An Outcome Evaluation of a Professional Development Opportunity Focusing on Sexuality Education for Early Learning Professionals

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Abstract

This outcome evaluation assesses the impact of a one-day professional development opportunity in sexuality education for early learning professionals. A non-experimental pre-test/post-test research design evaluated the experiences of 28 participants. Thematic analysis and paired samples t-tests analyzed the perceived impacts and differences between pre- and post-test assessments. Positive changes were demonstrated in participants' (a) perceptions of their daily practice, specifically increases in knowledge, comfort, and confidence in answering children's questions about sexuality, and increased communication between staff and parents; and (b) preparedness to address sexuality in early learning settings. Recommendations for practice aim to increase professional capacity and provide the necessary support for early learning professionals.

Key words

child development, early childhood education, early learning, professional development, program evaluation, public health, sexuality education

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The development of sexuality refers to the construction of children's understanding and beliefs about their own and others' sexuality. In early childhood, both development and the social environment guide learning about sexuality. For example, children begin learning about gender, body parts, the functions of genitals, public/private boundaries, and consent when toilet training. Previous research focusing on Early Childhood Educators (ECEs) instruction in sexuality education suggests that pre- and post-service professional development is pertinent for ECEs because they need to address the development of sexuality in early childhood (Balter, van Rhijn, & Davies, 2016, 2018); however, the opportunity to learn and deconstruct sexuality for ECEs is limited, with a noted gap in both sexuality content and education across ECE pre-service programs in Ontario, Canada. More recent research from Finland (Cacciatore, Ingman-Friberg, Lainiala, & Apter, 2020) and Hong Kong (Cheung, Kwan, & Kim, 2021) corroborates the necessity to increase Early Learning Professionals' (ELPs') capacity to address sexuality in early childhood. Throughout this paper *ELPs* is used to refer to a range of professionals (e.g., childcare setting administrators, Early Childhood Educators, Early Childhood Assistants, pre-service students, and others) who work with children in numerous settings (e.g., early learning and care centres, kindergarten classrooms, home childcare). The purpose of this paper is to evaluate the impact of Toronto Public Health's Raising Sexually Healthy Children for Agency Staff professional development (PD) opportunity for ELPs.

Literature Review

The Development of Sexuality

Sexual socialization is as a process where, beginning at birth, children acquire beliefs, attitudes, and meanings associated with sexuality (Blaise, 2009; Ganji, Emamian, Maasoumi, Keramat, & Khoei, 2017). Family culture and societal norms are critical influences in children's sexual socialization, which includes identity and gender formation, gender role development, sexual knowledge acquisition, and the development of sexual attitudes (Ganji et al., 2017). It is our understanding that discourses of sexuality are learned in childhood and are deeply embedded within cultures, families, and religions; they play a large role in ELPs' own conceptualization of sexuality, which likely impacts whether or how they choose to address sexuality in their teaching.

The development of sexuality is a normative process. Children have a natural curiosity in discovering and exploring their bodies; researchers suggest that the preschool years are filled with a great deal of questioning and curiosity and have demonstrated sexual development as a natural phenomenon occurring throughout childhood (Kenny, Dienhart, & Wurtele, 2015; Martin, 2014; Martin & Bobier, 2017). Children's education is a right (United Nations, 1989), and learning about sexuality should be no different from other developmental processes such as social, emotional, cognitive, and physical development.

Important skills such as learning to identify body parts from a young age can provide children with ownership of their bodies, help them develop a healthier body image, and provide them with the language to clearly communicate sexual abuse (Kenny et al., 2015). Further, understanding the diversity of human experience and approaching sexuality as simply another area of learning from a young age allows for many positive outcomes as children develop. These outcomes include but are not limited to developing healthy attitudes toward their bodies; freedom from unwanted sexual activity; understanding of consent and how to treat others ethically; accurate knowledge about how their bodies work and about biological aspects of reproduction; understanding of safety, relationship skills, and open communication; awareness of public/private boundaries; and self-acceptance (McKee et al.,

2010). Learning about sexuality is more than education about body parts—it is about the values that parallel *The Canadian Charter of Rights and Freedoms* that focus on equality and justice (SIECCAN, 2019). In Ontario, formal sexuality education begins in elementary school. That said, as we have suggested elsewhere, the values of equality, dignity, and respect develop much earlier, and ELPs play a significant role in how these concepts are taught and modelled for young children (Balter et al., 2018). Therefore, it is imperative that young children are equipped with the tools to navigate their development and exploration within the sexuality domain.

