent compared to a global rate of 14 percent. Moreover, the region has a high ratio of youth to total unemployment. In fact, from 1993-2003 the OECS ratio averaged 2.8 (3.3 in Antigua and Barbuda), making it the highest in the LAC region.¹³ Within the Caribbean and worldwide, individuals with more education tend to have less unemployment. Yet, unemployment rates among the Caribbean's more educated youth are also high. It can, therefore, be inferred that education in EC is not responsive to the demands of the labour market. There is a strong correlation between unemployment and substance abuse and the associated need for drug prevention education.

There is therefore a definite need for health promotion and outreach programmes designed specifically for youth who cannot be reached through the formal education system. Like wise, there is also a great need for parents to become empowered if life skills must be practiced as part of everyday living. Parents must both encourage and emulate the life skills that their children learn in schools. To this end the working team suggests massive education campaigns at the family and the rest of the community including out of school youth. These campaigns must aim at reducing the risks factors associated with drug use and abuse and strengthen the protective factors such as strong family ties. The content must also include values and attitudes and life skills committed to anti drug life styles. The methods must be interactive and participatory to include health promotion and substance abuse prevention.

Materials developed under this project are primarily targeted at youth in the formal school system, that is, youth who can easily be reached over a period of time. It is expected however, that new materials will also be useful for providing children who are out of school with key prevention messages. In developing the materials recommendations were made concerning use of materials in outreach work.

For institutions responsible for outreach work with young people, a more important issue would be to find ways of capturing the attention and interest of the target audiences so that messages can be conveyed to them.

Outreach activities can help to strengthen the effectiveness of materials. The type of outreach programme utilized will determine the number of people reached and the possible influence on behaviour. For example, face to face counselling reaches fewer people but has more influence on behaviour change. Peer approaches have worked successfully in countries around the world and in the Caribbean. With basic training and support, peer educators can use the materials produced in this project or key messages therein to produce videos, pamphlets and teaching aids for use in various settings. They can help young people increase their confidence, knowledge, skills in relation to their sexuality, unwanted pregnancy, HIV/AIDS and other health related issues.

In summary, the key prevention messages are the same for young people in school as those out of school. The way in which the information is communicated to the audiences is different. Communications methods and messages both need to be informed by a complete needs assessment of the target audiences. Methods employed will depend on specific objectives of programmes, the particular circumstances of the target group, the approach being used and the resources available. The CARICOM Secretariat has completed a life skills manual for out of school youth that can be used successfully for drug prevention education. The life skills approach as aforementioned can be applied to drug prevention education.

Strategy 3: Strengthen regional and national coordinating mechanisms

Intervention 1: Establish and sustain regional and national coordinating bodies through networking

Outcome: Improved inter-agency collaboration; stronger, functioning national and regional programmes

Indicators: % of countries establishing and sustaining national coordinating mechanisms

% of UN agencies identifying focal points for HFLE

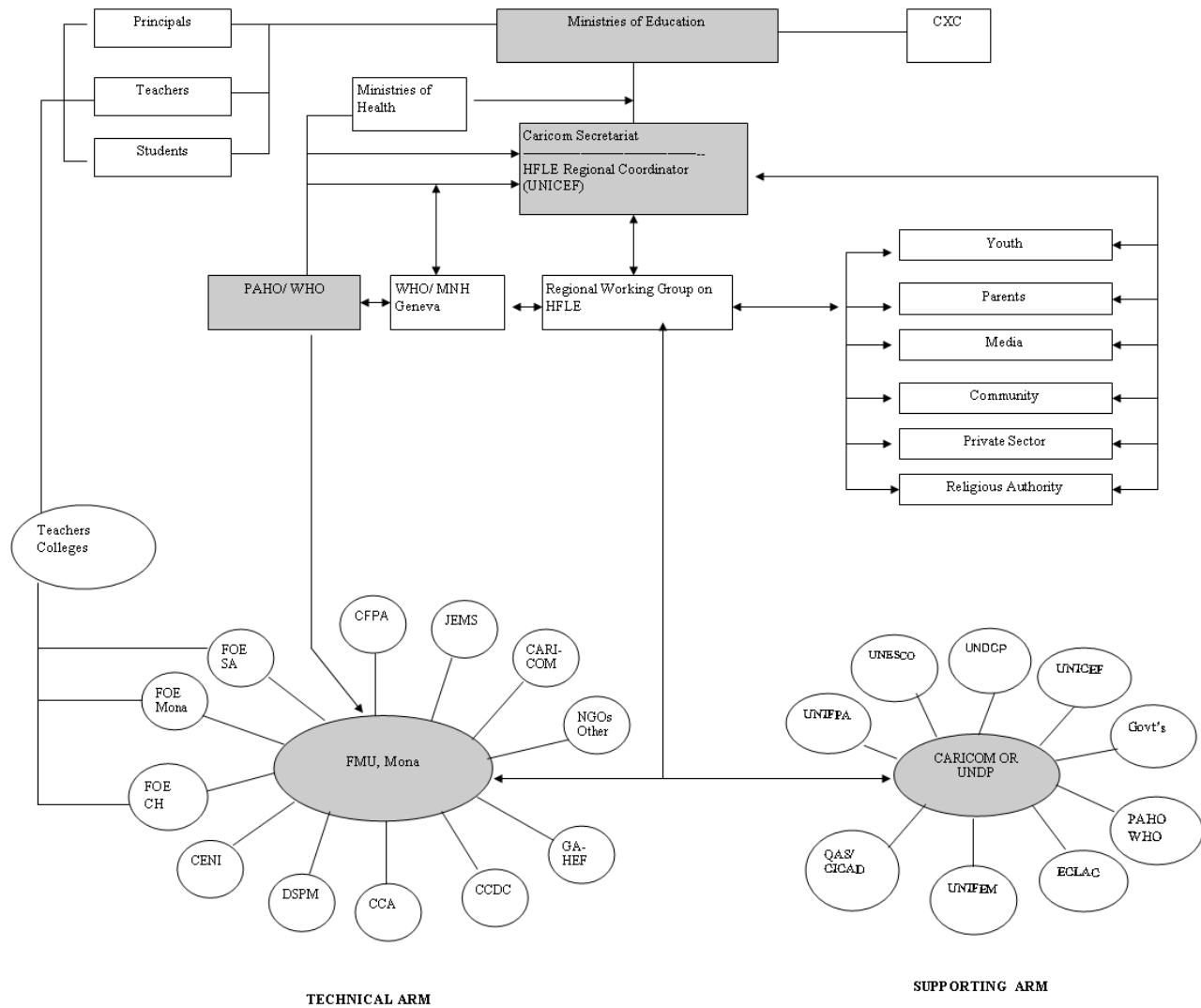
of joint agency projects relating to HFLE

Currently working in a somewhat fragmented manner across the Region are institutional and individual technical experts in HFLE-related areas addressing general to specific health education issues. A network of coordinating institutions was established between these potential partners in order to channel their expertise and resources for the development of comprehensive teaching materials and to achieve greater coherence in regional programming of HFLE activities. The main coordinating institutions are: (a) The Regional HFLE Coordinator (UNICEF Caribbean Area Office) in collaboration with the CARICOM Secretariat; (b) PAHO/WHO; (c) FMU; and an agency representing the main funders (to be decided). Figure 5 below shows possible collaborative links between the partner institutions and agencies at the regional level. The Figure does not layout a permanent structure at the regional level but shows ways in which various agencies and institutions working throughout the Region, can feed expertise into the initiative via a coordinating institution.

Experts and expert agencies from across the Region have been grouped into two arms; the technical arm and the supporting arm. Each arm has its own coordinating institution (s) (shown shaded boxes on Figure 5), with the HFLE Regional Coordinator being the principal Coordinator of the initiative in collaboration with CARICOM Secretariat.

These coordinating institutions would be responsible for taking a leadership role in advancing the process of materials development and training in close collaboration with national coordinating bodies.

Figure 5 Collaborative Links between Partner Institutions for new HFLE Initiative



Coordinating institutions of the technical arm have been designated based on a consideration of their capacity to carry out their responsibilities; their willingness to take on the responsibility, their past and current regional activities and to a lesser extent their location. It is expected that institutions in each arm would meet as, and when deemed necessary, in order to advance the materials or programme development process. The coordinators will be responsible for ensuring the input of teachers and young people in the materials development process.

Starting at the base of Figure 5 and working upwards, the following paragraphs describes the composition and opportunities for collaboration of each partner.

The Technical Arm

At the regional level, the Fertility Management Unit in Mona, Jamaica, in collaboration with PAHO/WHO would have overall responsibility for the planning and implementation of the materials development process from development to evaluation and monitoring of materials. Other resource persons from the CARICOM Secretariat, the Ministries of Education and Health, teachers' Colleges and UWI Faculties of Education in Barbados, Jamaica and Trinidad will participate in this process as indicated in the preceding strategies. Efforts will be made to secure input from principals, teachers and students throughout the development of materials.

Many other institutions working in the area of HFLE can provide input to the materials development process. Securing their involvement in drafting workshops and updating them on progress will reduce programme overlap and help consolidate expertise in the Region. The institutions that have been made aware of the Regional HFLE initiative include the Caribbean Family Planning Affiliate (CFPA), Antigua; the Caribbean Conservation Association (CCA), Barbados; the Guyana Agency for Health Services and Education Environment and Food Policy (GAHEF), Guyana; the Caribbean Child Development Centre (CCDC), Jamaica; the Department of Social and Preventive Medicine (DSPM), UWI, Jamaica; the Caribbean Food and Nutrition Institute (CFNI), Jamaica; and the Caribbean Population and Family Health programme (CPFH), UWI, Trinidad. Non-governmental organizations operating regionally include such groups as the JEMS Community Self-Help Project in St. Vincent; Parent Education for Development in Barbados (PAREDOS); Service Volunteered for ALL (SERVOL), Trinidad; and Lifeline, Trinidad.

Each institution brings with it a particular aspect of family life education that would be valuable to the creation of state-of-the-art materials. Most have developed their own materials for use in and out of schools and could provide very useful input for the development of new comprehensive material. Table 10 provides a general overview of the areas of expertise of each of these partners.

