HOW SHOULD WE EVALUATE RELATIONSHIPS, SEX AND HEALTH EDUCATION IN SCHOOLS?

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1. INTRODUCTION

The statutory guidance for relationships, sex and health education (RSHE) was updated for the first time since 2000 in 2019 (DfE, 2019). RSHE is an integral part of the development of all young people living in Birmingham, ensuring they have the appropriate knowledge to live healthy and safe lives. It is therefore important for Birmingham City Council (BCC) to effectively evaluate the delivery and impact of RSHE in secondary schools across the city.

2. METHODS

A desktop literature search and review were conducted, making use of both academic and grey literature. Grey literature was focused to government data, policy and reports. Utility of sources were evaluated based on the reputation of the publisher, number of referencing and citing articles, and overall relevance to the topic.

RECOMMENDED STRATEGY

Identify local priority health issues that can be addressed within RSHE content

Collaborate with secondary schools to include local issues into RSHE plans and delivery

PROCESS EVALUATIONS: Short term, repeatable. Assess teacher preparedness, delivery methods, and if students respond positively to them.

OUTCOME EVALUATIONS: Long term, data focused. Assess sexual health metrics, e.g. STI rates, and RSHE's influence over them.

Has the delivery of RSHE positively influenced local sexual health outcomes?

4. DISCUSSION

The report cannot recommend a single-best-method for BCC to conduct its evaluation of RSHE, but that a more comprehensive evaluation would be achieved through a **combination of process and outcome evaluations**. Process evaluations would be useful for short-term assessments in schools to identify the most effective methods for delivering RSHE. Outcome evaluations would be useful for long-term monitoring of the impact of RSHE on specific sexual health metrics - along with collection of qualitative data too.

5. CONCLUSION

BCC's evaluation of RSHE would be most effectively implemented through a **multiple-method evaluation strategy**. Process evaluations for assessing RSHE delivery in schools and outcome evaluations for assessing RSHE's influence on specific sexual health data.

3. RESULTS

The results from the literature review provided information on three key areas:

a. Background

The statutory guidance for RSHE allows schools to decide how to deliver the required content and provides flexibility for emphasis on locally important/prevalent issues, e.g. teen pregnancy (Leung et al., 2019). The guidance will now be reviewed every three years with the recent Women's Health Strategy for England already calling for more focus on women and girls' health (DHSC, 2022).

b. Evaluation Methods

Two main evaluation approaches can be considered.
Outcome Evaluation:
Focused on whether an intervention has a direct impact on an intended outcome, usually through a quantitative metric, e.g. rate of teenage pregnancy (PHE, 2018a).
Process Evaluation:
Focused on evaluating the effectiveness of current methods used for reaching outcomes, e.g. quality of teaching (PHE, 2018b).

c. Data on Birmingham

Important local health issues that BCC may wish to address include:
- Birmingham's teenage birth rate is above the England average at 13.9 per 1000 women compared to 12.0 per 1000 (ONS, 2022).
- Birmingham has the highest STI rate amongst all 14 upper-tier local authorities in the West Midlands region at 955 per 100,000 people (PHE, 2019).

6. RECOMMENDATIONS

- The evaluation of RSHE in secondary schools should use a **variety** of evaluation approaches, not just one.
- Evaluation approaches should either be outcome or process evaluations, which may inform one another.
- **Outcome evaluations:** exploring the long-term impact of RSHE with both quantitative and qualitative data.
- **Process evaluations:** more beneficial for shorter-term evaluation of the quality and content of RSHE delivery by teaching, and how students respond to such.

7. REFERENCES

Full report and references available at: