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

GDHR Impact Evaluation: Final Report

John Scougall Consulting Services

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Acknowledgement

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List of Acronyms

Acronym	Term
AC	Australian Curriculum
ACARA	Australian Curriculum, Assessment and Reporting Authority
ACHPER	Australian Council for Health, Physical Education and Recreation
AISWA	Association of Independent Schools of Western Australia
ATSI	Aboriginal or Torres Strait Islander
CACH	Child and Adolescent Community Health
CERIPH	The Collaboration for Evidence, Research and Impact in Public Health
CEO	Catholic Education Office
CCWA	Curriculum Council of Western Australia (now SCSA)
CHAT	Changing Health Acting Together resource
COMMS	WA Health Communications Directorate
DoE	Department of Education
ECU	Edith Cowan University
EOC	Equal Opportunity Commission
ESA	Educational Services Australia
FPWA	Family Planning Western Australia (now SHQ)
GDHR	Growing and Developing Healthy Relationships [https://gdhr.wa.gov.au]
HPE	Health and Physical Education Curriculum
ICT	Information and Communications Technology
K-10	Kindergarten to Year 10
NTS	National Transition Strategy (NTS) which outlines Web Content Accessibility Guidelines for Government (WCAG)
PD	Professional development
RFQ	Request for quotation
RSE	Relationships and sexuality education
SCSA	School Curriculum and Standards Authority
SDERA	School Drug Education and Road Aware
SECCA	Sexuality Education, Counselling and Consultancy Agency
SHBBVP	Sexual Health and Blood-borne Virus Program
SHQ	Sexual Health Quarters
SiREN	WA Sexual Health and Blood-borne Virus Applied Research and Evaluation Network
SMART	Objectives that are specific, measurable, achievable, realistic and targeted.
STI	Sexually Transmitted Infections
WA	Western Australia
WAAC	Western Australian Aids Council
WAHPR	Western Australian Centre for Health Promotion Research at Curtin University (now CERIPH)
WAHPSA	WA Health Promoting Schools Association
WAHES	Western Australian Health Education Services
WCAG	Web Content Accessibility Guidelines outlined in the NTS
WHO	World Health Organisation

1. Introduction

1.1 Purpose of report

This is the final report of an independent Impact Evaluation of Growing and Developing Healthy Relationships (GDHR), an initiative of the Sexual Health and Blood-borne Virus Program (SHBBVP) located within the Communicable Diseases Control Directorate (CDCD) of the Department of Health WA (WA Health) in late 2015 [https://gdhr.wa.gov.au].

The GDHR evaluation had two objectives:

- to assess how well the GDHR online curriculum resource is working; and
- to identify how it might be strengthened.

1.2 Background to GDHR

GDHR is an online relationships and sexuality (RSE) curriculum resource ('the GDHR resource'). It is purposely designed to assist teachers in planning and delivering comprehensive relationships and sexuality classes in Western Australian schools that align with curriculum requirements from Kindergarten to Year 10.

First developed as a hardcopy resource almost two decades ago, the GDHR resource has been accessible online since 2010. An online resource has the potential 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. In addition, revisions and amendments are low-cost.

A substantially updated version of the online resource went 'live' in March 2015. SHBBVP had rewritten the entire content of the GDHR resource to both align with new Western Australian HPE Curriculum and reflects contemporary teaching-learning practices.

This evaluation of the GDHR resource has been guided by an expert cross-agency Evaluation Reference Group. John Scougall Consulting Services was contracted to undertake the GDHR Impact Evaluation, reporting to the Reference Group.

1.3 Four key areas of interest

The terms of reference for the evaluation specify four key areas of interest to the evaluation:

- How is GDHR perceived in terms of the value and quality of its content by key stakeholders?
- How is GDHR adding value to RSE of young people in WA through:
    - building the capacity of educators from kindergarten to Year 10 (K-10)?
    - building strategic partnerships that add value?
    - contributing to improved health and well-being of young people?

- What aspects of the GDHR resource could be improved to build the capacity of educators K-10 and improve effectiveness?
- What do stakeholders aspire to see as a result of GDHR in the future?

1.4 Data collection process

Work was conducted over the period January 2016 to September 2016. A GDHR Evaluation Plan was developed to guide the data collection and analysis process.

Data that informs the evaluation has been collected from six additional sources and reported separately:

- **a literature review** to identify RSE best practice (refer to Desktop Literature Review);
- **a desktop document analysis** to identify past issues in RSE (refer to Desktop Document Review);
- **a program logic workshop** with people possessing RSE expertise to consider how the GDHR initiative works (refer to Program Logic Workshop Report);
- **qualitative in-depth interviews** to identify *why* GDHR works as it does (refer to Interview Report);
- **case studies** to illuminate the way in which partnerships may contribute to GDHR effectiveness (refer to Case Study Report); and
- **an online questionnaire survey** to identify what stakeholders think of GDHR (refer to Report from Online Survey).