Table 10 Areas of Expertise

Partner	Areas of expertise
CCA	environment management; information, education and communication on environmental issues
CCDC	research on parenting, gender socialization; child development and policy development in these areas; curriculum development in parent education
CFNI	research, policy and curriculum development on food and nutrition issues
CFPA	research; information, education and communication in family planning and adolescent health; training of trainers
CPFH	non-formal education to increase awareness of policy and behavioural issues linked to population and family health; research in population and family health; training of community health and public health workers; curriculum development; and expanding contacts with media; evaluation and assessment of programmes
DSPM	health promotion resource centre; life-skills development work; curriculum development for life skills programmes in schools; parent education; information, education and communication; peer counselling
JEMS	community mobilization for self-development projects; community educational project development particularly in the area of environmental management;
PAREDOS	parent education; information education and communication in parenting; peer counselling training programmes and personal counselling of teens
SERVOL	community self-development; life centres for children and adolescents; early childhood and adolescent development programmes; vocational training; parent outreach; values education

PAHO/WHO

PAHO/WHO is the leading health authority in the Caribbean sub-region. Their activities include the prevention and control of a wide spectrum of diseases and with specific relevance to HFLE, health promotion and health education. One of its major contributions towards the development of HFLE teaching materials is the PAHO/Carnegie guide for Strengthening Health and Family Life Education in Teachers' Colleges in the Eastern Caribbean. This seminal document develops a framework of five core areas for learning. As mentioned in Part I, teaching materials were developed under this initiative based on these core areas.

PAHO/WHO's continuing commitment and support for the strengthening of teacher training, their expertise in public health and health education, their collaborative links with many of the principal institutions in the Region will facilitate the coordination of HFLE activities. The Agency has established links with Ministries of Health and Education in areas relating to HFLE. PAHO/WHO has also been collaborating with the UWI's Faculty of Education, in particular Cavehill campus which is responsible for teacher training and assessment activities for the Eastern Caribbean, the Fertility Management Unit, the Department of Social and Preventive Medicine on health promotion issue, and its sister agency CFNI as well as UN agencies.

PAHO/WHO's long history of work in the area of family life education both as an executing agency mostly for UNFPA-funded projects and as a technical support agency makes it the most suitable partner to oversee the work of the technical arm which will be described below. From an operational point of view, their location in Barbados facilitates communication links with partners in the Eastern and Southern Caribbean.

FMU

Along with PAHO/WHO, and also working at the regional level is the Advanced Training in Fertility Management Unit (FMU) which started as a small project in the Department of Obstetrics and Gynaecology, Faculty of Medical Sciences, UWI, Mona, Jamaica and has now achieved regional and international status in the field of fertility training. This Unit offers multidisciplinary courses in the area of family planning techniques, family planning education, adolescent fertility, sexually transmitted diseases and health management. Various types of research are conducted by its research team ranging from clinical to operational research.

Throughout the Region their contribution to the training of health professionals has been recognized by many partners working in the area of HFLE. Staff members of FMU, PAHO/WHO have played an important role in policy development for teacher education. They have helped at the national level in Jamaica to strengthen that country's policies in HFLE. Operationally, their situation at the UWI campus at Mona facilitates collaboration with numerous institutions at UWI in Jamaica currently involved in HFLE. This Unit is therefore an ideal complement to the PAHO/WHO, with which they have an established relationship in health and family life education activities.

UWI Faculties of Education

The Faculties of Education at the three campuses of UWI work almost independently in strengthening teacher training, conducting educational research and policy development for teacher education and education in general. Each Faculty makes important contributions towards strengthening of HFLE. For the purpose of HFLE initiative, UWI, St. Augustine can coordinate policy development and can provide insight on the educational situation in countries of the Southern Caribbean. The Faculty has also developed impressive database (called CERIS) containing HFLE-related information which, if made accessible throughout the Region, will be an important information resource for teachers and students working in the area of HFLE. Finally, the Faculty can conduct on request; research aimed at increasing understanding of the

needs and activities of young people and teachers,. They also participate in evaluating programmes that form part of this initiative.

The Faculty of Education at Cave hill has been working closely with PAHO/WHO on strengthening teacher education. Staff members participate as facilitators at teacher training seminars and are responsible for monitoring and evaluating teachers throughout the Eastern Caribbean. Apart from its monitoring role, this Faculty can assist in coordinating research. The Faculty of Education is also working with the Faculty of Medical Sciences at Cavehill Campus to develop a certificate course on HFLE which can later be developed into a degree programme in HFLE.

The Faculty of Education in Mona has made an important contribution in pre-service teacher education and educational research especially in Jamaica and the Northern Caribbean countries. They have also been involved in policy development through the Joint Board for Teacher Education. As is the case with the other Faculties they also support research efforts in the area of HFLE especially in Jamaica where extensive HFLE activities are on-going.

Since these faculties regularly cooperate with Teachers' Colleges, they can provide some realistic insight into the teaching environment in the Region and teacher education needs. Having the three Faculties participate in this initiative helps to consolidate their expertise.

Individual HFLE Experts

Apart from these institutional partners there are experts who have implemented many of the regional projects in Health and Family Life Education. These include persons with teaching experience, communications experts, knowledge of curriculum design and policy development. These individuals are key resource persons for the technical arm, who should be involved in the process as facilitators of workshops, to provide input to strategy and materials design, and guidance on policy and needs assessment research where needed.

The Supporting Arm

Donor Agencies

Figure 4 shows the supporting arm which represents the major funding and in some cases, technical agencies working in the area of HFLE or expressing such an interest. HFLE provides a significant opportunity for enhancing inter-agency collaboration with a view to improving efficiency, quality and effectiveness of programmes. By jointly developing a plan of action, programmes will be more efficient because there will be less competition among agencies for shrinking resources and space on the school curriculum. Quality will be improved if specialists within agencies group their expertise and share their most successful approaches in the materials development process. Ultimately, high quality materials and additional time allocation for HFLE will go a long way towards increasing effectiveness of programmes.

Recognizing the important role that these international donors play in developing and funding HFLE initiatives, it is urgent that they increase coordination so that activities can be streamlined. Regular donor meetings will stimulate information-sharing and joint planning and action thereby reducing project overlaps and wastage of resources.

To advance HFLE, priorities must be identified and agreed based on a complete needs assessment that takes into consideration the major health problems, concerns and needs of all parties. Principles of collaboration among agencies which lead to the development of a single plan of action is needed both for the development of teaching materials and to ensure the overall sustainability of in and out of school HFLE initiatives. Annex 7 lists the principles that agencies working HFLE in the Region should agree to support and implement.

To facilitate inter-agency coordination, a Donor Coordinator will be chosen from among the agencies. The Donor Coordinator will ensure the regular feedback and input to the materials and programme development process of each of the agencies and ensure that regular meetings are held. To advance the initiative, the supporting arm:

- a) will establish mechanisms for collaboration and joint action between agencies in order to reduce programme overlap;
- b) will designate a technical focal point who will be responsible for liaising with the Regional HFLE Coordinator in order to advance the materials development process;
- c) assist in formulating policy for the initiative through the mechanism of UN Heads of Agencies;
- d) will clarify the role that each agency is willing to play in the initiative;
- e) will assist in mobilizing resources for the implementation of the initiative; and
- f) will promote the initiative among governments, external funders, communities and the private sector.

Donor Coordinator

Possible donor Coordinators include the United Nations Development Programme (UNDP), whose Resident Representative traditionally coordinates the United Nations agencies in the Region. Another option would be CARICOM which has direct responsibility for the implementation of the CARICOM Ministers of Education resolution calling for this initiative as well as established links with governments throughout the Region. Discussions will need to be held among the agencies to identify the most appropriate Donor Coordinator for the Supporting Arm.

Regional Working Group on HFLE

The Regional Working Group on HFLE will include a few representatives from both the technical and supporting arms at the regional level. Ideally, the Regional Working group should be small and manageable and composed of individuals with special expertise in areas needed to focus on the development of materials. The Group shall be multidisciplinary and shall include professionals with experience in the following domains:

- HFLE research (1 person);
- teacher college programming (1 person);
- in-service training (1 person);
- health content development (2 persons);
- building community-home-school linkages (1 person);
- curriculum/instructional material development (1 person);
- youth representative (1 person);
- representatives of supporting agencies (UNFPA + 2 other agencies);
- Regional HFLE Coordinator (UNICEF)

Specialists in other areas will be included as and when needed:

- child psychology/adolescent development (1 person);
- parenting (1 person);
- gender issues (1 person);
- health promotion (1 person).

