GDHR Impact Evaluation: Desktop Document Review

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1. Introduction

The Sexual Health and Blood-borne Virus Program (SHBBVP) within the Department of Health has commissioned an evaluation of Growing and Developing Healthy Relationships (GDHR), an online curriculum resource for teachers. The resource seeks to equip teachers to deliver relationships and sexuality education in Western Australian schools. The GDHR evaluation has two broad objectives: to assess how well the GDHR online curriculum resource is working, and to identify practical ways in which the GDHR resource might be strengthened.

Four key areas of interest are identified in the Terms of Reference for the evaluation:

1. How is GDHR perceived in terms of the value and **quality** of its **content** by key stakeholders?
2. How is GDHR **adding value** to RSE of young people in WA through:
    i. building the capacity of educators from kindergarten to Year 10 (K-10)?
    ii. building strategic partnerships that add value?
    iii. contributing to improved health and well-being of young people?
3. What aspects of the GDHR resource could be **improved** to build the capacity of educators K-10 and improve effectiveness?
4. What do stakeholders **aspire** to see as a result of GDHR in the **future**?

Comprehensive school-based relationships and sexuality education (RSE) has long been recognised as an effective means of uniformly targeting adolescent populations (Abraham & Wright, 1996). Teachers may be well positioned to facilitate learning in RSE because they are:

- trained and qualified professional educators able to make informed decisions about the content, learning activities and processes to be used in classrooms;
- equipped to monitor and report on student progress; and
- aware of the Australian Health and Physical Education curriculum and how it has been adapted for use in WA.

The purpose of this review report is to analyse currently available documentary data sources about GDHR prior to presenting new data that has been collected specifically for the purposes of the evaluation through methods such as interviews, an online survey and case studies. Existing internal documents related to GDHR were made available at the commencement of the evaluation. These are listed in Appendix 1. It is important to note that these documents were not originally produced for the purposes of this evaluation.

2. Development of GDHR

SHBBVP initiated development of the GDHR resource in 1998. SHBBVP is a branch of the Communicable Diseases Control Directorate (CDCD) of WA Health. It followed a recommendation of a state government review of issues related to the incidence of Sexually Transmitted Infections (STI). The review had found inconsistent use of teaching curriculum and syllabus materials where they existed, and poor availability of RSE materials in WA schools generally. Greater investment in sexual health education for young people and the development of supporting resources for teachers were recommendations.

GDHR was launched as a hardcopy curriculum support resource in 2002. As shorthand this initial resource will be referred to as 'GDHR-1'. The resource comprised three hardcopy books of materials:

- *Phase 1 – Early Childhood Phase: Foundations for Healthy Relationships*
- *Phase 2 – Middle Childhood Phase: Enhancing Healthy Relationships*
- *Phase 3 – Early Adolescence: Healthy Relationships and Sexual Health*.

As early as 2005 there was emerging evidence that GDHR-1 might be having a positive impact on the way RSE was delivered in schools. An audit commissioned by SHBBVP invited survey feedback from all schools in the State (Catalyse 2006). Three hundred and seven schools responded, comprising a third of all schools. Survey respondents included primary and high school teachers, school health nurses and non-teaching staff. This evidence suggests that the GDHR curriculum resource was on the way early towards achieving 'brand' recognition. In 38% of the schools that responded to the survey, at least one staff member had participated in professional development related to GDHR, and in 44% of the schools at least one staff member was using GDHR materials. Nevertheless, the main issue remained a shortage of teachers of RSE in schools

GDHR was subsequently 're-invented' as an online curriculum resource, superseding the hardcopy resource. This version is referred to as 'GDHR-2' in this evaluation. A decade ago online RSE curriculum resources were rare (Jackson 2004). The Calgary Health Region in Canada was amongst the first to use them, going online in 2007 www.teachingsexualhealth.ca. SHBBVP was in the vanguard of the e-learning revolution in Australia, going online in 2010.

An online resource has the distinct advantage of being able to reach large numbers of educators quickly, easily and at little cost in a way that is not possible with a hardcopy resource. Teachers need not leave their desks to access an online curriculum resource. Nor is anyone excluded by virtue of remoteness or regional location.

A review of GDHR-2 content in 2012 found scope to update the pedagogical approach. Following several years of development a fundamentally reworked version of GDHR went online on 17 March 2015, referred to here as 'GDHR-3'. All teaching-learning background notes and activities were comprehensively pedagogically updated.

GDHR-3 also differs from its predecessor in that the learning activities were modified from three age-appropriate phases of development (early childhood, middle childhood and early adolescence) to a year-by-year level of suggested learning activities. This was in accordance with the alignment of content to the new Australian school curriculum standards for Health and Physical Education set by the Australian Curriculum, Assessment and Reporting Authority (ACARA), as adapted for use in WA by the School Curriculum and Standards Authority (SCSA). For the first time, activities were organised by school year from kindergarten all the way through to Year 10 (K-10).

There has now been more than eighteen years of continuous state investment in developing the GDHR resource. A detailed list of milestones describing the roll-out of the resource can be found in Appendix 3.

3. Resource Content

This section considers how the available documents inform the understandings of the evaluator and how key stakeholders perceive the value and quality of GDHR resource content.

Arguably, the intended long-term impact of the GDHR resource is that it contributes to the improved relational and sexual health and well-being of students in WA. In order that it may do so the content of GDHR seeks to reflect current evidence about how to enable teachers of RSE to meet the information needs of students and positively influence their behaviours and attitudes.

A general philosophical principle underpinning GDHR is that, ideally, RSE should commence in the earliest years of schooling, with initial learning providing a scaffold for more advanced content in secondary school. By way of illustration, the early years focus is on physical and emotional differences, understanding feelings and the qualities that make for sound relationships. Physical changes at puberty are topics covered in the middle years, with other subject matter such as sexual relationships and contraception being introduced in later years.

The GDHR resource promotes a holistic approach to RSE founded on a set of values and principles that seek to take account of the broader social and cultural context in which school students are located. Specifically I understand it to promote:

a. the value of respect;
b. empathy;
c. tolerance;
d. healthy lifestyle;
e. the development of life skills;
f. informed choice;
g. personal responsibility;
h. self-management; and
i. responsible parenthood.

The GDHR online curriculum resource can be searched by school year or by the content material. The content of the GDHR-3 resource encompasses:

- safe practices (Staying Safe);
- physical changes (Growing Bodies);
- personal development (Emotional Well-being);
- healthy relationships (Respectful Relationships);
- gender diversity (Diversity);
- healthy bodies (Growing Bodies); and
- factors that influence health (Health Literacy).

Each content area of the resource is accompanied by:

a. background notes;
b. materials;
c. a resources list;
d. suggested classroom activities; and
e. information about protective interrupting.

The content of the resource is inclusive of contemporary issues such as:

a. discrimination and gender stereotyping;
b. disclosure;
c. coercion and consent; and
d. peer and media influence.

By way of example, the resource includes suggested classroom activities such as:

a. icebreakers;
b. use of emotion cards;
c. responses to true or false statements;
d. identifying advantages and disadvantages;
e. discussion of challenging scenarios;
f. role-plays, requiring interpersonal skills;
g. communication skills, such as active listening;
h. guest presentations by the school nurse to discuss topics such as personal hygiene, conception, pregnancy and contraception;
i. demonstrations; and
j. practice of (verbal and non-verbal) assertive skills, such as pressure, refusal lines and conflict management.

SHBBVP has demonstrated a commitment to the continuous improvement and review of the content of the GDHR initiative. There was a review of the hardcopy resource in 2005.

In 2009 SHBBVP commissioned a study by Estill and Associates (2009) on the ongoing professional development course for teachers that was delivered as part of GDHR at that time (and continues to be). The work included a literature review that particularly drew on the research of Kirby (1994, 2001, 2005 & 2007). The report found the professional development course had positive impacts on teaching practice and was "in keeping with best practice standards described in the literature". (Estill & Associates, 2009). The report commented favourably on GDHR-1 teaching-learning strategies and activities (Estill, 2009). It found that GDHR-1 resources helped teachers to make RSE activities fun and engaging for students (Estill, 2009).

A later review of the GDHR-2 resource, undertaken by the Information Access Group (IAG), found that it had been "very well received throughout Australia" and that the content was

aligned with aspects of 'best practice' (Thomas, 2012). In a survey conducted as part of the work, 95% of respondents agreed the resource was aligned to the Health and Physical Education school curriculum in WA at the time.

The IAG review undertook a process of benchmarking the content of the GDHR-2 resource with comparable on-line curriculum support resources. In some key areas GDHR-2 was found to be superior to other resources. Relative strengths were:

a. inclusion of a curriculum overview and topic summaries;
b. K-10 scope of the resource;
c. sequencing of the information;
d. user-friendly nature of the learning activities;
e. efforts to accommodate a range of learning styles;
f. recognition of gender-based learning needs;
g. content which addresses issues of discrimination and equal opportunity;
h. references to contemporary issues;
i. incorporation of features of current Information and Communication Technology (ICT); and
j. links to other curriculum resources.

However, the review was critical of the GDHR-2 website, finding it needed to keep pace with changes in pedagogical standards and also that it tended to be overly "cumbersome" and "wordy" (Thomas et al, 2012). Suggested improvements to content included:

a. increased emphasis on social skills and knowledge related to sexuality; and
b. reduced emphasis on anatomical and physiological content.

There was also a suggestion that some materials needed updating. One respondent stated "Open, relational engaging conversations and activities are far better than formal educational activities (Information Access Group, 2012)." A revised approach and a rewrite of the GDHR resource were recommended (Thomas et al, 2012). Over the 2013–15 period the GDHR website content was further reviewed and updated. GDHR-3 is now aligned with new school curriculum standards set by ACARA, as adapted by SCSA for use in WA.

As part of the desktop review features of GDHR-3 were compared with other health-education resources used in schools. There are opportunities to learn from and share ideas with other health-education initiatives operating in schools, enabling similarities and differences to be identified, and benchmark comparisons made across jurisdictions to other comparable countries such as Canada. The practice of making benchmark comparisons with other curriculum resources used in schools is a hallmark of best practice.

