GDHR Impact Evaluation: Evaluation Plan

John Scougall Consulting Services

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1. Introduction

1.1. Overview

This Evaluation Plan scopes an evaluation of GDHR.

Specifically, the plan:

- confirms the purpose of the evaluation and key areas of interest to be examined;
- briefly sets out the methodology;
- verifies data sources and collection methods;
- provides initial draft template resource materials to be used in the GDHR logic workshop, the online survey, the interviews and case studies;
- explains the data analysis approach;
- outlines the evaluation project roles and responsibilities;
- identifies the deliverables; and
- confirms milestones and timeframes to evaluation completion.

This Evaluation Plan scopes an evaluation of GDHR. The plan was proposed and formally agreed to by the Evaluation Reference Group prior to commencement of first hand data collection.

1.2 Purpose of the evaluation

The aim of the GDHR Impact Evaluation is to:

a. assess how well the GDHR online resource is working; and
b. identify practical ways in which it might be strengthened.

An impact evaluation collects evidence about intended and unintended impacts, quantifiable outputs and outcomes. The focus is on identifying what has changed because of the presence of GDHR and what might reasonably be attributed to its contribution. The evaluation will also provide a formative (developmental) perspective that identifies options to improve and refine GDHR.

1.3 Key areas of interest

GDHR was launched in 2002. Subsequently, it has undergone developmental changes. It is the effectiveness of the current online version of the resource launched in 2015 that is the primary focus of this evaluation.

There are four key areas of interest for the evaluation:

a. How is GDHR **adding value** to the relationships and sexuality education K-10 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?
b. How is GDHR perceived in terms of value and **quality** of its **content** by key

        stakeholders?

c.   What aspects of the GDHR resource could be **improved** to build the capacity of educators K-10 and improve effectiveness?

d.   What do stakeholders **aspire** to see as a result of GDHR in the **future**?

2. Background Understandings

2.1 Description of GDHR

a. GDHR is an online curriculum resource for Western Australian educators who deliver relationships and sexual health education to young people at school.

b. GDHR is an education resource package designed to contribute to the improved sexual health and well-being of young people. It forms part of a broader range of initiatives purposely designed to educate young people about the human body and reproduction, including physical and emotional changes associated with growth and development, respectful relationships, social skills, safety, and an understanding about sexuality and relationships.

c. When GDHR commenced in 2002 it was a hardcopy resource. The initiative has undergone several subsequent iterations. In 2010 it was re-launched as an online resource. A transition to the current 'new look' GDHR website occurred in 2015 with teaching-learning tools comprehensively updated. The GDHR website is aligned to both the Australian and Western Australian Curriculum in Health and Physical Education. Whilst site content is consistently reviewed and minor edits made, few significant changes will be made and updated for the course of the impact evaluation. GDHR provides curriculum resources and activities focusing on:

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

d. The GDHR educational resource is primarily targeted at Western Australian teachers and school communities (Kindergarten to Year 10), however it can be found and accessed by the general public via the World Wide Web (WWW).

e. GDHR strategies include comprehensive online resources (guides, curriculum standards, links to resources and research, background notes, teaching notes, materials, toolkits, suggested classroom activities and information about protective behaviours and life-skills, frequently asked questions, an online question box, information about events and other relevant professional learning opportunities).

f. GDHR promotes a holistic approach to growth and development and sexual health education, ideally delivered within a supportive context of:

    i. healthy and respectful relationships;
    ii. sound relationship choice;
    iii. life skills; and
    iv. informed choice.

g. A curriculum requirement is that by 2017 there will be in place in WA "Full implementation" of Health and Physical Education curriculum, including "teaching,

assessing and reporting by schools", and also reporting to parents by the end of Semester 1. In order to meet the curriculum 'codes' that relate to SRE, teachers may select GDHR resources as a means of doing this. Refer to SCSA for additional implementation requirements for K-10. http://k10outline.scsa.wa.edu.au/home.

h. GDHR is an ongoing initiative, and the expectation is that it evolves and adapts over time in response to lessons learnt and to any changes in curriculum and to the evidence-base.

2.2 About the evaluation

a. The evaluation will draw together the available evidence about the impact of GDHR to date and present it in a way that informs future improvements.

b. It will highlight GDHR achievements, consider factors that have helped and hindered implementation, and identify what worked well and what (maybe) didn't in relation to the provision of resource support.

c. The evaluation will contribute to a robust evidence-base to validate the direction of ongoing improvement.

d. There has been no previous evaluation of the GDHR resource, but there has been relevant previous evaluation work relating to the professional development of teachers in this curriculum area, such as an audit of the uptake of the original hardcopy resources and also a benchmarking and review study of the original 2010 GDHR website.

e. Few evaluations of similar or related capacity building initiatives appear to have been undertaken in Australia or internationally, but this tentative conclusion is subject to further examination in the course of the evaluation.

f. GDHR may present future opportunities beyond this evaluation to conduct comparative longitudinal research, given the existence of both 'experimental' (teachers and students 'treated' by the resource) and 'control' groups (teachers and students not currently engaged with GDHR).

2.3 Evaluation Reference Group

Responsibilities of the Evaluation Reference Group are:

a. approval of the Evaluation Plan and related resource materials prior to use;

b. contribution of professional knowledge to the recognition of 'good practice' criteria;

c. nominating of participants for interview, survey and workshop participation;

d. piloting of the online survey so that it may be refined prior to use;

e. nominating appropriate case-study sites; and

f. reviewing of interim reports and the final evaluation (synthesis) report.

