



An Integrative Approach to Evaluating the Implementation of Social and Emotional Learning and Gender-Based Violence Prevention Education

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Evaluation studies often use stand-alone and summative assessment strategies to examine the impacts of Social and Emotional Learning (SEL) and Gender-based Violence (GBV) prevention education programs. However, implementation research is yet to offer an integrative framework that can be used to investigate the implementation drivers that lead to the uptake of programs that pursue SEL and GBV prevention agendas. We address this gap in research by presenting a framework developed to investigate factors affecting the implementation of the Resilience, Rights and Respectful Relationships program, an SEL and GBV prevention education program developed for primary and secondary schools in the state of Victoria, Australia. Drawing upon and advancing a conceptual framework for implementation fidelity proposed by Carroll and colleagues we discuss the iterative process designed to investigate the individual, school and system level factors within the wider political and ideological setting(s) of the program that impact on its implementation. Within this iterative process, we highlight the need to focus on 'the ecology of relations' that exists between various implementation elements, and their possible mediating impact on program delivery, uptake and outcomes.

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Introduction

Over the past few decades numerous educational programs have been developed to support the social and emotional wellbeing of young people (Durlak, Weissberg, Dymnicki, Taylor, & Schellinger, 2011). A smaller number of educational programs have also focused on the prevention of Gender-Based Violence (GBV). Despite growing interest in equipping young people with the knowledge, skills and attitudes needed to enact respectful gender relationships and prevent GBV, rarely is intervention within these two domains brought together in one initiative. This has led to a disconnect between two areas of education research, policy and practice that pursue shared and at times overlapping objectives. This rather artificial disconnect can have implications for program development and for implementation research and evaluation efforts.

Challenges arising in designing research to investigate program implementation in the areas of SEL and GBV prevention owe, in part, to gaps in understanding of the complex intersection of multiple factors between controlled research and practical applications at larger scale. Closing this gap in understanding is not easy due to the challenge of accounting for multitude of factors impacting on how programs are taken up in schools. To attend to what Cook and Odom (2013, p. 136) call “the devilish details related to bridging the research-to-practice gap”, implementation studies need to identify not only the individual, school and system level factors influencing implementation, but also the way in which macro factors within the wider politico-ideological context of programs also mediate implementation efforts when interventions address controversial issues.

The problem of ‘research-to-practice gap’ in implementation is compounded with another persistent problem that has long marked the field of implementation, namely “lack of a common language and the lack of a common framework for thinking about implementation” (Fixsen, Naoom, Blase, & Friedman, 2005, p. 12). Lack of a common framework and language for evaluation of implementation is most evident when one is faced with the challenge of understanding the barriers and enablers affecting implementation of socially sensitive or politically contested initiatives, such as those involving GBV, gender identity or sexuality. In such instances, it proves difficult to explain whether poor uptake is due to weak program design, or lack of implementer capacity, or are influenced more by extraneous factors such as political sensitivity or controversy surrounding program topics, or more practical considerations such as availability of models, resources, training, or time within curriculum or timetable.

Despite the importance of implementation research for programmers, the field has yet to offer an integrative framework for evaluating the uptake and implementation of programs which address GBV prevention within the broader framework of SEL. Existing research and scholarship often relies on stand-alone, summative assessment measures to evaluate the implementation of SEL or GBV prevention programs in isolation from each other. To address this gap, we propose a framework to evaluate the implementation of an integrated SEL and GBV prevention program called Resilience, Rights and Respectful Relationships (RRRR). Advancing a conceptual framework for implementation fidelity proposed by Carroll et al. (2007), we take an implementation science approach in this article to map out the iterative process designed to

identify the multitude of individual, school-related and system level factors along with those operative within the broader politico-ideological context surrounding the program.

Our proposed framework contributes to evaluation research by incorporating an implementation science approach into the design of an evaluation study conceived to investigate uptake of a contested education initiative. Implementation science is “the scientific study of methods to promote the systematic uptake of research findings and other evidence-based practices into routine practice” (Eccles & Mittman, 2006, p. 3). The field emerged from the healthcare domain and was a response to concerns that research-informed practices may not reproduce desired outcomes (Greenhalgh, Robert, MacFarlane, Bate, & Kyriakidou, 2004; Palinkas & Soydan, 2012). Implementation studies draw on interdisciplinary approaches and aim to develop broader knowledge that can be replicated beyond specific case studies. However, they are rarely used in the complex environments such as those of education, where multiple intersecting factors at individual, school and system level can influence program implementation.