Comparing the GDHR resource with other health-education websites is a means of identifying similarities and differences, and doing so aids the process of identifying strengths and weaknesses of the resource relative to other resources. The previous review by the Information Access Group (IAG) undertaken on behalf of SHBBVP in 2013 implemented a process of benchmarking the features and content of the GDHR resource with comparable

online curriculum support resources. In some key areas GDHR was found to be superior. Relative strengths were:

a. inclusion of a curriculum overview and topic summaries;

b. whole-of-school K-10 scope of the resource;

c. sequencing information to guide teachers;

d. user-friendly nature of learning activities;

e. efforts to accommodate a range of learning styles;

f. recognition of gender-based learning needs;

g. content which addresses issues of discrimination and equal opportunity;

h. references to contemporary issues; and

i. links to other curriculum resources.

These strengths have been retained in the current version of the GDHR online resource.

Examination of websites in Australia and overseas, undertaken as part of this evaluation, reached the following summative findings:

a. links with relevant education authorities and school curriculum requirements are critical if a school-based resource is to be widely used by teachers;

b. governments have made significant investment in the development of RSE resources;

c. there is no uniform approach to RSE resource development;

d. a range of different agencies, including mainstream not-for-profit organisations, government agencies and universities are active in the sector;

e. some RSE service providers are more involved in active outreach work in schools than others;

f. some organisations involved in the delivery of RSE also offer related counselling, professional development and clinical services;

g. some form of cross-agency partnership approach is the norm in RSE service delivery;

h. most RSE initiatives are reliant on government funding, although a couple of community services do generate some revenue through fee-for-service arrangements;

i. all initiatives recognise the need to involve both male and female educators;

j. RSE is a field in which innovative approaches to participatory forms of engagement are encouraged routinely, incorporating activities such as ICT, art, music, dance, camps, competitions, games and sport; and

k. initiatives that are purposely designed to impact on students by working through and better resourcing school-based educators are commonplace in Australia.

The following is a list of websites that were viewed in the course of the evaluation, in addition to the GDHR resource. The list includes Australian and US websites and it encompasses both RSE and other health-education resources.

The implications of this analysis for GDHR are that it is 'ahead' of some other websites in respect of aspects such as comprehensiveness, whole-of-schooling focus, and its search ability. However, it lags by comparison with some websites in respect of ICT features and engaging graphic design.

Teaching Sexual Health CA

Teaching Sexual Health CA is an innovative webpage co-developed by educators and health professionals in Alberta, Canada. The website seeks to provide evidence-based information and strategies that provide teachers with comprehensive lesson plans, teaching tools, resources and links to relevant community organisations that can partner in and assist the educative process. The website contains an extensive bank of resources for teachers to utilise, including a teacher and parent portal containing lesson plans, PowerPoint slides, diagrams and interactive videos. While the website claims to be up to date, it is noted that it does not address some contemporary issues such as cyber-bullying, sexting and child access to online pornography.

Sexuality and U

Sexuality and U is another Canadian resource that also aims to provide accurate, credible and up-to-date information and education on sexual health issues. It aims to provide guidance and advice on ways to promote and maintain healthy sexuality. The website is an initiative of the Society of Obstetricians and Gynaecologists of Canada. It is not targeted at any particular age group. The website includes a comprehensive resource library specifically for teachers. The library contains abundant publications addressing issues of sexual health, body image, domestic violence, drugs and alcohol. The publications are substantiated by relevant research and studies. The website is a highly informative resource for educators working at the secondary schooling level.

Keys for Life

Keys for Life, a SDERA initiative, is focused on promoting safe driver education for high school students in WA. The website is a highly interactive system that features integrated audio-visual features to accompany theoretical information. It is a highly engaging platform with integrated audio-visual features designed to assist learner drivers. The inclusion of background notes to guide the facilitator and further information for learners make this website a well-rounded educational package. A particular strength of the Keys for Life website is its capacity to engage users with interactive elements whilst also imparting important concepts, as opposed to the alternative of a purely information-giving approach.

Mind Matters

Mind Matters is a mental health initiative designed for secondary schools and aims to improve social and emotional well-being in young people. It offers guidance to educators to assist them to build their own strategy to meet their own circumstances. The site does provide overviews and checklists so that educators can tailor to their school's specific needs. It does not provide ideas for modules, lesson plans or links to additional resources. The website also lacks interactive ICT features that might engage young people. The website is also difficult to navigate as it lacks continuity in link pathways and seeks to 'force' the user to engage with particular topics and documents, as distinct from being self-directed.

Shine

Shine SA provides comprehensive relationship and sexual health curriculum resources specifically for school Years 5-10. The homepage features a vibrant and easy-to-use portal to guide the user to topics such as sexually transmitted diseases, contraception and sexual and gender diversity. However, beyond the basic information featured on the homepage, the website features only two 'Teach it like it is' documents. It provides little in the way of a comprehensive educational framework for teachers. The website does refer to other documents that must be either purchased, booked or obtained through workshop attendance. Few materials are accessible online. Ultimately, the website provides limited resources for teaching RSE.

Sexuality Information and Education Council of the United States (SIECUS)

The role of SIECUS is RSE education, advocacy and information dissemination. The Council provides comprehensive guidelines for educators from kindergarten to Year 12. Many of the publications featured on the site are quite dated, with various documents on the website emanating from the 1990s. The education content appears to have not been updated for a substantial amount of time. The absence of any current discussion of contemporary issues is noted. Additionally, the website format is outdated, lacking any form of engaging features. The website basically provides a broad introduction to key concepts and topics relating to sexual health. It provides limited ideas to assist educators with lesson plans. The style is basically information giving and explanatory.

SeeMe

SeeMe is an interactive website developed by the Queen Victoria Women's Centre Trust in Canada to promote positive body image, and to respond to the impact of the media on young people's self-confidence and perception of themselves and others. This website features engaging, eye-catching graphic design with a digital feel that makes it highly appealing to young users. This is achieved by utilising imagery with a modern, technological feel that is congruent with the issues that the site aims to tackle. The website is characterised by simple navigation to important topics, and provides meaningful and engaging activities educators can deliver in class. There are also embedded videos. There are consistent and relevant references to contemporary social issues such as cyber-bullying and stereotyping. It discusses the widespread practice of using Photoshop techniques in magazines that promote body image. Furthermore, not only is the interface and content highly accessible to young people, the site also includes testimonies from young people on certain topics.

Catching on Resources

Catching on Early, *Catching on* and *Catching on Later* are comprehensive teacher resources documents (not websites) designed by the Victorian Government for use in primary and secondary education respectively. These resources provide overviews of health and well-being topics from pre-primary to Year 10. The publications aim to assist educators to facilitate health education at appropriate points in the child's schooling life. The resources not only provide extensive information about sexual health topics, but also provide notes to assist teachers in communicating concepts that may be new to children. Extensive use is

made of engaging peer-focused discussions, activities and worksheet templates. These activities and related resources are visually and intellectually engaging, thereby enhancing the learning experience.

Teaching Sexual Health NSW

Teaching Sexual Health NSW is a resource initiative of the NSW Department of Education focused on the facilitation and teaching of the emotional, social and physical aspects of growth and development. The goal is to equip young people with the knowledge, skills and values to have safe, fulfilling and enjoyable relationships, and to make responsible and safe choices leading into their adulthood. The website contains substantial discussion of how to use inclusive language, engage children with different learning styles, and communicate information about difficult concepts to them. Whilst the website features guidelines, activities, factual overviews and checklists that may assist educators, there is limited content that can be directly translated by educators to the classroom in key areas such as physical development, healthy relationships and sexuality. The website lacks comprehensive ready-to-use information that teachers can use to plan lessons.

Table 1 below contrasts features and content of the current GDHR resource with those of other comparable websites and other online resources.

Table 1: Comparative analysis of health-education websites and other resources

Characteristic	GDHR	Teaching Sexual Health	Sexuality and U	Keys for Life	Mind Matters	Sexual Health Information Networking and Education SA (SHine SA)	Education Council of USA website	SeeMe	Catching-on Victoria	Teaching Sexual Health NSW
Aligned with school curriculum	MR	MR	LE	LE	MR	MR	MR	MR	MR	MR
Whole-of-schooling focus	MR	MR	LE	LE	LE	LE	MR	LE	MR	MR
Resource searchable by Year level and topic category	MR	MR	LE	LE	LE	LE	LE	LE	MR	LE
Includes Background Notes to guide teachers	MR	MR	LE	LE	MR	MR	LE	MR	MR	MR
Contemporary ICT features	LE	LE	LE	MR	MR	LE	LE	MR	LE	LE
Hyperlinks to other resources	MR	MR	LE	LE	MR	LE	MR	MR	LE	MR
Downloadable Classroom Teaching-Learning Activities	MR	MR	LE	LE	MR	LE	LE	MR	MR	MR
Accessible to teachers, parents and students	MR	MR	MR	MR	MR	LE	MR	MR	MR	MR
Caters for user-generated information and is interactive	LE	MR	LE	MR	LE	MR	LE	MR	LE	LE
Accommodates range of different learning styles	MR	MR	LE	LE	MR	LE	LE	MR	MR	MR
Addresses contemporary issues such as cyber-bullying, sexting and child access to pornography	MR	LE	LE	LE	MR	MR	LE	MR	MR	MR
Glossary of terms	MR	MR	LE	LE	MR	LE	LE	MR	LE	LE

GDHR Impact Evaluation: Desktop Document Review

Characteristic	GDHR	Teaching Sexual Health	Sexuality and U	Keys for Life	Mind Matters	Sexual Health Information Networking and Education SA (SHine SA)	Education Council of USA website	SeeMe	Catching-on Victoria	Teaching Sexual Health NSW
List of references/ bibliography	LE	LE	LE	LE	MR	LE	MR	LE	MR	MR
Engaging graphic design and audio-visual features	LE	LE	LE	MR	LE	LE	LE	MR	LE	LE
Evidence of periodic evaluation and review of the resource	MR	MR	LE	LE	LE	MR	LE	MR	LE	MR
Independent content audit and quality control processes	ME	ME	LE	LE	LE	MR	MR	MR	MR	MR
Resource references the evidence-base	LE	LE	LE	LE	LE	LE	MR	LE	MR	MR
Identifies external influences such as school culture, parental attitudes and broader social values	MR	LE	LE	LE	MR	MR	MR	MR	MR	MR
Identifies strategic partners in RSE	ME	MR	MR	LE	MR	MR	MR	MR	MR	MR
Ease of Navigation	MR	MR	MR	MR	LE	MR	LE	MR	LE	LE
Multiple Funding Sources	LE	LE	LE	MR	LE	LE	MR	MR	LE	LE
Multi-agency governance	LE	LE	MR	LE	LE	LE	LE	LE	LE	LE

Key:
MR   Meeting requirement
ME   Mixed evidence/partially meeting requirement/room for improvement
LE   Little evidence of substantially meeting the requirement.