Five Evaluation Reference Group meetings are scheduled during the evaluation. These coincide with key project milestones. Meetings will be held at Grace Vaughan House (SHBBV Program) at 4pm on a Thursday, or as otherwise determined by the Project Manager. The expectation is that reference group members will read draft reports and other written material disseminated by the project manager ahead of meetings. They may also be asked

to provide comments and feedback between meetings. The expectation is that GDHR Evaluation Reference Group members have opportunities to actively engage in contributing to the design of data collection instruments such as survey questions.

The Evaluation Reference Group comprises:

Maryrose Baker, Department of Health (Chair);

Penelope Curtis, Department of Health (external consultant);

Meagan Roberts, Department of Health;

Calandra Smith, Secondary teacher, Department of Education;

Dr Jacqui Hendriks, Research Associate, Curtin University;

Trish Lee, Primary teacher, Department of Education;

Jean McKenzie, Department of Health; and

Dr Donna Mak, Department of Health.

2.4 Project management

Maryrose Baker (Communicable Disease Control Directorate, Department of Health) is project manager for this evaluation and the formal point of day-to-day contact for the evaluator throughout the project. The project manager is also responsible for overseeing contract management and administration relating to this project.

The role of the Project Manager also extends to:

a. convening meetings of the Evaluation Reference Group;

b. providing relevant written documentation and sources for consideration as part of the evaluation;

c. providing a list of email addresses for those people who have agreed to participate in the online survey; and

d. assisting the evaluator with travel, accommodation and hire car arrangements to undertake any proposed regional case study (if necessary).

3. Methodology

3.1 Overview

A realist evaluation methodology (Pawson & Tilley, 1997) will be employed. The approach recognises the place that human motivation, behaviour and contextual elements play in shaping how interventions work. It is grounded in an understanding that they do not have uniform impact and can operate differently in different locations and with different stakeholder groups. Outcomes are therefore understood as a function of the three-way interaction between **cause** and **effect** within a particular **context.**

GDHR seeks to improve the sexual health of young people. The main agencies working with WA schools are CDCD (SHBBVP) and Sexual Health and Relationships Western Australia (SHRWA). However, GDHR also exists within a broader policy context, where it forms part of a network of services and organisations seeking to make a difference within the sexual health and blood-borne virus (SHBBV) sector. Success in this field is, therefore, ultimately measured in terms of positive outcomes that critically depend on the effectiveness of the entire system, not any one initiative operating in isolation. Sound relationships, effective coordination and an environment conducive to implementation are critical to effective delivery.

Stakeholders are understood as responsive and active decision-makers who make their own choices, not as passive recipients of content with a universal response to an intervention. Each individual and group may have its own goals, motivations, behaviours and needs that drive their particular priorities. Consequently, stakeholders may have their own notions of what the initiative is for and the value and significance they attach to particular aspects and, indeed, what counts as 'success'. Central to a realist perspective is the notion that, in effect, end-users shape the initiative as much as the other way around. Certain stakeholders may, for instance, make use of GDHR in ways not originally intended by its designers.

Different educators and students will have varying resource and support needs. The critical evaluative question is, therefore, not simply 'What works?' but rather 'What works, for whom, how, and in what circumstances?'

The evaluation adopts a pluralist perspective that seeks to capture the views of a range of stakeholder groups involved with GDHR. The methodology used in this evaluation does not assume:
   a. stakeholders have a uniform response to GDHR; and
   b. stakeholders have common resource and support needs.

It is necessary to collect data about implementation and contextual variations that might explain any divergent outcomes with different stakeholder groups. Participants also need to be engaged in a manner respectful of their culture and diversity.

GDHR is a capacity-building initiative conceptualised as potentially having impacts on four levels:
   • what people thought of the initiative, in this case whether feedback from educators indicates that they like the resource or not;

- the learning that actually occurred, in this case the extent to which educators acquired the knowledge, skills, concepts and confidence required to be competent;
- the application of the learning, in this case the extent to which educators have put their learning into practice; and
- the difference the initiative might make at a societal level, in this case what (if any) evidence there is that GDHR has sufficient reach to contribute to improved sexual health in the community.

The Evaluation Plan will, therefore, need to consider the possible collection and analysis of information ideally at all four levels:

- **Level 1 (Feedback)**: The measurement of short-term learning outputs as revealed by educator satisfaction with resources captured in initial feedback.
- **Level 2 (Learning)**: The measurement of learning outcomes, such as evidence of changes in educator skills, knowledge and attitudes.
- **Level 3 (Application)**: Measures of the extent to which GDHR translates into behavioural change in particular work and community settings. Such outcomes may be measured through the establishment of measurable school-level outputs or outcomes.
- **Level 4 (Change)**: The measurement of long-term impact at a community or societal level. A time series study comparing outcomes for cohorts of students exposed to GDHR 'treatment' and those who have not may provide a window into societal level change over time, but would need to occur after this evaluation.

In summary, in undertaking this evaluation John Scougall Consulting Services understands change needs to be measured at several levels, where measures are available. There will be methodological challenges encountered. Where change cannot be measured in the short term, the evaluation may recommend new forms of data collection and analysis so that change may be measured in the longer term.

3.2 Methods

A mixed methods approach to data collection is specified as required for this evaluation:

a. desktop document analysis;
b. GDHR logic workshop;
c. qualitative interviews;
d. online survey; and
e. case studies.

The matrix in Table 1 (below) indicates that each of the five data sources can be matched to collect information about each of the four key areas of evaluation interest. Every data source has the potential to inform the evaluation. Use of a mixed-methods approach makes it possible to triangulate data from multiple sources. The final evaluation report will be a synthesis of all data assembled in support of findings and recommendations.

