Government of **Western Australia**
Department of **Health**

GDHR Impact Evaluation: Executive Summary

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Executive Summary

Background

Growing and Developing Healthy Relationships (GDHR) is an online curriculum resource purposely designed to assist teachers to deliver relationships and sexuality education (RSE) in WA schools. It is a long-running initiative of the Sexual Health and Blood-borne Virus Program (SHBBVP) located within the Department of Health WA (WA Health) [https://gdhr.wa.gov.au].

Strong support for the positive impact of RSE in schools is found in the literature. Health status impacts on school performance because healthy students are better learners. Students with unresolved relationship concerns tend towards poorer academic achievement and social functioning, as discussed in the literature review. Furthermore, school-based educational intervention and influence can be effective in maintaining positive health behaviours and reducing risk-taking behaviour over the life course. Students are generally receptive to school-based RSE, regarding it as a relevant, trustworthy, confidential, safe and non-judgemental source of information. There is also evidence that RSE can provide young people with the tools they need to remain safe and help protect themselves from harm.

About the evaluation

This is a report on the findings and recommendations of a comprehensive impact evaluation of GDHR. The terms of reference for the evaluation seek advice on four key areas of interest:

- stakeholder perceptions of the resource;
- how GDHR adds value to RSE;
- possible ways of improving the resource; and
- aspirations for the future of the resource.

A catalyst for the evaluation is that the GDHR resource was substantially reworked in 2015, primarily to align with new school curriculum requirements.

An expert reference group led the work, supported by an external evaluation specialist consultant responsible for data collection, analysis and report writing. Multiple information sources have informed the findings: a literature review of best practice, desktop analysis of internal documents, an online survey, qualitative interviews, case studies and a program logic workshop.

Overall findings

The evaluation finds that the GDHR resource is assisting teachers to deliver RSE in Western Australian schools, although there is scope for further improvement in specific areas. While GDHR can contribute to student health and well-being, it is located within a challenging operational environment. RSE in general, and GDHR in particular, are areas of health education that attract variable levels of active support from within school communities and the education system.

Key areas of interest 1: Stakeholder perceptions
Valued features of the GDHR resource identified by stakeholders are curriculum alignment and the comprehensive breadth of its content. The resource is also generally perceived as contributing to the knowledge, skills, understandings, confidence and comfort levels of those teachers who use it. It is seen as a useful source of ideas and activities to run in the classroom. Furthermore users of the website tend to regularly re-visit, strongly inferring they value it.

The GDHR literature review made it possible to identify principles of best practice in RSE. These principles were discussed with the Evaluation Reference Group to assist the evaluator in considering the extent to which the resource aligns with these principles. The results are summarised in the Desktop Literature Review. This process of alignment assisted the evaluator to identify the strengths of the GDHR resource and to highlight areas for possible improvement. In most respects the GDHR online curriculum resource does align with the principles. Areas where there may be scope to further enhance the resource are:

a. greater attention to promoting positive student values;
b. more varied use of pedagogically sound teaching-learning techniques;
c. greater opportunities for students to engage in inquiry-led learning;
d. use of incentives to engage more teachers and a broader range of school staff with the GDHR resource;
e. provision of sustained support for RSE educators such as networking, mentoring and coaching;
f. greater use of ICT and graphics in the online resource and in the classroom;
g. systematic monitoring of usage of the GDHR resource by teachers;
h. engaging with other health-education resources to promote a cross fertilisation of ideas;
i. encouragement of parental and community input into the future development of the resource; and
j. greater support for GDHR implementation from within the school leadership.

Ensuring that the content remains aligned to current curriculum and is kept up to date with dynamic pedagogical, information and communications technology (ICT) and health-education trends and ‘best practice’ is essential. This process is intense and demanding on human resources.

Key area of interest 2: How GDHR adds value
The second area of interest is the exploration of how GDHR adds value to RSE. One of the main attractions of the resource is that it provides a convenient starting point for teachers new to delivering RSE. The evidence from this study is that it is the less experienced teachers that rely most heavily on GDHR. This finding is borne out by interview and survey data. There is also interview and survey data indicating that a qualified educator equipped with the GDHR resource may be able to teach RSE effectively. However, this is not true for

every individual with many also benefitting from supplementary training. Apprehension about teaching aspects of RSE is a barrier for some teachers. The evidence is that experience and confidence make for better RSE teachers, and especially so where there is a pre-existing foundation of empathy, trust and rapport between teacher and students. Unfortunately, the teaching of RSE classes too often falls to novice teachers.

The evaluation finds there is no one prescribed or singularly effective pathway for learning how to teach RSE. For some, capacity is enhanced by specialised professional development and also where school nurses are able to lend support to their colleagues as co-facilitators in the classroom. Critical to increasing RSE capacity in schools is an increase in the number of teachers willing and able to deliver GDHR. Currently, too few teachers are involved with the delivery of RSE. The evaluation finds that lack of support for GDHR from within school communities contributes to a general shortage of RSE teachers in WA. Building the capacity of educators to teach RSE requires ongoing sustained support from schools.