4. Value Added by GDHR

4.1 Overview

This section of the review considers ways in which GDHR-3 may be adding value to school-based RSE in WA, based entirely on the documents made available. The Terms of Reference for the GDHR evaluation specifically ask that this GDHR impact evaluation consider the value added by the resource in respect of:

    a. building the capacity of teachers to deliver RSE;
    b. working in partnership with other key stakeholders; and
    c. contributing to improved relationships and sexuality education of young people.

4.2 Capacity-building

This sub-section considers the available documentary evidence about how the GDHR resource contributes to building the capacity of teachers to deliver RSE in the classroom from kindergarten to Year 10 (K-10).

Capacity is understood as the knowledge, skills, understandings, abilities, confidence, commitment, values, relationships, behaviours and motivations, as well as resources and environmental conditions that enable an individual or organisation to carry out functions and achieve objectives. Capacity-building is a process concerned with developing the scope for deciding an action, particularly in relation to issues that arise out of social inequity and exclusion.

The GDHR resource is purposely designed to provide online curriculum support to Western Australian school teachers who already deliver RSE, and those who recognise the need for it and are considering implementing it. The resource seeks to ensure teachers understand the content of RSE and to equip them with a range of appropriate instructional techniques and material to assist them to do it.

The work of consultants previously involved with GDHR indicates that RSE is generally taught most effectively where teachers are:

    a. knowledgeable (content and pedagogy);
    b. trained (online, pre-service and in-service);
    c. supported (by curriculum, peers, school leadership, school and government policies, parents/carers and the community); and
    d. comfortable (confident and willing to deliver RSE).

The Information Access Group canvassed the views of key stakeholders about GDHR-2 (Thomas et al 2012). Thirty-three people were invited to participate in a survey and 21 responded. Given the small numbers involved, it is not a representative sample. Those who responded nevertheless included opinion leaders in the area of RSE such as academics, consultants, teachers and other educators.

The views expressed were diverse, ranging along a continuum from positive to negative. Positive comments about GDHR-2 emphasised its value as a practical resource for teachers. Almost a third of the survey respondents indicated that at that time GDHR-2 was not meeting their RSE teaching-learning needs. Some visitors to the website experienced navigation difficulties, struggling to find what they were looking for. A new survey, undertaken as part of this current GDHR Impact Evaluation, invites stakeholders to provide their views about navigating the website following the update to and launch of GDHR-3 in 2015.

When GDHR-1 was first introduced it was complemented by the instigation of a professional development course for teachers to support their use of GDHR and better equip them in the skills of RSE. This course operated in tandem and ran from 2002-2012, utilising the services of a private training provider contracted to SHBBVP. Concord, which later became Western Australian Health Education Services (WAHES), trained more than 450 school educators (teachers and school nurses) who undertook the course at some stage. Each intake accommodated groups of 20-25 educators at a time.

In the 2009 evaluation by Estill and Associates favourable conclusions were made about the training, finding it made a valuable contribution to the professional development of educators: "The course was seen to provide high quality training, good content and the information given was easily able to be translated into actions in the classroom"(Estill & Associates 2009). It was further noted that the course was aligned with "national and international best practice in its design, structure and implementation" (Estill & Associates, 2009). A key issue was that schools experienced problems paying for relief teachers to enable educators to attend, that other forms of professional development might be given greater priority, and that teachers lack the time to attend.

Significantly, those who completed the professional development (PD) course had an increase in confidence and were found to be more likely to spend time teaching RSE (Estill and Associates, 2009). Resourcing school-based RSE is not only about promoting competence to teach, but also the willingness to teach the subject matter (Estill & Associates, 2009). Teacher discomfort at the prospect of delivering RSE in the classroom is cited as a barrier to the delivery of RSE in schools. However, it is not clear that a professional development course alone can overcome the problem. Seventy-five per cent of teachers contacted by Estill and Associates (2009) still felt uncomfortable teaching RSE, even after the PD.

SHBBVP currently contracts Curtin University to deliver an RSE professional development course for school teachers. The course is not a pre-requisite or compulsory for teachers of RSE in WA schools, and it is not part of GDHR. Nor is it the subject of this current GDHR Impact Evaluation. Nevertheless, an issue for the evaluation is consideration of whether GDHR might be a more effective curriculum resource for teachers when it is delivered in conjunction with professional development. It is noted that the model of explicitly linking a curriculum resource with a professional development course is an established practice in

other areas of health promotion in WA and, in particular, used by SDERA (Estill & Associates, 2009).

The view of SHBBVP is that online PD should be part of the GDHR website. Indeed, a prime motivation for the creation of GDHR-2 was to develop a means for online PD for teachers. Development of online PD did occur as a DoE-WA Health collaboration. Subsequently, DoE decided the PD would be placed on their portal, not included as part of GDHR. The portal is not accessible to the public and therefore not available to this review.

4.3 Strategic partnerships

This section of the review considers the strategic partner relations that have been built in the process of developing and delivering the GDHR resource. The health, education, commercial service and not-for-profit community service sectors are all active stakeholders in the RSE space in WA, as is the case in other jurisdictions. Background documents provided to inform the GDHR evaluation explain how agencies have been connected at various times in the delivery of GDHR, the changes over time and how a new governance structure may be implemented. Table 2 below summarises strategic links established between key partners with a stake in GDHR.

Table 2: Partnership

Partner Organisation	Contribution to GDHR Collaboration
HEALTH SECTOR	
SHBBVP, CDCD, WA Health	1) SHBBVP allocate staff and budget resources to develop GDHR curriculum resources 2) SHBBVP formulate statewide policy to guide RSE initiatives such as GDHR 3) SHBBVP staff contribute their expertise and experience in health promotion, project management, teaching, marketing and ICT 4) SHBBVP engage professional consultants for training, curriculum writing, ICT, review, audit, evaluation and other professional services 5) SHBBVP staff serve on the GDHR Evaluation Reference Group and other reference groups.
CACH, WA Health	1) Represented on the GDHR Evaluation Reference Group 2) CACH encourages school nurses to assist teachers with GDHR delivery 3) SHBBVP collaborates with CACH to assist them with decisions about update and placement of their sexual health education Toolkit resource for school-based community health nurses.
COMMS, WA Health	1) Marketing and promotion advice 2) Assistance with launch.
EDUCATION SECTOR	
SCSA	1) Responsible for kindergarten to Year 12 school curriculum in WA 2) Adapted Australian school curriculum developed by ACARA to the WA Health and Physical Education curriculum and made documents available to enable SHBBVP to develop GDHR teaching-learning materials 3) Liaised with SHBBVP to outline HPE assessment process 4) Provides ongoing advice and support re health education curriculum to DoH.
DoE	1) Formal partner in the development of GDHR-1 and GDHR-2 with joint DoE-WA Health MoU in place 2) Partnership is not currently active 3) DoE and WA Health co-badged GDHR-2 website for nearly five years and were a major strategic partner at that time 4) DoE is no longer a major strategic partner. Substantive contributing factors include a departmental restructure relating to HPE and differing views on how the GDHR resource might progress in the future
AISWA	1) Collaborated on the development of GDHR-1. 2) Participated in program logic workshop and case study for evaluation.
Schools	1) Two representatives of individual government schools, a primary and secondary, were invited onto the GDHR Evaluation Reference Group 2) Teachers continue to participate in parallel PD offered by Curtin University, becoming more familiar and aware of GDHR and providing feedback on the resource in the process.
CERIPH, School of Public Health, Curtin University	1) Represented on GDHR Evaluation Reference Group 2) Provision of pre-service teacher training that includes RSE 3) Delivers undergraduate units in sexology and relevant postgraduate opportunities 4) Funded by SHBBVP to deliver RSE professional development for teachers 5) Funded by SHBBVP to run and facilitate an annual symposium and occasional seminar program 6) Provided teacher mail list database for online survey 7) Provided advice and suggestions re recommendations for case studies and interviews.

Partner Organisation	Contribution to GDHR Collaboration
COMMERCIAL SERVICE PROVIDERS	
Permeance Technologies	1) IT support and website management services 2011-current 2) Provides relevant consultancy advice as requested.
Lorel Mayberry	1) Review of curriculum writing and updates.
John Scougall Consulting Services	1) GDHR Impact Evaluation 2016.
Information Access Group	1) Review of GDHR content and learning activities in 2012-2013 2) Contribution to update of GDHR learning activities.
Estill & Associates	1) Evaluation of parallel teacher professional development course 2009.
Catalyse	2) Undertook analysis of results and report written on audit of GDHR-1 2005.
NOT-FOR-PROFIT COMMUNITY SERVICES SECTOR	
WAHPSA	1) Supporter of the GDHR initiative as part of a broader Health Promoting Schools framework.
SHQ	2) Member of previous GDHR reference groups and workshop contributor, PD and other forums.

Figure 1 below represents the key stakeholders with an interest in GDHR diagrammatically. The blue lines symbolise a general network of relationships between agencies and do not necessarily represent actual relationships.