Table 1: Relationship between key areas of interest and data sources

Key Area of Interest	Desktop Analysis (documented quantitative and qualitative evidence)	GDHR Logic Workshop	Online Stakeholder Survey	Interviews	Case Studies
1. How GHDR adds value					
1.1 Increased capacity of educators?	Yes	Yes	Yes	Yes	Yes
1.2 Builds strategic partnerships?	Yes	Yes	Yes	Yes	Yes
1.3 Improves health and well-being of youth?	Yes	Yes	Yes	Yes	Yes
2. Stakeholders' perceptions					
2.1 GDHR content	Yes	Yes	Yes	Yes	Yes
2.2 GDHR value	Yes	Yes	Yes	Yes	Yes
2.3 GDHR alignment with recognised best practice	Yes	Yes	Yes	Yes	Yes
3. Improvements					
3.1 To build greater capacity amongst educators	Yes	Yes	Yes	Yes	Yes
3.2 To improve overall effectiveness	Yes	Yes	Yes	Yes	Yes
3.3 Closer alignment with recognised criteria of good practice	Yes	Yes	Yes	Yes	Yes
4. Future aspirations for GDHR	Yes	Yes	Yes	Yes	Yes

NB: A 'Yes' indicates an expected primary source of information. A 'No' would indicate that the information source is not expected to reveal significant data relating to a particular area of interest. The absence of 'Nos' in this instance indicates that every data source is expected to yield some information about the each area and sub-category of the evaluation terms of reference.

3.3 Desktop research

The Communicable Disease Control Directorate will provide written information about GDHR at an early stage of the evaluation.

The Project Manager made the following documents available to the evaluator:

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*, Perth.

Child and Adolescent Health Service, WA Health (2009), *Brief Comparison of GDHR to the International Technical Guidance on Sexuality Education*, Government of Western Australia, Perth.

Correspondence. e.g. letters sent to school principals, health coordinators and school health nurses in 2010 for the launch of the GDHR website.

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

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

Western Australian 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,* Western Australian Department of Health, Perth.

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.

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 Growing and Developing Healthy Relationships Symposium (organised and facilitated by Curtin University), 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, *Benchmark Report*.

A significant task to be commenced as part of the desktop analysis is to identify features of GDHR that might be considered 'good practice' in the field of sexual health and relationship education for young people. This activity will need to be continued throughout the entire evaluation. This is critical to being in a position to make a comparison of the key features of GDHR against recognised good practice in the final evaluation report.

Good practice, sometimes referred to as 'best practice', is understood as that which is:

a. supported by a trusted and credible source;
b. embedded and widely used within a particular context; and
c. plausible in the sense of being congruent with accepted models, theory and discourse.

The development of criteria of good practice for GDHR will primarily rely on professional advice available to the evaluation and academic sources referenced by stakeholders as useful source material. Limited additional desktop research of relevant material will be undertaken within the time allocation constraint of the task. The evaluation design does not provide for a full literature review. The good practice criteria developed will be refined and rendered increasingly robust throughout the evaluation process, with the input of people with recognised expertise, qualifications and experience in the sector. The intent is that the good practice criteria developed over the course of the evaluation is evidence-based and

widely disseminated so that it is transparent, and can be further interrogated over time. This process is necessary if the criteria are to be widely accepted.

Evidence obtained from the desktop analysis will be written up as a stand-alone report and refined following feedback from the Evaluation Reference Group. A proposed format is in Appendix 1. The revised document will be included with the final evaluation report.

3.4 GDHR Logic Workshop

A logic workshop is a tool that serves to focus an evaluation by explicitly outlining the theoretical causal linkages between inputs, outputs and outcomes in a time-ordered way. In the absence of such logic, an explanatory void may exist between change strategies, on the one hand, and the achievement of desired outcomes, on the other. The aim of the workshop is to explicitly spell out the assumed causal connections between actions and outcomes.

In this instance the purpose is to explain conceptually how GDHR might contribute to outcomes in the short, medium and longer term, and to make explicit any differences in understandings amongst stakeholders. On a single page it ought to be possible to describe how GDHR is meant to contribute to achieving positive social change for young people in respect of their sexual health and well-being.

The proposed process is as follows. Initially, the evaluator will develop a draft GDHR logic based on written sources and information provided by the Communicable Disease Control Directorate (CDCD). The logic will be circulated for comment to ensure it captures the strategic perspective of GDHR on how the initiative is understood to operate, and the pathway through which knowledge might be translated into good health practice and outcomes.

The logic will be further refined at a two-hour GDHR Logic Workshop with invited key stakeholders. The workshop is proposed for Thursday 21 April 2016. The Project Manager will be responsible for invitations to participants, appropriate timing and venue.

The evaluator will facilitate the workshop. Resources designed to promote discussion about the goal, target group, rationale, objectives, inputs, outputs, outcomes and performance measures of GDHR will be shared. These will include GDHR logic and assumptions developed by the evaluator pre-workshop to be critiqued and refined by the participants.

A technique, known as rubrics, is proposed for use at the workshop as a tool to inform discussion. A rubric is a performance rating scale, e.g. 'Very poor' <-> 'Excellent' or 'Detrimental' <-> 'Highly Effective'. Rubrics make it possible to quickly explore results achieved and how good they were from different stakeholder perspectives. Each rubric succinctly describes what might be considered a standard of performance. Those present at the workshop, and subsequently also those at interview, will be asked to rate the performance of GDHR using the rubrics developed by the evaluator.

The outcomes of the workshop will be identification of the following aspects of GDHR:

a. rationale;
b. key achievements;
c. objectives;
d. performance measures and benchmarks;
e. clearly defined target group/beneficiaries;
f. inputs, outputs and outcomes;
g. strategic processes and activities;
h. challenges and implementation issues; and
i. perceptions of the extent of GDHR alignment with recognised good practice.

