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How best to engage the whole school community in RSA that promotes gender equality and prevents gender-based violence

Rapid Evidence Assessment Report for the National Women's Council 2023

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CONTENTS

1. INTRODUCTION

This assessment of the evidence has been prepared for the National Women's Council as part of an assignment for the DCU MSc in Public Policy, April 2023.

1.1 Background

The Women's Aid Impact Report in 2021 revealed that one in four women who have been in a relationship have experienced emotional or physical abuse at the hands of their partner. While men are also affected by domestic abuse, there is a marked difference in the rates of abuse suffered by men versus women; with women seven times more likely to suffer sexual abuse, twice as likely to experience serious physical abuse, and three times more likely to suffer severe emotional abuse.

The gender disparity obvious in the differing rates of abuse experienced by men and women has been highlighted in the third National Strategy on Domestic, Sexual and Gender-Based Violence, published in 2021, and covering a five-year period from 2022 to 2026. The strategy is in line with the Istanbul Convention on Preventing and Combating Violence Against Women and Domestic Violence.

The strategy mandates the creation of a specific agency within the Department of Justice that tackles domestic, sexual, and gender-based violence, but also empowers other relevant departments to act against gender-based violence (GBV) however they can within their own areas. For example, it is the responsibility of the Department of Education to provide relationship, sexuality and consent education and training within the existing education system, and as part of the prevention pillar of the framework for action within the National Strategy.

The goal of the prevention pillar is to work towards the eradication of the social and cultural norms that underpin and contribute to gender-based violence. Education plays a major role in achieving that goal, and gender-focused programmes have been shown to be substantially more effective than "gender-blind" programmes (Haberland & Rogow, 2015). The overall goal is to enhance the general understanding of gender-based violence, consent, coercive control, healthy relationships, LGBTI+ matters, and responsible use of the internet and social media.

As a result, the National Strategy issues a call for the complete overhaul of the relationships and sexuality education (RSE) curriculum within the existing social, political and health education (SPHE) curriculum to one that is rooted in gender equality. This goal was backed by the 2021 Report on the Citizens Assembly on Gender Equality, and the 2020 Programme for Government.

The first updated SPHE curriculum for Junior Cycle is due to be rolled out across schools in September 2023 – with senior cycle and primary school curricula to follow in subsequent years. The background paper and brief laid out by the National Council for Curriculum and Assessment (NCCA) specifies that "all SPHE curriculum development going forward will be grounded in an approach that is holistic, student-centred, inclusive and age/developmentally appropriate", and underpinned by three aims:

Advancing gender equality	Public health promotion	Prevention of violence against women and girls

The NWC's submission to fit the brief specified by the NCCA states that the success of a holistic curriculum will rely on that new curriculum being embedded in a "whole-school approach". The exact definition of a "whole school approach" remains slightly ambiguous, but it has been applied across a large body of literature, and is generally taken to mean that every stakeholder of a child's education, both inside the school and in the wider community, should understand and support the initiative in question – and that it should be built into the ethos of the school and other environments where children and adolescents spend their time.

The question we set out to answer was "How does a whole of school approach support the effective delivery of comprehensive RSE that promotes gender equality and prevents gender-based violence?"

Therefore, the intervention we are evaluating is the 'whole of school approach' as compared with the status quo SRE curriculum and policies, or indeed, lack thereof. The population we are examining could look like everyone from school leadership, to students, to parents, to local community groups getting involved in promoting and espousing the desired message.

Once we started exploring the question in more depth, we realised that the wider community component of the whole school approach was often overlooked or under-estimated, even though several studies have shown that sexuality education is most effective when school-based programmes are complemented with community elements, such as training for local health providers and involving parents. These external components of the whole school approach are especially important for reaching young people who are marginalised in any way, or who do not attend school, e.g., home-schooled children.

The WHO Regional Office for Europe states that a whole school approach "aligns physical, social, and cultural settings with educational activities." Some studies have even argued that the development of links with community agencies and services is the most essential component of the health-promoting school approach (Goltz et al. 1997; Lister-Sharp et al. 1999; WHO 1996).
However, there is no blueprint for implementing such a comprehensive approach, or for overcoming any barriers that might arise along the way.

This leads to the question at the centre of this Rapid Evidence Assessment:

> "How can the wider community be engaged within a whole of school approach to comprehensive RSE that promotes gender equality and prevents gender-based violence?"

The question's community focus means that we are more interested in programme implementation, engagement outcome measures, and overall change to the status quo, as explored in researchers conducted by Fullan et al (2008), than the specifics of curriculum content.

We set out to find recommendations and advice around programme implementation that would work across Ireland, for schools of all ethoses, sizes, languages, and any other factor that could impact implementation. Numerous studies have shown that programmes with implementation fidelity - when the curriculum is delivered as intended - are much more likely to achieve the intended outcomes (Michielsen et al., 2010; Shepherd et al., 2010; Wight, 2011).

It is important, therefore, not only to establish the fundamentals of implementing a whole school approach to enhancing gender equality, but also to ensure that it is uniformly and correctly applied across schools nationwide.

1.2 Aim of REA

This Rapid Evidence Assessment will focus on the available literature examining the whole school approach (WSA) to new initiatives; exploring their effectiveness and the potential barriers which may inhibit that effectiveness. We will explore the challenges and opportunities that might arise during implementation and impact the performance of key stakeholders of a whole school approach, as well as the overall success of the programme.

Maxwell and Aggleton (2014) identify three key arenas for intervention that will decide if a WSA is to be effective:

1. Action at institutional and policy levels	2. Work involving school staff	3. Programmes of support for young people
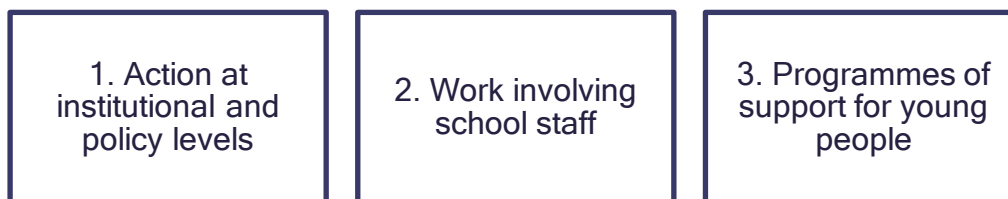
We will touch on all these areas, but focus especially on the third aspect, programmes of support outside the school. This is understood in terms of the external stakeholders that are so important to the success of a whole school approach – parents, local community groups, external educators/practitioners, and even media – and explore the evidence around the role they play in the process.

This REA will be an asset to complement the NWC's curriculum submission, identifying challenges and opportunities that may lie ahead as the new curriculum is rolled out across the country. It is likely that some schools, teachers, parents, and community groups will have different opinions on what should and should not be covered in this curriculum, lack the resources to implement it as intended, or simply feel uncomfortable addressing the topic at all.

The Department of Education must be ready to address these obstacles, providing all the support necessary to ensure that children are offered these essential lessons faithfully and in a supportive environment, so that every preventative measure is taken to reduce and eliminate gender-based violence.

2. RESULTS

Results of this Rapid Evidence Assessment are set out in the following sections:

✓ **Section 2.1** presents an overall summary of learnings from the evidence assessed.
✓ **Section 2.2** briefly outlines the inclusion criteria applied.
✓ **Section 2.3** synopsises the papers evaluated in table format.
✓ **Section 2.4** sets out detailed findings from core papers.
✓ **Section 2.5** lists highlight findings from a further set of context reports.

2.1 Rapid Evidence Assessment - Key Findings

1. Supportive Infrastructure & Leadership:
   • Using a whole school approach in school-based interventions creates a safer school environment for students and teachers through the united efforts of schools, communities, and families (Nyoni et al, 2022)
   • Interventions with a community element contribute to a significantly greater effect on children's social and emotional development than those without. Schools should work collaboratively with the wider community and reach out to parents and local agencies/community partners who provide links with support and services in the community (Goldberg et al, 2019).
   • Parental engagement is highly beneficial, but parents need to be supported to support such programmes (Aventin, 2020; D'Eath et al, 2020; Pound et al, 2016)
   • Encourage school leadership continuously to build partnerships and rapport with relevant partners in the local community (Hunt et al, 2015) – this should include partnerships between staff, management, parents or guardians, and external services (Higgins & Booker, 2022)
   • Involve external sexual health professionals in delivering SRE - teachers delivering SRE should work in partnership with external sexual health professionals (Pound et al, 2016).

2. Direction & Sector Engagement:
   • Leadership should form a central committee comprised of those interested in students' outcomes. It should identify outcomes for priority,

formulate action plans to impact the chosen outcomes, and then actively supervise the implementation of these processes (Hunt et al, 2016)

- Leadership should identify inspirational overall vision & a manageable set of goals. It should be a non-negotiable truth that stakeholders will endorse (Fallon, 2008, exemplified in Higgins & Booker, 2022)

- Conduits should be developed and nurtured for partnership between statutory agencies, education providers, the voluntary sector, researchers, and policy makers (D'Eath et al, 2020)

2. Communication:

- While introducing sex education curricula may receive an initial negative reception it appears that transparency and information sessions for parents have significant potential to address such concerns (Aventin 2020; Cushman et al, 2014).

- Digital Channels may hold significant scope to engage the wider community of adolescents, peers, community-based service providers, and parents through accessible & consistent RSE elements (Aventin et al, 2020)

3. Capacity Building (change management):

- Education is required for all staff in schools (not just those in the immediate programme) and for staff in relevant organisations (D'Eath et al, 2020).

- Staff delivering SRE should be trained educators (D'Eath, 2020), have expertise in sexual health, be sex-positive and enthusiastic about delivering SRE (Pound et al, 2016).

- Training should foster critical pedagogy, whereby students are active participants and agents in their own learning process, rather than passive receivers of information dictated by adults (Bolander and Bengtsson, 2019)

- Address the resistance among school management teams, including school secretaries and teachers to engaging with parents around RSE with training and tools for more confidence in engaging with parents (Aventin, 2020, Ott et al, 2011, Pound et al, 2016).

4. Capacity building (curriculum details):

- Staff delivering SRE to secondary school pupils should not be in an ongoing relationship with students as form or subject teachers (Pound et al, 2016).

- Allowing teachers to collaborate between schools as a shared resource may be one way to overcome issues of existing relationships between SRE teachers and pupils (D'Eath et al, 2020).

- Ensure interventions include both boys and girls, while maintaining safe spaces for girls (Nyoni et al, 2022).

- Consider building in adaptive elements to ensure curriculum works with diverse populations e.g., conservative elements (Cushman, 2014) and rural, and youth offender groups (Ott et al, 2011).

- Curriculum should explore and challenge RSE interpretations and power dynamics in an intelligible and digestible format for school students (Bolander and Bengtsson, 2019).

- Foster a whole-school, all-inclusive approach when it comes to sex education by encouraging consistent deliberate use of inclusive language (Bolander and Bengtsson, 2019)

3. Manage Distractions:

   - Direct support resources to overcome time constraints that were widely cited as impeding implementation fidelity (Ott et al, 2011, also D'Eath et al, 2020; Higgins & Booker, 2022; Hunt et al, 2015)

   - Encourage leadership to endorse the programmes, especially around shared ethos (Higgins & Booker, 2022).

4. Continuous Evaluation:

   - Implement extended follow-up periods to determine sustained success and inform further investments more accurately (Nyoni et al, 2022)

   - Conduct regular needs assessments to identify risks and behaviours that are common among the students (Hunt et al, 2015)

2.2 Inclusion Criteria

In total we reviewed almost 30 papers. In deciding which to include, the full set of evaluation criteria are outlined in Document A (supplementary to this REA).

Following first stage evaluation, the retained literature was graded along a 3-point scale:

- 1 = **Core material** - highly robust methodology, and content is highly relevant to the brief.

  The 4 papers with the highest scores, indicating that they most directly met this criterion, are outlined and evaluated in depth within Section 2.4.

- 2 = **Relevant context** – papers that offered valuable perspective on the research question, albeit achieved lower scores due to a less robust methodology <u>or</u> a research focus not directly related to our topic.

  7 papers were selected under this heading, as contributing a perspective not covered by any other papers within the report.
- Key relevant insights under this heading are summarised in Section 2.5.

- 3 = **Support context** - useful or insightful context, but not sufficiently unique, robust, relevant in focus, or broad ranging to warrant inclusion.

  A short description (and, where possible, an access URL link) has been provided in section 2.3 (next).

2.3 List of Sources Evaluated for Inclusion

Name of study	Author	Year	Inclusion Rank	Location	Type of source	Topic
Effectiveness of interventions adopting a whole school approach to enhancing social and emotional development: a meta-analysis	Goldberg et al	2019	1	International	Meta-analysis	Meta-analysis to determine the effectiveness of WSA interventions across curriculum teaching, school ethos and environment, and family and community partnerships.
The Use and Effectiveness of the Whole School Approach in School-Based Interventions Addressing Gender-Based Violence in Sub-Saharan Africa: A Systematic Review	Nyoni et al	2022	1	Sub-Saharan Africa	Systematic review	Addresses the knowledge gap around the effectiveness of gender-based violence interventions in schools across a range of countries in Sub-Saharan Africa. It explores 16 studies, assessing them on their alignment with a whole school approach, which has been recommended by the United Nations Girls' Education Initiative (2018) as a tool to deliver real change in regions affected by high rates of gender-based violence.
What is best practice in sex and relationship education? A synthesis of evidence, including stakeholders' views	Pound et al	2016	1	UK	Synthesis	Synthesised findings from 5 separate projects across stakeholder groups to identify best practice in sex and relationships education (what makes them effective, acceptable, sustainable and capable of implementation with fidelity)
A Whole School Approach: Collaborative Development of School Health Policies, Processes, and Practices	Hunt et al	2015	1	USA	Literature Review	The Whole School, Whole Community, Whole Child (WSCC) model demonstrates the interrelationship of health and education, as well as the prospects for improving educational outcomes through improved health outcomes. The literature review focuses on a collaborative approach to learning and health which is the basis of the 10 components identified for achieving the desired impact and outcomes for the child.
Research Evaluation of the Manuela Sexual Violence Prevention Programme for Secondary School Students	REC Programme of the EU, NUIG and Tusla	2020	2	Ireland	Research evaluation	This report describes and interprets the findings of the independent research evaluation of the large-scale piloting of the Manuela Programme that was trialled in four regions across Ireland from 2018 to 2020.
Engaging parents in digital sexual and reproductive health education: evidence from the JACK trial	Aventin et al	2020	2	UK	Mixed methods	Digital health promotion that uses online and mobile technologies (OMTs) to promote parent-child communication may offer an innovative solution to reach and involve parents in their children's SRH education programmes.
The Implementation of a Whole School Approach to Mental Health and Well-Being Promotion in the Irish Primary School Context	Higgins and Booker	2022	2	Ireland	Research evaluation/qualitative case study	A qualitative multi-case study investigation into the implementation of whole school policies. Three schools were selected as individual cases, with the potential to showcase both shared and distinct viewpoints.
Strategies for inclusion and equality–'norm-critical'sexeducation in Sweden	Bolander and Bengtsson	2019	2	Sweden	Synthesis	This article investigates the counter-politics of inclusionary and 'norm-critical' approaches in Swedish sex education. Participant observation in sex education practises and in-service teacher training, as well as interviews with educators, were used in the analysis.

Sexuality education: Findings and recommendations from an analysis of 10 United States Programs	Cushman et al	2014	2	USA	Study	Qualitative interviews were conducted with program administrators from 10 sex education programs across the USA to describe programs across the country and use the case studies to help provide concrete recommendations for professions to organize and launch similar programs in their communities.
Community-Level Successes and Challenges to Implementing Adolescent Sex Education Programs	Ott et al	2010	2	USA	Study	Using qualitative methods, programme directors and educators in 17 state-funded sex ed programs were interviewed to determine success and challenges faced in implementing science-based approaches to programme design, implementation and evaluation.
Theory of Action for Whole School Improvement	Fullen	2008	2	Canada, UK	Theory of Action	This theory of action for whole system improvement in education shares experience-based learnings/recommendations under 6 component headings, each of which have sub-elements. Useful for its own sake and provided a structure for organise REA learnings.
A qualitative exploration of stakeholder perspectives on the implementation of a whole school approach to mental health and emotional wellbeing in Wales	Brown et al	2023	3	Wales	Study	This research explored stakeholder views of this approach, as part of a contract commissioned by the Welsh Government to conduct an evaluability assessment of a WSA. Semi structured focus groups and interviews were completed with stakeholders from the health and education sectors, as well as parents, to explore how a WSA may operate in a Welsh context – and barriers and facilitators to potential implementation and outcomes.
Co-creation and regional adaptation of a resilience-based universal whole-school program in five European regions	Morote et al	2022	3	Spain, Italy, Poland, Denmark, Iceland, and Norway	Study	UPRIGHT (Universal Preventive Resilience Intervention Globally implemented in schools to improve and promote mental Health for Teenagers) is a research and intervention program in the Basque Country (Spain), Trentino (Italy), Low Silesia (Poland), Denmark and Reykjavik (Iceland). UPRIGHT implemented a co-creation research process whose results, outcomes and policy implications are presented here.
Promoting children and young people's mental health and wellbeing: A whole school or college approach	Public Health England working with the Dept for Education	2021	3	England	Report	This document describes 8 principles of a whole school or college approach to promoting mental health and wellbeing which, if applied consistently and comprehensively, will help contribute towards protecting and promoting children and young people's mental health and wellbeing.
Diffusing innovation and motivating change: Adopting a student-led and whole school approach to mental health promotion	Wong et al	2021	3	Hong Kong	Study	A case study is presented to demonstrate how a student-led intervention came about, inspired changes in the school organization and members, and transformed the school's approach to mental health promotion.
Out in the Open	UNESCO	2016	3	International	Policy document	Education sector responses to violence based on sexual orientation and gender identity/expression.
Creating a climate in which students can flourish: A whole school international approach	Karen Read	2015	3	Australia	Study	Implementing a whole school intercultural approach aimed at improving students' views of the school climate (ethos).
A confluence of evidence: What lies behind a "whole school" approach to health education in schools?	Thomas & Aggleton	2015	3	Developed countries	Systematic review	A review of studies to contribute to the evidence base to support whole school approaches.