Due to constraints of purpose and space, in this article we do not report on the findings of our evaluation of implementation, which is currently underway. Instead, we discuss the *research framework* that we developed to evaluate the uptake and implementation of the RRRR program which pursues SEL and positive gender relationships agendas through education. Our aim is to highlight some of the complexities involved in evaluating program uptake and delivery, and to offer a framework that can help inform decisions of program developers and evaluators working in the areas of SEL and GBV prevention. Before discussing our proposed framework and the rationale behind its various components, we first provide an overview of the RRRR program, its wider context and the research informing the design of the education intervention itself.

The Resilience, Rights and Respectful Relationships (RRRR) Program and its Context

RRRR is a Social and Emotional Learning (SEL) and Gender-Based Violence (GBV) prevention program developed for all levels of primary and secondary schools in Victoria, Australia (Cahill et al., 2016). The program provides age-appropriate learning activities to promote student connectedness, collaborative engagement, critical thinking and the development of positive relationships. Topics covered in the program include Emotional Literacy, Personal Strengths, Positive Coping, Problem-solving, Stress Management, and Help-seeking. The program has also a focus on positive gender relations and the prevention of GBV through discussions of Gender and Identity, and Positive Gender Relations. The same topic structure is replicated across all year levels to assist teachers to select the activities that best meet the capacities of their students. The RRRR program includes a suite of 200 learning activities and is accompanied by teacher resources, including a literature review, pedagogical tips as well as online and face-to-face learning components.

The development of the RRRR program was commissioned by the Victorian Department of Education and Training (DET), responding to the Victorian government’s policy priority of enhancing young people’s mental health. This was, in part, to the findings of large-scale survey research which has brought attention to the scale of mental health issues among youth in Australia. A survey of 6,310 families suggested

that mental health problems affect 1 in 7 school-aged young people in Australia (Goodsell et al., 2017). The findings of this survey also show that 1 in 10 students aged 12-17 years reported having self-harmed at some point in their life, and about 1 in 12 had self-harmed in 12 months prior to the survey. Coping with depression and social-emotional distress are also among the top issues of personal concern among youth aged 15-19 (Bullock, Cave, Fildes, Hall, & Plummer, 2017).

Australian data show mental health distress has a *gendered* profile. Girls of 16-17 years are more than twice as likely as boys (19.6% versus 8.2%, respectively) to experience mental health problems. The Mission Australia (2016) data shows that 60% of females as compared to 25% of males identify as 'feeling stressed' (Bullock et al., 2017). An Australian study investigating mental health of gender diverse and transgender young people aged 14-25 found that 45% of these young people had been diagnosed with anxiety and 38% had thoughts about suicide (Smith et al., 2014). Data about violence perpetration also reflects gender vulnerabilities; 95% of the victims of violence in Australia have reported a male perpetrator (Australian Bureau of Statistics, 2013). Similarly, sexual violence has a gendered character; 48% of women as compared to 18% men over 18 years have reported sexual harassment behaviours during their lifetime (Australian Bureau of Statistics, 2013).

In response to rising awareness about the prevalence and impacts of GBV, the DET initiated a policy directive that all Victorian schools provide for 'respectful relationships' education to prevent family and GBV. This initiative occurs during a time of mounting concerns about the impact of domestic violence and sexual harassment. The 2015-2016, the Victorian Royal Commission into Family Violence handed down 227 recommendations to address the inadequacy of policy responses to reduce the prevalence and severity of family violence (State of Victoria, 2016). In response, the DET mandated 'respectful relationships' education for all Victorian students from Foundation to Year 12. The RRRR learning materials were provided as a resource to schools in the state of Victoria. However, teaching of this program was not in itself mandated, and schools can choose how they provide an educative response to the government policy.

The provision of the RRRR program also occurs against the national backdrop of debates about marriage equality and the rights of LGBTIQ+ people in Australia. These debates have been found to have a detrimental effect on the LGBTIQ+ young people (Isbister, 2017). Teaching about sexuality, gender identity and respectful relationships has also come under increasing criticism from conservative media and political commentary across the country, with community discord blamed for the non-renewal of federal funding for some school programs that addresses these topics (Law, 2017).