Early Childhood Socialization: Early Learning Contexts

Considering that children in wealthy nations such as Canada are now spending considerably more time in out-of-home childcare settings (Adamson, 2008), the professionals who work with young children are important sources of early socialization (Balter et al., 2016). In early learning settings, ELPs observe normative behaviours related to sexuality but lack education in how to address these areas (Balter et al., 2016, 2018; Cheung et al., 2019; Ciacciatore et al., 2020). It is within the context of an already contentious conversation about sexuality education in Ontario that we position the importance of the early learning setting. Updates to Ontario's Grade 1–8 Health and Physical Education curriculum, which includes human development and sexual health components, has been met with controversy since 2010 (e.g., Bialystok, 2018; Bialystok & Wright, 2019; Davies & Kenneally, 2020). These debates centre on which topics should be included and the ages of students learning particular topics. Our work in sexuality education in early childhood is a novel and often overlooked facet relating to these debates, and we believe that investigating the impact of PD in sexuality education for ELPs has the potential to make an important contribution.

Pre- and Post-Service Sexuality Education

The Canadian Guidelines for Sexual Health Education (SIECCAN, 2019) recommend that sexual health education be delivered by confident, well-trained, and knowledgeable professionals who receive strong administrative support. Also highlighted is the need for proper instruction as a key factor in the delivery of sexual health education (SIECCAN, 2019). Despite this recommendation, most ELPs in Canada have inadequate pre- and post-service-learning opportunities in the sexuality domain (Balter, et al., 2018). Pre-service education is identified as vital in advocating for the inclusion of content related to the development of sexuality in early learning settings and in helping ELPs to develop a sense of self-reflexivity in relation to addressing this domain (Duke & McCarthy, 2009). However, an informal review of 30 Ontario post-secondary institutions offering approved ECE programs (both degree and diploma) indicated there were no dedicated courses on the development of sexuality in the early years (Balter et al., 2018), although some parts of this content may be taught within other courses such as child or lifespan development. In Greece, Brouskeli and Sapountzis (2017) found four out of nine university departments offering degrees in ECE had courses that included more general discussions on sexuality education; however, few hours were dedicated to this topic throughout the courses. Moreover, like Ontario, there is a lack of dedicated courses available to students in Greece focusing on sexuality in early learning post-secondary programs. Only one out of the nine Greek university departments studied offered a course exclusively concerning sexuality and health (Brouskeli & Sapountzis, 2017). That sexuality and health course introduced students to topics including well-being, self-esteem, talking about emotions, respect for other's privacy, proper genital terminology, and body hygiene, which are essential information for ELPs.

International research demonstrates that the lack of instruction experienced by ELPs affects the quality of sexuality education being delivered to children in early learning settings. Ciacciatore and colleagues' (2020) study on Finnish early childhood professionals' (n=507) observations of young children's sexuality highlights that responding to children's verbal and behavioural expressions is often reactive on the part of the educator. They discuss that although it is common for children to ask and display sexual behaviours in the classroom setting, some children may "respect taboos and remain silent [and therefore] may never receive

education on such issues" (p. 2731). Furthermore, Cheung et al.'s (2019) study of Hong Kong pre-service ECEs' (n=216) perceptions of addressing sexuality in early childhood found a relationship between educators who were embarrassed talking about sexuality and their avoidance of addressing it. The researchers centre their implications of this finding around the need for more PD on sexuality and opportunities to deconstruct the sources of the ECEs' discomfort. These studies support the idea that sexuality is a sensitive topic and educational discrepancies are not unique to Ontario, Canada, further highlighting the need for change in better preparing ELPs to address sexuality to ensure healthy well-being and learning in every developmental domain for the children in their care.

The benefits of pre-service (e.g., Sinkinson, 2009) and post-service (e.g., Lokanc-Diluzio, Cobb, & Nelson, 2007) PD opportunities in sexuality education are evident. Focusing on public health units offering PD to educators, Lokanc-Diluzio and colleagues (2007) evaluated 11 sexual health PD workshops for elementary and junior high school teachers in Calgary, Canada. Participants (n=127) completed surveys prior to the start of the workshop (n=118) and surveys immediately afterward (n=109), with findings of increased knowledge and comfort in addressing sexuality with students following participation (Lokanc-Diluzio et al., 2007). Although supporting the positive impact of sexual health PD opportunities, Lockac-Diluzio and colleagues caution the interpretation of these results as the evaluation (a) was done based on a quality assurance initiative and not research; (b) the completion of the survey so shortly after the workshop cannot inform long-term change; and (c) only descriptive analyses were used. This is a call for a more robust evaluation of public health PD programs.