1.5 Structure of report

The presentation of findings set out in this report is structured around the key areas of interest outlined above.

2. Implementation Context

The GDHR resource seeks to make a difference within a tough implementation environment where change comes neither quickly nor easily. Expectations of substantial impact need to be moderated by the realities of working in this context as outlined below.

There are factors that inhibit the implementation of the GDHR resource within WA schools:

a. a shortage of teachers willing and able to teach RSE;
b. there is no requirement to study RSE pedagogy at undergraduate level;
c. national and state-level education policy and priority rarely give health a focus, resulting in limited timetabling and limited PD opportunities;
d. there are no mandatory requirements for assessment or reporting (but this aspect will change from 2017);
e. the primary pressures are towards attaining academic standards in literacy and numeracy (especially National Assessment Program – Literacy and Numeracy, or NAPLAN) scores derived from a series of tests focused on basic skills that are administered annually to Australian students) and Science, Technology, Engineering and Mathematics (STEM), often to the detriment of other curriculum areas;
f. competition for scarce syllabus space and time, with priority rarely given to the health curriculum component of RSE;
g. health and well-being are not prioritised and the Health Promoting Schools (HPS) philosophy www.who.int/school_youth_health/gshi/hps/en/ is still far from being embedded in most WA schools;
h. school leadership and school communities in general display variable and fluctuating levels of active enthusiasm for RSE;
i. lack of pre-service teacher training in RSE;
j. the personal values of some teachers with respect to RSE in schools;
k. there are student cohorts with complex and multiple issues and irregular attendance;
l. the delivery of RSE by inexperienced graduate and relief teachers, without the benefit of experienced support, is an identifiable risk-factor for both schools and students; and
m. there may be sensitive boundary issues that schools need to negotiate with parents, communities and state authorities.

Although the influence of social media and the Internet has created change and modification, the broader social environment beyond school communities can also be unsupportive:

a. there are political, social and faith-based sensitivities associated with issues of gender and sexuality, especially so when it relates to content delivered in schools;
b. the intense politics of sexual health, with issues of sexuality representing a contested flashpoint where progressive and conservative views conflict;
c. divergent community values;

d. persistent stereotypical, transphobic and homophobic attitudes, with gendered assumptions socially ingrained;
e. some parents feeling uncomfortable discussing sexuality due to feelings of embarrassment, controversy, guilt, limited knowledge and inadequacy;
f. some parents that do not engage with their children at all about RSE issues; and
g. young people who may not have positive adult role models in their lives.

There are added challenges for the designers of initiatives like GDHR:

a. small and thinly spread staffing resources;
b. the sheer diversity of skills required to effectively deliver a resource like GDHR which include expertise in sexual health, health-education, health promotion, curriculum development, information and communication technology (ICT), policy and project management;
c. remaining up to date with RSE, ICT, pedagogical and health-education trends and best practice;
d. a dynamic context whereby the emergence of new issues such as cyber-bullying, sexting, and online pornography necessitate on-going changes to the resource; and
e. some fundamental philosophical differences in approach between the health and education fields.

3. Findings

The findings of this evaluation in respect of four key areas of interest identified in the terms of reference are outlined in Table 1, listed in the left-hand column. Subsequent columns identify the particular data sources that have lent evidential support to each finding. The detail of the supporting evidence can be found in the other documents which make up the remainder of this Report.

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

In 2016 the Royal Australasian College of Physicians (RACP) Sexual and Reproductive Health Care for Young People Position Statement advocated for evidence-based relationships and sexuality education curricula in Australian schools in the interests of the healthy sexual development of young people. Known benefits of an RSE resource like GDHR referenced in the literature review may include:

a. providing valued opportunities for young people to learn factual information and discuss relationships and sexual health issues outside their homes;
b. increasing the confidence and ability of adolescents to make informed decisions;
c. delaying the age at which sexual activity commences;
d. decreasing the frequency of sexual intercourse;
e. reducing risk-taking behaviours;
f. increasing use of contraception amongst young people;
g. reducing the incidence of sexually transmitted infections; and
h. reducing teenage pregnancy, a factor associated with lifelong health, social, and education disparities.

Overall the evaluation finds there are particular risk-factors for the GDHR resource that will require careful on-going management:

a. sustaining and upgrading ICT functionality of the website in accordance with dynamic best practice;
b. maintaining the credibility of the resource via accurate factual content, and sustaining the validity of the underlying evidence-base;
c. balancing the political, social and faith-based sensitivities related to RSE;

d. not inadvertently overstepping content, legal, policy and social-value boundaries that are applicable to every government agency operating in a school educational context; and
e. building a stronger network of GDHR ‘champions’, lending continued support to the initiative.