Research Informing the Resilience, Rights and Respectful Relationships (RRRR) Program

RRRR is informed by the findings of research that points to the positive impacts of SEL on intrapersonal, interpersonal, and academic outcomes for students. A large body of empirical research has now established that participation in SEL education can contribute to young people's wellbeing. Primary and secondary school students who participate in well-designed and rigorously implemented SEL programs are less likely to suffer from anxiety and depression (Merrell, Juskelis, Tran, & Buchanan, 2008; Payton et al., 2008;

Stockings et al., 2016; Wang et al., 2016; Werner-Seidler, Perry, Calear, Newby, & Christensen, 2017). Research also shows that wellbeing education programs can reduce the rates of anxiety and depression even among pre-school children (Fox et al., 2012).

Other common outcomes of SEL include an improved sense of school belonging (Catalano, Haggerty, Oesterle, Fleming, & Hawkins, 2004), positive teacher-student relationships (Poulou, 2016), better peer connections (Midford et al., 2016), more supportive school and classroom environments (Hagelskamp, Brackett, Rivers, & Salovey, 2013; McCormick, Capella, O'Connor, & McClowry, 2015) and increased cooperation among peers (Durlak et al., 2011). Research also shows that students who partake in SEL programs are less likely to be involved in bullying (Durlak et al., 2011; Weissberg, Durlak, & Domitrovich, 2015) and tend to perform better academically (Dix, Slee, Lawson, & Keeves, 2012; S. Jones, Brown, & Aber, 2011; Schonfeld et al., 2015; Sklad, Diekstra, De Ritter, & Ben, 2012; Weissberg, Durlak, Domitrovich, & Gullotta, 2015).

SEL programs that incorporate gender perspectives can also contribute to a reduction in GBV. Ball (2013) found that programs that used participatory SEL pedagogies to tap into different perspectives and rehearse conflict resolution skills helped improve students' knowledge and awareness about GBV. Similarly, DeGue et al. (2014) found that programs that use interactive, student-centred pedagogies and focus on SEL skills development are most effective in reducing GBV among young people. This corroborates the findings of previous research which highlights that Gender Education can benefit from SEL programs through an emphasis on critical thinking about gender norms and values and developing self and social awareness and relationship skills, especially when it comes to one's actions and behaviours in relation to others (Foshee et al., 2004).

To provide an authentic context for learning, the RRRR program uses collaborative learning activities which allow students to critically reflect on real life issues, identify 'problems', negotiate a course of action and propose solutions in consultation with others (Clapper, 2015). The program also uses games, role plays and scenarios to develop personal, social and critical thinking capabilities. This is coupled with the recognition about the integral role of teachers to the success of wellbeing education (Martínez, 2016). Research shows that comprehensive teaching manuals and resources alongside practical teaching strategies are key levers of successful implementation (S. M. Jones, Bouffard, & Society for Research in Child, 2012). Resource provision is important as students benefit more from SEL programs that are well-structured and accompanied with comprehensive lesson plans that guide teachers' teaching practices (Coelho & Sousa, 2017).

In addition to effective pedagogies, the RRRR program recognises that structural barriers, such as the absence of a curriculum home, and capacity barriers including lack of teacher skill, knowledge, confidence and ownership, can pose challenges to successful implementation (Durlak et al., 2011; Elias, Bruene-Butler, Blum, & Schuyler, 2009). Teacher burnout and negative perceptions of administrative and curriculum support correlate with poor implementation (Ransford, Greenberg, Domitrovich, Small, & Jacobson, 2009). In addition, breakdown can occur in delivery with truncated programs or with the use

didactic teaching strategies instead of collaborative learning and critical thinking activities which are essential for program success (Cahill et al., 2013; Durlak et al., 2011; Herbert & Lohrmann, 2011; Kirby, Laris, & Rolleri, 2007; Payton et al., 2008; Stead, Stradling, Macneil, Mackintosh, & Minty, 2007).

It is estimated that as many as half of schools that adopt evidence informed programs fail to implement these programs with sufficient scope to take advantage of their potential benefits (Roberts-Gray, Gingiss, & Boerm, 2007). Factors such as absence of adequate leadership support, low staff morale and commitment, school ethos and organizational structure, inadequate funding and lack of financial incentives, insufficient policy support, political factors surrounding programs, as well as school-community context are believed to have a negative impact on program implementation (Durlak & DuPre, 2008). While expecting a perfect implementation may be unrealistic, it is important to understand how individual, school and system level factors interact with the wider politico-ideological context of programs to enable and/or hinder the uptake and implementation. This is a topic that we turn to and discuss in the next section of this article.