Toronto Public Health's Raising Sexually Healthy Children for Agency Staff Program

Across Canada, health units offer critical education and information to the public. Toronto Public Health (TPH) offers a unique PD opportunity for ELPs called Raising Sexually Healthy Children for Agency Staff (RSHCAS). This community-based PD opportunity is designed to help ELPs increase their knowledge and comfort around addressing the development of sexuality throughout childhood. Although the program has been delivered for over 15 years, there had been no formal evaluation prior to the current project.

The RSHCAS program is unique as there are no similar PD opportunities available in Ontario for ELPs to increase their knowledge and comfort in addressing the development of sexuality throughout the early years. An informal scan of public health departments in various regions throughout Ontario highlighted that TPH is the only public health unit to deliver in-person PD in the form of a full-day workshop on sexual health education for young children to an ELP population. The program is delivered through both didactic and interactive teaching methods, including a PowerPoint presentation and group discussions/activities. The program is designed to encourage participants to engage in discussions on topics such as defining sexuality, the importance of talking to children about sexuality, the benefits of a sexual health policy, childhood sexual development, the ELPs own beliefs and biases related to sexuality and discussions deconstructing how these beliefs and biases might affect their practice. By examining short scenarios together, facilitators also invite participants to practice answering children's questions and discuss different approaches to communicating and collaborating with families around sexuality. Participants are also provided with a resource package that includes information sheets and an example of a sexual health policy for childcare.

This PD opportunity is run by the Sexual Health Promotion team within TPH whose mandate is "to prevent unintended pregnancy and sexually transmitted infections (STIs)" (Toronto Public Health, 2018, para. 3), with an estimated 250 ELPs participating annually. Although adolescents and adults are the intended audience of this mandate, it was argued that focusing education on the early years would act as prevention. One of the pioneering members of the Raising Sexually Healthy Children (RSHC) workgroup stated:

> By instilling the need of this kind of education (sexual health) at a young age, along with the ideas of communication, normalizing sexuality, and knowledge, it would carry into the teenage years of these young children, and longitudinally would align with the mandate. When children get older, they will be prepared to talk to other adults about sensitive topics such as sexual health. (M. Gaffe, personal communication, January 26th, 2018)

The RSHC workgroup further advocated that taking a proactive (as opposed to reactive) approach would reduce STI and pregnancy rates in the adolescent years, among the other benefits of talking with children about sexuality previously listed.

In 2000, TPH's Sexual Health Promotion team recognized that parents, as critical influencers of children's development, needed to be a focus for programming. Parental programming was needed to increase knowledge and awareness of the physical, social, and emotional changes associated with puberty and offer tangible skills to deal with this subject in a positive and approachable way. Hence, a 2-hour workshop was developed and delivered to parents at school council meetings of the Toronto District School Board. This was the beginning of the RSHC programs. The RSHC workgroup later expanded its outreach from parents/guardians, offering the programming to parent facilitators in different language communities across Toronto (Narushima, Wong, Li, & Sutdhibhasilp, 2013) and to the ELP community, who were identified as also playing a pivotal role in socializing children. The mandate of the program is "to provide current information on raising sexually healthy children … to childcare service providers and related service providers" (M. Gaffe, personal communication, January 26th, 2018). The purpose of the current research is to assess the impact of TPH's RSHCAS PD opportunity.

The Current Study

This evaluation is based on a model of community-engaged scholarship defined as a "collaboration between institutions of higher education and their larger communities (local, regional/state, national, global) for the mutually beneficial exchange of knowledge and resources in a context of partnership and reciprocity" (Carnegie Foundation, 2010, as cited in Morton, 2013, p. 1). This project is a collaboration between researchers from the University of Guelph–Humber, University of Guelph, TPH, and the University of Toronto. The use of community-engaged research is advantageous as program evaluations such as this are one component of TPH's Sexual Health Promotion program (e.g., TPH's A Healthy City for All Strategic Plan 2015–19). TPH is committed to excellence through evidence-based research, and the current evaluation assists in addressing one of TPH's goals of making Toronto a healthy city in which to raise children.