International technical guidance on sexuality education	UN Educational, Scientific and Cultural Organisation		3	International	Guide	The International technical guidance on sexuality education was developed to assist education, health and other relevant authorities in the development and implementation of school-based and out-of-school comprehensive sexuality education programmes and materials.
Rejecting "Controversial" Issues in Education: A Case Study of Ultra-Orthodox Jewish Schools in Belgium	Franken and Levrau	2020	3	Belgium	Case study	A case study of an ultra-orthodox Jewish (Haredi) school in Flanders (Belgium), where "controversial issues" are excluded from the curriculum. Examines the balance between the freedom of religion and child's right to education.
Whole-of-school approaches to supporting transgender students, staff, and parents	Bartholomaeus and Riggs	2017	3	International	Literature Review	Suggested range of approaches that would assist in creating inclusive school cultures for transgender students, staff, and parents.
Ireland, Canada, and Australia: Tracing progressive sexuality education across borders	Mary Lou Rasmussen	2015	3	Ireland, Canada, Australia	Book chapter	The relationships among religion, progressivism, and secularism, and how they have played out via sexuality education in Ireland, Canada, and Australia is the focus of this chapter.
Preventing violence against women and girls: a whole school approach	Claire Maxwell and Peter Aggleton	2014	3	England/Wales	Book chapter	Presents a feminist poststructuralist framework for understanding VAWG prevention work in schools
Sexuality in Europe: A reference guide to policies and practices	Kay Wellings and Rachel Parker	2006	3	Europe	Guide	This sexuality education reference guide systematically and coherently brings together information on sexuality education policies and programmes across Europe.

- Literature graded as '1' "key study" will be reviewed in detail in the next section, Key Studies.

2.4 Key Studies

2.4.1 Effectiveness of interventions adopting a whole school approach to enhancing social and emotional development: a meta-analysis, Goldberg et al, 2019

Overview

The effectiveness of taking a whole school approach to school-based interventions has not yet been definitively proven. This meta-analysis aimed to determine the effectiveness of whole school interventions on improving the social and emotional development of young people. The analysis included 45 studies with a total of 496,299 participants.

Methodology

Goldberg et al applied the PRISMA guidelines to the planning, conducting, and reporting of the results of this meta-analysis. These guidelines consist of a 27-item checklist, including items like "study selection", "risk of bias", and "rationale" to help authors improve the reporting of meta-analyses and systematic reviews.

There were four eligibility criteria that qualified studies for inclusion in the meta-analysis. The study must have:

- Used an experimental or quasi-experimental design with a control/comparison group.
- Reported outcomes that could be transformed to Cohen's *d* effect sizes.
- Been published after 1998, in line with the World Health Organisation's recommendation for schools to focus on the adoption of a whole school approach (WHO 1998).
- Been published in English.

When defining a whole school approach, the authors implemented criteria that the study:

- Adopted a whole school approach as defined by the WHO.
- Was aimed at children and young people between the ages of 4 and 18 attending primary or secondary school.
- Adopted a competency enhancement focus, or aimed to reduce problem behaviours, through the application of social and emotional skills.

Why is this meta-analysis suitable for inclusion in this REA?

This meta-analysis focuses on the effectiveness of the implementation of whole school approaches in school-based interventions, which means it's very relevant to our topic of study.

It only includes studies that were published after 1998, when the WHO released literature on a whole school approach. Therefore, it can be guaranteed that the schools that attempted to implement a WSA were following the WHO definition, introducing a degree of uniformity to the approaches.

All studies included in the meta-analysis were aimed at school going children and young adults who are of the age range being targeted by the new SPHE curriculum in Ireland.

All studies included in the meta-analysis were published in English.

Strengths & limitations

Strengths:

- Sample size of studies: This meta-analysis encompassed findings from 45 studies with sample sizes ranging from 150 to 300,000, and spanned the US, Australia, and Europe. The large sample size improves the validity of the results and findings.
- Methodological rigour: Of the 45 studies, 44 were published in peer-reviewed journals. The researchers also employed a well-known framework, the PRISMA guidelines, to the planning, conducting, and reporting of findings in this study. They also applied a quality assessment framework to each study included.

Limitations:

- Meta-analysis only included studies from English-speaking countries: Only studies from the US, Australia, and Europe were included. This limits insights to English-speaking countries, but also assumes a certain uniformity of culture across these three regions.
- Quality of evidence: Only 49% of the studies included received a strong quality assessment. 33% received a moderate rating and 18% a weak quality assessment rating.

Main relevant findings

- Whole school interventions were shown to yield small, but significant positive results on social and emotional adjustment, behavioural adjustment,

and internalising symptoms.

- 57% of the interventions studied included a community component. These studies were shown to contribute to a significantly greater effect on children's social and emotional development than studies that did not include a community component.

- Examples of community components included:

  - additional support from community specialists for children considered "at risk" of developing problems.

  - involvement of community members in school components.

  - implementation of intervention activities through subgroups of the community including community leaders, the media, and social workers.

- Studies from the United States had a significantly higher effect size than non-US studies. There are two suggested explanations for this variance:

  - Compared with Australian and European interventions, US interventions are more prescriptive in training, programme manual, and requirements around programme fidelity. Some non-US studies may show less impact due to a more flexible, bottom-up approach to implementation which may not offer teachers enough structure and guidance (Weare & Nind, 2011).

  - Lower levels of district and national supports for social and emotional learning. Whole school interventions are most likely to succeed when there is solid support from educational stakeholders at a national level (Mart et al, 2015).
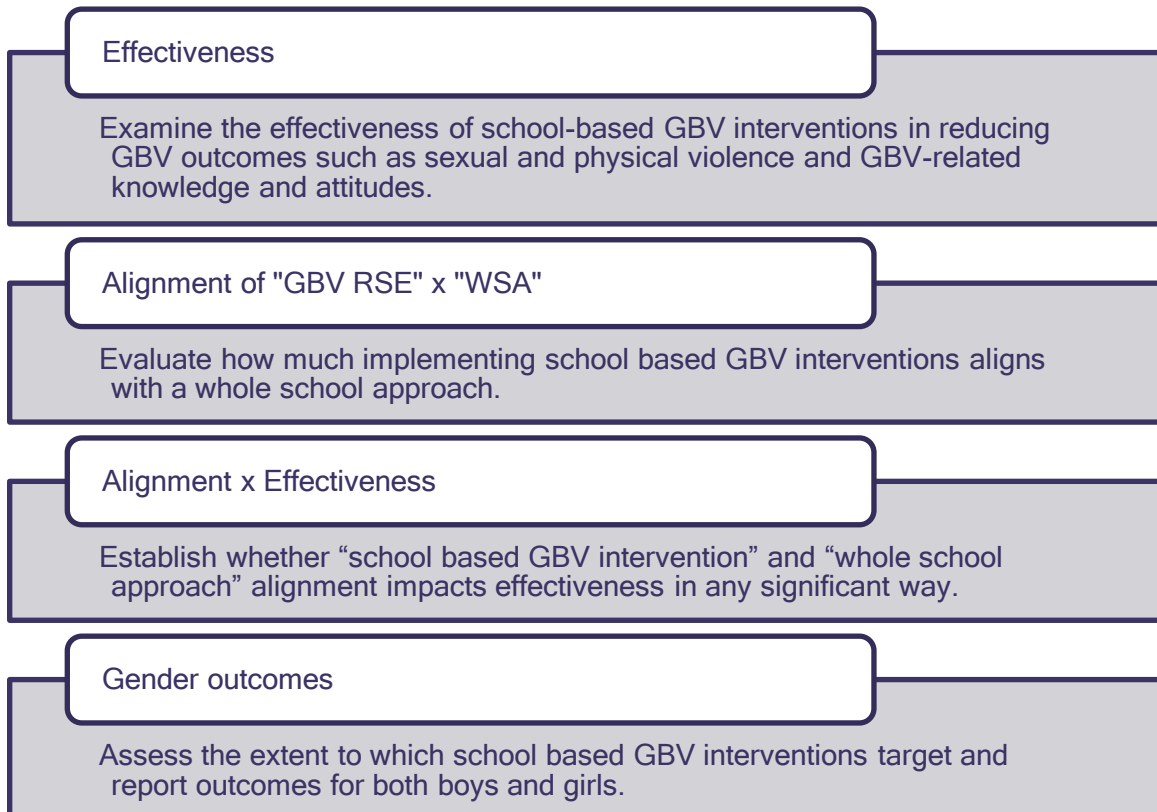
Recommendations

This study highlights the importance of schools working collaboratively with the wider community and reaching out to parents and local agencies. Community partners provide links with external support and mental health services in the community, thereby ensuring there is access to services for students needing additional support.

2.4.2: The Use and Effectiveness of the Whole School Approach in School-Based Interventions Addressing Gender-Based Violence in Sub-Saharan Africa: A Systematic Review (Nyoni et al, 2022)

Overview

This systematic review addresses the knowledge gap around the effectiveness of gender-based violence (GBV) interventions in schools across a range of countries in Sub-Saharan Africa (SSA). It explored 16 studies, assessing them on their alignment with a whole school approach (WSA), which has been recommended by the United Nations Girls' Education Initiative (2018) as a tool to deliver real change in regions affected by high rates of gender-based violence.

The review aimed to fill that gap by evaluating the following aspects:

Effectiveness

Examine the effectiveness of school-based GBV interventions in reducing GBV outcomes such as sexual and physical violence and GBV-related knowledge and attitudes.

Alignment of "GBV RSE" x "WSA"

Evaluate how much implementing school based GBV interventions aligns with a whole school approach.

Alignment x Effectiveness

Establish whether "school based GBV intervention" and "whole school approach" alignment impacts effectiveness in any significant way.

Gender outcomes

Assess the extent to which school based GBV interventions target and report outcomes for both boys and girls.

Methodology

Measuring methodological rigour

The three reviewers first analysed the methodological rigour of each of the studies using a modified version of Miller et al.'s (1995) Methodological Quality Rating Scale (MQRS).

The original MQRS measured 14 items: study design, quality control, follow-up rate, length of the follow-up period, reliability/validity of measures, contact, collaterals, objective verification, dropouts, attrition, blind follow-up, statistical analysis, multi-site, and generalizability.