Table 1 – GDHR evaluation: Key findings by sources of supporting evidence

1. Perceptions of GDHR quality						
Key Findings	**Literature Review** **n = 262**	**Desktop Document Analysis** **n = 20**	**Program Logic Workshop** **n = 1**	**Online Survey** **n = 153**	**Interviews** **n=8**	**Case Studies** **n=2**
i. Curriculum alignment is imperative.	S	S	S	S	S	S
ii. Content needs to be comprehensive (as elaborated in the principles of best practice outlined in the Literature Review).	NE	S	NE	S	S	NE
iii. Valued features are: - teaching-learning resources; - background notes; - organisation of materials by school year level; - capacity to search by themed topic; - links to other useful RSE resources.	NE	S	NE	S	S	NE
iv. Repeat customer usage of GDHR infers satisfaction with the resource.	NE	S	NE	S	S	NE
v. GDHR is a useful reference and source of new ideas for activities, even for experienced RSE practitioners.	S	S	NE	S	S	NE
vi. Most educators who participated in the evaluation regard GDHR as a generally authoritative, reliable and credible information source that contributes to the knowledge, skills, understandings, confidence and comfort levels required to teach RSE; but this is not universal.	S	S	NE	S	S	S
vii. Content quality control processes pose a risk-factor for a resource like GDHR.	S	NE	S	S	S	NE
viii. School staff may have diverse RSE resource requirements, so planning beyond a one-size-fits-all resource is necessary.	NE	NE	NE	S	S	NE
ix. Most find the website easy to navigate, although some did report "getting lost".	NE	S	NE	S	S	NE

Key: **S** = Provides support for finding
NE = Did not provide evidence in support of finding because it wasn't asked and/or not raised by participants
M = Mixed evidence

1. Perceptions of GDHR quality						
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x. The critical point of student engagement in learning is becoming more student-led and less teacher-centric, a pedagogical trend that GDHR will need to respond to.	S	S	S	S	S	NE
xi. While GDHR is grounded within a culture of continuous improvement, with evidence of substantial investment in processes of evaluation and review, this is not widely known outside SHBBVP.	NE	S	NE	NE	NE	NE

2. How GDHR adds value						
Key Findings	**Literature Review**	**Desktop Document Analysis**	**Program Logic Workshop**	**Online Survey**	**Interviews**	**Case Studies**
2.1 Building teacher capacity						
i. GDHR provides a convenient starting point for teachers new to RSE: a. pre-packaged; b. easily consumable; c. readily accessible; d. downloadable; e. time-saving.	S	S	S	S	S	S
ii. RSE adds most value when delivered by experienced, confident and competent educators.	S	S	NE	S	S	S
iii. Responsibility for teaching RSE in schools is too often allocated to the least experienced educators.	S	S	S	S	S	S
iv. Delivery is most effective where a teacher has a pre-existing trusting relationship with their class.	S	S	NE	NE	S	NE
v. Less experienced teachers rely more heavily on GDHR.	NE	S	NE	S	S	NE
vi. Being a qualified teacher is generally not sufficient to enable an RSE educator to feel both competent and comfortable.	S	S	S	S	S	NE
vii. A competent RSE educator may feel adequately equipped with a general teacher qualification and access to the GDHR resource.	S	S	S	S	S	NE
viii. Specialised professional development is desirable, but not always essential to the competent teaching of RSE.	S	S	S	S	S	NE
ix. A school nurse can support and complement a teacher in the classroom, provided both are familiar with the same set of teaching-learning materials.	S	NE	M	S	S	NE
x. Increasing the number of teachers willing and able to deliver GDHR is critical to building RSE capacity in WA, with too few currently involved.	S	S	S	S	S	S
xi. Lack of confidence and apprehension about teaching RSE are barriers for some, but not all, teachers.	S	S	S	S	S	S
xii. The application of RSE capacity by teachers in class is most effective when practised over time.	S	S	NE	S	S	NE

Key Findings	Literature Review	Desktop Document Analysis	Program Logic Workshop	Online Survey	Interviews	Case Studies
xiii. There is no one prescribed or singularly effective pathway for learning how to teach RSE.	S	S	S	S	S	S
xiv. Application of RSE knowledge, skills and understanding is more likely to occur where colleagues are available to advise and support each other.	S	S	NE	NE	S	NE
xv. Individual RSE mentoring and coaching may be new means to build teacher confidence and emotional competence.	S	NE	NE	NE	S	S
xvi. Equipping educators to teach RSE is likely to require intensive and sustained support like every long-term investment.	S	S	S	S	S	S