The workshop will inform the development of a subsequent brief document describing outcomes to be written by the evaluator for the consideration of the GDHR Reference Group. It will identify key features of GDHR based on all the information collected. The document will comprise:

a. a **description** – goal, SMART objectives, strategies, performance measures;
b. an explicit **theory of change** or model of how GDHR is thought to contribute to outcomes. This will outline inputs, outputs and outcomes in the short, medium and longer term and will make explicit the intervention theory that underpins GDHR, i.e. what the initiative is assumed to do to activate change mechanisms; and
c. a summary of **rubric** responses will also be presented.

The expectation is that the document will reflect:

a. the strategic perspective of the team that has established and implemented GDHR and the processes employed to translate knowledge into sound health practice; and
b. other stakeholder perspectives that may inform the ongoing process of refining GDHR logic, thereby contributing to improvement over time.

The workshop report will be included as an attachment to the final evaluation report. Draft workshop resources are currently being developed as per Attachment 2.

3.5 Interviews
Semi-structured interviews will provide an opportunity to explore issues in-depth, allowing the possibility to probe key stakeholders from different stakeholder groups about how and why GDHR operates as it does. It is proposed that eight stakeholders be interviewed for up to an hour each. These interviews will be sequenced in an early stage of the evaluation. Early scheduling brings the advantage of enabling the process to inform later data collection through the survey and case studies.

A draft interview guide setting out the proposed semi-structured (informal) line of interview questioning has been developed and included in Appendix 3 as part of the evaluation planning process. It also includes prompts the evaluator may use to elicit responses.

It is proposed that notes be taken at interviews with permission, but not any recording.

Written notes from each interview will be provided back to each interviewee via email for review and confirmation that they have been correctly represented. Criteria by which participants have been nominated for inclusion in the interview process are under development, but yet to be discussed by the GDHR Evaluation Reference Group.

Interviews will be conducted with stakeholders for up to an hour each. It is proposed that those interviewed include one or more interviewees drawn from the following sub-groups of GDHR users:

a. policymakers;
b. people with relevant RSE expertise;
c. school teachers; and
d. school community nurses.

Members of the Evaluation Reference Group will nominate prospective interviewees. Interviews will be conducted in person if the interviewee is based in the Perth metropolitan area. Telephone or face-to-face interviews may be conducted for people based elsewhere, as determined by the Evaluation Reference Group.

3.6 Online survey

An online survey has the advantage of breadth, ensuring that a substantial number of stakeholders have the opportunity to contribute to the evaluation. It can reach many people reasonably cost-effectively, and information can be collected and analysed quickly and easily. Broad participation can also be an aid to eventual acceptance and utilisation of evaluation findings and recommendations.

The Communicable Disease Control Directorate is identifying stakeholders who might be invited to participate in the survey, and compiling an email distribution list. A critical consideration is the availability of databases of readily available email contacts. It is understood the email contact details of educators, policymakers, managers, curriculum designers and others who may have accessed GDHR will be made available. The expectation is also that the Directorate and other stakeholders actively assist in promoting participation in the survey in order to ensure a satisfactory response rate.

The online survey tool Survey Monkey will be utilised. The evaluator will engage a sub-consultant to pilot and administer the survey and report results. The survey will ask participants to provide:

a. basic demographic information such as gender, age range and location; and,
b. their opinions about their experience of GDHR.

It is possible that different stakeholder groups may have different value positions and different experiences of GDHR. The survey data will be segmented for the purposes of analysis to enable such differences to be teased out for comparative analysis between demographic and professional categories. Such analysis is useful in checking the extent to which the perceptions of different stakeholder groups align.

A draft letter to participate in the survey and initial draft survey questions can be found at Appendix 4.

3.7 Case studies

Two GDHR case studies are proposed. Case studies have value in demonstrating how initiatives work, including how they may work differently, in particular settings. The case studies will describe:

a. outcomes related to GDHR;

b. how GDHR resources are used; and

c. similarities and differences between the two case study sites.

The case study sites to be included are identified at Appendix 5 of this Evaluation Plan, following discussions with Directorate staff. It suggests criteria by which sites might be selected. The Directorate has done some preliminary work on what may be suitable sites.

The case studies will add value to the evaluation because they:

a. provide insights into the way in which GDHR might operate differently in different contexts;

b. create space in the evaluation for field-level practitioner perspectives as opposed to those of program managers, funding bodies and peak organisations operating in the sector;

c. make it possible to identify any implementation gaps between the GDHR initiative as designed and what actually happens in practice;

d. capture lessons learnt about what works well in particular contexts; and,

e. assist with the identification of successful or promising practices so that they may potentially be replicated.

Case study data will be treated as context specific. It is not assumed that effective practices can necessarily be copied from one place and transplanted into another.

4. Analysis

An evidence-based approach to analysis makes it possible to reach conclusions about what results were achieved and how good they were. John Scougall Consulting Services utilises an evidence-based approach to data analysis that systematically brings the available information from all sources together. Where data drawn from multiple sources converges on a single set of conclusions there is sound reason to have confidence in the findings.

Analysis will encompass the following activities:

a. accessing existing evidence, such as documentary sources;
b. generating and recording additional new evidence through desktop document analysis, interviews, a GDHR logic workshop and case studies;
c. synthesis of the available evidence to create a holistic picture;
d. checking understandings and interpretations with personnel most closely involved with the implementation of the initiative;
e. presenting the evidence to inform future GDHR content, design, policy and practice;
f. effectively communicating the evidence to interested parties in a clear and appropriate form so that it can be useful and beneficial; and
g. developing mechanisms to enable ongoing learning by recommending how the initiative might be embedded in an ongoing iterative cycle of evidence-based decisions, actions and continuous improvement for the long term.