Evaluating Implementation Amidst Complexity

Despite the large body of research that has examined discrete aspects of implementation, studies have not offered a holistic evaluation framework for investigating implementation of an integrated approach to SEL and GBV prevention in education. To address this gap, we draw on Carroll et al.'s (2007) conceptual framework for implementation fidelity (Figure 1), which describes key elements of implementation, such as the intervention itself, and adherence and moderators that influence the degree of fidelity in implementation. Carroll et al. (2007) note that adherence (i.e., the degree to which a program is implemented according to its intended design) can be affected by a number of factors including content, frequency, duration and coverage of the intervention. Moderators include factors such as the complexity of intervention, facilitation strategies used to support the intervention, quality of delivery and participant responsiveness to intervention.

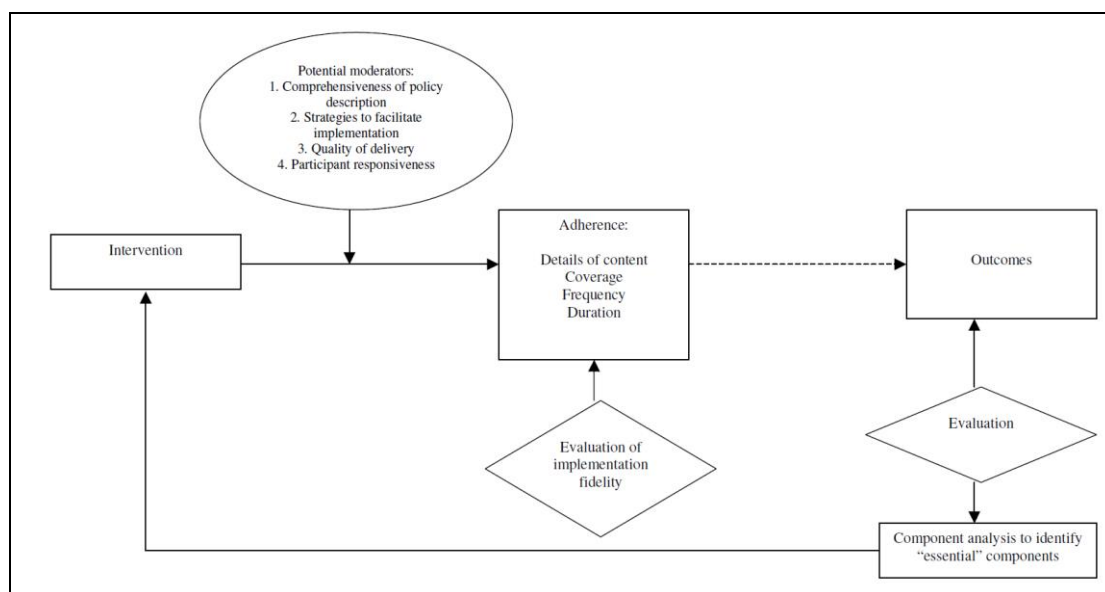


Figure 1. Carroll et al.'s (2007) conceptual framework for implementation fidelity

Carroll et al.'s (2007) framework provides a conceptual model that can help researchers and program developers identify the barriers and facilitators of implementation. However, although the framework acknowledges that the relationships among the elements are complex and contingent upon the context, we suggest that with sensitive topics such as gender, gender identity, and sexuality, the framework may not necessarily fully capture the complexities involved in the provision of programs that incorporate highly controversial materials. The modular structure of the framework does not adequately reflect the influence of on-going and dynamic politico-cultural factors as well as the interactions between various system and school elements that affect program uptake and implementation.

We argue that politico-cultural factors may have a particular influence at each of individual, school and system levels. Teachers, for example, may find ways to circumvent controversial topics due to their own levels of anxiety about causing distress or invoking criticism from parents or community members. They may also avoid the material if it is not consistent with their personal values, or if it triggers distress in relation to their personal or family biography. Some teachers may find the material too important to risk mismanaging, and hence avoid engaging with it at all. The sensitive nature of the topics can also impact the quality of the information collected by researchers. For instance, students who feel psychologically safe within their school may readily share their views, whereas other students may provide socially desirable responses, leading to incorrect conclusions about program outcomes. Schools that fear backlash from parents may bypass innovations, or radically truncate them. These influences could contribute to reduced fidelity which can negatively affect program outcomes in ways that are hard to detect with typical program evaluation approaches.