Figure 1: Key GDHR stakeholders
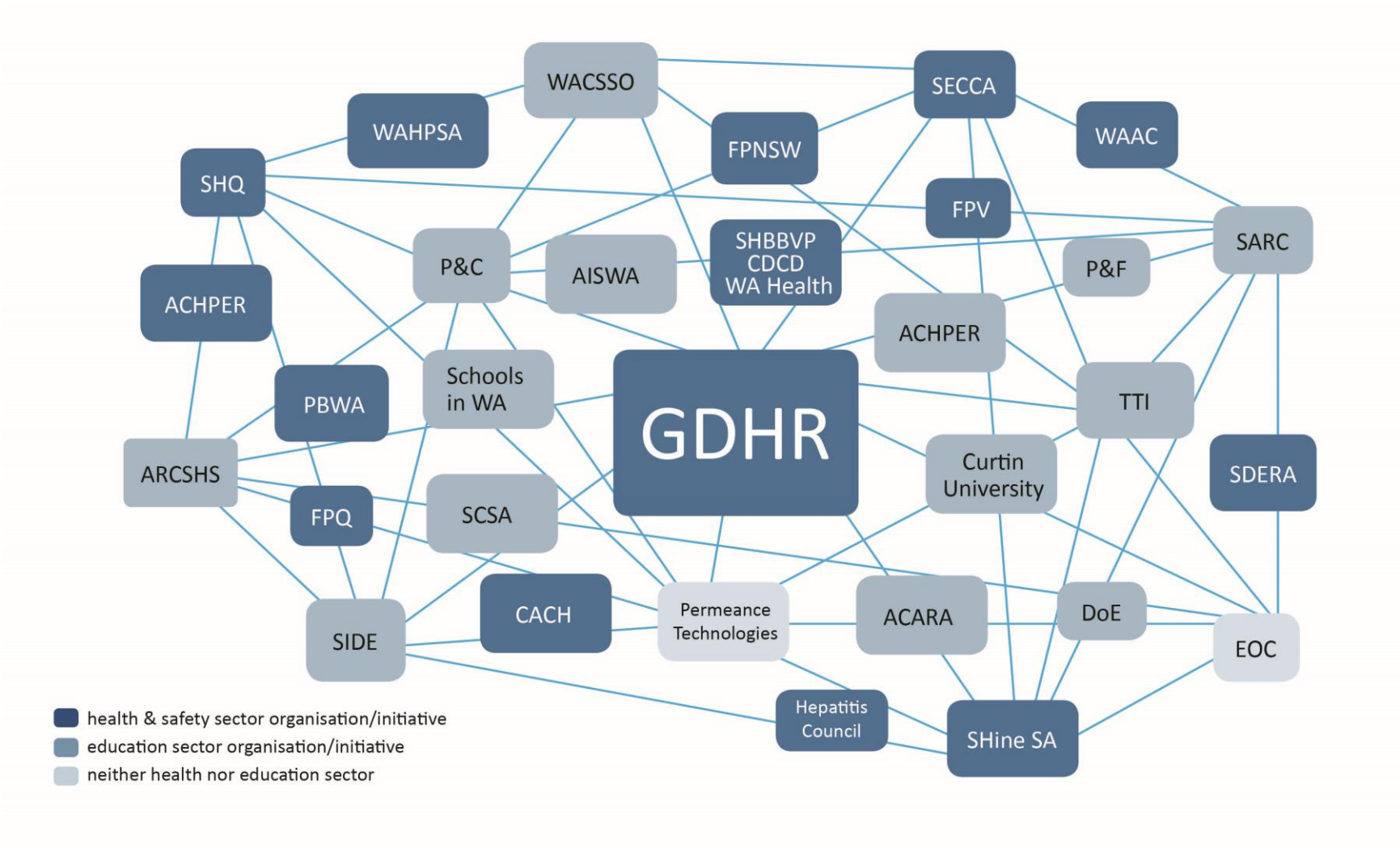
The GDHR project sponsor is SHBBVP, located within the Communicable Diseases Control Directorate (CDCD) of the Health Department of Western Australia (WA Health). It is responsible for the staffing, budgeting (from the 'Schools Portfolio') and policy-making related to the GDHR curriculum resource. One senior staff officer is responsible for the GDHR initiative; they work with other SHBBVP officers and external consultants on its content and day-to-day operations and continuous improvement. All contribute expertise and experience in areas such as RSE, health promotion, teaching, curriculum development, IT and policy. They also have assisted in the implementation of the GDHR Impact Evaluation, including also serving on the Reference Group.

A GDHR Management and Steering Team functions as the GDHR decision-making, task allocation and website management group. Since 2015 the Team has met approximately fortnightly to monthly, depending on current requirements. Minutes of meetings from August 2015 onwards were made available to inform this evaluation. They show the Team's oversight of various website issues such as:

- e.   updating content, learning activities and images;
- f.   reviewing Google analytics data;
- g.   links to other relevant websites and action to address any broken links;
- h.   legal issues related to copyright and appropriate acknowledgement of sources; and
- i.   the promotion of GDHR-related seminars, symposiums and other events.

SHBBVP is able to call on the resources of other branches of WA Health to assist with more specialised tasks. For instance, the WA Health Communications Directorate (COMMS) occasionally provides marketing and promotion support. Financial analysis suggests marketing and promotion of GDHR has not been an area of substantial investment so far. The primary focus of SHBBVP has been on developing the resource in terms of content and ICT functionality.

The Child and Adolescent Community Health (CACH) is an arm of the Child and Adolescent Health Service of Western Australia, and also part of WA Health. Its responsibilities include the provision of school health services by school nurses. CACH provides a range of health promotion, preventative and early intervention community-based services to children and families. Growth and development in the early years and well-being during childhood and adolescence are particular foci. The stated vision of CACH is "Supporting families to raise happy, healthy children and adolescents."

GDHR is designed for the use of teachers, not school nurses. In policy parlance, the use of the GDHR resource by school nurses might be termed a positive 'unintended consequence' of the initiative, in the sense that originally this was not an objective. Previous work by Estill and Associates (2009) found a significant level of awareness of the GDHR resource amongst school nurses and health coordinators, and that in around 15% of WA schools the responsibility for classroom teaching of RSE was shared between a teacher and a school nurse (Estill & Associates, 2009).

CACH has become a valued source of guidance and feedback on GDHR content and delivery. As part of their own internal policy review and formation in this area, CACH completed an informative exercise that included an alignment of GDHR content with six key sexuality concepts developed by UNESCO (International Technical Guidance on Sexuality Education UNESCO, Vol. 2, Years 4–7). The concepts are:

1. relationships;
2. values, attitudes and skills;
3. culture, society and human rights;
4. human development;
5. sexual behaviour; and
6. sexual and reproductive health.

CACH has recently established a review process for the update and direction of an RSE resource used by community health nurses, and to identify the support requirements of school nurses. In addition, a CACH staff member is serving on the GDHR Evaluation Reference Group.

From the commencement of the GDHR initiative, SHBBVP has worked with education authorities, initially it was the Department of Education (DoE). However, the most significant current relationship is with the School Curriculum and Standards Authority (SCSA), the independent statutory authority charged with improving student learning outcomes through robust curriculum, assessment and reporting standards. SCSA is responsible for all school curriculum in WA from kindergarten to Year 12. The GDHR curriculum resource is aligned with requirements as set by the Australian Curriculum Assessment and Reporting Authority (ACARA), and adapted for WA schools by SCSA through the WA Curriculum in Health and Physical Education.

SHBBVP encourages the direct involvement of teachers and schools in the ongoing development of the GDHR resource. For instance, currently staff members from Roseworth Primary School and Butler College volunteer to serve on the GDHR Evaluation Reference Group.

Not all school sectors choose to utilise the GDHR resource or become involved in its ongoing development. The Catholic Education Office (CEO), for example, chooses not to promote the resource to its schools. The Association of Independent Schools of Western Australia (AISWA) did collaborate in the early stages of GDHR resource development and still has a continuing interest. Teachers employed in independent schools are amongst the regular users of GDHR teaching-learning materials.

The original process of developing GDHR-1 involved collaborative partnership between SHBBVP and the WA DoE. There was a formal Memorandum of Understanding between DoE and DHWA in respect to the co-development of the GDHR resource that was initially co-badged by both agencies over the period 2009–2014. The GDHR resource is no longer co-badged, and DoE is not currently involved in its ongoing development and management. DoE advised it did not wish to continue co-badging for GDHR-3. The primary issue related to

different views over the nature of some GDHR website content. DoE was averse to the risk of school, parental and community controversy.

Furthermore, website content development and management arrangements requiring simultaneous high-level approval by two directors general ultimately proved cumbersome. The timely publication of new materials became problematic. A restructure within DoE added to the challenges of progressing GDHR content through the department for sign off. The experience highlighted the value of a streamlined content management system managed by a single agency.

Curtin University's School of Public Health and the Collaboration for Evidence, Research and Impact in Public Health (CERIPH) have also long been strategic partners with SHBBVP on a range of RSE-related issues. The university provides pre-service teacher training that includes RSE content. It offers undergraduate units in sexology and opportunities for postgraduate study in RSE. It is also funded by SHBBVP to continue the delivery of RSE professional development for teachers. CERIPH is represented on the GDHR Evaluation Reference Group. Beyond the GDHR initiative, CERIPH and SHBBVP also work together on other initiatives, such as the WA Sexual Health and Blood-borne Virus Applied Research and Evaluation Network (SiREN), a partnership between connecting researchers, service providers and policymakers.

In October 2015 the School of Public Health, supported by the SHBBVP, facilitated the Symposium 'Growing and Developing Health Relationships: Supporting Schools to Deliver Effective Sexuality and Relationships Education'. The event included a presentation about the new GDHR-3 website and a concurrent session by two teachers on the use of the GDHR resource in the classroom. Of the 150 delegates who attended the event, 43% completed an evaluation questionnaire. The responses provide a rich source of current information about how GDHR is perceived by those stakeholders who attended the event (2015).