The principal tasks of the Region will include:

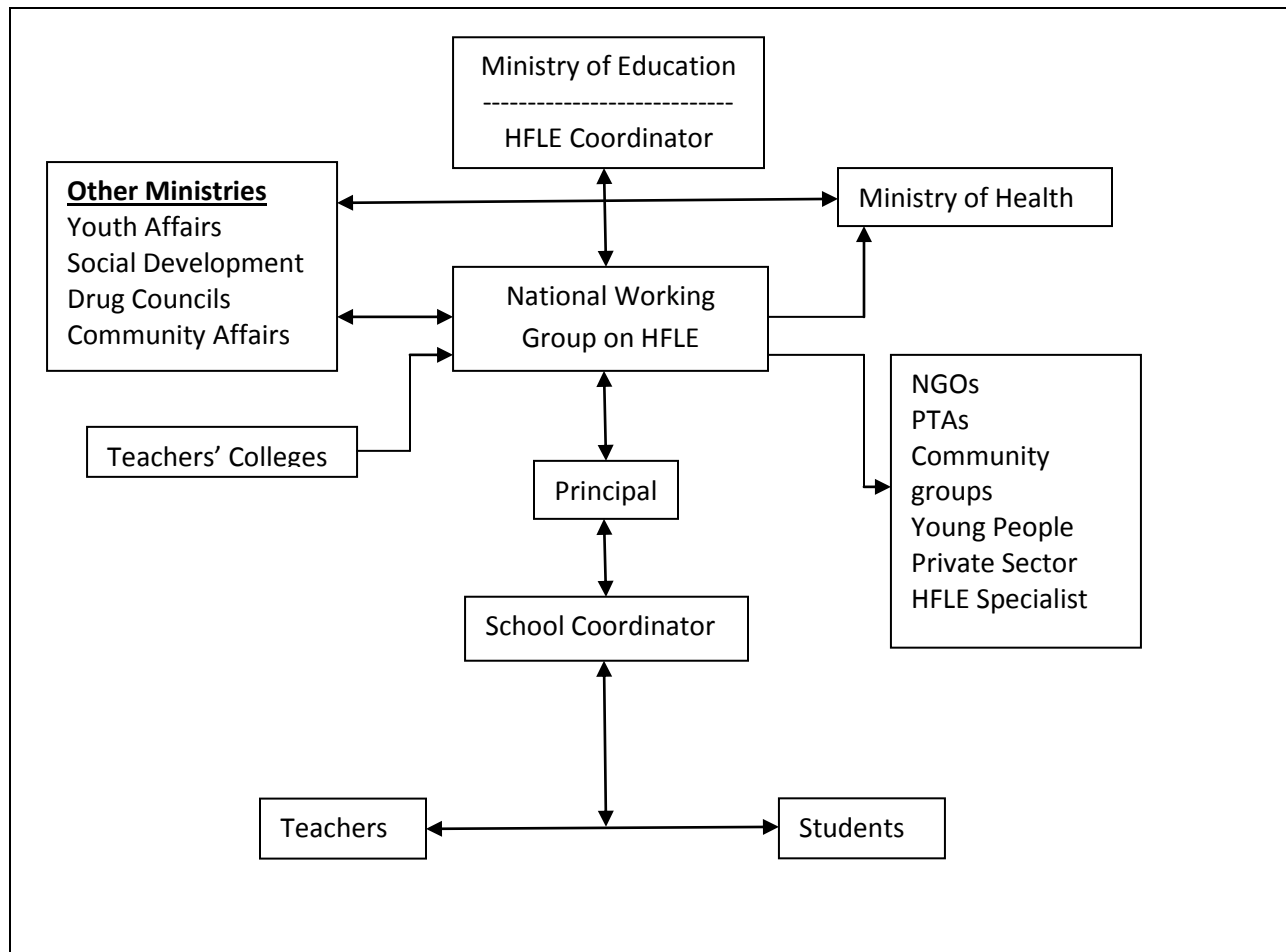
- planning for needs assessment and evaluation of HFLE programmes;
- formulation of objectives and strategies to support HFLE programme development;
- development of content and design of HFLE teaching materials;
- development of training sessions for trainers, teachers, and community workers, principals and those responsible for implementing the HFLE programmes in and out of school; and
- planning for the writing up and pilot-testing of the teaching materials;
- planning for the implementation of the HFLE programme at country level.

National Working Groups on HFLE

Working groups at the national level will also be formed to consolidate the expertise needed for the development and implementation of in-school programmes and materials. These Working Groups will form part of a national coordinating structure that should be established by the Ministry of Education with support from Ministry of Health in each territory (**Figure 6**).

At the national level the Working Groups will focus their activities on areas needed to strengthen and implement in-school programmes at the primary, secondary and related tertiary levels. These groups will consolidate expertise from groups working in HFLE-related areas such as the National AIDS Committee, the national programme on substance abuse, NGOs such as the family planning associations and youth organisations.

Figure 6: National Coordinating Structure



The Working Groups at the national level will:

- make policy recommendations to the Ministries of Education and Health at the national level;
- provide support for the maintenance of HFLE programmes once in place;
- provide input to the regional initiative by consolidating the concerns and suggestions of the national institutions towards the formulation of regional policy;
- assisting with resource mobilization and management of resources for the initiative at the national level;
- assist governments to monitor and evaluate the programmes at the national level.

Individual members of the Regional and National Groups on HFLE may also be requested to facilitate workshops or training sessions, as required.

Together, the Regional and national Working Groups will act as “agents of change” for HFLE. They will be supported in their task by Advisory Groups on HFLE.

Expert Advisors

Returning to Figure 5 and situated to the right of the Working Group on HFLE is a series of boxes indicating some of the main sectors of the community whose opinion regarding HFLE-related issues is important to the design and long-term sustainability of the initiative. As the need arises experts representing those and other sectors will be called upon in their areas of competence to provide advice to the Regional Working Group on HFLE. They can also assist the Working Group on HFLE in gaining support, resources and commitment for HFLE. The experts should include relevant opinion leaders who can promote the major aims and objectives of life skills-based HFLE in and out of school including representatives of Member States. Representatives may be involved in the initiative as expert advisors may include:

- education authorities
- health authorities
- social services
- ministries concerned with youth affairs
- relevant departments of the UWI or colleges
- principals
- teachers’ unions and PTAs
- national drug councils
- non-governmental organizations especially working with youth or on specific health issues such as:
 - HIV/AIDS, family planning, substance abuse,
 - religious authorities
 - media and popular personalities (attractive to young people)
 - young people or youth organisations
 - potential sponsors from business and industry

- international agencies working at national level

Countries may also wish to identify advisors to work with the National Working Group on HFLE or any other existing body that will be designated to deal with HFLE matters. Advisors may assist in clarifying conflicts of opinion on values education; discussing the role of the media in HFLE; the role of the private sector in HFLE programme support; role of parents, communities and churches. They may also assist in planning regional or national events aimed at promoting HFLE in different settings or for fund-raising events.

WHO Division of Mental Health (WHO/MNH)

The Life Skills project within this Division located at the World Health Organization Headquarters in Geneva aims to provide technical assistance to promote the further development of life skills education around the world. Technical assistance can be provided at four levels:

- to set up life skills-based initiatives as is being done in the Caribbean Region;
- to participate in the hosting of workshops at the regional or national levels;
- to train trainers for life skills based education; and
- to develop HFLE life skills based research protocols to guide the development of research as an integral part of the HFLE programme development.

WHO/MNH may be requested to provide technical assistance to the regional initiative in any of the above-mentioned areas.

The CARICOM Secretariat and the Regional HFLE Coordinator

CARICOM's responsibility will be both technical and supporting. As mentioned in the section which describes the technical arm, representatives from the Secretariat can participate in the materials development process through the Regional Working Group on HFLE, as required. In addition to this input, CARICOM Secretariat can make an important contribution towards the mobilization of resources for the initiative. The Secretariat can also share the responsibility with the UN agencies for ensuring that the initiative moves forward as smoothly and as quickly as possible. CARICOM can stimulate regional policy development in the area of HFLE. To assist CARICOM in the overall coordination of the initiative, it is recommended that a Regional HFLE coordinator be designated.

The Regional HFLE Coordinator will:

- establish and call together meeting of the Regional Working Group on HFLE and assist in setting up national counterpart committees;
- develop mechanisms to maintain the flow of information, resources, and enthusiasm among regional partners;
- set up regional workshops as described in the materials development activities below, in collaboration with the technical coordinators and WHO/MNH;

- increase support for the initiative through advocacy;
- deal with any potential obstacles that may act as barriers to advancement of the initiative; and
- assist in mobilizing resources to sustain initiative.

It is important to recognize that the Regional HFLE Coordinator's task is central to the success of the initiative and is likely to require full-time attention of an officer and support staff member. With these facts in mind, one of the agencies currently involved in regional HFLE activities ought to share the above-mentioned responsibilities with the CARICOM Secretariat. At present, UNICEF Caribbean Area Office has taken on many of these coordinating activities. It is one of the agencies that support life skills education initiatives for children in its programme of work. It is recommended that one of UNICEF's inputs to the initiative be as Regional HFLE Coordinator.

The St Lucia workshop team (November, 2009) made the following suggestions

- That another agency is designated to replace FMU. The Meeting was informed that there was a cascading model which was supposed to be implemented, but which did not go as envisaged. There were challenges. FMU did not respond at that time
- On the question of the role of UN agencies and NGOs within this strategy, the Meeting was informed that there were a variety of support agencies each with their specific roles as illustrated on page. The diagram on that page 51 highlighted the roles of CARICOM and these other agencies. The Meeting was further informed that at the official start of the HFLE programme, it was a CARICOM initiative that brought partners together. CARICOM took the mandate and moved with it while the ministries of health and education identified what they needed with the youth;
- Reference was made to Jamaica's experience with UN partners including UNESCO et al, where there was a monthly meeting including the technical planning committee meeting where a monthly report was submitted as an update on activities. The meeting inquired whether the same kinds of UN partners were available in offices established in the Eastern Caribbean States. The meeting was advised that in addition to the sharing of information, some resources could come out of Jamaica.
- On the issue of networking, it was suggested that a regional body could network with national bodies. It was also suggested that individual countries network with each other.
- That drug councils be included with the planning and implementation of all activities aimed at the drug prevention education aspects of the HFLE programmes.