Research Objective

To assess the RSHCAS impact, an outcome evaluation was conducted. Outcome evaluations measure program effects in the target population to determine if the short- and long-term objectives of the program are being achieved (Martens & Wilson, 2012). Outcome evaluations are used to assess program effectiveness in areas such as development of skills, knowledge gains, and changes in attitudes and/or behaviours among program participants and are useful for making a case for additional funding, revisions, and/or replications of the program (Martens & Wilson, 2012). For these reasons, an outcome evaluation was the preferred methodology. The current evaluation fills a gap in evidence-based practice (Ontario Ministry of Health and Long-Term Care; MOHLTC, 2018), as the program has not been formally evaluated. The objective of this study is to assess the impact of the program on participants' practice in relation to addressing the development of sexuality in early learning settings by conducting an outcome evaluation.

Methodology

Following a non-experimental pre-test/post-test research design (Martens & Wilson, 2012), RSHCAS participants were assessed at two timeframes: Time 1 (pre-workshop) and Time 2 (2 weeks post-workshop). Given the lack of PD opportunities on sexuality

documented in the literature for ELPs, it was predicted that change would happen for all the participants as a result of taking part in the workshop. This evaluation was approved by two Research Ethics Boards (for the post-secondary institution and the community organization) in summer 2016 and 2017, respectively. The sampling frame for this study included ELPs who attended one of the seven monthly workshops offered during the study (September 2017 to May 2018, not including January and February). The same four Sexual Health Promoters who facilitated the workshops were also part of the evaluation research team. Facilitators completed a fidelity checklist at the end of each workshop to ensure workshop consistency and document any deviations from the set content. Fidelity checklists were examined, and it was determined that the content specific to this evaluation was delivered consistently across the seven workshops.

Participants were asked to complete two surveys. The Time 1 survey took place prior to the start of the workshop. Participants who volunteered to be a part of the evaluation were allotted approximately 30 minutes for survey completion. Participants who completed the Time 1 survey and agreed to be contacted for the Time 2 survey received the survey either via email invitation or a hard copy version of the survey in the mail (as per their stated preference). All participants who took part in the study were offered token monetary incentives for each survey (in the form of electronic gift cards; $15 for Time 1 and $20 for Time 2).

The methodology for this study was chosen in collaboration with our community partners for several reasons: (a) the survey format was selected as the most efficient and flexible means to collect data from the ELPs participating in the workshops given that there was no guarantee that all participants would have access to email; and (b) in recognition that not all ELPs have access to paid PD time, our community partners suggested that collecting the Time 1 data prior to the beginning of the workshop, while collecting Time 2 data at the time of the participants' choice would entail the least amount of burden.

Participants

Of the 147 participants invited to be a part of this evaluation, 52 participants completed the Time 1 survey and 28 participants completed the Time 2 survey. The overall response rate was 35.4%, and retention rate from Time 1 to Time 2 survey completion was 53.8%. To determine whether those who completed only the Time 1 survey (n=24) were somehow different than those who completed both surveys, key demographic information was compared between the two groups using independent t-tests and Pearson chi-square difference tests. These tests demonstrated that there were no significant differences between the groups. The analyses for this paper focus on the data from the sample of 28 participants who completed both surveys.

Twenty-one participants reported their age with a mean of 37.5 years (range: 23–58). Twenty-seven participants responded to the questions about gender and race/ethnicity, with 92.6% identifying as women, one as a man, and one as Two-Spirited. Information on religious affiliation was answered by 23 participants, with 56.5% identifying as Christian, 8.7% as Atheist, 8.7% as Jewish, 4.3% as Buddhist, and 4.3% as Hindu. The four participants (17.4%) who selected "other" identified as none, spiritual, Catholic, and non-practicing Catholic. Participants averaged 11.4 years (range: 2–26) of experience working in early learning settings. Participants worked with a variety of age ranges, including (participants were able to "select all that apply"): infants 10.7% (n=3), preschool children 64.3% (n=18), junior and/or senior kindergarten 32.1% (n=9), and school-aged children 32.1% (n=9). Of the 27 ELPs who specified their roles as childcare or home childcare staff, 77.8% were Registered Early Childhood Educators (RECEs) and 22.2% were non-RECEs, other roles, or students. Four participants who reported "other" identified as student, childcare assistant, home visitor, supervisor/director, and assistant supervisor. When asked about a workplace sexual health policy, only four participants (15.4%) reported that their place of employment had a sexual health policy. Half of the participants (n=13) reported they didn't know whether a sexual health policy existed in their workplace, while 34.6% (n=9) stated there was no policy.