SHBBVP has made extensive use of consultancy services to contribute professional advice across a range of areas. KT Studios originally provided the first website development service and then maintenance service (2009–11). Permeance Technologies have been the ICT partner for GDHR since 2011, ensuring the critical functionality, support and maintenance for the GDHR website. The effective operation of GDHR requires substantial and ongoing investment in technical support, hosting and licensing arrangements. ICT is an area in which significant issues were experienced in the past relating to software, security and html errors. Subsequently, considerable work has now been done to ensure GDHR is standards compliant with Web Content Accessibility Guidelines (WCAG) outlined in the National Transition Strategy (NTS).

Consultants have also been contracted by SHBBVP as RSE curriculum writers and editors. Quality content control is necessary to enable a resource like GDHR to develop and sustain a reputation for accuracy. Academics and school teachers have been recruited to develop and also to provide expert review and feedback on draft GDHR learning activities. It is noted that GDHR has engaged individuals as consultants to assist with academic and other RSE expertise to write, edit and review the content of learning activities prior to publication.

WA Health Education Services (formerly Concord) was initially contracted to deliver face-to-face professional development training services based on the original GDHR resource in 2002. The course complemented the original GDHR-1 hardcopy curriculum resource. These arrangements continued until 2009, when production of GDHR-1 hardcopy resources was ceased in favour of the online resource option.

The original intention was that the online GDHR resource would both provide curriculum materials and serve as an online professional development course. An online teacher PD course in RSE was developed, but ended up being located within the DoE portal and only accessible to teachers in government schools. The School of Public Health at Curtin University currently offers RSE professional development training to teachers funded by SHBBVP which is, as per previous PD courses, a separate initiative to GDHR but which nevertheless does refer to the resource as a support for teachers.

Consultants such as Catalyse, Estill and Associates, the Information Access Group and John Scougall Consulting Services have, at various times, provided independent evaluation and review services to inform the future development of the GDHR resource. Substantial reports have been produced documenting achievements, challenges and potential improvement.

The Western Australian Health Promoting Schools Association (WAHPSA), a network of members connected by a shared interest in promoting the links between education and health has also been a part of the extended network of health agencies interested in supporting the 'Health Promoting School' concept. Established in 1989, WAHPSA was initially called the School Health Coalition. It defines a Health Promoting School as one "that is constantly strengthening its capacity as a healthy setting for living, learning and working". A link to GDHR appears on the WAHPSA website.

A new governance model is currently proposed for GDHR by way of the establishment of an Advisory Group, and draft Terms of Reference have been formulated. The proposed group structure includes representatives of stakeholders drawn from interested agencies across the RSE sector. Implementation of these governance arrangements will align GDHR with other health promotion initiatives that have a board representative of stakeholders, such as School Drug Education and Road Aware (SDERA).

SHBBVP already has a long track record of inviting representatives from a range of agencies in the RSE sector to contribute to committee work, workshops and other activities related to the GDHR curriculum resource.

4.4 Contribution to health and well-being

This sub-section considers the available documentary evidence about how the GDHR resource may be contributing towards medium to long-term improvement in the health and well-being of students. A curriculum resource, like any capacity-building initiative, needs to be both monitored and evaluated to ensure it is contributing to positive outcomes and making good use of limited public resources. Proof that the GDHR resource is making a difference is initially predicated on it reaching and being used by the target audience of teachers in WA. At present there is insufficient data about this aspect.

Google Analytics is one source of information about the extent to which the GDHR site may be reaching the intended target group. SHBBVP has collected Google Analytics data over the initial 12-month period since GDHR-3 was launched and operational from 17 March 2015 to the close of business 16 March 2016. In this period there were 49,909 GDHR website sessions, an average of 960 each week. There were 38,568 unique users of the site. Clearly, GDHR-3 has achieved substantial reach. The challenge is to estimate how many visitors to the site are in the target group and to determine how the number of WA teachers using the website increases or decreases over time.

For analytical purposes it may be possible to 'drill down' further into the existing Google Analytics data to eliminate for analytical purposes those website visitors who are probably not in the target audience of teachers. For instance, it might be assumed that a teacher utilising the GDHR resource for its intended purpose would probably:

a. have a WA Internet service provider and access the resource from a desktop computer;
b. access more than one page in order to locate the resources they need;
c. access the learning activities organised by school year so that they can download materials; and
d. be a return visitor to the site.

Twenty-eight per cent (10,799) of visitors to the GDHR website in the 12-month period did so through a WA-based Internet service provider. This would be an underestimate of WA visitors because some visitors to the website residing in WA will have an interstate Internet service provider. An unintended positive consequence of the existence of the GDHR resource is that it does attract widespread usage from people outside WA. This could mean the resource is valued beyond WA, but such visitors are not the target audience.

WA teachers visiting the website might also be reasonably expected to be usually doing so from a desktop computer. About 20% of visitors to the website are known to have accessed it using a mobile telephone or tablet. It indicates that this online curriculum resource is sufficiently flexible to be accessed 'on the run'. However, the extent to which teachers would choose to access an online curriculum resource using such devices is less clear.

The total number of page views over the initial year of GDHR-3 operation was 142,130, an average of about three per session. The number of page views by top users of the site would be a more illuminating statistic than the total number of page views. Arguably, the top users are more likely to be teachers utilising the resource.

Table 3 (below) indicates there were 6191 unique page views of GDHR-3 school year learning activities in the past 12 months. Visitors viewing these pages seem most likely to be from the target audience of WA teachers. The data suggests that interest in RSE curriculum is no longer confined to the middle years of high school, as may once have been the case. Roughly a quarter (28.8%) of GDHR learning activity views related to pre-primary education, almost a half (46%) related to primary school, and a quarter (25.2%) to Years 8–10 in high school. Year 6 GDHR materials were the most viewed of all (although there is not much

variability in page views by school year after Year 5). The data can be interpreted as suggesting the GDHR resource has achieved the objective of making age-appropriate RSE teaching-learning materials available to teachers across all school years.

Table 3: GDHR Unique page views by school year learning activities

Year	Unique Page Views No.	Expressed as Percentage %
Pre-primary	**1,787**	**28.8**
Primary		
Year 1	314	5.0
Year 2	253	4.0
Year 3	266	4.2
Year 4	338	5.4
Year 5	512	8.2
Year 6	588	9.4
Year 7	571	9.2
Sub-total	**2842**	**45.9**
High School		
Year 8	454	7.3
Year 9	567	9.2
Year 10	541	8.7
Sub-total	**1662**	**25.2**
TOTAL	**6191**	**100**

(Timeframe: 17 March 2015 – 17 March 2016)

'GDHR' is the top key word used in organic searches, suggesting there is significant 'brand' awareness amongst website visitors. In total, the GDHR home page received 3116 views. Top referral sources to the GDHR-3 website include www.public.health.wa.gov.au and http://www.internet4classrooms.com/.

Visitors from all these sources might reasonably be assumed to be from the target audience of WA teachers looking for teaching-learning materials.

The most common GDHR landing pages and the most viewed relate to the issue of media and body image, attracting 23,724 views in all. Amongst the top key organic search words used to access GDHR were 'Body image and the media' and 'Body image statistics Australia'. It is noted that referral sites to the GDHR resource include sources of unwanted spam, a concern for many websites. Visitors from these sources are unlikely to be WA teachers.

About 23% (8947) of visitors to the GDHR website revisited in the first year of its operation. This pattern of use would seem consistent with what a teacher utilising the RSE teaching-learning resources would do. Seventy-three per cent of visitors to the website did not engage with the content at all, quickly 'bouncing' and leaving after briefly viewing a single page. It seems unlikely that they would be WA teachers looking for RSE materials to use. Nevertheless, even after discounting the 'bouncers', 8947 returning website visitors over a 12-month period remains a substantial number of visitors, if they are indeed teachers utilising the resource as intended.

Google Analytics is not the only monitoring tool available. An option is to incorporate a brief pop-up survey into the GDHR online curriculum resource. Care would be required to design it in such a way that it did not annoy constitute annoyance to potential site users. It could,

for instance, be restricted to a single brief question put to first-time visitors: 'Are you a school teacher in WA?' Return visits to the site by those who answer 'Yes' could then be tracked without the need for any further intrusive questions.

A pop-up survey can identify whether users are in the target market for the website and makes it possible to track their subsequent pattern of usage. Users could be invited to 'accept cookies'. Selecting this option allows a server to store valuable relevant information about a user and their pattern of use.

An annual survey administered to schools and/or stakeholders in WA is also an option to track the usage pattern of the website over time. The current GDHR Impact Evaluation and previous work by others have involved surveys of users of GDHR materials. It has been demonstrated that a survey can be designed to attract a significant response by 'piggy backing' on the email databases of related organisations. These have, however, been cumbersome to administer because of the absence of a single GDHR email contact list. Higher survey response rates may be achieved with less effort if SHBBVP invested resources in developing its own network of GDHR stakeholder email contacts.

In summary, the main difficulty with the GDHR resource at present is that there is (as yet) no easy way to measure how many of those utilising the website are teachers in WA. More analysis of the existing data based on the following 'heroic assumptions' is one way to obtain a measure, others include:

a. having an internet provider based in, or easily accessible from, WA;
b. only counting those viewing multiple pages;
c. only counting those who spend a specified minimum time online (say, two minutes);
d. only counting those who download materials;
e. only counting those who visiting learning activities (by school year group);
f. only counting those making return visits to the site.

Arguably, a teacher in WA utilising the site for its intended purpose would simultaneously meet all criteria.

An alternative would be to ensure the GDHR resource was only accessible to those known to be in the target audience. It is noted that access to some other online curriculum resources is controlled in this way, entry being conditional on first being allocated a user name and password. However, there may be a tension between easy measurement of WA teachers using the site and the principle that an RSE resource like GDHR should pose as few barriers as possible for those who benefit from its use, whoever they are, whatever their purpose and wherever they come from.