Key Findings	Literature Review	Desktop Document Analysis	Program Logic Workshop	Online Survey	Interviews	Case Studies
2.2 Contributing to partnerships						
i. Professional technical advice to ensure sound and effective ICT development and maintenance is a critical success factor for a web-based resource.	S	NE	S	NE	S	S
ii. SHBBVP has built an effective working relationship with its ICT consultants.	NE	S	S	NE	S	S
iii. Effective health education in schools requires cooperation between the health and education sectors	S	S	S	S	S	S
iv. SHBBVP's collaborative relationship with SCSA adds to the GDHR initiative by providing timely advice about curriculum and because SCSA may work with schools and teachers to inform them of requirements.	NE	S	S	S	S	S
v. SHBBVP's collaborative relationship with an AISWA HPE Curriculum Consultant position is helping to raise teacher awareness of RSE curriculum requirements and the GDHR resource in the independent school sector.	NE	S	S	NE	S	S
vi. SHBBVP's collaborative relationship with CACH seeks to engage more school nurses with the GDHR resource.	S	S	S	S	S	NE
vii. There is scope to build strategic working relationships with other key stakeholders in RSE health education.	S	S	NE	NE	S	NE

Key Findings	Literature Review	Desktop Document Analysis	Program Logic Workshop	Online Survey	Interviews	Case Studies
2.3 Health and well-being of young people						
i. The case for school-based RSE as a form of sound public investment is well established, generally being regarded as the most effective means of delivery for school-aged children and youth.	S	S	S	S	S	S
ii. RSE can be approached as being about developing an essential set of critical life skills required to produce well-rounded students and citizens: mutual respect; resilience; interpersonal communication; protective behaviour; and decision-making.	S	S	S	S	S	NE
iii. RSE contributes most when students are actively engaged through strategies such as student-centred learning, where students are able to actively contribute in relation to content and delivery, use of ICT, and where there is parental involvement and a good pre-existing relationship between teacher and class.	S	S	NE	S	S	NE
iv. RSE in schools works most effectively when grounded in a framework that develops knowledge, skills, understandings, values, attitudes and behaviours as part of a whole-of-school experience (K-10).	S	S	S	S	S	NE
v. In WA GDHR teaching-learning resources are now used across all year levels of schooling, although the evidence is still that there may be limited use in the early years.	S	S	NE	S	NE	NE
vi. GDHR teaching-learning materials need to be adapted to engage with some student target groups, such as students alienated from the education system, Aboriginal students in regional areas and students with special needs.	S	S	NE	S	S	NE
vii. A critical prerequisite to improvement is an increase in the number of teachers who deliver RSE classes in WA schools.	S	S	NE	S	S	S
viii. There is no logical reason to expect measurable changes in relational well-being and sexual health outcomes across the broader student population in WA until such time as GDHR is used more widely and consistently by teachers across all schools.	S	S	S	NE	S	NE
ix. Systematic data collection and monitoring are required to measure changes in student knowledge, attitudes, values and behaviour over the life course, but health-education initiatives are generally not resourced to do this kind of time-series research.	S	NE	NE	NE	S	S

3. Suggested improvements						
Key Findings	**Literature Review**	**Desktop Document Analysis**	**Program Logic Workshop**	**Online Survey**	**Interviews**	**Case Studies**
i. Assessment tasks should be an added feature of GDHR content.	S	NE	S	S	S	S
ii. ICT features may be rendered more engaging by providing for: a. links to online PD; b. crowd-sourced and user-generated content; c. enabling teachers to upload resources such as lesson plans; d. providing online interaction and collaboration between students, teachers, parents, agencies and community members; e. moderated virtual online forums that promote a sense of 'community of practice'; and f. artificial intelligence responses to information requests and questions.	S	NE	NE	NE	S	S
iii. Establish data monitoring system to measure no. of teachers in WA using the GDHR resource: a. deeper analysis of Google analytics data; b. pop-up survey embedded in website; and c. consider administration of an annual school survey (subject to stakeholder assistance).	NE	S	NE	NE	S	S
iv. Invest in a range of marketing and promotion strategies to raise awareness of the resource such as: a. enhanced links with pre-service teaching training institutions; b. presentations and displays at relevant existing forums for principals, teachers and parents; c. targeted online niche e-marketing to different groups of GDHR users that choose to 'accept cookies'; d. developing a GDHR Workshop Presentation for delivery at school PD days; e. taking corporate communication advice from within WA Health regarding improved branding; f. producing and distributing a regular GDHR e-newsletter; g. resourcing schools with additional 'branded' promotional items and practical classroom resources free of cost; and h. developing a GDHR email distribution list.	NE	S	S	S	S	S

Key Findings	Literature Review	Desktop Document Analysis	Program Logic Workshop	Online Survey	Interviews	Case Studies
v. Opportunity to further develop resource content in the following areas: a. assessment tasks; b. protective behaviours; c. coercion and consent; d. privacy laws relating to sexting on social media; e. discrimination and gender stereotyping; f. reporting and disclosure responsibilities in instances where abuse is suspected; g. diversity in relation to gender and sexuality; and h. digital resilience and security to ensure access to explicit material is age appropriate.	S	S	NE	S	S	NE