Survey Questions

The Time 1 and Time 2 surveys included 14 questions (four close-ended, four open-ended, and six demographic), with one additional open-ended question on the Time 2 survey (see Table 2; the full survey can be requested from the first author). Measures for this project were selected by the research team as they related to the purpose of this study, evaluating the impact of the program on participants' practice in addressing the domain of development of sexuality in their workplace, in alignment with the related RSHCAS learning objectives, and based on previous research (Balter et al., 2016; 2018). Table 1 demonstrates the relationship between the study purpose, program training objectives, and survey questions utilized for the analysis detailed in this paper.

The close-ended questions detailed in Table 1 were adapted from Cohen, Byers, Sears, and Weaver's (2004) research. Questions (a), (b), and (c) were answered on a six-point Likert-type scale, where 1=strongly agree, 5=strongly disagree, and 6=I choose not to answer. Response options for question (d) included preschool, Grades K–3, Grades 4–5, and "there should be no sexuality/sexual health information provided outside of home." The open-ended question was created by the research team for this study.

Data Analyses

Thematic analyses were carried out on the open-ended questions following Braun and Clarke's (2006) six-step process. The analyses on the qualitative questions represents an inductive analysis, "the process of coding the data *without* trying to fit it into a pre-existing coding frame" (Braun & Clarke, 2006, p. 83), that uses an essentialist/realist approach, where "a simple, largely unidirectional relationship is assumed between meaning and experience and language" (Braun & Clarke, 2006, p. 85). Thematic

Table 1

Research Alignment Table

Research Purpose	Learning Objectives	Survey Questions
To assess the impact the program has on participants' practice in relation to addressing the development of sexuality in an early learning setting	1. To increase awareness/ knowledge of sexuality; 2. To reflect and examine one's own attitudes and values on sexuality information acquired during childhood; 3. To review and/or increase knowledge on the sexual growth and development stages of children; and 4. To increase awareness and knowledge of professional practices and support of children's interaction with sexuality and their environments.	*Open-ended response; Time 2 only:* • Are you seeing an impact related to your participation in the training in your day-to-day practice? If so, please describe. *Close-ended responses; Time 1 & Time 2:* (a) Sexuality education for young children should be provided in childcare. (b) The childcare and parent(s) should share responsibility for providing children with sexuality education. (c) I feel that I have adequate training to teach sexuality education. (d) Sexuality education that is appropriate for child's age and developmental level should start in (age groups provided for responses).

analysis was carried out for the following open-ended question: "Are you seeing an impact related to your participation in training in your day-to-day practice? If so, please describe." Thematic analysis was conducted using NVivo 12 (QSR International Pty Ltd., 2018).

The three questions that assessed ELPs' opinions about sexuality education in the early years were treated as continuous variables; as such, the data set was prepared to conduct paired samples t-tests to examine the difference of means between the pre- and post-workshop tests. The question assessing ELPs' opinions about the timing of sexuality education in early childhood was treated as a categorical variable for which descriptive statistics were used. Statistical analyses were conducted using IBM's Statistical Package for the Social Sciences (SPSS, Version 24; IBM Corp, 2016).

Limitations

This evaluation features four main limitations in interpreting the outcomes. First was the inability to recruit a control group or make longitudinal comparisons. Because the design of this outcome evaluation does not lend itself to causal analyses, it cannot be concluded that the workshop led to increases in participant knowledge, comfort, and ability to answer children's questions; increases in communication between staff and parents; or ELPs' changed perceptions of feeling more prepared to address sexuality in early childhood and reporting an increased belief that sexuality should be addressed in preschool. Future evaluations should use a more robust design such as a randomized control trial (Creswell, 2015), which would allow for the causes of changes to be determined as well as comparisons between groups to be made. We also cannot be sure increases in felt preparedness to teach sexuality education or changes in belief will translate into action. Future evaluations should employ post-intervention follow up, past two weeks, to get a better understanding of the longer-term impacts of any changes in attitudes or practice.

Second, results cannot be generalized to the general population based on the small sample size (Creswell, 2015). To calculate one-tailed tests of significance, a minimum of 64 participants are required (Onwuiegbuzie et al., 2004, as cited in Collins, 2010), therefore the statistical analyses are less robust due to the small sample size and should be interpreted with caution. Feedback from workshop participants and TPH workshop facilitators offer insight in explaining the small sample size; notably, the length and literacy level of the survey acted as a barrier. In the future, a more simplified survey may render a higher participation rate. Additionally, an examination of how participants' race, ethnicity, and/or religion impacted their experience with the workshop material would be an important examination in a province as diverse as Ontario, to shed light on the importance of race, culture, and religion in the delivery of sexuality education in the early years. The early learning context is a predominantly White and secular industry, where English, Western, middle-class perspectives dominate and ELPs of colour, religious minorities, and new immigrants experience exclusion of their perspectives generally (Cheruvu, Souto-Manning, Lencl, and Chin-Calubaquib, 2015). Similarly, Kirova, Massing, Prochner, and Cleghorn (2016) demonstrate that students who come from culturally and linguistically diverse backgrounds are not recognized as possessing cultural competence in early childhood teacher education programs in Canada because their skills and knowledge are marginalized in the dominant ECE discourse. Cheruvu and colleagues (2015) found that non-White ELPs must negotiate multiple selves, competing identities, and mismatched knowledge systems in order to do their work. An important direction for future research, one that our data did not allow us to examine, would be the ways ELPs from various racial, ethnic, language, and religious groups address the development of sexuality and experience TPH's RSHCAS program.

Third, bias is a known issue in both self-reported data (Rosenman, Tennekoon, & Hill, 2011) and volunteer self-selection (Creswell, 2015). Self-reported data response bias, where "some individuals might offer biased estimates of self-assessed behaviour, ranging from a misunderstanding of what a proper measurement is to social-desirability bias, where the respondent wants to 'look good' in the survey, even if the survey is anonymous" (Rosenman et al., 2011, p. 320) is likely. Self-selection or volunteer bias suggests that there is something qualitatively different about participants who choose to volunteer to be involved in research compared to those who do not. Given these

biases, results should be interpreted with consideration that both response and self-selection biases may be present.

Fourth, although this was a community-engaged research project, the community engagement was with the Sexual Health promoters from the public health unit that hosts the program and not with the ELPs who work in the field. Although this makes sense given that this is a program evaluation, future research should work with the ELPs to include them as full partners engaged in all aspects of the research process to ensure that the research and findings are the most impactful to them, their practice, and the field.

Results and Discussion

The results of the evaluation and an integrated discussion are highlighted in two sections: Program impact on participants' perceptions of their day-to-day practice, and changes in opinions about sexuality education in early childhood.

Program Impact on Participants' Perceptions of their Day-to-Day Practice

The main research question in the evaluation aimed to assess whether the program had an impact on participants' perceptions of their day-to-day practice. Thirteen of the 28 participants responded to the question assessing overall impact of the program. Some participants indicated they were not seeing an impact two weeks after completion; three of the four participants expanded their response. One participant stated, "It started a conversation but has not had much impact in the infant room." Another stated, "Not at the moment, but I would feel more prepared if children had questions or concerns or behaviours to look for." And, another said, "No issues have come up in order to use strategies/incorporate discussions in our centre." Nine participants reported changes in their day-to-day practice relating to two main themes: increases in knowledge, comfort, and confidence, particularly in relation to answering children's questions; and an increase in communication between staff and parents.

Four participants indicated that the impact they were experiencing was due to an increase in knowledge and comfort in relation to the topic of addressing the development of sexuality. When considering the increases in knowledge, one participant stated they felt they had "better knowledge and communication skills with children and families," and another said, "It helped answer some questions I have about how to properly deal with pleasuring [self-touching] in the classroom in a way that does not shame the child." With regard to experiencing an increase in comfort, respondents shared, "I feel more confident and comfortable with the subject (addressing sexuality in the classroom) now," and "I am better able to answer questions that the children have, and more comfortable using the correct terms for body parts." Of those participants who experienced an increase in confidence, they did so within the context of answering children's questions. They stated, "I am more confident knowing how questions should be answered e.g., 'What do you think?' 'That is a great/important question, let's find out together with your parents' etc.," and, "I feel confident by responding positively to answering children's questions."