The reviewers made several modifications to the scale: adding three new items; removing contact and collaterals due to lack of relevance; combining dropout and attrition into one item; and modifying the study design scale to accommodate all available intervention study designs and use a score range of 0-3 instead of the original 0-2.

Measuring alignment with, and effectiveness of, the whole school approach

The researchers developed a five-item Whole School Approach Rating Scale to:

- Assess the extent to which selected school based GBV intervention studies were using WSA.
- Establish whether the use of the WSA predicted greater intervention effectiveness.

Why is this systematic review suitable for inclusion?

Nyoni et al was suitable for inclusion in this REA for several reasons:
- It is a large-scale systematic review focused on a whole school approach to gender-based violence interventions in school settings, touching on all the topics that we set out to investigate as part of this REA.
- Many studies we read that investigated the effectiveness of WSAs for various interventions tended to place most focus on the actions of the school leadership, teachers, and students. This systematic review took a wider look at the involvement of parents and the wider community - information we were keen to include in our REA.
- Nyoni et al offers strong assessments of the implementation, results, and effectiveness of WSAs among the studies featured in the review.

Strengths & limitations

Strengths:

- Nyoni et al (2022) is a systematic review, and so offers a more comprehensive overview of a large body of research, selecting only the most valuable research to produce findings and recommendations.
- All studies included were assessed for methodological rigour, which narrowed the selected studies from 41 to 16 and ensured that only the most robust results were included.
- All studies were measured against a WSARS to ascertain their alignment with a whole school approach to GBV interventions.

- The systematic review was published in 2022, and only included studies published from 2008 onwards; recent enough to offer an up-to-date, relevant insight into the topic.

Limitations:

- The studies included in this systematic review were all carried out in Sub-Saharan Africa, and so methods and results may not be directly transferable to a country like Ireland. However, rates of gender-based violence do not vastly differ. The rate of GBV in the SSA region is estimated at 32% (World Bank, 2022), while in Ireland it is 6% lower, at 26% (publicpolicy.ie, 2022).
- The review only included studies published in English, and so is limited by the lack of studies published in French, Portuguese, and Spanish that may exist.
- Many of the studies had a post-intervention follow-up period of less than 24 months, which may not be enough to assess long-term effectiveness.

Main findings and learnings

- 88% of school-based GBV interventions included in the study improved at least one of the three outcomes identified: sexual violence, physical violence, and GBV-related attitudes and knowledge.
- The effectiveness of most of the 88% of successful interventions could be explained by coordinated action between curriculum, teaching and learning, school ethos and environment, and family and community engagement.
- The review recommends increasing the uptake of the WSA in school based GBV interventions, because its design ensures united effort by schools, communities and families to create a safer school environment for students and teachers.
- Less than half of the studies included targeted both boys and girls. The review emphasised the need for interventions that include both boys and girls, while maintaining safe spaces for girls – to maximize the effectiveness of interventions.
- Future WSA interventions should implement extended follow-up periods to determine sustained success and inform further investments more accurately.

Recommendations

WSA in school based GBV interventions ensures united effort by schools, communities and families to create a safer school environment for students and teachers.
Need for interventions that include both boys and girls, while maintaining safe spaces for girls – to maximize the effectiveness of interventions.
Implement extended follow-up periods to determine sustained success and inform further investments more accurately

2.4.3 What is best practice in sex and relationship education? A synthesis of evidence, including stakeholders' views (Pound et al, 2016)

Overview

Researchers synthesised their findings from 5 separate projects that gathered evidence about best practice in SRE in English schools to identify characteristics that make SRE programmes effective, acceptable, sustainable, and capable of implementation fidelity.

Method

The methods included a review of systematic reviews of school based SRE interventions, a synthesis of qualitative RSA studies amongst young people, analysis of data from national studies, a series of telephone interviews with practitioners from across England, and most directly pertinent to this study, a case study of factors that make interventions acceptable to young people, parents and those delivering them.

Strengths & Limitations

Strengths

- This paper's strength is its open-ended exploratory approach to identifying best practice (as it synthesises qualitative, quantitative and systematic reviews) for what works in SRE.

Limitations

- Paper only reviews the SRE context in England.
- Broad remit - focuses on wider SRE curriculum, not just gender specific questions.
- Broad remit – success criteria across all metrics, not just community elements relevant to this paper.

Results

The study reported a range of findings. Those relevant to the reduction of gender-based violence within the whole school community included:

- There was a clear appetite amongst professionals and young people that SRE should include life skills. Professionals felt good SRE should promote resilience, planning and communication skills, decision-making skills and how to assess risks and resist 'peer pressure'. Young people wanted to learn refusal skills and become more confident in sexual negotiations.
- While it was agreed that the whole school community should be prepared for new programmes, there was some indication that schools were cautious about engaging with parents over SRE.
- Professionals highlighted that programmes should:

- Be proactive in engaging with parents - school staff should be supported to develop a clear position and language for talking to parents.
- Be tailored to local needs and congruent with the values of the school.

- Teachers and students disagreed about who should deliver the programmes.
  - Students felt teachers were not adequately trained to deliver sensitive topics, and had concerns around confidentiality, power imbalance, and the blurring of boundaries.
  - Teachers felt the only long-term, sustainable option was for teachers to be involved in SRE delivery. Most felt that young people's concerns could be resolved by training teachers, adequately resourcing SRE, statutory status and establishing boundaries for lessons.

- Sexual health professionals, local authority staff and young people all felt that external experts provided higher quality because they were trained, their delivery involved no loss of programme fidelity, and because they were able to provide clear boundaries and afford young people a higher level of confidentiality.

- Peer educators were considered by most young people (in both the qualitative synthesis and the case study investigation) to be highly credible, although some in the qualitative synthesis felt credibility could be undermined by youth or lack of knowledge.

Recommendations

- Staff delivering SRE should be trained educators, have expertise in sexual health, be sex-positive and enthusiastic about delivering SRE.
- External sexual health professionals should be involved in delivering SRE.
- School teachers delivering SRE should be willing to work in partnership with external sexual health professionals.
- Ideally staff delivering SRE to secondary school pupils will not be in an ongoing relationship with students in another capacity (i.e., will not be familiar to students as form or subject teachers). This is to protect student confidentiality, privacy and boundaries.

2.4.4: A Whole School Approach: Collaborative Development of School Health Policies, Processes, and Practices (Hunt et al, 2015)

Overview

While the Whole School, Whole Community, Whole Child (WSCC) model highlights the connection between health and education and the potential for enhancing educational outcomes through better health outcomes, existing descriptions do not provide guidance on how to implement the model in practice. This systematic examination and evaluation of published works provides practical guidance on implementing a WSA.

Methodology

Hunt et al reviewed a variety of sources, such as programmatic guidance, scientific articles and publications from national organisations and agencies, to compile the literature review on this topic.

The aim of the literature review was to provide a common understanding and "an overview of [the] interrelatedness of learning and health and the 10 components of the WSCC model". The purpose of the 10 components is to improve the overall health and education outcomes of students. The components are as follows:

Health Education	Nutrition Environment and Services	Employee Wellness	Social and Emotional School Climate	Physical Environment
Health Services	Counselling, Psychological, and Social Services	Community Involvement	Family Engagement	Physical Education and Physical Activity

These components are addressed individually, and it is highlighted how their implementation as a whole will have the most impactful outcomes for students within schools and districts. Hunt et al recognise the importance and potential of this model but showcase its shortcomings in terms of implementation and how lack of planning and resources could be a detriment to its success.

Why is this literature review suitable for inclusion?

A systematic examination and evaluation of published works, such as books, journal articles, conference papers, and other sources of information pertinent to

the research question, was conducted in this literature review. The outputs of such reviews aid in evaluating research methods, identifying knowledge gaps, providing context for research, identifying key theories and concepts and provoking new ideas and solutions.

The Whole School, Whole Community, Whole Child (WSCC) model is an extension of the whole-school approach. This provides a fresh outlook on the contributing factors in whole-school models and also highlights what different organisations or bodies deem to be important influences on the model as a whole (i.e. community).

The authors' review of this model highlights gaps, such as guidance on how to implement the model properly and indicates how the importance of testing and evidence of proposed models is crucial in measuring their impact and intended success.

Strengths and limitations of this literature review

Strengths
The literature review is a well-rounded analysis of the WSCC model. It highlights the importance and how impactful the model can be, while simultaneously addressing its pitfalls and offering solutions to each of these.
The literature review's findings are not isolated or unique to WSCC model alone. It finds that all new approaches must be tested and proven to be valuable and that the district and schools must first put this framework to the test and implement strategies to demonstrate that considerable, significant, and long-term health and academic objectives are possible.

Limitations
The model and the analysis are centred around a United States school system. While much of the findings and solutions can be adapted for and implemented in other models in other countries, some elements might not be so transferable (i.e., specifics in relation to state funding and how local community stakeholders might engage with one another).

Main relevant findings

The literature review focuses on a collaborative approach to learning and health which is the basis of the 10 components identified for achieving the desired impact and outcomes for the child. The review highlights the role of each component and its relevance to the

model but showcases the necessity of all components being utilised together, while calling for greater collaboration across the board for greater success.

Recommendations. The literature review identifies and outlines the systematic process as the ideal approach for implementing a WSCC model. These processes include:

* Forming committees of those interested in the health and academic outcomes of students,
* Conducting needs assessments to identify health-risks and health-promoting behaviours that are common among the students,
* Identifying outcomes for priority,
* Creating actions plans to impact the chosen health outcomes, and,
* Supervising the implementation of these processes.