5. Deliverables and Timeframes

The evaluation deliverables will comprise eight documents:

- Evaluation Plan (this document);
- GDHR Literature Review;
- GDHR Desktop Document Review;
- GDHR Survey Report;
- GDHR Interview Report;
- GDHR Case Study Report;
- GDHR Program Logic Workshop Report; and
- GDHR Impact Evaluation Final Report.

It is proposed that information from each data source be collected and reported separately shortly after collection and prior to being synthesised in the final report. This way of working has several benefits:

a. the Evaluation Reference Group is informed about each set of data shortly after it is collected;
b. the Reference Group can clarify any issues or misunderstandings at an early stage;
c. meetings between evaluator and the Evaluation Reference Group are highly participatory because each has a clear focus on the interpretation of data from an early stage;
d. each set of data collected and analysed can inform the next phase of data collection; and,
e. the approach ensures 'no surprises' for the Evaluation Reference Group and the Communicable Disease Control Directorate at the later stage when the analysed data is synthesised to inform the evaluative findings and recommendations in the final report.

The final evaluation report will take the form of a synthesis of information collected from all sources. The final report format will specifically encompass:

a. **development history** of the GDHR resource;
b. identification of the **key elements** of resource design, such as objectives and target group(s);
c. the effectiveness of processes, especially **marketing and promotion** processes currently used to attract and recruit educators to utilise the GDHR resource;
d. **implementation** issues identified over the course of the evaluation;
e. evidence of **changes in values and behaviour** of educators through their use of the GDHR resource;
f. identification of the curriculum elements of the GDHR resource that align with recognised **good practice**;
g. **baseline data requirements** necessary to support a future longitudinal study measuring impact over time;

    h. **findings and recommendations** for the future; and

    i. **reference sources**.

The proposed format for the final report is as follows:

1. Glossary of Terms
2. Abbreviations
3. Executive Summary
4. Introduction
5. Background
6. Description of initiative
7. Implementation
8. Analysis
9. How GDHR adds value
10. Stakeholder perceptions of GDHR
11. Possible improvements
12. Future directions
13. Findings
14. Recommendations
15. Conclusion
    GDHR Evaluation Plan
    GDHR Literature Review
    GDHR Desktop Document Review
    GDHR Survey Report
    GDHR Interview Report
    GDHR Case Study Report
    GDHR Program Logic Workshop Report

The evaluation project is scheduled to run over a five-month period from January 2016 to completion in June 2016. Work would progress in six phases as outlined in Table 2 below. Each phase is broken down into specific task milestones, with planned dates for commencement and completion, subject to the agreement of the Evaluation Reference Group.

It is the responsibility of the evaluator to complete all evaluation tasks within the timeframe outlined in this evaluation plan (see below). Additional tasks may be undertaken, subject to prior negotiated agreement between the evaluator and the Communicable Disease Control Directorate.

Table 2: GDHR evaluation timeline by phase

Phases	Key Tasks	Planned Commencement	Planned Completion	Time Allocation
1. Scoping	1.1 Finalise contract 1.2 Meeting with GDHR personnel 1.3 Finalise Evaluation Plan	14 Jan 2016	22 Feb 2016	2 days
2. Desktop Analysis of existing information	2.1 Review existing documents 2.2 Begin to identify what may be recognised as good practice 2.3 Meeting 1: GDHR Evaluation Reference Group (3 March 2016) 2.3 Written report on existing documentary data and literature	17 Feb 2016	31 March 2016	12 days
3. GDHR Logic Workshop	3.1 Invite participants 3.2 Develop draft materials and circulate to Reference Group for feedback 3.3 Meeting 2: GDHR Evaluation Reference Group (21 April 2016) 3.4 Facilitate GDHR Workshop (proposed for 21 April 2016) 3.5 Written report on workshop	1 April 2016	30 April 2016	2 days
4. Interviews	3.1 Unstructured interviews (max 8) 3.2 Thematic analysis 3.3 Written report on interviews 3.4 Meeting 3 with GDHR Evaluation Reference Group (12 May 2016) 3.5 Finalise report	22 April 2016	13 May 2016	8 days
5. Online Survey of stakeholders	3.1 Develop online survey questions 3.2 Pilot survey 3.3 Revise survey 3.4, administer survey 16 May 2016 3.5 Survey closed Mon 30 May 3.6 Written report on survey results 10 June 2016	1 May 2016	10 June 2016	10 days
6. Case Studies	5.1 Confirm case study sites 5.2 Fieldwork on site 5.3 Write up case study report	1 June 2016	9 June 2016	5 days
7. Final Report	6.1 Analysis 6.2 Draft written report 6.3 Circulate and receive feedback comments 6.4 Meeting 4 with GDHR Evaluation Reference Group (June 2016) 6.5 Finalise report by 27 June 2016	10 June 2016	24 June 2016	11 days
Summation	**Entire Evaluation**	**Jan 2016**	**June 2016**	**50 days**

Appendix 1: Desktop Document Analysis

By way of indication only, a possible reporting format for the desktop analysis is as follows:

1. Introduction
   a. Overview of report
   b. Purpose of evaluation
   c. Key areas of interest
   d. Evaluation Reference Group

2. Desktop data
   a. Internal documents
   b. Literature Review of School-based Relationships and Sexuality Education

3. Description of initiative
   a. Outcomes
   b. Objectives
   c. Content
   d. Strategies
   e. Target Group
   f. Measurable outputs and indicators of performance
   g. Context
   h. Reach
   i. Key stakeholders

4. Desktop evidence
   a. Achievements
   b. Value-adding
   c. Challenges
   d. How well GDHR is working for educators and students
   e. Ways to strengthen the initiative
   f. Intended consequences
   g. Future aspirations

5. Conclusion

Appendix 2: GDHR Logic Workshop Resources

Initial thoughts on draft GDHR logic are as follows (to be read from the bottom up).