4. Future aspirations						
Key Findings	**Literature Review**	**Desktop Document Analysis**	**Program Logic Workshop**	**Online Survey**	**Interviews**	**Case Studies**
i. Schools would give greater priority to health education generally and RSE in particular.	S	S	S	S	S	S
ii. Mutual networks of support would exist amongst a community of GDHR practitioners.	S	S	NE	NE	S	S
iii. RSE would be integrated into the school curriculum beyond Health and Physical Education.	S	S	S	S	S	S
iv. There would be evidence that foundational learning in RSE is informing decision-making, better quality relationships and the physical and psychological safety of school students in WA over their life course.	S	S	S	S	S	S

4. Recommendations

The evaluation makes recommendations purposely designed to contribute to the further improvement of the GDHR resource and the quality of RSE in WA schools more generally.

This evaluation makes eleven recommendations:

Recommendation 1: Make a clear statement of GDHR purpose
That the GDHR resource be enunciated by a clear statement of purpose included on the GDHR website which identifies agreed:

a. SMART objectives;
b. strategies;
c. target group;
d. performance indicators; and
e. program logic.

Recommendation 2: Better measure usage of the GDHR resource by target users
That SHBBVP monitor and report the extent of online use of the GDHR resource to ensure it is reaching target audience(s). It is proposed to systematically track and analyse:

a. Google analytics data;
b. data generated by a pop-up survey embedded in the website;
c. data generated from periodic online RSE surveys of WA schools; and
d. benchmark comparisons with other school-based health education resources used in WA schools to assess the extent of GDHR use by teachers relative to their use of other resources.

Recommendation 3: Extend quality control processes
That SHBBVP develop strategies of quality control to ensure GDHR content is widely regarded as credible and evidence-based. The quality control process should include:

a. independent and ongoing expert content review to check accuracy;
b. professional advice of educators to ensure consistency with current pedagogical practice in WA schools;
c. ongoing periodic independent evaluation and review; and
d. the conduct of a school-based case study in order to better assess the impact of GDHR on teaching practice and students.

Recommendation 4: Enhance the website
That the website be further enhanced. This should be achieved through:

a. the development of assessment tasks (a process already underway);
b. by giving priority to the production of additional teaching-learning activities in the following areas:
    i. protective behaviours;
    ii. coercion and consent;
    iii. privacy laws relating to sexting and use of social media;
    iv. discrimination, gender-stereotyping and the influence of peers on attitudes;
    v. reporting and disclosure responsibilities of teachers where they encounter evidence of abuse;
    vi. issues of diversity in relation to gender and sexuality; and
    vii. digital resilience and security in relation to access to explicit online material.
c. the addition of the following new features:
    i. use of embedded in-text video links (not at the bottom of the page);
    ii. capacity to upload audio-visual material showing teachers delivering GDHR activities;
    iii. links to related RSE resources purposely designed for parents, school nurses, Aboriginal students and those with special needs;
    iv. incorporation of new ICT features such as interactive whiteboards and One Note; and
    v. greater investment in the graphic design of the resource to render it more engaging.

Recommendation 5: Marketing and promotion
That SHBBVP market the GDHR resource to WA teachers by:

a. developing a GDHR workshop presentation suitable for delivery at school PD days;
b. promoting GDHR at existing forums for principals, teachers and parents;
c. taking corporate communication advice from within WA Health;
d. producing and distributing a regular GDHR e-newsletter;
e. resourcing schools with additional 'GDHR-branded' practical classroom resources free of cost;
f. developing an email distribution list; and
g. direct targeted niche e-marketing to GDHR users that choose to 'accept cookies'.

Recommendation 6: Professional development
That SHBBVP link teachers' and other school staff directly to expanded face-to-face and online PD opportunities related to RSE.

Recommendation 7: Governance
That the inclusive multi-agency GDHR Advisory Council model (already proposed by SHBBVP) be established to foster a 'joined-up' partnership approach to the future development of the resource.

Recommendation 8: Partnership
That strategic relationships be pursued with the following agencies:

a. with CACH to ensure that school nurses are familiar with the GDHR resource and equipped to support teachers where required (a process currently underway);
b. with all teacher training institutions in WA to ensure graduating teachers are aware of GDHR (a process currently underway);
c. with Education Services Australia (ESA) to enhance access to GDHR via Scootle (a process currently underway);
d. with the Western Australian Health Promoting Schools Association (WAHPSA) to develop a school-based case study of GDHR in action that contributes to the development of the Health Promoting Schools framework;
e. with other service providers operating in schools (such as Mind Matters) to ensure health-education initiatives in schools are complimentary;
f. with DoE, seeking to make the GDHR resource available to those teachers, students and parents who utilise Connect, the online portal for DoE staff, students and parents in WA public schools; and
g. with the Sexuality Education Counselling and Consultancy Agency (SECCA) to further improve RSE delivery to students with special learning needs.