Strategy (4): Attract and sustain resources for HFLE initiatives

Intervention: Develop, adopt and implement resource mobilization strategies

Outcome: Increase commitment, support and resources for HFLE initiatives

Indicators: Increased commitment and support for HFLE throughout the region

[% of persons/providers providing support]

[# Of advocacy initiatives and impact on respondents]

Some considerations:

- There are two strands of the original strategy: advocacy and resource mobilization(in previous document)
- Therefore, there needs to be the development of two strategies
- Advocacy Strategy and what it entails (Strategy 5)
- Resource mobilization and what is needed (Strategy 4)

Activities:

- Developing proposals that seek to get buy-in from developmental partners
- Identify potential donors- private sector, Regional and International
- Examining the types of advocacy with what is needed for the objective to be achieved- for sustainability and maintaining support whether technical and financial (objective: to increase advocacy and funding for overall strengthening of HFLE programmes in and out of school
- Mobilization is needed for both technical and financial support
- The identified partners can be private sector, NGOs National and International agencies from which financial support can be sought for HFLE initiatives.
- The first strand of the strategy will be to sensitise partners on issues related to HFLE and promote a better understanding of health concerns in areas such as drug prevention education and the effects on self and the environment.
- Proposals presenting a holistic approach to prevention programmes will be developed at the local level for technical and financial support
- The use of media to garner support in building public awareness and promoting a supportive environment

Throughout the three year period, 1996 to 1998 inclusively, fund-raising was made an integral part of the activities of the HFLE initiative. The overall objective was to secure resources for activities agreed in the strategy document, particularly those activities that were identified by the Regional Working group on HFLE as priority activities. The donor base was diversified to include:

- governments;
- international organizations and agencies;
- foundations and funds; and
- the private sector

All partners involved in the process were requested to assist in mobilizing resources although the CARICOM Secretariat was expected to take a lead in this process. The basic approaches to fund-raising included:

- advocacy;
- proposal development; and
- promotion

Advocacy

In order to attract resources for priority activities all partners will strengthen efforts to educate and inform the public especially the private business sector and foundations and funds about some of the health issues affecting the Region and the status of young people. The objective will be to sensitize potential funders about the HFLE initiative and encourage the exchange of information to promote a better understanding of regional health concerns such as HIV/AIDS, and substance abuse. In addition, a process of consolidation and collaboration among agencies will be advocated in order to create more efficient HFLE programmes and to decrease competition for limited resources. Another objective of advocacy will be to create a more responsive public willing to get involved in HFLE activities at the community level and willing to contribute resources to controlling the spread of the disease and strengthening of the skills, values and attitudes of young people, especially those out of school.

In support of this approach, opportunities will be taken by all agencies and CARICOM to make presentations on the issue of HFLE to the public and to potential donors and to collaborate with the private sector through community organizations such as Rotary and Lions Clubs. Political advocacy, undertaken by CARICOM directly may consist of participation in meetings with governments or non-governmental donors to discuss the initiative and obtain commitment for resources.

In addition, public information and more creative use of the media will be made in order to raise the visibility of the HFLE initiative and create a supportive environment. The supportive environment and increased visibility will facilitate fund-raising activities at the national level in support of HFLE activities.

Proposal development

Proposals will be prepared and submitted to donors especially UN agencies, foundations and funds, describing activity areas, setting out goals and describing the anticipated results, and budget. Donors will have the possibility of designating funds for a particular activity area of providing undesignated funds for the initiative which will be assigned to one of the agreed activity areas. A dossier of proposals and activity descriptions will be maintained by the Donor Coordinator and the Regional HFLE Coordinator so that suggestions for designated funding can be readily available. In developing proposals the Regional HFLE Coordinator will work closely with PAHO/WHO and FMU to ensure that the proposals clearly illustrate the activity areas.

The proposals will be submitted through the Donor Coordinator to potential donors. Once proposals have been submitted and funds received, CARICOM and the Regional HFLE Coordinator working with the PAHO/WHO and FMU will be responsible for reporting to donors on the use of funds. A tracking system will be established by CARICOM and the Regional Coordinator to keep up-to-date, accurate records to facilitate the process.

Promotion

The goal of promotion will be to provide the general public with a greater understanding of the HFLE regional initiative and to demonstrate the potential benefits of such programmes. Activities will be carried out in close collaboration with National Working Groups. Promotion will take place through the following activities:

- brochure development
- public spokespersons; and
- special events

Brochure: a brochure will be developed that succinctly describes the HFLE initiative and distributed on a wide scale. Its purpose will be threefold: to provide information about the initiative in an interesting manner; to sensitize potential donors to the importance of the regional effort and to prompt the reader to inquire about information and contributing funds at either regional or national levels. The brochure will be distributed along with more detailed information to development agencies, foundations and funds.

Public spokesperson: The Regional HFLE Coordinator will explore the possibility of using popular sports figures, musicians or representatives of the Regional Advisory Group on HFLE to assist in advocacy, promotion and awareness-raising. Similar activities may also occur at national level.

Special events: Steps will be taken to encourage and give support to the development of special events especially at the national level to increase awareness of the initiative, to obtain youth involvement and commitment to prompt private sector involvement. For the most part requests will be made to community service organizations, such as the Lions Club to manage these types of events. Events may include sporting events involving young people and special youth days.

These types of events will contribute to the goals of the initiative by building links across the community for HFLE.

Strategy 5:

Adopt and implement regional and national policies for the effective monitoring and evaluation of HFLE initiatives.

Intervention 1: Create a research-based public awareness campaign on the benefits of HFLE.

Outcome: Increased awareness and support for HFLE

Indicators:

- # of persons informed of HFLE
- % of persons providing HFLE support

Invention 2: Development and approval of national policies

Outcome: National policies implemented

Indicator: # of National policies implemented

Activities:

- Review any existing advocacy programmes
- Identify and fill any gaps that may exist in advocacy programming.
- Conduct surveys to ascertain public opinion on the impact of HFLE by utilizing available technology. E.g. text messages.
- Identify partners such as educational institutions, community, families, faith-based organisations and NGOs.
- Identify and build relationships with strategic partners through meetings, sharing research findings, presentations and work place events related to HFLE programming. {An example could be life skills to assist employers to keep the workplace more productive by drinking less alcohol during working hours}.
- Involve strategic partners in areas of expertise such as research, training, media, organizational skills, policy development and monitoring and evaluating.
- Create media messages, articles on successful initiatives and debates on issues and trends that are evidence- based targeting the various audiences as named.
- Use a cross section of the society to be engaged in the media outreach at various times of the year.

- Promote awareness at the school and community level, NGOs and faith-based organisations through sports, cultural and outreach activities, Healthy events such as Drug Awareness Month and fund-raising activities.
- Engage stakeholders in national policy initiatives that would inform final policy decisions for HFLE. Draft policy such as Drug Prevention Education should have input from every stakeholder:
- Test policy initiatives to ascertain if they are reachable and realistic to the target audience by using radio, television programmes and Town Hall meetings and technology such as blogs on Face Book and text messaging.
- Prepare the final policy document and lobby for ratification.
- Sensitise and train all stakeholders
- Implement, monitoring and evaluation

Intervention 3: The adoption and implementation of a HFLE regional policy

Outcome: An HFLE regional policy

Indicators:

- regional policy ratified
- # of national policies ratified and implemented in the region

Intervention 4: Strategy for monitoring evaluation of HFLE implementation

Outcome: Improved monitoring of HFLE initiatives

Indicator: # of initiatives implemented

Activities:

- CARICOM lobbies governments for a regional HFLE policy development from planning to implementation.
- At the national level, the national HFLE body will utilize other stakeholders to advance the cause of HFLE and develop the policy.
- The policy will speak to: why the policy, to which it is targeted, where the initiatives will take place, what will be done at each juncture and how will it be monitored and evaluated.
- In this policy, sensitization for stakeholders and training for administrators and educators in tertiary, secondary, primary and early childhood institutions, P.T.As, families, community organizations and faith-based organizations and the general public.
- The policy should be gender sensitive.

- Monitoring and evaluation will be done through surveys, focus groups, and observation by the lead coordinating body. Rapid assessments will help to inform the review of policy and initiatives.

The need for policy to address HFLE issues cannot be overemphasised and has been highlighted throughout this strategy. UNICEF has provided the policy guidelines for use in the region. It is now the responsibility of each member states to customize their own policy to catapult the HFLE initiative. Countries in the region have recognised drug abuse as a grave threat not only to the life and health of the user, but also to the community in general. The way in which the problem has evolved demonstrates that demand reduction must be a key component of the policies to combat this problem. Other thematic areas of HFLE must also be exposed.

The policy framework must include the following guidelines

- Encourage corporate alliances between schools and local business in order to sponsor local prevention programmes
- Develop a national school based prevention policy that expresses a regional and local characteristic
- Encourage strategic partnerships between government, NGO's and civil society organisations in general in order to broaden coverage of prevention activities for direct beneficiaries
- Implementation of programmes should be based on scientific research
- Recommend that governments recognise the importance of value, give priority to and implement a national school prevention strategy

(CICAD Hemispheric Guidelines on School Based Prevention, 2004)

CONCLUSION

A new type of learning environment must be created in schools that recognize children's individuality, creativity and interest in discovery. Children should not be allowed to leave schools feeling that they are failures. To change current emphasis on matriculation requires a rethinking of the goals of the education system. While these issues need to be addressed at the policy level, HFLE programmes can help young people build self-esteem, problem-solving skills and other skills to allow them to develop healthy lifestyles and build resilience needed to cope with failure and other challenges they will face in adulthood. Creating a new learning environment is a challenge that all countries in the Region must deal with in the coming years. As a first step governments must develop clear policies which give higher priority to HFLE, clearly defining the term "HFLE" and the role of principals and teachers. Discussions must take place at the national and regional levels to address the issues affecting the education system. Creating innovative comprehensive HFLE materials and expanding teacher training will make short-term gains on the delivery of the HFLE in schools. Long-term sustainability of HFLE will depend on the effectiveness of the programme in enabling youth to deal with the many issues confronting them. A life skills based programme using the thematic approach including drug prevention education is the response. The time has come for drug prevention education to be infused in the HFLE curriculum. . This is timely and appropriate and urgent.

The learning environment must also extend to the homes and communities if HFLE must remain meaningful and make positive changes. Everyone must come onboard to make that impact that is needed. The development of life skills needs practice and reinforcement after school hours. This means that parents and out of school youth must also be empowered. Governments and agencies must assist as much as possible. There must be networking and sensitization where necessary to move the process forward if this HFLE initiative must succeed. Efforts must be made locally and regionally to package HFLE as the subject area that can make the difference by improving the quality of life in the region.

**Annex 1: EXCERPT OF THE REPORT OF THE CARICOM STANDING COMMITTEE OF
MINISTERS OF EDUCATION, (Taken from REP. 94/10/04 ME)**

6 (iv) Family Life Education

132. In considering this Item, the Meeting was reminded of the decision taken at the Sixth Meeting of the SCME in 1986 where it had been agreed that the stabilization of Family Life was the key to managing many of the social problems affecting young people in the Caribbean.