The literature further identifies common barriers to the implementation of the model:

* Lack of clear leadership is a common occurrence.
* It is noted that identifying clear roles and responsibilities among stakeholders is vital to the model's success.
* Lack of funding is also highlighted as a common issue. The review advises that schools and districts should seek funding at a local, state and federal levels as a natural process for fundraising efforts as this is a prevalent challenge for all schools. School funding should be a continuous investigative effort made by schools and should apply where they see fit to secure sufficient support.
* The review also encourages continuous efforts to build partnerships and rapport with health providers in the local community. It suggests that health providers from the local community can support and advise on improvements to the model and outcomes and that these stakeholders are more likely to demonstrate continued support and accountability for the success of the model once they have pledged their investment in the model.

2.5 Context papers

The following papers will be summarised in brief:

Paper	Rationale for Including
Research Evaluation of The Manuela Programme Sexual Violence Prevention Programme for Secondary School Students (D'Eath et al, 2020).	Evaluates experiences of an evidence-based pilot RSE/GBV programme in Irish second level.
The Implementation of a Whole School Approach to Mental Health and Well-Being Promotion in the Irish Primary School Context (Higgins and Booker, 2022)	Reviews factors that enabled or hindered mental health & wellness WSA in Irish primary schools
Strategies for inclusion and equality- 'norm-critical' sex education in Sweden (Bolander and Bengtsson, 2019)	Showcases a Swedish liberal approach as a comparative study and counter-normative discourse.
Community-Level Successes and Challenges to Implementing Adolescent Sex Education Programs (Ott et al, 2011)	Proposes built in programme adaptation elements to reduce community pushback to progressive RSE.
Sexuality education: findings and recommendations from an analysis of 10 United States Programs (Cushman et al, 2014)	Example of the impact of parental engagement interventions on RSE curriculum acceptance
Engaging parents in digital sexual and reproductive health education: evidence from the JACK trial (Aventin et al, 2020)	Flags potential of digital to reach and involve parents in their children's SRH education programmes.
Have Theory Will Travel (Fullan, 2008)	Presents recommendations for implementing systemic WSA changes under 6 component headings (which were then used to structure the key learnings and discussion sections).

2.5.1 Research Evaluation of The Manuela Programme Sexual Violence Prevention Programme for Secondary School Students (D'Eath et al, 2020).

Overview

The Manuela Programme is an evidence based 12 hour in-school education programme with the aim of preventing sexual violence and promoting active consent amongst 15- to 17-year-olds. It was piloted across Galway, Kerry, Dublin and Wexford between 2017-2020.

Teachers were supported through training on the content, facilitation skills, and receiving disclosures.

Key stakeholders included Tusla, HSE, Rape Crisis Centres, Rape Crisis Network Ireland, the Department of Education and Skills, and the Department of Justice and Equality.

Methodology

A mixed method review evaluated programme outcomes and process elements of how the programme was delivered. Surveys and focus groups were conducted amongst students, teachers, project workers, and senior stakeholders.

Strengths & Limitations

Strengths: this is a directly relevant, comprehensive, and evidence-based pilot study in an Irish context.

Limitations: Community engagement is tangential, not focus.

Results

Overall, the programme was evaluated positively; for example, over 80% of students said the programme significantly impacted on respect for personal boundaries, perceptions of healthy vs unhealthy relationships and understanding sexual violence. The evaluation concludes that the new SPHE / RSE curriculum may offer a long-term setting for an adapted Manuela programme to address consent and GBV within the programme.

In terms of engaging the whole school community, the following findings were noted.

• Partnerships with Tusla and Rape Crisis Centres were central to programme success. The paper highlights the need for a conduit for partnership between statutory agencies, education providers, the voluntary sector, researchers, and policy makers.

- Funding: a clear funding and support strategy is required. An interagency partnership model within the framework of the Brighter Futures, Better Outcomes strategy for supporting youth (Department of Children & Youth Affairs, 2018) would promote interagency partnership in establishing a network of support.

- Parental engagement: There should be an outreach programme to support parents to support the programme. Such an ecological approach would be resource intensive and require leadership.

- Programme delivery: External project workers were a distinct advantage in the piloted model of delivery.

  - Students expressed a preference for external subject matter experts to facilitate the programme, while teachers largely agreed but also highlighted funding pragmatics around resourcing this.

  - Teachers felt that teacher-only delivery would be required for scaling up. However, there are considerable fidelity risks in this approach without sufficient training and ongoing support.
    - Possibility to support teachers to collaborate between schools as a shared resource?

- WSA in RSA requires education for all staff in schools (not just those in the immediate programme) and for staff in relevant organisations. This should be accredited initial and top-up training, with progression opportunities.

2.5.2 The Implementation of a Whole School Approach to Mental Health and Well-Being Promotion in the Irish Primary School Context (Higgins and Booker, 2022)

Overview

This case study sets out a comprehensive and cohesive report on how mental health and wellness promotion is executed through a school-wide approach in primary schools in Ireland. Despite the Irish Government's commitment to prioritising mental health and well-being promotion in schools, implementing mental health and well-being promotion in schools has revealed ongoing challenges. Pitfalls were grouped into three themes: economic and political context, organisational culture, and internal and external partnerships.

Methodology

The approach was qualitative multi-case study into the implementation of whole school policies for mental health and well-being promotion. Three schools were selected as individual cases and each case was examined independently, while also allowing for a comparative analysis of multiple cases.

The three schools were chosen as representing different types of schools (urban, rural, DEIS, non-DEIS). School principals from each school nominated between 3-5 school staff members who had been recognised as 'key implementers' in relation to the whole-school approach to mental health and well-being.

Why is this case study suitable for inclusion?

The research identifies contextual factors that enable or hinder implementation of the whole-school approach in Irish schools, as perceived by the staff members directly involved in the process.

The country, setting and year of the study are pertinent to our research as the case study focuses on three Irish primary schools and was conducted recently in 2022.

Strengths & Limitations

Strengths

This study is an Irish-focused case study; thus, it allowed us to contextualise

our findings within the specific cultural, political, and economic conditions of Ireland. We were able to avoid potentially confusing nuances that may appear in case studies from other countries and make generalised assumptions as we are already familiar with the school system. Policies mentioned in the study and the study's findings are likely to be relevant to other Irish institutions, educational or otherwise.

The year of publication (2022) of the study was a strength, making it more relevant, based on use of up-to-date data and research methods, as well as have an increased level of validity.

The study offers bottom-up insights into what 'whole-school-approach' means to those charged with implementing it in Irish schools, and how they implement it. Staff were facilitated to provide their own understanding of the term 'whole-school approach'.

Limitations

The mental health and wellbeing focus of this study presents different challenges, as a less contentious area versus aspects of an RSE curriculum. Nonetheless, the study presents practical analysis of the experience implementing WSA in an Irish context.

The limited number of schools reviewed in the end which limits scope. Even though there were different types of primary schools involved (urban, rural, DEIS, non-DEIS etc.), a higher number of participant schools would have allowed for multiple variations of school categories. This would allow us to better comprehend how these factors influence the implementation of whole-school approach.

Results

The results revealed that facilitators and barriers were related to three separate themes:

Socioeconomics - Economic & Political context	Organisational - Culture, Climate, Planning and Policy	Partnerships and Relationships - Internal/External.

Economic and Political Context

In all three schools, research participants identified insufficient government policies and planning, as well as government emphasis on primary education, as hindrances to model implementation.

There was also considerable scrutiny concerning the publication and communication of new or updated policies and legislations without adequate resources or follow-up for implementation assistance and review.

- One respondent claimed that they were unaware of some of the policies or protocols that had been implemented and that more emphasis needs to be placed on these policies, rather than them just being 'thrown into a corner and left there'.
- Another respondent expressed discontent with the abundance of new initiatives and models that are continuously being introduced.

They make clear that it's not an issue of teachers being willing to take on the new initiatives, but rather there not being enough resources or time to keep up with and facilitate them.

Organisational Context (Culture, Climate, Planning and Policy)

Leadership emerged as a prevalent barrier and facilitator of WSA implementation.

- One school reported that leadership from individual contributors ('principal, vice principal, Home School Community Liaison Coordinator, assistant psychologist and family support worker') were all significant and beneficial players in the implementation of the programmes.
- However, the two other schools reported major room for improvement in backing and promotion from school leadership. They also felt leadership could help implement a more 'systematic approach'.

Collective effort from the whole community was found to have favourable outcomes for approach implementation. One of the schools drove the whole community approach by promoting it as part of their school culture in which 'all members of the school community acknowledge the importance of well-being promotion' and a 'whole culture of wellbeing and taking care of the child and the child's needs' was fostered. Analyses showed that such holistic approaches and shared ethos; were instrumental in promoting well-being and supporting mental health.

Pitfalls in relation to school culture included academia-centred cultures and a culture of competitiveness.

Partnerships & relationships

The partnerships cited included staff, management, parents or guardians.
and external services.

Internal partnerships and relationships were highly regarded by staff as being an integral part of ensuring effective implementation.

- One school implemented an internal referral system through which staff could raise concerns about students. All staff involved would conduct a holistic review of the situation and see how best they can resolve it or provide assistance.

External services and support were greatly appreciated by the internal staff; however, they expressed concerns about depending on state-funded external services which can at times be problematic.

Recommendations

- Ensure government policies and planning allow adequate resources for implementation assistance and review.
- Encourage leadership, especially around promoting holistic approaches and shared ethos.
- Proactively recruit partnerships between staff, management, parents or guardians and external services.