During RSHCAS, participants completed scenario work where they practiced answering children's questions; this practice, in combination with the content on childhood sexual development, may explain the increase in participant knowledge, comfort, and confidence in addressing children's questions about sexuality. Cacciatore and colleagues (2020) acknowledge that a large part of sexuality education in early years entails answering children's questions and in their study found young children's behaviours and discussions centered around "emotions, sexuality, the body, norms, relationships, health, reproduction, and rights" (p. 2730). The RSHCAS PD opportunity provides ELPs with sexuality information, while also modeling language regarding how to explain reproduction in a developmentally appropriate way, and how to address self-touching, a typical behaviour in early childhood (Family Planning Queensland, 2012). Furthermore, the RSHCAS addresses language throughout the instruction and normalizes conversations that the whole body is private, and what is commonly termed

as "private parts" be labeled the appropriate genital terminology. The program stresses that the idea that any touch that makes a child uncomfortable, be it on their genitals or anywhere else on the body, is abuse and a reportable offense. Informing children that no one should touch their genitals is common practice; nevertheless, doctors and/or nurses, parents, and ELPs are an exception to this message during check-ups, bath time, diapering, and toilet training. Naming the specific people and explaining why they can help with "private" body parts (genitals) provides practical information that participants may not have had prior to the workshop. Normalizing language and behaviours that are developmentally typical in early childhood and providing a guided opportunity to practice answering questions, making the experience more predictable, may be the key to increases in ELP participants' knowledge, comfort, and confidence.

With regard to experiencing an increase in communication, one participant stated, "I educated the staff members, and we order[ed] the pamphlet for all the parents," while another indicated, "It has assisted in the day-to-day enquiries from parents and other staff." Robinson (2013) discusses that early childhood professionals want support to know that how they address sexuality in childhood is appropriate. A PD opportunity such as the RSHCAS that is delivered by public health experts may be the reassurance they need to start, or continue, a dialogue with a shared understanding of the importance of addressing sexuality in early childhood. This, in turn, may explain why these ELPs reported that their communication at work between colleagues and parents increased.

Changes in Opinions about Sexuality Education in Early Childhood

Changes in participants' opinions regarding sexuality education in early childhood were found. A paired samples t-test was used to assess feelings toward sexuality education comparing Time 1 and Time 2 survey responses for the 28 participants who completed both surveys. There were a total of three questions and five response options (*1=strongly agree, 2=agree, 3=not sure/neutral, 4=disagree, 5=strongly disagree; 6=I choose not to answer* responses were treated as missing data). The paired samples t-test showed that participation in this PD opportunity contributed to a statistically significant change in perceptions on whether participants had adequate training to address sexuality in their practice (Table 2; with a medium effect size). This result demonstrates that participants were more likely to agree that they had the adequate instruction to address sexuality in their practice after completing the program compared

Table 2

Changes in General Opinions of Sexuality Education in Early Childhood

Statement	Time 1	Time 2	t(23)	p	Cohen's d
	Mean T1 (SD)	Mean T2 (SD)			
Sexuality/sexual health information for children should be provided in childcare.	2.04 (1.00)	1.92 (0.72)	0.77	.45	0.16
The childcare and parent(s) should share responsibility for providing children with sexuality/ sexual health information.	1.71 (0.86)	1.96 (1.00)	-1.45	.16	-2.95
I feel that I have the adequate training to address sexuality/sexual health information in my place of work.	3.25 (0.79)	2.38 (0.97)	3.31		0.68

Table 3

Ages When Developmentally Appropriate Sexuality/Sexual Health Information Should Begin

Ages	Time 1	(n=27)	Time 2	(n=24)
	n	%	n	%
Preschool	14	51.9	16	66.7
Grades K–3	8	29.6	3	12.5
Grade 4–5	5	18.5	5	20.8
There should be no sexuality/sexual health information provided outside of home.	0	0	0	0

to Time 1. This finding is similar to other singular workshops addressing sexual health offered by a Canadian public health unit (e.g., Lokanc-Diluzio et al., 2007). It makes logistical sense that having a full day dedicated to professional learning about the development of sexuality would enhance ECE participants' perceptions of their preparedness in addressing this domain, especially given that instruction in sexuality for ECEs is generally lacking (e.g., Balter et al., 2016).

Further, descriptive statistics were used to analyze participants' views on when developmentally appropriate sexuality education should begin. As shown in Table 3, at the Time 1 survey before the program, 51.9% (n=14) of participants felt that sexuality/sexual health information should begin in preschool, whereas, after the program, this percentage increased to 66.7% (n=16).