GDHR outcomes hierarchy

11. Societal positive change in respect of relationships and well-being.

10. Relationship life-skills are sustained beyond school throughout the life course.

9. Further relationships and sexuality school-based learning opportunities beyond GDHR available for students continuing beyond Year 10.

8. Students acquire knowledge and understandings about relationships and values from Kindergarten through to Year 10 from teachers utilising GDHR resources.

7. Schools provide an enabling environment (opportunities to deliver the resource to the target audience).

6. Educators choose to access the GDHR resource and utilise it in school settings.

5. Educators have the required expertise and confidence to use GDHR.

4. Schools, educational institutions, agencies and associations promote GDHR to educators and encourage and support them to make use of it.

3. Appropriate level of dissemination, marketing and promotion of the resource to educators.

2. Development of a comprehensive online resource.

1. GDHR funding and staffing secured.

A draft program description and performance rubrics are still to be developed as resources for use at the proposed GDHR Logic Workshop.

Appendix 3: Draft Interview

NB: The interviews are semi-structured. The following is a purely indicative line of questioning.

a. **What has been your experience with GDHR?**

Prompts:
1. How long associated?
2. How often do you visit the online resource?
3. Reason for visiting?
4. Recently visited website?
5. Do you use other RSE resources and, if so, what are the relative advantages and disadvantages of these relative to GDHR?
6. Have you received any training to support your use of GDHR?
7. Are there particular year-level materials or themed topics that you utilise more than others?
8. What areas do you/have you spent most time in the site on?

b. **In your experience, do you think GDHR is adding value to the relationships and sexuality education of young people in WA from kindergarten through to Year 10? If so, in what ways?**

Prompts:
1. Engagement of educators
2. Sharing information
3. Disseminating the evidence
4. Contributing to a social environment supportive of growth and development
5. Raising awareness
6. Building skills
7. Influencing values
8. Correcting myths and eroding stereotypes
9. Providing educators with a ready-to-use set of tools
10. Giving credibility to this area of health education

c. **Do you think the work of educators using GDHR resources is making a significant contribution to the health and well-being of young people in WA?**

Prompts:
1. Examples
2. Data
3. Assessment
4. Reporting

d. What challenges does GDHR face that might impact on its effectiveness?

Prompts:

1. Resources (funding, human)
2. Technological change
3. Diverse needs of different stakeholders
4. Value differences
5. Teaching competency
6. Level of support from school or administration
7. Finding space within a crowded curriculum
8. Health education not valued in the curriculum
9. Sensitive and controversial nature of some topics

e. What contribution does GDHR make to building teacher and school capacity and competence?

Prompts:

1. In your organisation
2. More generally

f. Are there practical ways in which the GDHR resource might be further strengthened or improved?

Prompts:

1. Effectiveness
2. Efficiency
3. Appropriateness
4. What do you think about the quality of GDHR's content
5. Are there aspects of the GDHR resource that could be improved to better build the capacity of educators
6. Are there other aspects of the GDHR resource that could be improved

g. Do you see collaborative partnership between stakeholders involved in GDHR?

Prompts:

1. Linking health professionals and educators
2. Who are the stakeholders
3. Who needs to be linked in

h. What do you hope to see in the future in the field of relationships and sexuality education?

Prompts:

1. Potential benefits in the medium to long term?
2. What needs to change?
3. What is required to make it happen?
4. What might be added to or made different about GDHR?

i. **Is there anything else you would like to say about GDHR?**

Appendix 4: Draft Survey

The following is the text of a draft letter that to send out to prospective survey participants ahead of the survey. The purpose is to assure participants that the survey has stakeholder support, and therefore increase the likelihood of people choosing to complete it. The initial draft of the survey is also attached.

These drafts should be read as purely indicative, as the survey will be revised ahead of being administered. The survey questions will need to be discussed and piloted ahead of administration of the survey. There may be an opportunity to modify the survey to accommodate themes emerging from the interviews or GDHR logic workshop. Sub-consultant Christina Ballantyne will finalise the survey design based on feedback received.

> Dear … ,
>
> Growing and Developing Healthy Relationships (GDHR) is an online curriculum resource for teachers in the relationships and sexuality area. Go to https://gdhr.wa.gov.au/. It was developed and has been funded by the Department of Health WA in association with SCASA, the Department of Education and several other organisations, including a University.
>
> GDHR is being independently evaluated by John Scougall Consulting Services. As part of the evaluation an online survey is being administered by Christina Ballantyne. Several associations, including the Australian Council of Health Physical Education and Recreation (ACHPER), Curtin University and the Sexual and Reproductive Health WA (SHRWA), have agreed to assist by asking you to click on the link below to complete the online survey before 30 May 2016
>
> Responses to the survey are confidential. Staff at WA Health, the Department of Education, ACHPER, Curtin University and SHRWA will not receive or see your survey responses.
>
> The survey is voluntary however your feedback is important to ensure GDHR is meeting the needs of educators. It would be greatly appreciated if you would take the time to complete and submit the survey no later than Monday 30 May 2016.
>
> If anyone would like to further contribute to this evaluation you can register your interest by visiting https://gdhr.wa.gov.au/.
>
> Kind Regards,

Evaluation of GDHR

Survey information and instructions

What is GDHR?
Growing and Developing Healthy Relationships (GDHR) is an online curriculum education resource for school educators developed by the Department of Health in association with SCASA and the Department of Education and is consistent with both the Australian and WA curriculum in health education. GDHR is designed to support Western Australian educators to provide comprehensive relationships and sexuality education to young people. It assists teachers in planning and delivering relationships and sexuality education that aligns with curriculum requirements. The resource has been online since 2010. On March 2015 the online resource was substantially updated. Go to https://gdhr.wa.gov.au/.