Recommendation 9: Position GDHR in a broader policy context
That policy in respect of GDHR be conceptualised as part of a holistic system that integrates a range of purposely designed initiatives into a single school-based RSE package. GDHR should not be conceptualised or presented as a one-off, stand-alone resource divorced from other RSE school-based initiatives. The policy system should be inclusive of links to resources tailored to the particular needs of:

a. educators working in the diverse settings primary, secondary, specialist HPE, generalist, school nurses; and Education Support Centres; and
b. students with diverse learning needs, such as those in the LGBTI community, Aboriginal students, students with disabilities, and culturally and linguistically diverse students.

Recommendation 10: Extend the portal
That SHBBVP work with its ICT consultant to fully develop the vision of a GDHR 'one-stop shop' RSE portal where storage, management and distribution of school-based RSE information will occur in a single location accessible to all stakeholders.

Recommendation 11: Promote good practice RSE
That the principles of RSE best practice, developed in the course of this evaluation, be widely disseminated with stakeholders so they might be affirmed and further refined through dialogue across the breadth of the RSE sector over time, establishing SHBBVP as an exemplar of best practice. In point form the principles are:

- comprehensive content;
- age appropriate;
- delivered by educators with opportunities to be trained in RSE;
- informed by independent expertise;
- commitment to continuous improvement;
- whole-school context; and
- inclusive of community.

These principles are fully elaborated and discussed in the Desktop Literature Review. The extent to which the GDHR resource aligns with each of these principles has been assessed by the evaluator, based on the available evidence, and is also summarised in the Literature Review.

5. Conclusion about the Impact of GDHR

This evaluation, consistent with previous reviews, has made generally positive findings about GDHR, while also highlighting some areas for future improvement.

In the short term, there is evidence from this evaluation that GDHR is contributing to equipping teachers in WA with the capacity to deliver relationships and sexuality education to school students. The evaluation has illuminated "What works for whom, under what circumstance and why." While the available evidence is that the GDHR resource can assist all teachers involved with RSE, it is likely to add most value in WA schools where:

a) teachers are aware of GDHR;
b) teachers are new to delivering RSE;
c) teachers demonstrate commitment to effective RSE delivery;
d) teachers are 'time poor';
e) teachers have a pre-existing relationship of empathy, trust and rapport with the class; and
f) teachers have access to RSE-related PD and other support.

It has also been found that school-based RSE is most effective where there is a high level of student engagement. The most engaged students tend to be those whose teachers and parents positively relate with them about RSE, thereby providing positive reinforcement of key GDHR messages at school and at home. Ideally, students will benefit from the experience of positive role models with a capacity for confident communication about RSE. There is some evidence from the interviews suggesting that RSE may be least effective with those cohorts of students experiencing learning difficulties within the school system.

More systematic monitoring is required to enable judgments to be made about how well the resource is working over time. The development of a monitoring system purposely designed to measure progress towards defined specific, measurable, achievable, realistic and time-framed (SMART) objectives is, therefore, a key recommendation of this evaluation. The 'GDHR at a Glance' resource developed over the course of the evaluation outlined in the Desktop Document Review is intended to provide a useful starting point for defining measurable objectives.

GDHR is primarily a school educational curriculum resource, but at the same it can be envisaged as serving a broader population health strategy. Curriculum is one arm of the education system, not an initiative designed for population health improvement in itself. Yet whilst GDHR is primarily directed towards achievement of health and physical education outcomes for students, it does have additional potential to contribute to broader population health outcomes by influencing values, attitudes and behaviour at an individual and community level.

Teachers are not the ultimate intended beneficiaries of GDHR, but rather the students they teach in WA schools (K-10). When it comes to improving RSE outcomes for students there are no short-term pathways. A sequential chain of events required to improve student

health and well-being over the life course is set out in the Program Logic Workshop Report. Because the current version of GDHR has only been operating for a little over a year there is no logical reason to expect to find evidence of short to mid-term impact on student attitudes, values and behaviour through influence on teacher practice and student educational outcomes.

The evaluation has found ample evidence that GDHR can equip teachers in WA with the capacity to deliver relationships and sexuality education to school students, and that much of the content of the resource does align with the principles of best practice in RSE outlined in the Desktop Document Review. Teachers are attracted to the convenience of the resource. There are, however, two main areas requiring attention: the establishment of a data monitoring system, and effective marketing and promotion to increase the number of teachers willing and able to deliver GDHR off a currently low base. Both are critical to building the capacity to deliver RSE in WA schools.

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

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

6. Glossary of Terms

The following definitions of key terms and concepts are used in this report.