2.5.3 Strategies for inclusion and equality– 'norm-critical' sex education in Sweden (Bolander and Bengtsson, 2019)

Overview

The primary focus of this article is the constant evolution and reconfiguration of sex education, which is often framed within the contexts of either health or rights. The ongoing efforts to uphold and, at the same time, challenge specific interpretations and power dynamics position sex education as a highly politicised area of study.

This article investigates the strategic counter-politics of inclusionary and 'norm-critical' approaches in Swedish sex education, choosing to focus on how this crucial initiative is implemented in sex education delivery and how teachers understand and manage the options and drawbacks of this type of work.

In broad terms, sex education in Sweden aims to strike a balance between promoting sexual pleasure and minimising the risk of adverse consequences such as unintended pregnancy, sexually transmitted infections (STIs), sexual exploitation, and other negative aspects associated with sexuality.

At the heart of the analysis are three recurring approaches: the sensitive use of language to achieve inclusion; the organisation and integration of 'sensitive' content to counteract stigmatisation; and the use of multiple methods to produce a key knowledge order.

Methodology

The article uses participant observation data and interviews with participants to conduct the analysis, with evidence and data stemming from observations made by researchers during fieldwork.

The content of this article draws on the Young People and Sexual Risk-taking project, which was conducted between 2012 and 2016. The primary objective of this project was to analyse the representations, knowledge, and experiences of young individuals in relation to sexual risk-taking and safer sex, particularly within informational materials and formal educational settings.

Using various qualitative techniques such as text analysis, participant observation, and interviews, the project approached this issue from an intersectional perspective.

Why is this literature review suitable for inclusion?

Since this article focuses on Sweden and showcases a liberal approach to whole-school sex education, it serves as a comparative study against the countries of other studies we have assessed for this project.

The approach taken by Swedish schools is 'norm-critical' and inclusive. Like Ireland and other countries, Sweden has had a more conservative approach to such curricula in the past, however, it has in recent years shifted towards a more inclusive model. This will be insightful into how more inclusive models are received by students and how they are implemented.

Main relevant findings

A rights-based curriculum: The research identified a focal shift in sexual education away from sexual health and towards sexual rights. This may be attributed to the growing demand to prioritise issues of gender, sexuality, diversity, and power in these discussions.

Employing a critical lens: Sex education programs delivered in schools are often presented as a secure and supportive setting for adolescents to learn about sex, sexuality, and health. However, simultaneously, a more critical view identifies problems within sex education, highlighting the importance of confronting issues related to sexism, racism, classism, and hetero sexism both inside and outside of classrooms.

Language plays a huge role in how the curriculum is delivered.

- Students are addressed as potentially non-heterosexual.
- Non-binary pronouns are used in conversation to balance and compliment the binary pronouns.
- Teachers would often say things like "if I had a boyfriend or girlfriend" to leave their sexuality open and not fixed.
- In an attempt to remove stigma and the taboo of speaking about genitalia (female in particular), teachers would use words normally considered profane when referring to

them in the curriculum (e.g. using the Swedish word 'mutta' translating to 'cunt' or 'pussy' when referring to 'vagina'). These words, along with similar words for boys' genitalia, were used synonymously throughout the curriculum as a means to allow people to talk openly about body parts. However, teachers did inform students that other milder terms were more acceptable in more formal settings like the chemist.

Inclusivity and diversity in opposition to the idea of treating such topics as a separate category, the Swedish model aims to remove the pecking order of sexuality here where heterosexuality usually comes out on top. The study suggests that typical models that include LGBTQ themes would deliver it such as a manner that would expect students to develop and express a certain level of 'homotolerance'.

Rather than marginalising LGBTQ matters to their own dedicated section or topic, LGBTQ points are included to each standard topic where applicable. The objective is to encourage social cohesion and have LGBTQ elements viewed as non-issues. Teachers also refrained where possible from using labels in relation to sexuality and gender identity. For example, instead of using terms like 'heterosexual sex' or 'homosexual sex', they opted for phrases like 'vaginal sex' or 'anal sex' instead.

Adaptations. Given all the diversity and shift towards inclusion, there were issues with uniform inclusive approach as it was in direct conflict with the religious beliefs and backgrounds of many, particularly in the schools and areas with significant immigrant communities. This led to the establishment of basic sexual education that would be provided to all. It included topics like reproductive organs, the menstruation cycle and STIs, as well as a focus on themes such as love and relationships, the Internet and grooming, honour and violence.

Strengths & Limitations

Strengths

This analysis provided a refreshing perspective of how whole-school approaches and sex education can be implemented in other cultures.

This analysis also offered insights into a norm-critical whole-school approach in terms of providing sex education, which aimed to remove the societal hierarchy of gender and sexuality in order to give all students equal footing and representation.

This method also aims to remove stigma around sex and sexuality and to challenge heteronormative roles of power. This is a valuable and pertinent observation for those seeking to challenge and raise aware of violence against those vulnerable or minorities (e.g., gender-based violence).

It serves as a comparative study and as a source of inspiration for solutions that other countries or cultures might be experiencing with their own approach.

Limitations

The analysis lacked broader representation and statistical scope. If more schools had participated in the study, there would have been a greater variety of school categories to analyse. This would have provided us with a better understanding of how these factors impact the implementation of a whole-school approach.

Recommendations

- Adopt an empowering approach to sex education that employs critical pedagogy, whereby students are active participants and agents in their own learning process, rather than passive receivers of information dictated by adults.
- Swedish models focus on a whole-school, all-inclusive approach when it comes to sex education. For example, children are not separated by gender. Furthermore, LGBTQ is confined to its own dedicated lesson or topic. Instead, points relevant or in relating to LGBTQ are added to each topic in order to facilitate a more inclusive and cohesive delivery.
- Promote consistent, deliberate use of inclusive sex-positive language.
- The curriculum should explore, in an intelligible and digestible format for school students:
  - o Root causes and origins of the concept of normalcy and 'heteronormativity'.
  - o How oppressive systems and ideologies are reinforced through the compliance to established standards in daily existence.
  - o A critical mindset towards power structures and students' own oppressive behaviour and positions.

2.5.4 Community-Level Successes and Challenges to Implementing Adolescent Sex Education Programs (Ott et al, 2011)

Overview

Both Ireland and the USA have histories of pushback against comprehensive sex education programs. This research sought to identify what has been successful in the USA's attempt to roll out comprehensive sex education programs. The authors found that while un-programmed adaptation is often an unwanted outcome, implemented by teachers due to time constraints and in-class diversity, elements of adaptation built into programmes may also be crucial to the success of sex education curricula.

Method

A study of 17 different state-funded sex education programs across the state of Indiana (USA) sought to better understand the capacity and needs of such programs. Qualitative interviews were conducted via face-to-face meetings, and via telephone by 3 trained interviewers over the span of six months (October 2007-April 2008). Thematic analysis was then used to identify and analyse patterns that emerged from the interviews.

Strengths & Limitations

Strengths: Clear recommendations around issues facing effective implementation of RSE curriculum.
Limitations: Focused only on a USA context.

Results

In using the exploratory methodology of thematic analysis, Ott et. al (2011) were able to identify common patterns, themes, and issues faced across the 17 different programs studied.

The authors identified **program adaptation** as one of the most important issues facing the roll-out of effective sex education programs due to factors that included:

- Local needs of diverse students
- Curriculums available to educators
- Day-to-day operational issues

1. Adaptation to particular audiences: The uniform experience of a singular nationwide RSE program across all schools is complicated in the United States since the education curriculum is managed from state to state, with a diversity of sex education programmes nationally and within states. Even when purchasing an educationally acceptable science-based curriculum, the authors found that "nearly all programs using commercial curricula described some sort of adaptation. Many times, these were major changes" (pp. 175).

The need for program adaptations in the USA arose from two main areas:

- Firstly, and foremost, the need to meet the needs of local populations.
- The operational issue of time allotted/management.

In meeting the needs of the local population, Ott et al's (2011) study found that programs were not applicable across all student populations, their findings especially highlighted diverse needs of incarcerated youth and rural populations compared to their urban, law-abiding counterparts.

Incarcerated Youth Issues	Rural Community Issues
✓ Higher levels of sexually risky behaviour, ✓ Higher levels of sexually transmitted infections. ✓ High-level of mobility, poverty, illicit substance use, scholarly challenges. ✓ Lack of social support, and mental health issues.	✓ Few or inaccessible sexual health services ✓ Geographical isolation ✓ Transportation issues ✓ Lack of exposure and tolerance to sexual and gender diversity.

Both incarcerated youth and rural youth were found to have circumstances that weren't accounted for or accommodated under a run-of-the-mill pre-packaged curriculum.

2. Time constraints: Adapting the recommended curriculum often happened naturally in the class, usually having the effect of shortening it due to time constraints. This was due not only to the fact that often inadequate class time was allocated but also due to the diverse class populations. To use a blanket curriculum for diverse social and cultural groups, instructors often "markedly [reduced] the time allotted, or [eliminated] major areas of content" (Ott et al, 2011, pp. 175) to accommodate.

Recommendations

- Increased monetary, administrative, and technical support resources be directed at developing, adapting and evaluating sex education programs in order for broad success.
- Adaptive elements be built into RSE curricula to work with diverse populations that make up schools. To accommodate for adaptation, increased resources need to be directed toward sex education programs.

2.5.5 Sexuality education: findings and recommendations from an analysis of 10 United States Programs (Cushman et al, 2014)

Overview

Identified and evaluated different approaches regarding sex education to see if there were common themes in what was successful, and what issues arose. The biggest challenges facing effective implementation of sex education were:

- The possibility of pushback from parents.
- The necessity to adapt the curriculum based on the needs of individual schools.
- Allocating sufficient class time to allow for effective instruction of the course material.