Given that a single evaluative strategy would most likely be inadequate to fully capture the complexities that occur across multiple levels within a system when dealing with a socially sensitive intervention, it is important to seek research designs that can capture the 'ecology of relationships' among various elements that can impact program implementation and outcomes. With this in mind, our evaluative framework will use an iterative process that relies on data collected over time through a mixed-method research design and from multiple sources at various levels within the educational system. Figure 2 illustrates a simplified version of the framework that informs our design. The framework will incorporate qualitative and quantitative data over time from multiple stakeholders at the individual, school, and broader system levels, using an iterative data collection process. Ideally, the full cycle would be repeated across multiple iterations of implementation within a longitudinal study, but for practical purposes, our project is limited to one full iteration.

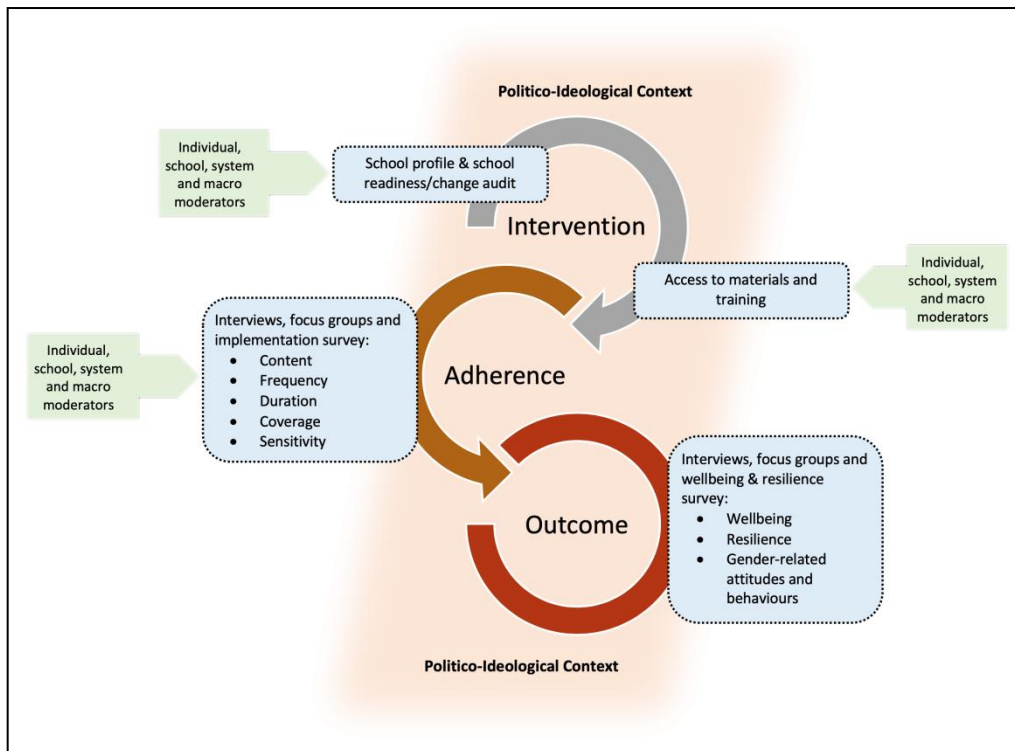


Figure 2. An Integrative Framework for Evaluating Implementation in SEL and GBV Prevention Education

The evaluation process will be a joint endeavour among researchers from diverse fields including education, youth studies, public health, wellbeing science, and implementation research. To triangulate the findings and thus strengthen the evaluation design, we will collect data from multiple sources, including school leaders, teachers and students from 20 primary and 20 secondary schools in metropolitan and regional areas of Victoria, Australia. The methods to be used will include school profiling measures, surveys, interviews and focus group discussions. Each measure is designed to collect integral data to provide different lenses on program uptake, implementation and impact.

The process will begin with an audit of existing school practices and readiness for change, which will include a quantitative survey completed by key stakeholders and interviews/observations within the schools. This audit acknowledges that at any point that an intervention is incorporated into schools, varying degrees of relevant knowledge and practices may already exist within the system, which impact readiness and capability, and the extent to which the intervention is accepted. Schools and individuals may also be more or less receptive towards engaging with the focus of the intervention, given other priorities or challenges impacting on a particular school at a particular time.