Term/ Concept	Definition
Abstinence	Not engaging in sexual intercourse.
Abuse	A pattern of relationship behaviour where physical violence and/or emotional coercion is used to gain or maintain power and control.
Accreditation	The act of granting credit and credentials by a training or educational institution. Accreditation means that a trainee or student has demonstrated a suitable standard of learning or competence.
Adoption	The proportion of organisations, settings, practices that adopt an initiative.
AIDS	Acquired Immune Deficiency Syndrome.
Assertive	In this context it means making relationship decisions and standing up for them.
Best evidence synthesis	An iterative participatory process of drawing on and reporting a wide range of evidence sources in order to explore both the impact of an initiative and the impact of context on that initiative in order to make evidence-based findings and recommendations.
Best practice	An ideal 'world class' way of working against which practitioners in a particular field can assess their own performance in a process of continuous improvement. Best practice may relate to quality, cost, innovation, flexibility and timeliness. Best practice is about understanding what works best for whom and in what circumstances. It is a process of drawing from a range of credible and relevant evidence, and adapting this appropriately to particular contexts and programs. Best practice might more correctly be described as 'good practice' or 'evidence-led practice' or 'evidence-based practice'.
Capacity	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	An approach to development that is focused on building capacity for independent decisions, action and self-governance. Capacity building is about improving the commitment, confidence, motivation and ability of people, and maintaining constructive relationships in order to address concerns, particularly problems that arise out of issues of social inequity and exclusion.

Coaching	A method of training or instructing a person or group to do a specific task, achieve an objective or develop certain skills. The process involves the coach demonstrating and then closely monitoring the performance of a skill or task and giving feedback on how to improve. This cycle may be repeated many times until competence is demonstrated.
Community	A social unit comprised of people with common rights and interests located within a larger society.
Community development	An approach to working with community that aims to both involve the members in dealing with issues and to increase capacity to deal with future issues.
Connect	An integrated online environment developed 'in-house' by the Department of Education for staff, students and parents in Western Australian public schools.
Content stable	A timeframe within which few significant changes (other than minor edits) are made to a resource or website, perhaps while it is being evaluated and reviewed. A website may cease to be content stable following any evidence-based recommendations for change.
Contribution analysis	The process of assessing whether an initiative is based on a plausible theory of change, whether it has been implemented as planned, whether the anticipated 'theory of change' chain of results has in fact occurred, and the extent to which other factors influence achievements.
Culturally appropriate	Activities and programs that take account of the practices, beliefs, values and attitudes of a particular social group so that the acceptability, accessibility and meaningfulness of services may be improved.
Cultural security	An ideal environment in which no one is afforded a less favourable outcome simply because they hold a different cultural outlook. The achievement of cultural security requires a respectful and responsive approach to service provision and relationships.
Curriculum	The educational system guideline of academic content covered in a particular course. Educational institutions and/or government authorities may design a curriculum. It contains the planned learning objectives, teaching methods, lessons, assignments, physical and mental exercises, activities, projects, study materials and presentations. The scope is broad encompassing the knowledge, attitudes, behaviours, performance and skills to be developed. It is aimed at both physical and mental development of a student. It encompasses the overall learning experience that a student goes through during the particular course of study.
Curriculum Framework	A document which sets out what a student should know, understand, value and be able to do as a result of a school program.
Early intervention	An approach to service delivery characterised by action in the early stages of a condition. An intervention may be an initiative, program, project or strategy.

Evidence-based	An approach to policy-making, planning, decision-making and action based on the best available: • data; • knowledge about local needs and aspirations; • recognised good practice about what works and what does not; • local experience integrated with the best available external expertise; • relevant information synthesised from multiple sources; and • translation of the evidence to new situations (in terms of implementation environments and participant characteristics).
Family violence	The use of force, physical or non-physical, to control another family member.
Focus group	A facilitated interactive group consultation and discussion in which people express their opinions and attitudes about a particular issue.
Formative evaluation	Evaluation designed to provide a program development perspective that identifies options to improve and refine an intervention such as GDHR.
Forum	A meeting of people gathered to address, discuss or resolve a common issue.
Governance	The processes of decision-making and the distribution of authority and rights. The concept encompasses the structures and institutions that guide individual, group and organisational behaviour. It is about how decisions are made, implemented and communicated, and how different members of the community are involved in these processes.
Health literacy	A set of lifelong relational skills, learning competencies and behaviours necessary for both good health and education outcomes. It includes the capacity to find out, understand and use information relevant to one's own healthcare and to make healthier and safer decisions.
Health promotion	The process of enabling people to increase control over, and to improve, their health, including their physical, mental and social well-being.
Impact evaluation	Evaluation designed to collect evidence about intended and unintended impacts, outputs and outcomes. The focus is on identifying what has been changed that might reasonably be attributed to an intervention such as GDHR.
Intervention	The act of inserting an action between cause and effect to help achieve improvement. GDHR is an intervention between school teachers and student relational well-being. It is a curriculum resource designed to improve the RSE teaching capacity of the former in order to enhance the latter.