Who should complete this survey?
You should only complete this survey if you have accessed the online GDHR curriculum resource at some time. Although GDHR is primarily designed for use by teachers, you may still complete the survey if you are not a teacher.

Purpose of survey
This survey forms part of an evaluation of the GDHR resource. The information collected from this survey will be used to guide the future direction of GDHR and make recommendations about how it might be improved. GDHR is an education resource designed to support Western Australian educators to provide comprehensive relationships and sexuality education to young people.

Voluntary participation
Participation in this survey is entirely voluntary. Your completion and return of the survey form will be taken as consent to participate.

Confidentiality
Your response to this survey will be treated as strictly confidential. **Individual responses will not be provided to WA Health, the Department of Education or any other agency.** Please take care not to write your name or otherwise identify yourself on the survey form.

How long will it take?
Completion of this survey may take about 15 minutes, depending on the extent of your written comments.

Due date
It would be appreciated if you could send your survey response no later than the close of business **Monday 30 May 2016.**

Survey instructions

The Survey is in three parts:

- Part 1 seeks your views about GDHR. It consists of multiple-choice questions. You are asked to indicate your level of agreement with each statement in the survey by ticking the response that most closely corresponds with your view. If you feel that you are unable to comment on any particular question or you are unsure, please indicate this by ticking the 'Don't know' response. The survey also provides opportunities for you to write comments where you feel that it is useful or you wish to provide an example.

- Part 2 provides an opportunity to provide an open-ended written comment on how GDHR might be improved. If you do not wish to respond, you do not have to answer.

- Part 3 seeks information that will enable the survey results to be analysed according to context and demographic and professional characteristics. If you do not wish to respond, you do not have to answer any question in this section.

Questions or additional information
Please contact the **independent evaluator** Christina Ballantyne if you have any questions about this survey or would like more information. Her contact details are christina.ballantyne8@gmail.com. Christina is not a staff member of WA Health or the Department of Education.

Part 1: Perceptions of GDHR

1. GDHR contributes to the relationships and sexuality education of young people in WA.

'Strongly Agree'	'Agree'	'Neither Agree nor Disagree'	'Disagree'	'Strongly Disagree'	'Don't Know'

Comment:

----

2. GDHR content is of high quality.

'Strongly Agree'	'Agree'	'Neither Agree nor Disagree'	'Disagree'	'Strongly Disagree'	'Don't Know'

Comment:

----

3. GDHR provides teachers and educators with appropriate age-specific curriculum support about growth, development, sexuality and relationships education.

'Strongly Agree'	'Agree'	'Neither Agree nor Disagree'	'Disagree'	'Strongly Disagree'	'Don't Know'

Comment:

----

4. GDHR provides a strong evidence-base that informs my practice.

'Strongly Agree'	'Agree'	'Neither Agree nor Disagree'	'Disagree'	'Strongly Disagree'	'Don't Know'

Comment:

----

5. GDHR provides a valued source of information, guidance and educative tools.

'Strongly Agree'	'Agree'	'Neither Agree nor Disagree'	'Disagree'	'Strongly Disagree'	'Don't Know'

Comment:

----

6. The GDHR resource has improved my capacity to deliver relationships and sexuality education.

'Strongly Agree'	'Agree'	'Neither Agree nor Disagree'	'Disagree'	'Strongly Disagree'	'Don't Know'

Comment:

----

7. I have ample opportunities to apply GDHR in my work.

'Strongly Agree'	'Agree'	'Neither Agree nor Disagree'	'Disagree'	'Strongly Disagree'	'Don't Know'

Comment:

----

8. GDHR enables me to feel confident and well equipped to deliver sexuality and relationships education.

'Strongly Agree'	'Agree'	'Neither Agree nor Disagree'	'Disagree'	'Strongly Disagree'	'Don't Know'

Comment:

----

9. GDHR contributes to the sexual health and well-being of young people.

'Strongly Agree'	'Agree'	'Neither Agree nor Disagree'	'Disagree'	'Strongly Disagree'	'Don't Know'

Comment:

Part 2: Service improvement

2.1 Do you have any suggestions about how GDHR resources might be improved?

Comment:

2.2 Since March 2015 the GDHR resource has been aligned with state and Australian Curriculum. How important is this aspect?

'Essential'	'Very Important'	'Useful'	'Little Relevance'	'Unimportant'	'Don't Know'

Comment:

2.3 Which topics do you think are important to cover in a resource such as GDHR?
(Tick one or more.)

☐	Staying safe
☐	Growing and changing bodies
☐	Respectful relationships
☐	Emotional well-being
☐	Health literacy
☐	Diversity
☐	Unsure

2.4 Which aspects of the GDHR website do you most value? (Tick one or more.)

☐	Essential information for teachers about what to teach and how
☐	Teaching resources and lesson planning
☐	Learning activities
☐	Downloadable student activity sheets
☐	Links to other resources
☐	Links to research and the evidence-base
☐	Notice of upcoming events
☐	'Ask a Question' feature