SHBBVP has made a substantial ongoing investment in gathering evidence about GDHR from evaluations and reviews focused on how well the GDHR curriculum resource is working at a particular point in time. As previously outlined:

a. in 2005 there was a content audit by consultants Catalyse;

b. in 2009 Estill and Associates evaluated a professional development course related to the GDHR initiative;

c. in 2012 IAG provided pedagogical advice; and

d. in 2016 John Scougall Consulting Services was commissioned by SHBBVP to conduct a GDHR Impact Evaluation.

This is a significant level of investment, especially given that there appears to have been a dearth of evaluation in the sector more generally (Estill and Associates, 2009).

The logic of the GDHR resource is that it seeks to make a difference for those students who have teachers who use it and therefore experience it over the course of their schooling (K-10). GDHR has only been in use in WA schools since 2002, and the majority of schools have not consistently used it over that timeframe. There may be students who were in kindergarten in 2002, and in theory could have had substantial exposure to GDHR materials since then, but this is not the case for most. Therefore, there is no logical reason to yet expect any measurable changes related to relational well-being and sexual health outcomes across the broader school student population in WA. However, if the GDHR resource is used extensively in WA schools over a longer timeframe, perhaps as a result of curriculum requirements, and if it is known to have reach into most schools, then there will be some reason to expect evidence of change. The measurement of any such change will, however, require that the planned and systematic collection of targeted baseline data commence now. Time series data would be required for this purpose. It is open to SHBBVP to seek professional advice on this aspect as a future option. Monitoring via an annual survey of schools is one option.

While there has been substantial investment in periodic evaluation and review, the limitation is that such research gauges the GDHR resource at a particular point of time. Only if a form of time series data were collected and analysed would it then become possible to measure changes over time. The Sexual Health Australian Research Centre in Sex Health and Society at La Trobe University would have relevant expertise, as it is already involved in a National Survey of Australian Secondary Students. The link to the last report (2013) pdf is http://www.latrobe.edu.au/__data/assets/pdf_file/0004/576661/ARCSHS-SSASH-2013.pdf.

Within WA the Telethon Institute for Child Health Research (TICHR) is also recognised as a leader in the analysis of time series data. For example, the Western Australian Aboriginal Child Health Survey (WAACHS) is a large-scale investigation into the health, well-being and development of Western Australian Aboriginal and Torres Strait Islander children, and the most comprehensive survey of its kind in Australia.

Preliminary discussions could be held between SHBBVP and a relevant research institution, however, the costs of time series research can be prohibitive.

5. Improving the Resource

This section of the review considers the available documentary evidence about which aspects of the GDHR resource might be improved in order to build the capacity of educators (K-10) and improve effectiveness. SHBBVP staff who are involved with GDHR project management have already overseen the evolution of the resource from a hard copy to an online resource.

The Reference Group in the 2012 review study by IAG identified specific areas where GDHR-2 might be improved:

  a. inclusion of ICT features such as interactive whiteboards and OneNote;
  b. increased opportunities for student-led inquiry;
  c. more flexibility to respond to a greater range of learning needs; and
  d. better accommodating students with special needs.

In relation to the last point, it is noted that the Equal Opportunities Commission (EOC) has provided SHBBVP with advice on an approach inclusive of people with disabilities and minority groups.

IAG (2012), noting the evolving nature of contemporary RSE issues in the digital age, identified a range of topics that might warrant greater discussion in the GDHR resource. These include:

  a. sexualisation of media and culture;
  b. privacy laws relating to social media;
  c. same-sex attraction, homophobia and gender issues; and
  d. sexual ethics, bullying, consent and assault.

It is important to note that these matters raised were all in relation to GDHR-2. The GDHR Impact Evaluation will explore whether they are still current and relevant to GDHR-3.

The GDHR Impact Evaluation is currently considering available evidence about whether or not there is a chronic shortage of RSE educators in WA schools. An earlier review identified that the most critical issue in relation to GDHR-1 was there were simply not enough teachers of RSE (Estill, 2009). It was found that a relatively small proportion of WA teachers had training in the topic and, further, that this was the major constraint on RSE content reaching school students (Estill & Associates, 2009). The review noted that the delivery of quality RSE in schools ideally requires more than one trained educator per school (Estill & Associates, 2009). The report observes:

> "[T]he major issue then is not the quality of the GDHR resource or the professional development to support the use of the materials, but rather the slow progress of ensuring the majority of relationship and sexual health education teachers have access to the professional development." (Estill and Associates, 2009)

The idea of introducing some kind of incentive to encourage more teachers to become RSE educators has been floated (Estill & Associates, 2009). 'Reward' might, for example, take the

form of professional recognition or certification. In Vancouver, Canada, for instance, Options for Sexual Health offer a Sexual Health Educator Certification program, including a practicum component (Estill & Associates, 2009).

An obstacle for GDHR identified by Estill and Associates (2009) was that health education is not yet a priority for most schools. Principals in particular can have low awareness of the GDHR resource. Strategies that might elevate RSE to being a higher priority amongst the school leadership appear to be a necessary component of getting GDHR content into schools.

While this is an issue for teachers, the report indicates that they do not see it as the main obstacle to greater use of the GDHR resource in WA schools (Estill, 2009). When teachers in WA were asked what would improve RSE, only 3.9% of respondents agreed that "taking the taboo out of the subject" was important (Estill, 2009).

In earlier work it was found that use of GDHR materials was greatest in senior high schools and district high schools. In primary schools and non-government schools there was found to be scope for greater use of the resource. The data in Table 3 would suggest that primary schools do now make significant use of the GDHR resource. The GDHR Impact Evaluation is considering whether or not there is still evidence of limited use of the resource across the breadth of schools in WA.

Earlier work found there was no overall statistical difference in the extent to which GDHR materials were used in metropolitan and regional areas of the State (Catlyse, 2006). However, in Bunbury, the Goldfields and the Pilbara there was found to be low awareness of the resource at that time. The GDHR Impact Evaluation again considered evidence about issues of regional and remote equity and access, and found little in this respect.

6. Future Aspirations

6.1 Overview

This section of the resource considers documentary evidence about what stakeholders aspire to see in the future as a result of GDHR.

6.2 Health Promoting Schools

Key stakeholders involved in school-based RSE work in WA aspire to see GDHR contribute to the development of a Health Promoting Schools framework. The vision is that schools become or serve as part of community hubs for health promotion inclusive of students, staff, families, the community service sector and government.

Work undertaken by the Information Access Group on behalf of SHBBVP confirmed that stakeholders believe that positioning GDHR within a Health Promoting Schools framework is important (Thomas et al 2012). SCSA also facilitated with teachers a workshop to consider the HPS framework in. Furthermore information about the framework accessible through the GDHR website is popular, figuring amongst the top exit pages.

WAHPSA has outlined desired HPS outcomes in its Strategic Plan 2014-2017:

- Provide a network of agencies and schools that work in collaboration to advocate and support a HPS approach to health and well-being;
- Effectively deliver and promote access to relevant, up-to-date health promotion information and resources for schools and agencies to enhance their effectiveness in implementing the HPS Framework;
- Raise the profile of WAHPSA statewide within the education and health sectors;
- Investigate the feasibility of an accreditation process, whereby a school might be recognised as a Health Promoting School (HPS);
- Develop and implement a sustainable funding model to ensure the long-term financial viability of WAHPSA; and
- Provide professional learning opportunities for both staff in schools and health and education professionals about what a Health Promoting School is and what role they play within it.

Membership of WAHPSA is inclusive of the health and education sectors. A specific objective is to foster partnerships that bridge the education and health sectors. The vision of a HPS is one where stakeholders understand the central place health occupies in education. It promotes a school ethos supported by a set of health and well-being policies and procedures. And beyond school there are partnerships and service relationships that link to community-based programs.

WAHPSA has developed a number of case studies describing aspects of an HPS in practice. They describe how health and well-being may be improved through school-based health promotion activities. The cases highlight responses in areas such as mental health and diet,

but with the exception of one school it is noted that they do not touch on RSE or GDHR specifically.

There are, however, substantial challenges to be overcome before an HPS framework might be embedded in WA. The WAHPSA Strategic Plan 2014-2017 acknowledged that the organisation had few resources and at times it had been a struggle to sustain the network. In schools the general level of understanding of what an HPS framework entails may still be limited. It is understood WAHPSA has a small membership drawn predominantly from the health rather than the education sector.

Schools may also lack the resources to fully embrace the approach. The Information Access Group (2012) relayed the comment of one teacher:

> "I'm not sure that the majority of staff at my school have even heard of Health Promoting Schools. We do lots of environmental lessons, and we are a sun safe school, but that is about it."

However since that time the Changing Health Acting Together (CHAT) initiative has been introduced into over 100 schools in Western Australia, including metropolitan and regional locations, to assist implementation of an HPS framework.

6.3 Beyond health and physical education

In the secondary school setting RSE is located within the HPE school curriculum, however some stakeholders envisage a future where RSE is integrated right across the whole curriculum in subjects as diverse as mathematics and English. In 2012 IAG found that most schools did not teach RSE across the curriculum, based on their analysis of survey responses (Thomas et al, 2012).

In the short term, the focus, particularly for secondary school teachers, is on embedding the use of GDHR amongst Health and Physical Education teachers. Earlier work in respect of the original GDHR hardcopy resources found that insufficient classroom time was devoted to RSE classes (Estill & Associates, 2009). There has been inconsistency between schools in respect of how much time and attention they give to the topic (Estill and Associates, 2009). A significant number of schools (26%) reported not teaching RSE at all or only when they considered it was needed (Estill, 2009). In other schools it was taught for only about an hour per week for one term (18.9%). In many (73%) schools the practice was that a single teacher was allocated responsibility for delivering RSE across the school (Estill & Associates, 2009). The GDHR Impact Evaluation will consider the evidence about whether or not these are still issues with the GDHR-3 online resource.