There are very few resources or PD opportunities that address the development of sexuality in early childhood, and the RSHCAS aims to normalize this content, which may explain why more ECE participants felt that sexuality education should begin in preschool in the Time 2 survey. The *Standards for Sexuality Education in Europe* (World Health Organization [WHO], 2010) highlights the importance of starting sexuality education in early childhood, offering a matrix of what sexuality content needs to be offered at different ages—starting from 0–4 years and onwards until 15+ years. This document normalizes the development of sexuality in early childhood, stressing "psychosexual development during childhood means the development of several physical, emotional, cognitive, and social skills characteristic of the child's age level" (p. 35). Having a document that normalizes the holistic nature of sexuality education in early childhood has prompted ELPs within Europe to implement this education, such as in Belgium, The Netherlands, and Finland (WHO, 2017). Similarly, ELPs who participate in the RSHCAS program can access knowledge about sexuality as a developmental domain and increase the likelihood that sexuality is addressed in early childhood.

Recommendations for Practice

The RSHCAS PD opportunity fills a gap in ELP's knowledge of addressing sexuality in early childhood, which is required to support their practice. Three recommendations are discussed that focus on mentorship, the value of administrative support and instruction in sexuality education, and the need to develop a provincial or national document guiding sexuality education in early childhood.

First, the RSHCAS PD opportunity offers participants a guided and supported opportunity to practice answering children's questions related to sexuality, which was discussed as a likely reason

that participants felt their knowledge, comfort, and confidence increased after attending RSHCAS. This strategy is noted in the literature as a best practice in PD. For example, Han (2014) states that "effective PD should include learning experiences not just developing knowledge for practice, but also developing knowledge in practice and knowledge of practice" (172). Han describes a model of best practices to teach children about social competence that is inclusive of "providing opportunities for participants to receive feedback on their implementation" and "guiding participants to reflect on their own practices" (p. 173). Given this, we recommend that ELPs who have participated in the RSHCAS PD opportunity become peer mentors within their places of employment for their colleagues (who may not have the chance to attend the RSHCAS). Although attending a one-day professional learning opportunity does not create expertise, having guidance from someone who is knowledgeable would provide an opportunity for ELPs to reflect on their practice, discuss the different issues that may arise, and provide ongoing feedback, leading to an increase in staff capacity to address the development of sexuality in childhood, and result in more consistent support for children. Further, continued focus on and discussion of this area amongst ELP teams or communities of practice would provide valuable on-going learning opportunities to critically engage with contemporary sexuality issues and consideration of impact on practice. We recognize that this would take time and investment of resources from childcare institutions and administration.

Second, *The Canadian Guidelines for Sexual Health Education* (SIECCAN, 2019) outline a philosophy of practice to deliver sexual health education. One of its principles is instruction and administrative support, whereby "sexual health education should be presented by confident, well-trained, knowledgeable and nonjudgmental individuals who receive strong administrative support from their agency or organization" (SIECCAN, 2019, p. 23). It would be beneficial for administrators—as pedagogical leaders—to receive sexuality education PD opportunities as they set the policy and vision for early learning centres. Furthermore, it is notable that ELP participants reported feeling more prepared to deliver sexuality education after the RSHCAS program. As such, we recommend ELPs continue to be given opportunities to increase their knowledge and teaching capacities in the domain of sexuality to support their front-line work.

Finally, PD works to increase capacity in knowledge and skills; in this case, it was shown to increase ELPs' knowledge, comfort, confidence, and communication in a developmental domain that is essential but rarely trained. We believe that access to and knowledge of information about sexuality in the early years lays the foundation for children's awareness and comfort; additionally, this access and knowledge would encourage communication about more complex sexuality issues in their later childhood, adolescence, and adulthood. The findings of this evaluation provide support for the suggestion from Balter and colleagues (2018) that an early childhood sexuality education curriculum be created by an interdisciplinary partnership. Bialystok (2018) states, "the liberal state must be committed to providing mandatory sex education as a matter of justice" (p. 11) for school-aged children. Addressing the development of sexuality in the early years is also a matter of justice, and we recommend that early learning settings increase the capacity of their ELPs to address these domains.

Conclusion

This evaluation contributes to a deeper understanding of the impacts of the RSHCAS program and provides evidence for its success in meeting its stated objectives. Training ELPs to provide sexuality education for children is a proactive strategy to improve sexual health and well-being (WHO, 2010). As the province of Ontario in Canada experienced conflicting responses to sexual health education updates in the elementary school curriculum over the last 10 years, this is an opportune time to think about the importance and meaning of sexuality education in early childhood in addition to identification of effective PD opportunities to support ELPs in their practice.

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