Life goals	The challenges one sets for oneself.
Logic	A way of reasoning that reveals the structure of propositions and the relationship between activities, elements, objects and events.
Long-term outcome	A result that may be realistically achievable in a timeframe beyond ten years.
MAP	A Mentoring Action Plan. A MAP sets out a mentee's goals and how they will be achieved.
Mentee	A person who agrees to be mentored.
Mentor	Someone who assists the development of an individual. This may be a formal or an informal relationship.
Mentoring	The process of using the knowledge, skills, experience, support and influence of another person to assist personal and/or workplace development. Mentoring is a way in which people with greater experience help those (often in the same job or field of endeavour) who have less experience. Mentoring is a longer-term process often grounded in a personal and enduring relationship between mentor and mentee.
Model	A representation of the processes underlying a phenomenon.
Monitoring	A process of ongoing data collection needed to measure and report performance.
Motivation	The drive and energy required to achieve life goals.
Outcome	Any intended or unintended result of a policy intervention (i.e. initiative, program, project or strategy).
Output	The products or services produced by a program.
Partnership	A long-term relationship based on a deep and enduring commitment, mutual support, working together, joint initiatives, resource pooling, sharing and co-funding.
Peer	A person regarded as being of equal standing by virtue of belonging to the same societal group based on age, occupation or status.
Peer education	Any education process devised and implemented by members of a population sub-group specifically designed to alter the behaviours and attitudes of that sub-group (e.g. Aboriginal men delivering sexual health education to other Aboriginal men with similar demographic and socio-economic characteristics; youth educating other youth of similar background).
Peer pressure	Strong expectations from similar friends to conform to particular attitudes, beliefs or behaviours.
Professional development	Facilitated learning opportunities such as formal academic degrees, formal coursework, workshops and conferences, and informal learning opportunities situated in practice such as mentoring and discussion groups.

Program	A set of closely related projects directed towards a common goal.
Program evaluation	The process of systematically collecting information that enables the assessment of program processes, impacts and/or outcomes.
Program logic	An explicit theory or model of how an intervention (a project, program, policy or strategy) may contribute to a chain of intended or observed outcomes in the short, medium or longer term. It has two aspects: • theory of change about the causal mechanisms by which change occurs; • intervention theory about what the program does to activate those mechanisms.
Project	A set of closely related activities directed towards shared objectives.
Reach	The number of individual participants involved or influenced by an intervention.
Rubrics	A descriptive scale used to rate performance across a range of criteria.
Sexting	The practice of sending and receiving sexual images on a mobile phone.
Sexual harassment	Unwanted sexual attention creating embarrassment or stress.
Sexuality	WHO notes that "Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical and religious and spiritual factors."
SMART objectives	'SMART' objectives provide a measure of performance because they are specific, measurable, achievable, realistic, and have a defined timeframe.
Snowball sampling	A process of identifying and accumulating rich information, whereby a sample is made progressively larger by using each source to identify other relevant sources that inform the topic.
STI	Sexually Transmitted Infection.
Sustainable program	A program that is able to 'hold up' and meet its own needs by drawing upon its own capacities (e.g. local knowledge, skills, experience and resources), rather than being reliant upon the ongoing provision of external assistance.
Syllabus	A document made available to students by their teachers that guides students by informing them of subject detail, explaining the rationale for why it is a part of their course of study, and sets out learning and assessment expectations. It contains details of general rules, policies, instructions, topics covered, assignments, projects and test dates.
Theory	An integrated set of propositions that serve to explain a phenomenon.

Time series analysis	The research process of observing well-defined data items obtained by repeated measurement over time.
Tools	Methods or means to an end.
Training needs analysis	A diagnostic tool that provides specific information on what is expected from training and what participants need to learn. The aim is to ensure that training addresses the most relevant issues efficiently.
Trauma	An event or situation such as an accident or violence that causes great distress, life disruption, serious shock, grief and/or psychological injury. Trauma poses a lasting danger to the psychological development of a person, sometimes leading to neurosis.
Value for money	A synonym for cost-effectiveness.
Violence	Physical behaviour that results in physical harm and/or sexual assault and/or psychological damage and/or forced social isolation and/or economic deprivation and/or behaviour which leaves another person in fear.
WHO	World Health Organization.
Work-life balance	Ensuring appropriate attention is paid to achieving personal fulfilment and desirable outcomes in all areas of life: work, career, spiritual, cultural, social and health areas, personal behaviour, recreation, education and training, finance, fitness and relationships. In an Aboriginal context this means understanding that employees need to balance community and extended family obligations alongside work responsibilities.