Once the GDHR resource is embedded as a significant part of the HPE curriculum taught in WA schools, there might then be scope to identify creative opportunities to teaching RSE in other subject areas. In the short term, there are substantial barriers that may include sensitivities about subject matter, although there is evidence that teachers in WA may no longer regard RSE as the 'taboo subject' it once was.

The vision of embedding RSE across the entire school curriculum may be a long way from being realised. Nevertheless, it is important to recognise evidence that RSE is not the exclusive preserve of the HPE teacher alone. The involvement of school nurses and counsellors can expand it beyond delivery by specialised HPE teachers in the secondary school. And in primary schools there are no specialised HPE educators, so it is generalist teachers who deliver the RSE content.

6.4 A network of RSE teachers

Arguably, the long-term impact of GDHR might be strengthened through initiatives that better enable teachers to network with each other in mutual support. Teachers generally value opportunities to communicate with other teachers. This can take many forms: discussion groups, collegial support, teleconferencing, exchange teaching, visits to other schools, and opportunities to mentor and shadow colleagues.

An evaluation of RSE professional development for WA teachers conducted by Estill and Associates (2009) supports this. It found:

> "Participants in the current study felt that the ability to discuss their concerns with other teachers and to share their fears and successful strategies with others allowed them to gain confidence and to feel part of a community of like-minded professionals. Isolating teachers by providing professional development via the technology-based methodologies of professional development may make it more difficult to address this need of teachers."

Teachers of RSE can benefit from peer support, although the value and practicality of this kind of support in RSE is not yet entirely clear (Estill & Associates, 2009). What is known is that in the past there have been incidents where teachers of RSE have felt verbally abused by other teachers who did not support the RSE material. More reassuring is the finding of one survey that about one in five teachers (20.5%) already help others to use GDHR resource materials.

In the future the GDHR resource might include the promotion and discussion of ways in which to nudge teachers involved in RSE towards greater networking with each other.

7. Conclusion

This review has considered existing documentary evidence about the GDHR initiative that has been made available by the SHBBVP. Beyond providing useful background information, the documents provide insights into what may be issues for the GDHR Impact Evaluation to consider.

The first objective of this evaluation is to assess how well the GDHR online curriculum resource is working. The documentary evidence presented in this review is that:

a. there has been a substantial investment of human and financial resources in the process of developing an age-appropriate GDHR online curriculum resource;

b. there are substantial and growing numbers of visitors to the GDHR website;

c. there has been recurring investment in the evaluation and review of key aspects of the GDHR resource to check what stakeholders think about how well it is working;

d. the available evidence indicates that the GDHR online curriculum support resource can increase the capacity of teachers to deliver RSE;

e. there is extensive viewing of the GDHR online curriculum resource across all school years; and

f. valued partnerships have been built with several (but not all) key stakeholders, and a new cross-agency governance structure is now proposed.

The second objective of the GDHR evaluation is to identify practical ways in which the GDHR resource might be strengthened. Past reports and the analysis undertaken for this review draw attention to several areas in which the GDHR resource might be improved:

a. planned systematic data monitoring to enable the impact of the GDHR curriculum resource to be tracked over time;

b. investment in promotion and marketing of the resource given the shortage of RSE teachers in WA;

c. incorporation of ICT features such as interactive whiteboards, Scoottle and OneNote;

d. opportunities to further develop social skills and student-led inquiry in line with current pedagogical approaches;

e. capacity to respond flexibly to a range of different learning needs;

f. the inclusion of students with special needs;

g. discussion of issues relevant to the contemporary experience of students, such as, for example, privacy laws relating to social media and technology;

h. the shortage of trained, confident to teach RSE teachers in WA schools; and

i. reach of the GDHR resource into non-government schools.

The review highlights risk-factors that could endanger the future of the GDHR resource if careful attention is not paid to quality control:

a. accuracy of the content information provided;

b. ICT functionality of the website; and

c. reliable measures of how many teachers in WA are actually using the GDHR online curriculum resource.

Given the critical nature of each of these issues, further independent advice from people with relevant expertise could be sought.

These are all matters which were raised prior to the development of GDHR-3. The extent to which they may been resolved in the process of developing GDHR-3 will be discussed in the final Impact Evaluation Report. Findings based solely on available documentary sources may or may not be affirmed by new data that is being collected from other sources over the course of the GDHR Impact Evaluation. Such data is crucially necessary to triangulate findings. Some past issues may no longer be current.

The analysis of the existing documentary evidence has posed unanswered questions that may yet be informed by data to be collected and analysed for the GDHR Impact Evaluation:

- How many teachers in WA utilise the GDHR online curriculum resource?
- Is use of the resource by teachers in WA increasing over time?
- Do teachers of RSE in WA believe that GDHR meets their teaching-learning needs?
- Does the GDHR curriculum resource work best for teachers when it is accompanied by RSE professional development?
- Do teachers of RSE benefit from mutual support and networking?
- Is there consistent use of GDHR resources across schools in WA?
- Are there any issues of minority and/or regional access and equity in relation to the GDHR resource?
- Does the GDHR resource reach across the breadth of schools in WA?

There is scope for more investment in planned and systematic monitoring of the performance of the GDHR resource over time. It is especially important to be able to reliably estimate the number of school teachers in WA who visit and use the GDHR resource. In future it may be possible to make greater use of Google Analytics data to inform reliable estimates. Further development of the GDHR stakeholder email contact list would also make possible an annual online survey administered by SHBBVP likely to improve targeting and response rates over time.

The documents that have been reviewed reveal a long period of investment in the ICT and content development of GDHR that now stretches back almost two decades. Age-appropriate materials approved for use by teachers have been developed and the resource is functional online. The investment expended in developing the resource might now be counter-balanced by greater investment in monitoring what difference GDHR is making, as well as ITC and content quality control measures.

Appendix 1: List of GDHR Documents

The GDHR Impact Evaluation Project Manager made the following documents available for this review:

Cadogan, S & Jackson, L (no date). Relationships and Sexuality (Applying the Health Promoting Schools Framework Resource for Country Health Nurses) Health Promotion Coordination, Practice Implementation Team.

Catalyse, (2006), Growing and Developing Healthy Relationships Audit of the uptake of the Curriculum Support Materials in WA Schools.

Child and Adolescent Health Service, WA Health (2009), Brief Comparison of GDHR to the International Technical Guidance on Sexuality Education, UNESCO.

Launch correspondence letters sent to school principals, health coordinators and school health nurses in 2010 promoting the launch of the GDHR Website.

Department of Health (2002), Growing and Developing Healthy Relationships curriculum support materials: *Phase 1 – Early Childhood Phase: Foundations for Healthy Relationships*.

Department of Health (2002), Growing and Developing Healthy Relationships curriculum support materials: *Phase 2 – Middle Childhood Phase: Enhancing Healthy Relationships*.

Department of Health (2002), Growing and Developing Healthy Relationships curriculum support materials: *Phase 3 – Early Adolescence: Healthy Relationships and Sexual Health*.

Estill and Associates, 2009. Impact Evaluation Study on the professional development course for teachers in sexual health education and the use of the 'Growing and Developing Healthy Relationships Curriculum Support Materials' and preferred models of teacher professional development in sexual health education, Department of Health, WA.

GDHR Impact Evaluation: Background, Timeline, Record of Stakeholder Engagement.

GDHR Management and Steering Team meeting minutes:

- 12 Aug 2015
- 20 Aug 2015
- 27 Aug 2015
- 10 Sept 2015
- 24 Sept 2015
- 8 Oct 2015
- 15 Oct 2015
- 29 Oct 2015
- 5 Nov 2015
- 19 Nov 2015
- 3 Dec 2015

- 18 Dec 2015.

GDHR website: Google Analytics, 17 March – 31 Dec 2015; 16 March 2016.

GDHR financial accounting records 2008-09 to 2015-16.

Growing and Developing Healthy Relationships online curriculum support for teachers, Terms of Reference (Draft).

'Online Support for Teachers to Deliver Relationships/Sexual Health Education in Schools', article for launch 2010.

Report on the Symposium 'Growing and Developing Healthy Relationships: Supporting Schools to Deliver Effective Relationships and Sexuality Education', October 2015.

Review of GDHR – list of stakeholder contacts.

The Information Access Group, (2012), Growing and Developing Healthy Relationships Website Content Review, Survey of Key Stakeholders and Opinion Leaders.

The Information Access Group, (2012), Initial Report – Early Observations, Growing and Developing Healthy Relationships, Website Content Review.

The Information Access Group (2012), Recommendations, Growing and Developing Healthy Relationships Website Content Review.

Information Access Group (2012), Benchmark Report.

Appendix 2: GDHR Milestones

The GDHR Milestones provide an historical perspective on the achievements and challenges of SHBBVP and its partners in relation to the development of the GDHR curriculum resource. The assistance of Maryrose Baker (SHBBVP) is acknowledged in making possible the development of such a comprehensive timeline of GDHR Milestones, drawing on her corporate memory and those of others.

The milestones have been organised into three chronological phases:

1) GDHR-1 refers to the original hard copy of the resource;
2) GDHR-2 refers to the process of transitioning the hard copy to an online resource; and
3) GDHR-3 refers to the development of the resource as age appropriate (by school year K-10) and compliant with Australian Curriculum standards as adapted for use in WA by SCSA.

GDHR-1: 1998-2010

Year	Milestone
1998	**Identified need to create GDHR resource** • A statewide review relating to the incidence of STI in WA consulted with researchers, service providers and educational institutions • The review included an assessment of the availability of health education materials in schools • It found there was inconsistent use of teaching curriculum/syllabus materials • The review recommended greater investment in sexual health education for young people in general and in the development of supporting resources for teachers in particular.
1999	**Initial resourcing of GDHR** • SHBBVP committed to the development of GDHR school curriculum materials for teachers • SHBBVP delegated an officer to take on schools project • A cross-sector GDHR Curriculum Support Materials Reference Group was established inclusive of DoE, FPWA (now SHQ), CEO and AISWA representatives • Tender process implemented • A consortium comprising consultants with health education expertise was assembled, with academics from Curtin University and ECU engaged by tender to develop, write and pilot K-10 RSE curriculum materials • Draft materials extensively reviewed.

2002	**Publication of GDHR curriculum support materials**
	• Content was then aligned to the WA Curriculum Framework from the beginning
	• The resource was co-signed by Directors General of Departments of Education and Health and signed off at ministerial level on the recommendation of the GDHR Curriculum Support Materials Reference Group
	• A set of three hardcopy books organised by phase of student development was made available to schools throughout the State:
	   ○ early childhood;
	   ○ middle childhood; and
	   ○ early adolescence.

2002-2009	**Delivery of RSE teacher PD inclusive of GDHR** • Face-to-face teacher workshops based on GDHR curriculum support materials (books) were delivered from 2002-2012 • Workshops were facilitated by a contracted training service provider • Researcher PD contracts managed by SHBBVP Schools Officer • The provider was Concord, which later became WA Health Education Services • A sexuality education team comprising three trainers was employed by the provider • The provider also delivered a support and advisory service for teachers and built a database of teacher contacts, with various NGO community service organisations contributing, including WAAC, FPWA (now SHQ), Hepatitis Council, Magenta and SECCA • Estill and Associates undertook an evaluation of the PD, a separate but parallel component of GDHR-1 in 2009.
2005 -2006	**Audit of teacher uptake of GDHR materials** • Online teacher survey designed and administered by Concord sent to 921 schools (921) and other educational institutions • Analysis and write-up of survey results was tendered to market research company Catalyse • Research report entitled Impact Evaluation Study on the professional development course for teachers in sexual health education.
2008	**New direction** • Advice from DoE that online PD was the way to pitch future teacher courses • Decision taken that the future direction for RSE would include online PD and the development of an online curriculum resource • Production of GDHR-1 hardcopy resource discontinued.

GDHR-2: 2007-2015

Year	Milestone
2008-2010	**Development of online Curriculum Support Resource (GDHR 2)** • The Information and Communication Technology Subcommittee of the State Health Executive Forum approved initial development of an online curriculum support resource in April 2008 • Task of translating content of GDHR curriculum resource books into website format commences • It was anticipated the GDHR online curriculum support resource would host online PD course in the future, a feature not yet developed • The GDHR website was originally developed by WA Health in partnership with the Department of Education (DoE) and with the support of the Association of Independent Schools of Western Australia (AISWA) • Formal agreement and specification documents were signed off by both DoE and DHWA with mutual understandings and operational issues set out in: ○ Business Plan ○ Letter of Governance ○ Protocols for the management and operation of the GDHR website • Contracts were formally approved by both DHWA and cross government online communications and IT units • Request for Quotation (RFQ). Cross-sector working group established with representation from SHBBVP, DoE, FPWA (now SHQ), educational consultants WAHES and practising teachers to review website draft materials • KT Studio awarded the initial contract to develop online teacher curriculum support website in sexual health education, i.e. the new GDHR website • SHBVP Schools Program Officer and a SHBBVP Project Officer responsible for contract management • Over the 2008-09 period communication and negotiation between State (DoE & SHBBVP) and IT consultants was intense • Agreements with DoE have expired and are yet to be renegotiated.
2010	**GDHR website launched** • GDHR website launched at Eighth National Conference Health Promoting Schools Oct 2010. • Website was promoted as a 'one-stop shop' for teachers of RSE in WA • Google Analytics suggested that uptake and use of GDHR website was substantial • Interest in GDHR initiative was expressed from several states with: ○ Queensland making a formal request to place the GDHR link on both their Education and Health Department websites; and ○ Family Planning Victoria requesting permission to use individual learning activities.
2010-2015	**Updates of website** • Teachers of RSE had opportunities to provide feedback on the website through: ○ a Question Box facility incorporated into the website; and ○ attendance at PD • Ongoing negotiations with DoE regarding edits to existing materials & incorporation of new materials.
2010-2015	**Maintenance of website** • KT Studio initially contracted as website developer, host and IT partner • Zope/Plone CMS proves problematic because the software could not be updated • Permeance Technologies awarded contract for provision of website support and maintenance to assist WA Health (Ref: CUA 14008 – HIN 15511) in 2011 • Permeance Technologies provides interim consultancy, technical support, advice and site maintenance for Zone/Plone Content Management System (CMS) • ServiceNet appointed website host in 2011 • DoH and cross-government online communications and IT units provide advice to enable GDHR website to meet technical compliance standards.
2012	**Development of online PD course for teachers** • Initially the development of the online curriculum support resource was to accommodate a focus on the creation and presence of an online professional development training course in RSE for teachers • The decision was taken that SHBBVP and DoE would work together to jointly develop an online PD course for teachers of RSE as a separate project initiative to GDHR • DoE's preference was that the course be located within their portal and accessible only to government school teachers.

GDHR-3: 2014-Present

Year	Milestones
2014	**Process of updated website development** • Gap analysis and extensive consideration of requirements in terms of structure and configuration • Decision taken to purchase Liferay Portal licence • Web developers and designers work together to build new portal • Portal designed to content link-in with Educational Standards Australia/Scootle • GDHR Learning Activities have potential to be integrated with Scootle, an online teacher portal, resource hub and clearinghouse for teachers.
2014	**Rewrite of GDHR content** • Decision made to undertake full update, review and rewrite of GDHR teaching-learning materials • Continued alignment with ACARA and SCSA curriculum requirements and outlines affirmed as a fundamental principle • SHBBVP Content Working Group inclusive of SHBBVP and external expertise established to rewrite GDHR materials • Team includes education specialists, IT and sexual health education expertise, plus school-based teachers, curriculum writers, and an independent academic reviewer • Team collaborates with DoE and SCSA (formerly the WA Curriculum Authority) • All sections of the portal are updated ("every section, sentence and word") including: ○ background notes; ○ curriculum guides; and ○ classroom activities.
2014-2015	**Website content migration** • Originally it had been planned to migrate all content stored on the Plone Content Migration System (CMS) to a new CMS in 2014 • Content migration was delayed to accommodate several version changes to AC released in quick succession by ACARA http://www.australiancurriculum.edu.au/curriculumhistory • WA School Curriculum and Standards Authority (SCSA) decide to develop own WA Health and Physical Education curriculum • The Plone CMS website (GDHR-2) was finally decommissioned when GDHR was launched in March 2015.
2015	**Launch and promotion of GDHR-3** • DoH decide to go 'live' online with new GDHR resource • The GDHR-3 website was 'turned on' and GDHR-2 'turned-off' on 17 March 2015 • Launch of GDHR-3 at quarterly Sexual Health and Blood-borne Virus Forum on 3 June 2015 with an audience of approximately 60 people drawn from across relevant sectors • The initial launch was 'soft narrow cast', with no official media release • At the launch Penny Curtis (SHBBVP) outlined the resource development process, provided an overview of resource content and demonstrated features of the new portal • The original intention was that the GDHR resource be 'co-badged' with the endorsement of both the DoH and DoE, but DoE restructuring, concerns and delays in content approval made this process unworkable at the time • GDHR-3 showcased and officially promoted the new website at the Curtin University Schools Relationships and Sexuality Education Symposium attended by over 150 teachers, educators, schools, universities and related agencies • Symposium presentation by Maryrose Baker (SHBBVP) outlined the resource development process, provided an overview of resource content, and demonstrated features of the new portal • Symposium presentation by school teachers Trish Lee and Calandra Smith on how they include GDHR in their programing and use it with their classes • Teachers are invited to provide feedback on the resource.

Appendix 3: 'GDHR on a Page' – Outcomes, Objectives, Strategies, Target Group

Desired outcome

To improve student knowledge, skills and understandings about relationships and sexuality by:

- establishing a lifelong foundation for safe relationships, sexual health and psychological well-being,
- enabling informed decision-making and assertiveness.

Intended beneficiaries (Target Group): School students in WA (K-10).

SMART objectives (specific, measurable, achievable, realistic and time-related)

Objective 1. To ensure RSE teaching-learning resources align with curriculum requirements:

- Western Australian Curriculum Health and Physical Education principles and learning outcomes set by SCSA;
- Age-appropriate and sequenced learning organised by year level (K-10).

Objective 2. To equip WA teachers to deliver relationships and sexuality education in schools by:

- providing primary and secondary teachers with a comprehensive RSE resource;
- making the resource readily accessible online;
- engaging and motivating teachers to use the resource;
- increasing educator knowledge of RSE content;
- building competence to teach RSE;
- building confidence to teach RSE;
- assisting teachers in planning classroom lessons and activities that address student RSE learning and personal development needs.

Objective 3. To put quality control measures in place to ensure information about RSE on the GDHR website is accurate, credible and of high quality:

- independent and ongoing professional content review to check accuracy;
- independent professional advice on alignment with current pedagogical practice;
- professional technical advice to ensure sound and effective ICT development and maintenance;
- planned system of performance monitoring to ensure teachers are using the resource, students are benefiting from it and trends are monitored; and
- periodic professional evaluation conducted.

Objective 4. To enable K-10 students to acquire accurate age appropriate knowledge about relationships and sexuality from reliable and credible sources, and learn and practice social skills in areas such as:

- respectful relationships;
- understanding physical changes at puberty;
- social communication skills;
- positive attitudes towards relationships and sexuality based on an understanding that feelings, desires and sexuality are normal aspects of human relationships;
- assisting young people to make informed relationship and sexual health decisions, and to take assertive actions over the life course.

Objective 5. To market and promote the GDHR online curriculum support resource to teachers in WA:

- in collaboration with agencies such as SHBBVP, DoE and AISWA;
- with assistance from the RSE community service sector;
- through existing school communication and publication channels;
- with the assistance of community health nurses based in schools.

Objective 6. To establish inclusive governance structures and processes:

- GDHR Advisory Governance Committee (AGC);
- establish opportunities for school, teacher and student participation and feedback;
- explore opportunities for collaboration with DoE and the RSE community services sector.