Method

Using a purposeful sampling method, 10 schools across the USA were selected to participate in telephone interviews. 60–90-minute interviews were conducted with program developers and/or administrators, and all data collected was analysed via cross-case analysis to identify patterns and conclusions.

Strengths & Limitations

Strengths

- Exploratory approach is appropriate for the implementation question in this REA.
- Confirms need for adaptation in programmes.

Weaknesses

- Focus is solely on the USA.

Results

- **Implementation fidelity:** Of the 10 institutions surveyed, about half had developed their own curriculum, and the other half purchased commercial curricula. The authors found "all programs made a variety of adaptations and/or modifications to their curricula either before implementation began and/or in response to teacher and student feedback once the program was already underway". (Cushman et al, 2014, p. 489).

- **Resource allocation:** One of the greatest challenges to implementation was limited class time. This is mainly attributed to administrators undervaluing sex education curricula while prioritising traditionally academic subjects.

- **Parental engagement:** In examining adaptations / weak implementation fidelity, it emerged that teachers and principals often erred on the side of caution, as they were afraid of parents' reactions. However, schools that held parent information sessions met with few of the negative reactions anticipated. Those schools received positive feedback regarding the school's transparency about the curricula's goal and content from parents who attended.

Recommendations

While sex education curricula may receive some initial negative reception it appears that it can be addressed with transparency and information sessions for parents.

2.5.6 Engaging parents in digital sexual and reproductive health education: evidence from the JACK trial (Aventin et al, 2020)

Overview

Parents can be difficult to engage in sexual and reproductive health (SRH) education programmes. Digital health promotion that uses online and mobile technologies (OMTs) to promote parent-child communication may offer an innovative solution to reach and involve parents in their children's SRH education programmes. While digital parental materials show promise for engaging parents in SRH education, this study suggests that parental components should be coupled with efforts to increase school and teacher confidence to communicate with parents on sensitive topics.

Method

The *Jack Trial* was a UK-wide study among 8000 adolescents from 66 socially and religiously diverse post-primary schools. Two animated films were developed and delivered as part of an RSE programme during a UK-wide school-based research trial. The aim of the study was to assess user engagement with the parental components. The findings offer recommendations for programme development and future research seeking to use digital SRH education to engage with parents. A mixed-methods process evaluation explored engagement with parent components of the *If I Were Jack* SRH education programme, which includes online animated films and a parent-teen homework exercise.

Strengths & Limitations

Strengths

- Mixed method incorporates qualitative insights with quantitative rigour.
- Topic of parental engagement is directly relevant to this project question.
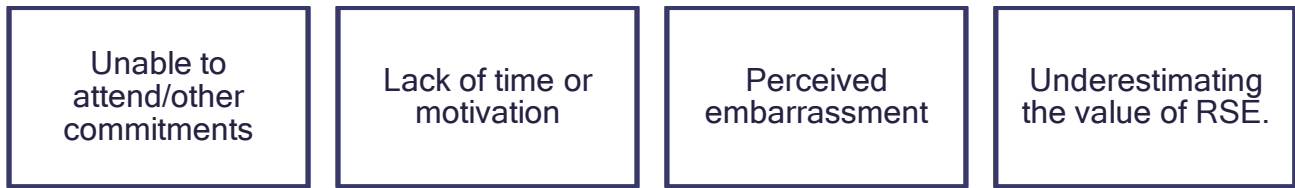- Incorporates innovative methods via up-to-date delivery channels.

Limitations

- Narrow UK-only focus limits scope and relevance of outputs.
- Study is focused on role of technology rather than wider WSA.
- It may be reactive in that it identifies issues without necessarily suggesting solutions.

Main Relevant Findings

Digital health promotion that uses online and mobile technologies (OMTs) may help to involve the wider community of adolescents, peers, parents, and wider.

community-based service providers in RSE. Barriers to engaging parents face-to-face include:

Unable to attend/other commitments	Lack of time or motivation	Perceived embarrassment	Underestimating the value of RSE.

Online & Mobile Technologies (OMTs) are innovative, evidence-informed technologies.

They offer community engagement benefits of:

- **Programme reach** by addressing the barriers to face-to-face parental engagement.
- **Implantation fidelity** of programmes consistently delivered as intended.

The paper notes that this low-dose, self-directed, easily disseminated mode of delivery, has been found to have similar impacts as higher-dose, intensive (and much more expensive) programmes.

The parents who shared their experiences of using the digital JACK materials rated them highly for helping them to initiate and normalise conversations with their children.

In addition to parental barriers and facilitators, the study notes that resistance by schools was a second, and vitally important, consideration, as only just over 1 in 3 teachers executed the programme, concerns that the exercise would be awkward for adolescents or result in backlash from parents.

Recommendations

- Investigate potential to involve the wider community of adolescents, peers, parents, and community-based service providers in RSE through Digital Channels
- Address resistance to engaging with parents around RSE among school management teams, including school secretaries and teachers with training and tools for more confidence in engaging with parents.

2.5.7 Have Theory Will Travel (Fullan, 2008)

Overview

A theory of action is a way of understanding the world that identifies insights and ideas for effectively improving it. This paper presents a theory of action for whole school improvement in education. The model draws on research literature and case studies in UK and Canada, especially changes to literacy and numeracy in the public school system in Ontario since 2003 and heading to 2010 — 2 million students, 4,900 schools and 72 districts.

There are 6 inter-related components of the theory as outlined in Figure 1 below, all of which incorporate the wider school community either directly or indirectly.

Results

The six components proposed for implementing system wide whole school improvement are:

Centre Direction & Sector Engagement	Capacity Building	Supportive Infra-structure and Leadership
Managing Distractors	Communication	Continuous Evaluation

Direction and sector engagement refers to the careful planning and direction from the centre (government and policy developer) outwards towards those charged with implementing it:

- At the centre is a guiding coalition of key leaders and their advisers. As the strategy progresses, the concept of the guiding coalition will be extended outwards to wider infrastructure and leadership.
- An inspirational overall vision of both the purpose and the means of getting there. Its essence should be non-negotiable (e.g., equality of the sexes, moral repugnance of gender-based violence), thus harnessing and setting the moral imperative of the reform.
- Focus on a small number of higher order and ambitious goals clearly stated. Don't overwhelm / lose the message with too many goals.

- It should be invitational rather than prescriptive, to encourage partnership with the educational and wider community.
- Investment of resources. It will need additional money, reallocation of resources, access to time and to expertise.

Supportive Infrastructure and Leadership need not and should not result in new layers of bureaucracy but rather working with existing leadership and community roles: school principals, teachers and mentors, student success leaders, parents, local and community leaders and experts.

- The purpose of this component is to nurture and develop a critical mass of change agents working individually and collectively on the project vision.

Capacity Building means mobilising resources across the community; new knowledge, skills, additional resources, and motivation. Capacity breaks out into two dimensions.

- Change management refers to the promotion of professional learning communities with the skills for linking with infrastructure and leadership and implanting the programme confidently and faithfully (this paper's focus).
  This 'lateral capacity building' should be promoted by the centre so that schools are empowered to use the 'wisdom of the crowd' to diffuse and assess the new curriculum's worth and impact.
- The curriculum is the pedagogical or instructional core of the change (less the focus of this REA question).

Manage the Distractors. Distractors are the resource drains, that inhibit the project by consuming time and energy. In complex political systems distractors are ubiquitous and inevitable. Capacity building is the positive side of the equation, but change requires purposive awareness and action to pre-empt and address distractors.

Continuous Evaluation and Inquiry should enable comparison and progress, not become an obsessive end in itself. Selecting indicators allows performance to be measured:

- For the overall project (societal impacts)
- For schools and other groupings relative to an initial starting point
- For schools, and other categories, relative to other benchmarks.

Macro evaluation means fostering an inquiring and reflexive mindset to such questions as "are we implementing the strategy effectively"; "is it working"; "are there any surprises", and so on. Ideally it should employ third party evaluators to provide critical feedback on the strengths, weaknesses and impact of the strategies being employed.

Communication with schools, school communities, and the wider public should be both small and big. Sometimes it is about individual school success, about parent or wider community engagement, and other times it is about the wellbeing of the society.

Every opportunity should be taken to state the strategy. This will help clarify it in the minds of the communicators, will lead to clarity in the minds of others, and will provide ample opportunity for feedback and refinement.

Strengths & Limitations

Strengths:

Study sets out guidelines for implementing systemic whole school changes.

Is based on practical experience in education.

Provides a useful framework for organising / interpreting the findings within this REA.

Limitations

Study is more conceptual than empirical; there is a lack of data to justify the author's assertions.

Having been published in 2008, this paper fell outside the preferred inclusion criteria of publication within the past ten years.

3. DISCUSSION

In total, we looked at almost 30 studies from across the world to determine the role of community engagement in effectiveness of the whole school approach to school-based interventions, methods of implementation with the highest rates of success, and some of the major barriers to success that could be overcome in future interventions.

A common theme across the research was the variation in definitions of a whole school approach. Despite the WHO defining a whole school approach in 1998 as involving "the entire school community as the unit of change and involves coordinated action between three interrelated components: (i) curriculum, teaching, and learning; (ii) school ethos and environment; (iii) family and community partnerships", there remains significant differences in approaches to implementation.