133. In addition, it had been determined that knowledge about healthy lifestyles was a critical issue, and further, that education should play a major role in an intervention strategy.

134. In this regard, it was reported that the CARICOM Secretariat had developed and published in 1992, a comprehensive teachers' manual entitled, "Curriculum Guidelines for Family Life Education in the Caribbean: Education for Living" which had been circulated to Ministries of Education, educational institutions and social agencies in the Region.

135. The Meeting was also informed that the CARICOM Secretariat had established a curriculum committee to monitor and evaluate the effectiveness of the Guidelines. This Committee, comprising local persons from each Ministry of Education involved in curricular activities in Family Life Education (FLE) had met at two meetings on 11-12 March and 9-11 November 1992, respectively in Trinidad and Tobago.

136. This Committee had identified the need for the production of student activity-oriented resource materials in key areas such as the Family, Population Education, Drug Education, Sexual Well-Being, HIV and AIDS. To this end, the CARICOM Secretariat had formulated a proposal for a project to address these needs. The long-term objectives for this project were:

- i. Maximizing the contribution of youth in the Caribbean Community to social and economic development in the Region by equipping them with the knowledge, attitudes and skills required for dealing effectively with life's challenges;
- ii. Promoting responsible attitudes and behaviour among the school-age population.

137. It was perceived, however, that after a critical appraisal of recent developments in FLE, there was a possible need for a reconceptualisation and reassessment of the immediate objectives that were originally proposed. This would take advantage of the commitment expressed by donor agencies towards furthering the development of FLE and would ensure that the scope of the Project is widened.

138. In the regard, it was reported that a number of participants representing national, regional and international institutions and agencies, including representatives from the CARICOM Secretariat and UWI, had participated in a Workshop sponsored by UNICEF and held in Jamaica during the period 12-15 July 1994 and had attempted to:

- i. Share a vision for Health and Family Life Education in Schools;
- ii. Assess the progress of Health and Family Life Education initiatives;
- iii. Determine areas of ineffectiveness; and
- iv. Formulate plans to improve Health and Family Life Education in Schools.

139. This Workshop had identified certain constraints which affected the work of HFLE. These included **inter alia**:

- (i) That the appellation of Health and Family Life Education (HFLE) might be more appropriate to designate the programme, given that there was an increased awareness of the link between individual and community lifestyles and many policy-makers and educators were not only cognisant of the role that HFLE could play but were also committed to its development;
- (ii) That at the national level, there was a lack of clear policy in respect of HFLE and this had affected adversely the implementation of the CSME mandates;
- (iii) That there was insufficient coordination in the delivery of programmes and the selection of personnel;
- (iv) That the preparation of teachers was inadequate in some cases;
- (v) That there seemed to be a focus on content and not on skills for delivery;
- (vi) That there existed a lack of systematic monitoring and evaluation of the programme in HFLE and the expectations of some donor agencies were constraining factors in sustaining HFLE initiatives.

140. In addition, the Workshop further noted that the university level, the approach to HFLE and the offering were varied across campuses. It was pointed out, for example, that the Core Curriculum Guide for Strengthening HFLE in Teacher Training Colleges in the Eastern Caribbean which was drafted by an inter-agency group with the support of PAHO, had not yet been sanctioned by the University Board of Studies. However, it was reported that the Faculty of Education at the Cave Hill Campus, recognizes the importance of HFLE in its Teacher Training College courses while at the Mona Campus, HFLE is taught under the aegis of the School of Continuing Studies. It also exists within the structure of the Faculty of Medical Sciences and the department of Social and Preventive Medicine has courses which include HFLE as an integral part of the programme.

141. The discussion of the Meeting of officials had focused on issues dealing with:

- (i) An Approach to education publishing and an improvement of skills based on the experiences gained in publishing joint CARICOM/CARNEID mathematics text for teachers;
- (ii) The indication by UNICEF that it would be collaborating with CARICOM to broaden the scope of FLE and to provide technical assistance to facilitate the development of a project proposal in this area;
- (iii) That notwithstanding the proposal to include areas such as inter-personal relations, and sexually transmitted diseases, conflict resolution should also be regarded as an important intervention strategy since this could assist in understanding differences in arguments;
- (iv) That CARICOM Member States should participate in the International Year of the Family;
- (v) That both teachers and parents should be trained in dealing with FLE and that this issue

should be linked to changing lifestyles affected by such issues as dislocation of the family, violence in the community and music. It was therefore suggested that there be integration among the teacher, the parent, the cultural officer and the social worker in teaching the value of FLE.

142. In the discussion at the Ministerial level, **the UNICEF representative** urged the need for skills-based approach in determining projects by CARICOM and regional universities.

143. **The Saint Lucia representative** recommended that UWI consider introduction of a certificate Programme in FHLE. He also acknowledged the work done by UWI in this area in the Department of Continuing Studies.

144. **The UWI representative** undertook to initiate discussion between the Faculty of Education and the Department of Social and Preventive Medicine in developing this Programme.

145. **The Belize representative** also informed that Meeting of the establishment of a department to deal with the Family in the Ministry of Human Development.

146. **THE STANDING COMMITTEE:**

Noted the work of the Curriculum Committee in monitoring and evaluating the effectiveness of the Curriculum Guidelines for FLE in the Caribbean;

Also noted the developments and achievement in HFLE, and in particular, the observations and recommendations of the Workshop on HFLE;

Recognised in this context the special need to ensure the adequate preparation of teachers in HFLE;

Supported the initiatives for the development of comprehensive HFLE materials;

Requested the CARICOM Secretariat and the regional university system to develop and seed funding for projects that will help students and their families to master the skills necessary for coping effectively with challenges to health and family life;

Also requested that UWI develop a certificate in Health and Family Life Education;

Urged Member States which have not yet done so to initiate activities to celebrate the International Year of the Family.

**Annex 2: LIST OF VISITS MADE BY CHRISTINE NORTON
UNICEF CONSULTANT, MARCH – JUNE 1995**

CARICOM SECRETARIAT

Jacqueline Joseph, Director, Human Development
Carol Maison-Bishop, Programme Manager, Human Resource Development
Ann Eustace, programme Manager, (Health)
Evette Lee, Senior project Officer (Health)
Sandra Plummer, project Officer, (Health)

UNIVERSITY OF THE WEST INDIES – MONA CAMPUS, JAMAICA

Advanced Training and Research in Fertility Management unit (FMU)

Professor Hugh Wynter, Director
Jean Munroe, Assistant Director
Phyllis McPherson-Russell, Outreach Coordinator
Norma Allen, Training Officer, Outreach
Elain Jackson, Training Officer, Training
Lillith Williams, Training Coordinator
Cora Ramsay, Research Consultant
Amy Lee, Research Fellow

Caribbean Child Development Centre

Janet Brown, Coordinator

**Department of Social and Preventive Medicine (DSPM)
Health Promotion and Resource Centre**

Winsome Segree, Project Director
Ms. Dorett Falloon, Social Worker

Faculty of Education

Velma Pollard, Dean
Monica Brown, Lecturer
Joyce Jarrette, Teenage Mothers' Project
Joan Tucker, Chairperson, Curriculum Committee
Joint Board of Teacher Education
Utelia Burrell
Susan Anderson, Psychologist
Olga Moses, Guidance and Counselling

UWIDITE

Joan Meade, Training Officer

UNIVERSITY OF THE WEST INDIES, CAVEHILL CAMPUS, BARBADOS

Faculty of Education

Arthur Richardson, Senior Lecturer
Anthony Griffith, Lecturer

UNIVERSITY OF THE WEST INDIES, ST. AUGUSTINE CAMPUS, TRINIDAD

Faculty of Education

Lawrence Carrington, Dean
Linda Quamina-Aiyejina, Documentalist

School of Continuing Studies, St. Augustine

Esmond Ramesar, Director
Everold Hosein, Project Coordinator, Caribbean Population and
Family Health Programme (CPFH)

Institute of Adult and Continuing Education, Guyana

S. Small

University Centres

Adrian Fraser, Resident Tutor, St. Vincent

TEACHERS' COLLEGES

Alister Francies, Principal, Antigua State College, Antigua
Marureen Lucas, Principal, Erdiston College, Barbados
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Annex 3: HEALTH AND FAMILY LIFE (HFLE) WORKING GROUP MEETING TO INFUSE DRUG PREVENTION EDUCATION AND TO REVIEW AND UPDATE THE CARICOM-LED HFLE STRATEGY, CASTRIES, SAINT LUCIA - 19-23 November 2009

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Annex 4: EXTRACTS OF CREATIVE TEACHING MATERIALS

The following pages contain examples of lesson plans for teachers using “The Teen Years” video for life skills classes with students and parents.

The final version of the guidebook will include a comprehensive introduction to the concept of life-skills related to Health and Family Life Education, the relevance of the life-skills approach for the Caribbean and how the video “The Teen years” fits into this strategy.

The guide will also include more comprehensive lesson plans and guidance for teachers concerning how they may begin developing their own lessons.

In addition to complementing the video, the guide is intended to support use of other materials prepared in connection with “The Teen Years” including the Handbook for Parents and a student workbook which is also in development.

PART 1: WORKING WITH STUDENTS

LIFE SKILLS LESSON: Strong feelings (60 minute class)

Introduction

This lesson should follow a session concerned with understanding and expressing feelings. In this lesson, students learn to recognise that everyone has strong feelings, from time to time, and this is part of human nature and should be respected. The expression of strong feelings is a liberation of tensions. If we do not express strong feelings this can create doubts about our abilities to cope and reduce our self-confidence. Also, failure to express strong feelings may create difficulties in the way we communicate with others. We may say one thing, to please others, yet our non-verbal communication will express our true feelings. Students learn to recognise that everyone has strong feelings but that this is not an excuse to be angry and aggressive. Students must discover the step by step regulation of their strong feelings, and when and how to ask for help when he/she has the impression of losing control.

Objectives

- Recognise and accept that it is normal to have strong feelings
- Learn to express and control strong feelings in different situations
- Develop a strategy to deal with strong feelings in a conflict situation without damaging the relationship

Introduction to lesson

1. Show the video or at least the clip showing the situation leading up to a violent encounter and its resolution.
2. Ask the students to write on a piece of paper, anonymously, two situations where he/she has experienced strong feelings.