The intervention itself involves the RRRR program, along with teacher training. While all resources are freely available online, surveys (i.e., the training and implementation intentions survey), observations (by trained observers during the trainings), and qualitative feedback (at the end of the training and through subsequent participant contacts) will identify the extent to which training on the materials is considered beneficial to those intended to implement the program. Adherence will be captured annually through

quantitative and qualitative measures over a three-year period. This will include an implementation survey, completed by leaders, teachers, and others within the schools, and qualitative interviews with leaders, teachers, and students, to identify what is covered, duration, and frequency for the program as a whole and modules within the program.

As change takes time, the full intended outcomes of the program (i.e., improved wellbeing, strong social and emotional skills, consistently positive gender relationships) most likely will not occur during the period under study; ideally moving towards improvement occurs which will be captured by annual wellbeing and resilience surveys completed by students about their state of wellbeing, behaviours and perspectives on their school environment, combined with focus groups and interviews. Intersections of the program, adherence, and intended outcomes most likely will be impacted by a variety of individual, school, and system moderators acting within the wider context of politico-ideological sensitivities surrounding the program. Quantitative data from the implementation survey will be triangulated with qualitative data from staff interviews and student focus groups to provide an in-depth insight into the complexity of implementation facilitators and barriers.

Mapping the Start/End Points in RRRR Implementation

Evaluating implementation begins with mapping the start/end points. This mapping process helps identify the initial state prior to the intervention and also shows the areas that have benefited from the intervention. It is important to adopt a whole school approach in the mapping process. A whole school approach:

defines the entire school community as the unit of change and aims to integrate SEL and GBV prevention into daily interactions and practices at multiple setting levels in the school using collaborative efforts that include all staff, teachers, families and children. (Oberle, Domitrovich, Meyers, & Weissberg, 2016, p. 278)

We have developed two tools which will be used to provide a holistic view of the initial and end points in the implementation of the RRRR program: The School Profile Tool, and the School Readiness and Change Audit Tool.

School Profile Tool

The School Profile Tool is designed to provide student demographic and community information for each school. Australian schools operate within various socio-cultural and economic contexts. Factors such as locale, socio-economic resources, ethnic and language backgrounds, and other demographic characteristics play an important role in learning and school outcomes (Thomson, De Bortoli, & Underwood, 2016). These factors also play an important part in how schools engage with the materials from the RRRR program, especially the more sensitive topics of the curriculum related to issues of gender, gender identity and GBV. The School Profile Tool will call on data produced annually by each school across the state, capturing information about the demographics of students and staff, standardised learning achievement data relating to

literacy and numeracy, and an assessment of socio-educational advantage via the Index of Community Socio-Economic Advantage (ICSEA). In the Australian setting, ICSEA is used as measure of social disadvantage, developed to enable comparisons of standardised achievement scores between ‘like’ schools across Australia.

School Readiness and Change Audit Tool

Schools in the state of Victoria can exercise some degree of autonomy in choosing curriculum materials provided that the materials map to the state curriculum. As such, schools vary in their choice of teaching and learning resources and may or may not use the provided RRRR materials. Given that some schools will already be familiar with the RRRR program whereas other schools will not have previous exposures to it prior to commencement of the study, we developed the School Readiness and Change Audit Tool to capture where each school begins on their implementation journey (Year 1 of the project). This will be compared against the school’s end point (Year 3 of the project). Comparing the initial and final points at school level will provide a measure of willingness, capability and intent to change. Principals and leadership team representatives from each school completed the audit through an online survey in year 1, and the audit will be repeated at the end of the project in 2019. Used in conjunction with the School Profile Tool, the audit tool will allow us to track the trajectory of each school over time, taking into consideration the particularities of their context and culture.

Our audit tool is underpinned by a validated 8-factor implementation model developed by Roberts-Gray et al. (2007). This model has been used extensively in previous studies and has been demonstrated to predict implementation adherence in health education programs with an estimated 74% accuracy. According to this model, successful implementation is impacted by a number of factors including: establishment of a sufficient policy framework, presence of mechanisms to enforce policy, instruction on the content of intervention, provision of teacher training, fostering family involvement, providing ongoing student support, offering ongoing staff support and regular assessment for effectiveness. However, this model was developed around the relatively non-controversial issue of smoking prevention education, and it is yet to be seen if it will continue to be robust in relation to predicting uptake of the more controversial fields of SEL and GBV prevention education.

Evaluating Impact and Outcome of RRRR Implementation

We will include various measures to examine program adherence and implementation moderators across the participating schools. These measures include: Training Impact and Intention Survey, Wellbeing and Resilience Survey, Implementation Survey, Staff Interviews and Student Focus Groups (see Table I). Insights gathered from these measures complement each other, and together provide an in-depth overview of the enablers of and barriers to implementation at individual, school and system levels.