2.5 In what ways does GDHR add value? (Tick one or more.)

☐	Fostering collaborative partnership between educators, health professionals, parents and carers
☐	Enabling educators to access and share reliable information, understand educational process and disseminate the facts to students
☐	Enabling educators to combat negative stereotypes and myths within schools
☐	Providing classroom-ready tools and resources
☐	Creating a support network for teachers
☐	Building skills to teach relationships and sexuality education
☐	Building confidence to teach relationships and sexuality education
☐	Influencing social values
☐	Essential information for teachers about what to teach and how
☐	Timesaving
☐	Secure, reliable and authoritative source of information
☐	Connected to the curriculum (age-appropriate)

Part 3: Biographical Information (non-compulsory)

3.1. What age bracket are you in? (Tick one only.)

☐	< 30 years
☐	30 years to <40 years
☐	40 years to <50 years
☐	> 50 years

3.2 Gender

☐	Male
☐	Female
☐	Other

3.3 Which best describes your employer organisation? (Tick one only.)

☐	Government education school sector (including independent public schools)
☐	Independent education school sector
☐	Catholic education school sector
☐	Child and Adolescent Community Health
☐	Government agency public service position (not located in a school)
☐	Tertiary education sector or vocational education and training (TAFE)
☐	Community or non-government sector
☐	Other, including unemployed

3.4 Which best describes your occupation? (Tick one only.)

☐	Teacher/school educator
☐	School nurse
☐	Academic or research position
☐	Policy development
☐	Project officer or program manager
☐	Parent or carer
☐	Other (please specify)

3.5 If you are a school educator, which year levels do you mostly teach in 2016? (Tick one or more options.) NB: It is understood educators may teach classes across multiple years.

☐	Kindergarten
☐	Year 1
☐	Year 2
☐	Year 3
☐	Year 4
☐	Year 5
☐	Year 6
☐	Year 7
☐	Year 8
☐	Year 9
☐	Year 10
☐	Year 11
☐	Year 12

3.6. Which best describes your usual location? (Tick one only.)

☐	Regional or remote WA
☐	Perth (metropolitan) WA
☐	Elsewhere in Australia
☐	Outside Australia

If you indicated you were usually located within Australia but outside WA, please identify your state or territory: NSW, Victoria, Queensland, Tasmania, South Australia, ACT, Northern Territory, other.

If you indicated you were usually located outside Australia, please indicate which country.

3.7 How often do you estimate you have accessed the GDHR online curriculum resource in the last year (since 17 March 2015 when GDHR was updated)?

☐	Have not used GDHR
☐	Once
☐	Twice
☐	2-5 times
☐	6 or more times

3.8 What relationships and sexuality professional development have you received?

☐	None at all
☐	Component included in pre-service training
☐	University unit in sexology
☐	Postgraduate training
☐	GDHR professional development workshop offered by Curtin University
☐	Other relationships and sexuality education course or workshop
☐	Online training (please specify url) ……………………………………………………………..

**Thank you for taking the time to participate.
Your contribution is greatly appreciated.**

Appendix 5: Case Study Criteria

The case studies will examine the ways in which GDHR may add value in a particular context. The case studies will document the 'journey' of particular users of GDHR resources. The intention is to provide an additional perspective to that of program managers, policymakers and funders, particularly in relation to what might constitute success in the eyes of local level participants.

The case study sites selected will need to have been closely involved with GDHR. The aim is to capture their overall experience with GDHR, as the connection has grown and perhaps become more significant and meaningful over time. The case studies will capture the experience of local practitioners to learn about what works for them in their particular context. It is stressed, however, that the purpose is not to evaluate local performance, but rather to explore the contribution made by GDHR and any challenges experienced locally while working with GDHR resources.

The Evaluation Reference Group will recommend study sites following discussion. Two small-scale case studies are proposed. The key question guiding the selection process is 'What is useful and informative about the case?'

Criteria that may be considered in the selection of suitable case study sites are:

a. willingness of agencies and individuals at the site to participate;
b. the priority attached to GDHR;
c. the relevance of the case to key GDHR stakeholder groups more generally;
d. the potential for valuable policy-level learning;
e. the potential to examine promising practices that may be recorded and potentially replicated;
f. applicability and transferability of lessons learnt to other projects and organisations;
g. the availability of background information, such as documents, that will inform the description of the case; and
h. opportunities presented by the case to understand what success looks like.

A case study ought to make it possible to identify any differences between what funders and managers intended to accomplish with GDHR and what actually occurred at project level. Variation is not necessarily problematic. It could, in fact, be evidence of adaptation to suit local circumstances and priorities. It is not assumed, however, that effective practices can necessarily be copied from one place and transplanted to another without considering contextual similarities and differences.

The following are questions that might be explored in the case studies.

Outcomes

What has GDHR contributed?

What makes you think so?

Stakeholder perceptions

How is the quality of GDHR resources perceived at the site?

Benefits

What are stakeholder perspectives about the benefits of engaging with GDHR?

Improvements

What aspects of GDHR might be fine-tuned to improve effectiveness?

Future requirements

What do local stakeholders hope to see in the future as a consequence of their engagement with GDHR?

Implementation

How well has GDHR been implemented in terms of service appropriateness, reach and sustainability?

It is proposed that a single comparative case study report encompass both case studies. This will enable a 'side-by-side' view of similarities and differences between the two sites, including contextual variations. The case study report will be short. Brevity will be achieved through extensive use of bullet points. The case study report will be presented as an attachment to the final evaluation report.

The proposed case study reporting format is as follows:

- Organisation and purpose
- Location
- Project involvement with GDHR
- Length of association with GDHR
- Description of GDHR-related activities
  - o Strategies used?
  - o What is being achieved?
- Timeframe
- Target group(s)
- What stakeholders said about what was effective
- Challenges
- Lessons learnt and implications for GDHR
- People consulted.