Alternatively:

Ask the students to consider a situation in which he/she experienced strong feelings. Ask the class to stand and each student to select a partner to whom they tell their story. Ask the students to then move on and tell the story they have just heard to another student etc.

3. The class sits down again and the teacher selects students or else students volunteer to tell the last story they heard. After each story, the teacher asks the whole group how they think the person felt following that situation.

- What do all the stories have in common?
- What feelings have been expressed?
- Is it acceptable to express those types of feelings? – in the street? In the family? At school? With friends?

Activity I

Divide the class into pairs or small groups of 4 or 5. You can try this activity with 2 boys, boy and girl, 2 girls, so make sure that the class is not divided only into groups of boys and groups of girls.

Give a scenario for a role play using the situation presented in The Years video. Make up a role play to recreate this situation. For example, it is 20 minutes before class and you have not done your homework. You ask to copy a friend's home work but he/she refuses because this has happened too often. Alternatively, you have lent your favourite comic to your friend but he/she returns it torn and dirty and it is impossible to replace: the edition is out of print.

The teacher may also ask students to adopt certain styles in playing these roles (eg. Macho, diplomatic, fighting to save honour) in order to explore different kinds of feelings.

It is important that the students adopt anonymous roles. They do not play themselves in the situation, nor do they pretend to be someone else in the class. Let each student select their role and choose the content of what they are going to say.

Give 5 minutes for each pair/group to prepare for their role play then allow each group to perform their role play (for one or two minutes only) while others observe.

After each role play the following questions are asked of those who took part:

- What were their feelings during the role play?
- As observers, what are your comments on the situation?
- Has anyone had a similar experience?

Discuss the personal experience of the actors during the role play, look at feelings and non verbal messages. Ask the students to discuss what they have learned from the lesson.

Activity 2

When I express my strong feelings...

Make a list to answer the following: why is it both positive and negative to express strong feelings? Find a short example for each item on the list.

- What are your conclusions?
- Why it is sometimes so difficult to recognise positive things?

When I express strong feelings, I'm afraid...

The whole group is asked to finish this sentence Stem, which the teacher says out loud. The class gives their responses out loud and these are written up on the board. Each response is graded: 10 for a situation which puts the student into a high risk situation (give an example) to 0 if it is a low risk situation (give an example) – What are the more common fears?

- How can we minimise the risks in these situations?
- What are the alternatives when you have the feeling you will lose control?
- Are there signs that you can recognise whenever you are getting into a difficult situation where you may lose control?
- What can you do to help control strong feelings when you are in a difficult situation?
- What are my needs in that situation, what kind of skills are required?

Class discussion of what students see as their own particular strengths and weaknesses.

Homework Assignment

If you observe a conflict situation, how can you intervene to stop the situation? Discussion of this leads into the next session.

Alternatively ask the group to answer the following questions:

- What are my strengths and weaknesses?
- What can I do to improve my control of strong feelings?
- How can I help others to control their strong feelings?

Bibliography

Try to find stories involving young people in difficult situations for the pupils to read.

Other Activities

Photography of non-verbal expression of strong feelings.

Paintings of strong feelings.

In science: study the physiology of aggression in animals etc.

Follow up lessons:

- conflict resolution
- attitudes
- role models
- communication skills
- peer pressure

LIFE SKILLS LESSONS: Peer Pressure

Introduction

In adolescents, the peer group is the most important reference for advice, styles, norms, values etc. The adolescent wants to be included in the peer group and it is extremely difficult for him/her to behave differently or to express an opinion different from the peer group. In the peer group there are unspoken rules which dictate the ways in which the adolescents should dress and behave. Leaders of peer groups are those adolescents with the strongest characters who to some extent make sure that the rules are adhered to. Sometimes the pressure to be like the peer group can be positive for young people but it can also be a negative influence. Sometimes the adolescent is torn between the norms and expectations of his/her family and the norms and values of the peer group. They are afraid to be isolated from the peer group. They have a tendency to say and do things under pressure from the peer group, even if this is not really what they want to do or say.

This lesson should help to identify the types of situations where individuals are put under this kind of pressure. It should show the way in which peer pressure affects behaviour, and help young people to measure the risks and the consequences of acting under pressure from peers.

Objectives

- To learn to understand peer pressure
- To learn to express an opinion and to accept those of others
- To learn the difference between aggression. Assertiveness and passivity
- To learn to be assertive in peer pressure situations

Introduction to the lesson

Show the Teen Years video or at least the clip showing the situation leading up to a situation of peer pressure.

Activity I

Divide the group into pairs. Provide one member of each pair (Person A) with a description of a different activity e.g. – go to the cinema – offer a sweet – offer a cigarette, go and steal from a shop etc.

Person A has to find as many reasons/arguments as possible to convince the other person (Person B) to respond to his or her request.

Person B has to find as many reasons/arguments as possible for refusing the request. The activity lasts only 3 minutes.

Each person then writes down their feelings, the arguments which reinforced their views and the arguments which would have persuaded them to change their opinion. Reverse the roles. Distribute new descriptions and start the role play again.

Ask the whole group to consider the situation where they played Person A. List the arguments, gestures, proposals which were used to try and convince their partner to accede to their requests. Identify the most powerful ones. Identify also the responses from person B which were best at weakening those arguments.

Ask the group to consider the situation of person B. List the responses given and rate the responses from the strongest to the weakest.

- Which was the easiest role to play, Person A or B?
- What were your feelings as Person A?
- What were your feelings as Person B?
- Have you ever been in a similar situation to A or B?
- Are these situations exceptional or common?

Activity 2

I agree... I disagree

The teacher reads out sentences. E.g.

- It is normal for a boy to go out until 2 am.
- In the evening a young girl must stay at home with her parents.
- If someone offers me a cigarette, I will accept it so that I do not look stupid.
- I am ready to do anything to keep a friend etc.
-

Each student has to quickly decide whether they agree or disagree with the sentence and move to different parts of the room, one for those who agree another for those who do not agree.

- What are the factors which contribute to a decision to agree or disagree?
- When is it easy to express your own opinion?
- When is it difficult?
- Can you identify people whose opinion you value and follow without question?
- What are the dangers and the advantages of following the opinions of others?
- What do I need to develop my own opinions?

Activity 3

In a circle, the students have to remember a situation where they have been under pressure and their reaction was: aggressive – passive – assertive or they have observed someone under pressure who reacted in one of these three ways. The teacher gives an example to illustrate the task, from his or her own experience. Give 5 minutes for the students to reflect on this.

The teacher calls a name of a student, throws a soft ball to that student and announces the theme i.e. aggression. The student catching the ball has to describe a situation featuring aggressive etc. For each theme, aggression, assertion and passivity the teacher tries to ask equal numbers of students to respond...

On the board, the teacher notes different examples of aggression, assertiveness and passivity, with positive and negative effects.

- Which is the easiest way to respond?
- Which is more difficult? Why?
- What are the differences?
- What are the effects immediately, short term and long term.

Homework

List a number of common situations (e.g. which happened more than once in a week). In the space of one month you are to try to:

- control someone who is aggressive;
- help someone who is passive in a situation to be more assertive; - be assertive in a situation where is easier to be aggressive or passive.

Record this in a personal journal under the following headings:

- description of the context of the situation e.g. at home, in school
- the number of people involved
- description of the problem
- description of the solution to the situation.

Activity 4

Follow-up

Introduction

Some volunteers present the situations which featured in their homework associated with aggression, assertiveness and passivity but without giving the names of the people involved.

- In what situations did it work?
- What was difficult?
- What did you learn?

Each student describes, on paper, a situation where he/she has been aggressive or passive and he/she is not satisfied. They do not write their name on the paper. The teacher collects the work and note the responses on the board. The class selects one situation as an example.

For the chosen situation, the whole group identifies all the different types of verbal and non-verbal responses to the situation which would have been more assertive.

In groups of 4, they chose another situation from the list on the board and go through the same process. They name a reporter to give the result to the whole group.

Annex 5: LIST OF DOCUMENTS USEFUL FOR NEEDS ASSESSMENT STUDY

Abdulah, Norma. The Youth of Trinidad and Tobago: A statistical profile. 1988.

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Annex 6: PRINCIPLES FOR COORDINATION AMONG AGENCIES ON HEALTH AND FAMILY LIFE EDUCATION (HFLE)

In order to facilitate coordination of HFLE programmes at regional and national levels in CARICOM Member States, funding and other supporting agencies have agreed:

1. To promote and support the development of comprehensive HFLE programmes in CARICOM Member States through advocacy, policy development and coordination with partner agencies and governments;
2. To evaluate current HFLE-related programmes, for which agencies have been responsible, including strategies that will permit agencies to make a shift towards a common framework for HFLE and share the results of these evaluations with other agencies so as to guide the development of future initiatives;
3. To designate a focal point within each agency who will be responsible for ensuring collaboration with partner organisations and governments on HFLE-related issues;
4. To use a common framework for the development of the comprehensive regional project on HFLE and as a basis, to adopt the framework set out in the PAHO/Carnegie Core Curriculum Guide for Strengthening Health and Family Life Education in Teachers' Colleges in the Eastern Caribbean;
5. To work with all partner institutions working in the area of HFLE towards the development, field-testing, implementation and evaluation of comprehensive, cultural-appropriate teaching materials for primary, secondary and tertiary levels in the Caribbean;
6. To enhance information-sharing among agencies, as and when feasible, in order to avoid duplication of efforts and wastage of resources.

By accepting these principles for coordination, agencies also agree:

1. To strengthen the capability of nationals involved in the improvement of HFLE programmes and the development and delivery of HFLE materials;
2. To increase the effectiveness and culturally-appropriateness of HFLE initiatives by ensuring the involvement of young people, teachers, parents and communities in the development and planning of HFLE initiatives;
3. To re-focus funding, to the extent possible, on the strengthening of priority human, material and institutional resources needed to support comprehensive HFLE programmes in the Region, that is through teacher/tutor/guidance counsellor education, parent education, development and production of community-based HFLE projects with NGOs, establishment of multi-service adolescent health centres and a regional HFLE clearinghouse;
4. To establish mechanisms for addressing national versus agency constraints in meeting timeframes, e.g., agreement on basic short-term criteria; conditional phasing of donor contributions.

27 September 1995

Annex 7: Main Roles and Inputs of partners in the HFLE Multi-Agency Project at Regional and National Levels

Collaborating Agency	Coordination	Advocacy	Research	Policy	Support for Technical Components of the Project	Resource Centre	University Education	Resource mobilization
Regional Level								
CARICOM Secretariat		*		*				*
UNICEF CAO	Overall	*		*	Materials Development			*
PAHO/WHO	Technical	*		*	Teacher Training; research			*
UNFPA		*	*	*	To be determined			*
UNESCO/CARNEID		*		*	Info Exchange, parenting	*		*
UNDCP		*		*	Youth Outreach			*
UNIFEM		*		*	Gender Issues			
UWI – FOE Mona		*	*	*	Teacher Education		*	*
UWI – FOE Cavehill	Research	*	*	*	Research; Teacher Education		*	*
UWI – FOE St. Augustine		*	*	*	Research; Policy	CERIS d/base	*	
UWI – FMU	Technical	*	*	*	Development In-service teacher Education; Outreach			
UWI – CCDC		*	*	*	Gender; Community Outreach			
UWIDITE					Distance Education			
University Centres		*			Outreach Programs		*	
National Level								
Ministry of Education	Overall	*	*	*	Teacher Training; Materials Development; HFLE Education at all Levels		*	National Training; Materials Development
Ministry of Health		*	*	*	Ensuring Health Aspects well represented in materials/plans			Training of Health personnel
All Concerned Ministries		*	*	*	Increased Coordination			*
Teachers' Colleges Principle	School	*	*	*	Teacher Training Evaluation Implementation of HFLE Programs Information exchange; planning			
All Concerned NGOs		*	*	*				*

Annex 8 Infusing drug prevention into the existing curriculum framework. November (2009)

Theme: Sexuality and Sexual Health

Regional Standards, Descriptors, Key Skills and Core Outcomes

Regional Standard One (1) SSH1

Demonstrate an understanding that the concept of human sexuality as expressed throughout the life-cycle, is an integral part of every individual.

Descriptor:

*A differentiation needs to be made between the terms sex and sexuality. Sexuality has a variety of dimensions which include 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. **Sexuality can also be influenced by situations in one's life e.g. sexual abuse and substance use.***

Key Skills:

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

DIFFERENTIATING BETWEEN SEX AND SEXUALITY

Core Outcomes Age Level 5–6	Core Outcomes Age Level 7-8	Core Outcomes Age Level 9–10	Core Outcomes Age Level 11–12
1. Demonstrate an awareness of private parts of the body. Recognise that boys and girls are different.	1. Apply proper personal Care and hygiene practices. 2. Demonstrate awareness of similarities and differences between boys and girls.	1. Explore personal experiences, attitudes, and feelings about the roles that boys and girls are expected to play.	1. Display knowledge of the various components of human sexuality. 2. Develop strategies for coping with the various changes associated with puberty.
2. Respond appropriately to uncomfortable /risky situations. 3. Display knowledge of known and unknown substances that are detrimental to their	3. Respond appropriately to uncomfortable or risky situations associated with sexuality and substance use 4. Provide support to peers and siblings in uncomfortable and risky situations	2. Demonstrate awareness of the onset of puberty and the Physical, Emotional and Cognitive changes which accompany it. 3. Demonstrate an understanding of the relationship between	3. Assess traditional role expectations of boys and girls in our changing society. 4. Assess ways in which behaviour can be interpreted as being “sexual.”

bodies		substance use and the onset of puberty	
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Regional Standard Two (2) SSH2

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 daily display their attitudes and values in their sexuality. Family, religion, culture, technology—including media, peers and substance use influence these behaviours. Students will acquire knowledge and skills that will assist them in understanding their own sexuality and make decisions about their sexual engagement and substance use which will allow them to realize their potential as responsible 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)

SOCIOCULTURAL INFLUENCES ON SEXUAL BEHAVIOUR

Core Outcomes Age Level 5–6	Core Outcomes Age Level 7-8	Core Outcomes Age Level 9–10	Core Outcomes Age Level 11–12
1. Develop the capacity to cope and empathize in real life situations	1. Demonstrate awareness of the capacity for both boys and girls to perform similar task 2. Demonstrate ways to respond appropriately to risk factors influencing sexual choices and substance use.	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 role of substance use in the perpetuation of sexual abuse.	1. Critically analyse the key factors of substance use that influence sexual choices and experiences. 2. Demonstrate skills in communicating about sexual issues with parents, peers, and/or significant others.

Regional Standard Three (3) SSH3

Develop action competence and build capacity to recognize the basic criteria and conditions for optimal reproductive health and reduce vulnerability to acquired problems such as the spread of HIV/AIDS, Cervical Cancer STI's and teenage pregnancy and **substance use**.

Descriptor:

Many young people through their lifestyle and social interaction expose themselves to risk that compromise their sexual and reproductive health, students should demonstrate knowledge of the transmission of HIV/AIDS and other STI's and the biological, psychosocial and emotional issues related to AIDS and substance use. They must demonstrate behaviour which will render them less vulnerable to threats to reproductive health by critically analyzing options such as abstinence, drug free life style, use of contraception and assertive behaviour.

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)

MANAGING REPRODUCTIVE HEALTH

Core Outcomes Age Level 5–6	Core Outcomes Age Level 7-8	Core Outcomes Age Level 9–10	Core Outcomes Age Level 11–12
1. Display an awareness of healthy hygiene habits and proper care of the body. 2. Display knowledge of habits/ behaviours which can protect the body from harmful substances and the spread of germs. 3 Display tolerance	1. Maintain appropriate care of genitals 2. Demonstrate an awareness of actions that can lead to damage of the reproductive organs. 3. Demonstrate appropriate health habits to protect themselves and others against the effects of substances on the reproductive	1. Demonstrate knowledge of the development of an embryo and of the basic needs of a newborn baby. 2. Demonstrate skills to interact appropriately and respond compassionately to persons affected by HIV. 3. Display knowledge of transmission of diseases especially HIV/AIDS	1. Critically analyse the risks that impact on reproductive health. 2. Demonstrate an awareness of actions such as substance use that will cause the to reproductive organs. 3. Demonstrate knowledge of the potential challenges which face adolescent parents and their families in raising a child. 4. Understand risk associated with contracting HIV and STIs.

<p>towards others who or are perceived to be different e.g. living with PLWHA</p> <p>4 Demonstrate appropriate health habits to protect (themselves – suggestion to remove) and others against the spread of disease.</p>	<p>organs.</p> <p>4. Demonstrate skills to assist and respond compassionately to peers and siblings requiring health care.</p>	<p>4. Demonstrate skills to assist and respond compassionately to peers and siblings requiring health care requiring issues related to sexuality and substance use.</p>	<p>5. Set personal goals to minimize the risk of contracting HIV, cervical cancer, and STIs and to remain free from substance use and dependence.</p> <p>6. Demonstrate knowledge of risk to reproductive health associated with contracting HIV and other STI's.</p>
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Regional Standard four (4) SSH4

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, substance use and domestic violence.

Key Skills:

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

Access sources of Health information and services

Core Outcomes Age Level 5–6	Core Outcomes Age Level 7–8	Core Outcomes Age Level 9–10	Core Outcomes Age Level 11–12
<p>1. Demonstrate awareness of family and school as sources of information on health.</p> <p>2. Identify ways of keeping families safe from harmful substances</p>	<p>1. Identify family, school and community services as sources of information on health matters that will impact on sexuality.</p>	<p>1. Assess family, school, and community resources as sources of accurate information that deal with health, social, and emotional issues related to substance use and sexuality.</p>	<p>1. Demonstrate the ability to locate and utilise community resources that support the health, social, and emotional needs of families.</p>

Theme: Managing the Environment

Regional Standard One (1)

Demonstrate an understanding of the inter-relationships of a sustainable natural environment.

Descriptor:

Caribbean countries and their peoples are particularly vulnerable to environment degradation and threats by virtue of their size, geography, and topography. It is important for students to develop a basic understanding of the features and operations of natural environmental systems (ecosystem, habitats, water resources, air quality, energy resources, and food) and the threats to their sustainability.

Key Skills

Coping Skills (self-monitoring, healthy self-management)

Social Skills (communication, collective action)

Cognitive Skills (critical thinking, creative thinking, problem-solving, decision-making)

Core Outcomes Age Level 5-6	Core Outcomes Age Level 7-8	Core Outcomes Age Level 9-10	Core Outcomes Age Level 11-12	Core Outcomes Age Level 13 - 14	Core Outcomes Age Level 15-16
<p>Appreciate the beauty of the natural environment</p> <p>Recognize the effect/impact of individual actions on the environment. Recognize the effect/impact of individual actions, including smoking, illicit substance use, and alcohol consumption on the environment.</p>	<p>Recognize the interdependence of the various elements in the natural environment</p> <p>Appreciate the beauty of the natural environment</p> <p>Recognize the effect/impact of individual actions on the environment</p> <p>Recognize the effect/impact of individual actions, including smoking, illicit drug use, and alcohol consumption on the environment.</p>	<p>Identify elements of a sustainable environment (air, sunlight, water, land, plants, and germs).</p> <p>Identify threats to sustainable environment.</p> <p>Appreciate the need for a sustainable environment.</p> <p>Appreciate the need for a sustainable environment</p> <p>Identify threats to a sustainable environment with an emphasis on drugs.(use/manufacturing /disposal of same)</p>	<p>Describe basic functions and characteristics of a sustainable environment (e.g., water cycle, food chain, and carbon cycle</p> <p>Recognize ways human behaviour affects a sustainable environment</p> <p>Recognize ways human behaviour affects a sustainable environment (how/impact of drugs use etc.)</p>	<p>Analyze the interaction of basic environmental systems and implications for environmental risks.</p> <p>Critically analyze community policies and actions as these relate to a sustainable environment.</p> <p>Value the importance of a sustainable environment</p> <p>Critically analyze community policies and actions(drunk driving, sale drugs, No smoking zones etc.) as these relate to a sustainable environment</p>	<p>Analyze personal and community responses to environmental factors affecting sustainability.</p> <p>1. Advocate for the development/adherence to existing policies regarding the effects of the drug trade on a sustainable environments.</p>

Regional Standard Two (2)

Demonstrate an understanding of the environmental threats to the health and well-being of students, families, schools, and communities.