Many of the studies we explored focused mainly on the first two elements of the WHO definition, ie. "curriculum, teaching, and learning", and "school ethos and environment". Significant barriers to effective implementation in those areas included:

- Lack of support from school leadership (Hunt et al, 2015; Fullan, 2008)
- Ineffective internal relationships and partnerships (Hunt et al, 2015)
- Lack of role for peers (Wong et al, 2021)
- Poor communication (Hargreaves & Shirley, 2009)
- Lack of teacher resources: time, training, compensation (Thomas & Aggleton, 2015; Smith et al, 2011; Higgins & Booker, 2021)
- No clear assessment criteria (Smith et al, 2011)
- Too few sessions for students (Thomas & Aggleton, 2015)
- Sexuality education regulation is not strong enough to support the intervention (Wellings & Parker, 2006; Higgins & Booker, 2021)

While these were all major factors in whether or not a WSA intervention was successful, it was clear that the third element of the WSA, the "family and community partnerships" was often being overlooked. Where it was included, it was a major contributor to an intervention's success.

Nyoni et al (2022) attributed the success of 88% of the school-based interventions included in the study to coordinated action between curriculum, teaching and learning, school ethos and environment, and family and community engagement. Goldberg et al (2018) conducted a meta-analysis of 45 studies, investigating a total of almost 500,000 students. 57% of those studies included a community component, and these studies were shown to contribute to a significantly greater effect on children's social and emotional development than studies that did not include a community component. Pound et al (2016) included proactive engagement with parents in their list of essential features of good RSE programmes. Aventin et al (2021) listed lack of awareness of the importance of parental involvement in RSE as a major barrier, and recommended targeted support for parents to teach their children about RSE throughout childhood and adolescence.

The aim of the new SPHE curriculum in Ireland is to change the way schools across the country address RSE, improve attitudes and knowledge around GBV, and decrease rates of GBV, sexual assault, and sexual harassment as a result. Fullan et al (2008) lay out a theory of change in education based on research literature and case studies in the UK and Canada that involved two million students across 4,900 schools between 2003 and 2010.

Their findings led them to set out six steps to achieve the three criteria for system change:

- **System-ness:** Can the aims and ideas permeate the entire system, and not just some schools? Implementing a single, uniform approach across thousands of schools with different ethos', processes, and leadership styles is a huge challenge – but an important aspect of the whole school approach to the new SPHE curriculum.
- **Effect change:** The implementation must result in positive improvement across schools and regions. In order for this improvement to be realised and communicated, the interventions must be well-measured, with regular follow-ups – and must extend to all stakeholders, not just internal.
- **Motivation:** The changes must inspire and motivate people across schools and communities if system change is to occur.

They also established six inter-related components to meet these criteria, all of which emphasise the importance of the focus of this REA: finding effective ways to include external stakeholders and the wider community in order to contribute to

the positive impact of a WSA to implementing a new SPHE curriculum in Ireland. This framework provided useful insights, as well as a structure to summarise the research findings (Section 2.1) and for our discussion of the evidence.

Direction and sector engagement

Offering direction to all stakeholders from the centre means holding an inspiring vision based on non-negotiable beliefs. In this case, the vision is the reduction of GBV and the realisation of gender equality. Inviting parents and wider community members to be a part of this vision makes collective effort more likely and increases the likelihood of achieving the vision.

A study featured in the systematic review carried out by Nyoni et al (2022) – Jewkes et al (2019) – coordinated caregivers' workshops to introduce parents and guardians to the fundamental goals of the program to reduce GBV. These workshops were run in the school at the weekend, and attended by caregivers and the teenagers themselves. As a result of the workshops, caregivers showed improved communication and knowledge of their child, lower childhood trauma perpetration, increased equitability in gender attitudes, lower parenting stress, and better health. Furthermore, female caregivers themselves reported less exposure to intimate partner violence (IPV).

Capacity building

Mobilising resources across the community to provide additional resources, new knowledge and skills. There are two elements to capacity building: the curriculum itself, and change management associated with implementing the curriculum. The latter involves recruiting the wider community to take advantage of the expertise and skills outside of the school in the implementation of the curriculum.

Goldberg et al (2018) supported implementation of intervention activities through subgroups of the community including community leaders, the media, and social workers.

A study explored in Nyoni et al's (2022) systematic review, conducted by Oberle et al (2016), looked at a whole school approach to increasing social and emotional learning (SEL) among children and adolescents. They found that by extending SEL practices into the home and wider community contexts, children would receive these positive messages in the two developmental contexts where they spend the most time.

Community partners can provide students with additional opportunities to apply SEL skills in various practical situations, such as during after-school programmes.

D'Eath et al (2020) concluded that the inclusion of external project workers, such as Tusla and the Rape Crisis Centre, was a major advantage in the implementation of the Manuela Programme. Students expressed a preference for external subject matter experts; teachers agreed but expressed concern about funding if the programme were to scale - a problem which would need to be addressed before launching a national intervention.

Supportive infrastructure and leadership

Rather than creating new layers of bureaucracy, school leadership should work with people in existing leadership and community roles - such as parents, local community leaders, and external experts on the subject matter - to develop and align a group of key stakeholders working collectively to achieve the vision.

Goldberg et al (2018) highlighted the importance of schools working collaboratively with the wider community, and reaching out to parents and local agencies. Community partners provide links with external support and mental health services in the community, thereby ensuring there is access to services for students needing additional support.

The same meta-analysis also found that US-based studies tended to be more effective than those based in the UK or Australia. One of the explanations offered for this was lower levels of district and national supports. They emphasised that whole school interventions are more likely to succeed when there is solid support from educational stakeholders at a national level.

The Manuela Programme (D'Eath et al, 2020) attributes an important part of its success to relationships built up with Tusla and the Rape Crisis Centre throughout its implementation. The paper highlights the importance of a conduit for partnership between statutory agencies, education providers, the voluntary sector, researchers, and policy makers.

Pound et al (2016) and Hunt et al (2015) also supported the value of engaging external sexual health professionals to assist teachers in the delivery of the RSE curriculum, and advised that teachers should be willing to work in partnership with sex-positive, trained experts in sexual health.

Manage the distractors

Distractors take time and energy away from the achievement of the vision. In the case of the WSA to reducing GBV and achieving gender equality, distractors are the barriers to implementing the WSA, which we explored in detail throughout this REA.

Aventin et al (2020) found that some of the major barriers to engaging parents face-to-face were an inability to attend workshops due to other commitments, lack of time or motivation, awkwardness or embarrassment around RSE, or underestimation of the value of RSE.

The JACK trial (Aventin et al, 2020) offered parents the option of engaging with the course material digitally, removing some of the barriers to participation, and increasing the likelihood of parents getting on board with the overall goal of the project. The researchers then identified further barriers to engagement with the digital materials, such as fear of encouraging sexual activity; religious beliefs and cultural norms, lack of parental confidence, and lack of awareness of parents' importance in RSE, and suggested ways they could be overcome. These included early and progressive support for parents to have discussions throughout childhood and adolescence; education for parents to increase awareness that RSE is a joint parent-school responsibility.

Continuous evaluation

The new ethos' successful implementation requires an inquiring and reflexive mindset that's ready to measure outcomes, see what's working and what's not, and make adjustments as necessary. It means asking questions like: Are we implementing the strategy effectively?; Is it having the desired effect?; What have we learned so far?; and so on.

Ideally, it should employ third party evaluators to provide critical feedback on the strengths, weaknesses and impact of the strategies being employed.

According to Hunt et al (2015), another benefit of community involvement is that local community health providers can support and advise on improvements to the existing model and outcomes of the intervention as time goes on. Additionally, once they have pledged investment in the intervention, they are more likely to continue to support the efforts being made.

Communication

Every opportunity should be taken to state the strategy in order to help clarify it in the minds of the communicator, ensure clarity in the minds of others, and provide ample opportunity for feedback and refinement.

An example of the importance of communication can be found in Cushman et al's (2014) study exploring approaches to implementing sexual education programs across the US. The researchers found that school administrators are often fearful of negative reactions from parents to the content of the sexuality education curricula, but that when schools held parent information sessions, they received far less negative feedback and even experienced positive reactions to their transparency and the curricula's goals. This finding suggests that transparency among Irish schools, and the government, will be crucial to the successful implementation of the new SPHE curriculum.

Additionally, Hunt et al (2015) found that developing communication messages and identifying communication networks, like staff meetings, bulletin boards, and parent newsletters, increase understanding and buy-in among school staff and the wider community. Consistent and sustained messages are vital for programme adoption.

Wellings and Parker (2017) recommended increased engagement with the media to convey the need for, and positive impact of, effective sexuality education on the wellbeing of young people – and, relating to the central question of this REA, on rates of GBV.

Conclusion

This rapid evidence assessment explored a question of community engagement, namely, how can the wider community be engaged within a whole of school approach to comprehensive RSE that promotes gender equality and prevents gender-based violence?"

As this question was one of implementation, the remit was broad and exploratory. In practice, it was a challenging question to address, as the community aspect of the whole school approach is often overlooked or addressed as secondary consideration versus action at institutional or policy levels and the pragmatics of curriculum implementation with immediate teaching staff.

This assessment has identified and presented enabling and inhibiting factors for holistic RSE programmes promoting gender equality and addressing gender-based violence across a diversity of locations and contexts. The papers reviewed have suggested a diversity of stakeholders for inclusion, as well as ways in which they can be involved with programmes, and methods to optimise their engagement. The evidence has highlighted that school based RSE programmes promoting gender equality and addressing gender-based violence have significant social impact potential, but that engagement of the wider community has been an integral component in the success of whole school approach RSE programmes.

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