Table I. Measures used in evaluating the implementation of the RRRR program

Measure	Timing	Data collected	Purpose
<i>School Profile</i>	Baseline	SES, learning and demographic data available from My School website	Identify relative levels of disadvantage and student learning outcomes
<i>School Readiness & Change Audit</i>	Baseline & end of year 3	School policies, pastoral care, leadership, training, provision of the RRRR program, and school implementation objectives, strategies and timeline	Track changes in school provision of SEL programming
<i>Training Impact & Intentions Surveys</i>	End of training session	Investigating training impact and future intentions to implement the RRRR program	Track influence of face-to-face teacher training at individual teacher level
<i>Wellbeing & Resilience Survey</i>	Annual	Student and staff wellbeing data through a comprehensive battery of questions to measure wellbeing and learning	Track impact of the RRRR program on resilience, relationships and wellbeing of students and teachers
<i>Implementation Survey</i>	Annual	Data used to track school-level program delivery, timeframe and coverage	Identify the components of the program that have been delivered, and the students who have been reached
<i>Staff Interviews</i>	Annual	Conducted with the principal and 5 key educational staff in each school to investigate perceptions and influences on implementation	Develop detailed insight into complex factors influencing school change in relation to implementation
<i>Student Focus Groups</i>	Annual	6 students from each of the participating Year Levels (Years 4-6 and Years 7-9)	Develop detailed insight into student experiences of implementation

Training Impact and Intentions Survey

Teachers' classroom practices are integral to the success of SEL and wellbeing education (Cristóvão, Candeias, & Verdasca, 2017; Schonert-Reichl, 2017). To help increase teachers' confidence and skills in delivering the RRRR program, schools will be invited to send teacher representatives to a two-day teacher training. During the two sequential training days, participating teachers will be provided with an overview of the evidence-base informing the design of the RRRR program and sample learning activities from the program, including games, small group critical thinking activities and role-plays. The teachers will also be invited to watch and reflect on exemplar videos demonstrating real life RRRR program delivery by more experienced teachers. In addition to discussions about the importance of gender, gender identity and GBV, the trainings will offer opportunities for participating teacher to discuss pedagogical and organisational challenges associated with classroom management and whole school implementation.

The trainings will be provided to primary and secondary school teachers by a team of experienced teacher educators, including the RRRR program authors and members of the research team. The first round of training will be delivered in Year 1, followed by a second round in Year 2. Online training will also be made available. At the end of the training sessions (in person and online), the participants will complete an online survey about their experiences at the training and their intentions for implementing the RRRR program. Although intentions may not necessarily translate into action, they are likely to point to the key learnings that the participants gained from the trainings. The Training Impact and Intentions Survey will

explore four areas: 1) usefulness of the training in adding to teachers' knowledge, 2) confidence to implement the program, especially in relation to more sensitive topics of gender and GBV 3) use of collaborative pedagogical strategies, and 4) anticipated implementation supports and barriers in the school setting.

Wellbeing and Resilience Survey

To examine personal-level factors that might influence and/or be influenced by the RRRR program, the evaluation process will include an annual survey of students and staff. The Wellbeing and Resilience survey is designed to ask students, teachers and school leaders about their wellbeing, attitudes, behaviours and perspectives on their school environment. Specifically, the survey will investigate students' mental health, social relationships, engagement, self-awareness, coping strategies, physical health, views about gender, bullying, help seeking and experiences at school. The staff version will include questions about physical and mental health, social relationships, work engagement, school ethos, student and teacher relationships, job satisfaction, stress, use of collaborative learning skills and work-related stressors and challenges. The surveys are integral to the design of our evaluation framework as they help shed light on individual level factors that can impact on, and will be impacted by, the implementation of the program.

Implementation Survey

Although DET has endorsed the RRRR program, they have not mandated that schools implement this program, but rather that they provide ½ hour of respectful relationship education. Hence, practices are likely to vary among schools depending on their context, culture and overall interest in and commitment to the program. The Implementation Survey, to be administered at the end of each school year, will provide details about the schools' implementation efforts. The Implementation Survey will gather data about (1) fidelity, i.e. the level of adherence to the design and intent of the RRRR program, (2) reach, i.e. numbers of students receiving the program, (3) duration, i.e. the period over which the program is provided), and 4) coverage, i.e. topics that are taught through the program. The Implementation Survey will not only help highlight the level of implementation in each school at a given point in time, but also provide a measure of change over time in the provision of the RRRR program and its various topic areas.