Descriptor:

Caribbean people are vulnerable to a variety of environmental health threats. These include quality of water and sanitation, solid waste management, exposure to pesticides and toxic substances, food safety, dengue fever, leptospirosis, malaria, etc. Students need to understand the environmental health threats and the main factors in their causation.

Key Skills:

Coping Skills (self-monitoring and healthy self-management)

Social Skills (communication, assertiveness)

Cognitive Skills (critical thinking, problem-solving, advocacy, decision making)

Core Outcomes Age Level 5-6	Core Outcomes Age Level 7-8	Core Outcomes Age Level 9-10	Core Outcomes Age Level 11-12	Core Outcomes Age Level 13 - 14	Core Outcomes Age Level 15-16
<p>Demonstrate the ability to keep the environment healthy for self, family and school.</p> <p>Recognize the significance of a drug free environment</p> <p>Demonstrate the ability to keep the environment drug/alcohol free for their own well – being</p>	<p>Demonstrate the ability to keep the environment drug/alcohol free for a healthy self, family, school and community.</p> <p>Advocate for a drug free environment at school/school activity, home and community.</p>	<p>Identify environmental health threats with emphasis on priorities in their country.</p> <p>Identify the main factors and sources that contribute to these environmental health threats</p> <p>Identify the effects of secondary smoking along with other main</p>	<p>Explore how the main factors contribute to the priority environmental health threats (e.g., agents, vectors, and host)</p> <p>Appreciate the personal and collective role of students, their families, and communities in either increasing or reducing exposure to environmental health risks.</p>	<p>Critically analyze the key factors in priority environmental health issues in the school and community setting (e.g., malaria risk increased in the school/community by an infestation of the carrying mosquito in a mangrove swamp).</p> <p>Appreciate the importance of individuals, school, community, and nation to advocate for a healthy</p>	<p>1. Demonstrate resiliency skills to minimize the effects of environmental threats and disasters.</p> <p>2. Demonstrate civic pride in their daily interaction with the environment while protecting same from the effects of drugs/alcohol.</p>

		factors and sources that contribute to environmental health threats.	Identify drug/alcohol related incidents that negatively impact on one's health and well being (drunk driving, early loss of life, etc.)	environment Critically analyse key factors in priority environmental health issues in the school and community setting (e.g. malaria risk..., home/bush fires re: cigarette smoking)	
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Regional Standard Three (3)

Analyze the relationship between a sustainable and healthy environment, and the social and economic well-being of students, schools, and communities.

Descriptor:

Caribbean countries are heavily dependent on their environmental resources for economic development, particularly in countries where there is no mineral wealth (e.g., beach pollution or dengue can affect tourism). Likewise, environmental health threats can affect the personal, social, and economic well-being of children, families, and communities (e.g., poor air quality or excessive mosquitoes can affect motivation, attention, and learning in schools). Students need to understand and appreciate the impact and benefits of healthy, sustainable environment on their health and well-being.

Key Skills:

Coping Skills (self-monitoring and healthy self-management)

Social Skills (communication)

Cognitive skills (critical thinking, creative thinking, decision-making, problem-solving)

Core Outcomes Age Level 5-6	Core Outcomes Age Level 7-8	Core Outcomes Age Level 9-10	Core Outcomes Age Level 11-12	Core Outcomes Age Level 13 - 14	Core Outcomes Age Level 15-16
Engage in appropriate actions to sustain a healthy and drug/alcohol free environment that will contribute to their personal well - being	Maintain appropriate behaviours that contribute to a healthy sustainable environment at school, home and the community. Show appreciation for a drug/alcohol free environment	Identify ways in which the quality of the environment can affect personal health and the well – being of the school and community. Appreciate how a healthy, sustainable environment contributes to their well – being and their peers. Identify the role student, home and community can play in encouraging a drug free lifestyle in enhancing their social and physical environment	Demonstrate an understanding of the relationship between a healthy, sustainable environment and the quality of life in the school and community. Describe the benefits of a healthy, sustainable environment as it relates to the socio – economic well – being of students, family, school, and community. Identify the impact of drugs, chemicals and alcohol on the environment.	Critically analyze how the quality of the environment can impact on personal, social, and economic well – being in schools, communities, and the nation. Appreciate the relationship between a healthy, sustainable environment and well – being. Identify the impact of drug related crime on the tourism industry and on the economy	1. Develop and implement an action plan to mitigate the environmental health threats in school and community. 2. Advocate for new legislation and enforcement of existing laws pertaining to the environment. Use their influence and knowledge to impact positively on their peers in order to maintain a drug free environment in school and community

Demonstrate scientifically sound and affordable responses to the creation of healthy and sustainable environments and the reduction of environmental health threats in the home, school, community, and region.

Descriptor

Caribbean countries are experiencing significant environmental health threats, as well as threats to the sustainability of their environment. Environment threats to health include water quality and sanitation, solid waste management, vector control, exposure to pesticides, and food safety. Threats to environmental sustainability vary between island and mainland countries. These threats can range from deforestation, to reef damage, and the pollution of the beaches and other water sources and air. Students need to develop the knowledge and skills to effectively utilize scientifically sound and affordable responses to address both the issues of protecting the environment and protection from the environment.

Key Skills

Coping Skills (healthy self-management, self-monitoring)

Social Skills (communication, interpersonal relations, assertiveness, negotiation, advocacy)

Cognitive Skills (critical thinking, creative thinking, problem-solving, decision making)

Core Outcomes Age Level 5-6	Core Outcomes Age Level 7-8	Core Outcomes Age Level 9-10	Core Outcomes Age Level 11-12	Core Outcomes Age Level 13 - 14	Core Outcomes Age Level 15-16
Engage in appropriate actions to sustain a healthy environment that will contribute to their personal well – being <i>Engage in appropriate actions that will sustain a drug/alcohol free environment that will contribute to personal well-being.</i>	Maintain appropriate behaviors that contribute to a healthy sustainable environment at school, home and the community. <i>Maintain appropriate behaviours that will contribute to a drug/alcohol sustainable environment at home, school and community.</i>	Identify practical opportunities for maintaining a sustainable environment and reducing health threats. Make appropriate choices to reduce exposure to environmental health risks for self and family. Appreciate that each individual has a responsibility to	Demonstrate skills to select appropriate responses for reducing threats to the environment and priority environmental threats. Describe benefits of adopting sound practices for reducing environmental health threats in the home, school, and community. Develop an age-appropriate plan	Critically assess options for maintaining a healthy and sustainable environment. Implement an age-appropriate plan to reduce environmental health threats in the school and community. Appreciate efforts made by public sector agencies in reducing environmental health threats.	1. Collaborate with public sector agencies in reducing environmental health threats <i>including that of drugs/alcohol.</i> 2. Develop mechanisms for the creation and maintenance of healthy environments.

		<p>contribute to a healthy, sustainable environment.</p> <p>Identify practical opportunities for maintaining a suitable environment and reducing health threats (No smoking areas, poster messages, etc.)</p>	<p>to reduce environmental threats in the home and school.</p> <p>Appreciate the need for students, families, and schools to work together to contribute to a healthy environment.</p> <p>Describe benefits of adopting sound practices for reducing environmental health threats in relation to drug/alcohol use in the home, school and community.</p>	<p>Advocate for individuals, schools, community, and the nation to address environmental health.</p> <p>Advocate for individual, school, community and the nation to address environmental health risk (National/school policies re: drugs/alcohol)</p>	
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Regional Standard five (5)

Develop knowledge and skills to access age-appropriate sources of information, products, and services as it relates to managing the environment.

Descriptor:

Students should be capable of identifying, accessing, and critically assessing age-appropriate information, products, and services relating to managing the environment.

Key Skills:

Coping Skills (healthy self-management)

Social Skills (communication, interpersonal relations)

Cognitive Skills (critical thinking, creative thinking, problem-solving, decision-making)

ore Outcomes Age Level 5-6	Core Outcomes Age Level 7-8	Core Outcomes Age Level 9-10	Core Outcomes Age Level 11-12	Core Outcomes Age Level 13 - 14	Core Outcomes Age Level 15-16
<p>Source information on managing the environment from family and school</p> <p>(e.g. drugs, alcohol, garbage disposal, etc.)</p>	<p>Source information from family, school, community and the media for managing the environment.</p> <p>(inclusive of drugs and alcohol usage)</p>	<p>Identify sources of accurate, age-appropriate information relating to managing the environment.</p> <p>Identify sources of accurate, age appropriate information in relation to creating smoke free environments.</p>	<p>Demonstrate the ability to locate and utilize accurate, age-appropriate resources within the community, in regard to managing the environment.</p> <p>Identify ways/areas of creating smoke free environments</p>	<p>Evaluate and validate the appropriateness of resources for the managing the environment.</p> <p>Make informed decisions regarding environmental information, products, and services.</p> <p>Make informed decisions regarding the impact of drug use, manufacturing and trafficking on the environment.</p>	<ol style="list-style-type: none"> 1. Incorporate scientific principles in sourcing information on the environment. 2. Collaborate with the private/ public sector in accessing and utilizing information, products and services relating to the management of the environment. 3. Design and implement action plan to help protect the community against environmental threats and hazards. <p>Design and implement action plan to help protect students, family and community against the environmental impact of the drug trade.</p>

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.**
- **The drug trade at all levels (manufacturing, trafficking and use) is damaging to our physical, social and economic environments.**

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