Relationships forged in the process of implementing GDHR are improving the capacity of WA schools to deliver RSE and the capacity of SHBBVP to implement GDHR. The partnership between SHBBVP and its ICT consultant has delivered stable website management, increased uptime and future opportunities to extend the portal. Collaboration with Child and Adolescent Community Health (CACH) is currently being directed towards enabling more school nurses to support the work of teachers using the GDHR resource. A strategic relationship with the School Curriculum Standards Authority (SCSA) ensures timely advice about curriculum. An emerging relationship with the Association of Independent Schools WA (AISWA) promises to foster greater teacher awareness of GDHR and RSE curriculum requirements in the independent school sector. Effective health education in schools necessarily requires cooperation between the health and education sectors. This evaluation has identified scope to build a range of additional strategic links with key stakeholders.

The general case for school-based RSE as a form of sound public investment is well established in the literature, generally being regarded as the most effective means of delivery for school-aged children and youth. It can contribute to the development of a set of critical life skills such as protective behaviours, interpersonal communication skills and respectful attitudes or the likelihood of more positive relationship experiences. It contributes most when students are engaged throughout their whole school experience. For a contemporary generation of students, teaching-learning strategies such as student-centred learning and the use of state-of-the-art ICT are tools of engagement in the classroom.

A critical pre-requisite to improving the health and well-being of students is to increase the number of RSE teachers in WA schools. The evidence from the survey and the interviews is that this is a major factor inhibiting the delivery of GDHR in WA. There is no logical reason for expecting measurable changes across the broader student population in WA until such time as GDHR is used widely and consistently by teachers across the school system. GDHR is an initiative to support such efforts. While the evidence is that GDHR is used across all years of schooling in WA, the evidence is that it is not used much in the early years. It is, however,

entirely possible that teachers may utilise other RSE resources. Furthermore, there are some student cohorts who are unlikely to be engaged by a generic GDHR resource unless a teacher adapts the material for their needs. These may include students with special needs and Aboriginal students in regional and remote areas. State wide there is scope to improve the delivery of RSE and GDHR is a resource that can support this process.

While GDHR adds value to school-based RSE by building the capacity of teachers and by providing grounds for partnerships, it is yet to be demonstrated that it can make a significant contribution to the health and well-being of students over their life course by influencing their values, attitudes and behaviours. A system of GDHR data collection and monitoring needs to be established so that changes in health and well-being can be measured over time. The GDHR program logic outlined in the Program Logic Workshop Report was developed over the course of the evaluation. It identifies numerous sequential steps in the process of improving relational and sexual health and well-being, suggesting that substantive change can only be expected in the longer term.

Key area of interest 3: Improving the resource

The third area of evaluation interest was to identify how GDHR might be improved. The most common suggestion was that assessment tasks be added to the resource, a content development process that is already underway within SHBBVP. There were also other suggestions about content that might be further developed in areas such as protective behaviours, coercion and consent, and stereotyping. Another issue consistently raised was the need to market the GDHR resource to the target audience of teachers using a range of strategies tailored to use in schools. The need to implement a data monitoring system capable of measuring the number of teachers in the target audience utilising the GDHR resource for its intended purpose was also raised.

There is a view that the ICT features of GDHR may be rendered more engaging, with potential to provide links to online PD, automated responses to information requests, crowd-sourced and user-generated content, online forums and moderated interaction between students, teachers, parents, community members and service providers.

Key Area of interest 4: Aspirations

The final area of interest for the evaluation is the aspirations of stakeholders for GDHR. Essentially, they hope to see a future in which schools choose to place greater priority on health education generally and RSE in particular. No longer would RSE be restricted to the Health and Physical Education curriculum, but be regarded as foundational learning integrated across the curriculum. A related aspiration is the formation of networks of mutual support amongst an emergent community of GDHR practitioners, with colleagues advising and supporting each other. Most of all, stakeholders hope for a future where there is evidence of RSE in schools contributing to interpersonal decision-making, better quality relationships and the physical and psychological safety of school students in WA over their life course.

Conclusion

This evaluation, consistent with previous reviews, has made generally positive findings about GDHR, while also highlighting some areas for future improvement. The evaluation found ample evidence that GDHR can equip teachers in WA with the capacity to deliver relationships and sexuality education to school students. Teachers are primarily attracted to the pre-packaged, easily consumable, readily accessible, downloadable and time-saving nature of the resource.

There are two critical areas for improvement. Firstly, there is a need to establish a monitoring system capable of tracking the number of teachers utilising the resource and indicators of student health and well-being over time. Secondly, there is a need to effectively market and promote the resource to teachers. Increasing the number of teachers willing and able to deliver GDHR is critical to building RSE capacity in WA, with too few currently participating.

Ensuring the effectiveness of the GDHR resource will require ongoing attention to several critical success factors:

a. maintaining quality control over content in a dynamic context;
b. managing the functionality of information and communication technology (ICT);
c. balancing of community sensitivities related to RSE;
d. recognising boundaries applicable to school-based health education; and
e. building partnerships with key stakeholders who can champion GDHR.