Staff Interviews

While surveys and questionnaire will be useful in providing snapshots and identifying trends over time, they are often insufficient in explaining underlying reasons and motifs that contribute to particular behaviours and outcomes. To complement the quantitative data, we will use qualitative methods to provide an in-depth perspective on factors influencing implementation. Semi-structured interviews will be conducted with principals and five key staff in each school. These interviews will provide an opportunity to hear from the school staff about implementation barriers and drivers that impacted upon their choices in relation to implementation, including those that pertain to addressing a contested issue experiencing current high-level

media coverage. The staff interviews will also collect data about the strategies that will be used in each school to support program fidelity, quality and adaptation.

Student Focus Groups

We will also conduct student focus groups. Research shows that students are capable of providing rich accounts of their experiences in areas of health and wellbeing, which can be used to inform school improvement policies and practices (Cross, Lester, Barnes, Cardoso, & Hadwen, 2015; Simmons, Graham, & Thomas, 2014). In evaluating the implementation of the RRRR program, we will provide the students with an opportunity to voice their views about various issues relating to the wellbeing education that they received from their schools. Student Focus Groups will be conducted with a minimum of 6 students in each school to provide a detailed account of their experiences at the school and their perceptions about the provision, quality, relevance and impact of the RRRR program. By including students in our evaluation of implementation, we also counter some of the tendencies in research and policy which treat children and young people as incapable of meaningful contribution and as recipients of adult initiatives (Cahill & Dadvand, 2018; Dadvand, 2018).

Ecology of Relations in Evaluating Implementation

We agree with Chen (2005, p. 11) that “there is no single best way to conduct program evaluation” and that the choice of approaches and methods used in evaluation needs to be based upon context and situation. However, we also maintain that in the absence of an integrative framework that identifies major influence points, implementation becomes unviable. Lack of a cohesive framework can pose a particular challenge to evaluation of implementation in programs such as RRRR that deal with sensitive topics relating to gender and the prevention of GBV. Rather than being a template for action, our proposed framework highlights the importance of what Durlak and DuPre (2008) calls ‘an ecological focus’ which draws attention to the constellation of factors operating within the broader context in which programs are taken up and implemented.

To better understand ‘the ecology of relations’ that exist between various components affecting program implementation in the area of wellbeing and GBV prevention education, one needs to pay attention to not only the individual and school level moderators, but also the external factors that affect program reach, impact and outcome. This includes factors such as the level of support for the program among parents and the wider community (Roberts-Gray et al., 2007). In the case of programs such as the RRRR program, evaluating implementation efforts needs to move beyond support structures and take into consideration the ideological oppositions and/or political resistance to the program which impacts on the other elements in implementation, including the schools’ intent to adopt the program, the fidelity of implementation as well as its expected outcomes.

Conclusion

There is no existing framework, to the best of our knowledge, that is specifically designed to evaluate the implementation of educational programs that focus simultaneously on SEL and GBV prevention. In this article, we proposed an integrative framework for evaluating the implementation of school-based education programs that prevention education encompass a controversial agenda, in this case, gender identities, and prevention of gender-based violence. Our framework also addresses a persistent problem in evaluating implementation, namely the use of one-off and often siloed approaches to assess program impacts and outcomes. These approaches either focus on discrete elements in implementation or rely on summative measures that fail to provide an adequate account of the multiple elements which are involved in successful implementation.

Our framework uses an iterative process to examine the intersection of individual, school and system level factors that impact on implementation. The framework highlights the importance of using multiple tools and approaches to gather data over time from diverse stakeholder involved in the program. The tools, developed by an interdisciplinary team of researchers, allow for triangulation of qualitative and quantitative data, something that has for long been recognized as central to evaluation efforts (Greene, Caracelli, & Graham, 1989). Our proposed framework also acknowledges the highly complex nature of implementation which is contingent upon factors that lie beyond the control of teachers and schools, factors such as political climate and context, limited funding, varying levels of commitment among stakeholders, and the existence of competing and at times conflicting intentions and interests in the community around the school. These considerations may hinder the uptake and implementation. We maintain that effective evaluation strategies recognize the ‘ecology of relationships’ that connect various elements in program implementation, and in so doing mediate program reach, impacts and outcomes.

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