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The Role of Research in Policy Development: School Sex Education Policy in Scotland since Devolution.

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Thesis submitted for the degree of Doctor of Philosophy at the University of Glasgow

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Abstract

Background

This thesis examines the use of research evidence in recent policy developments for school sex education in Scotland. Existing literature on the utilisation of research presents a number of conceptual models for evidence use in policy. The extent to which these conceptual models have an empirical basis is unclear. This study explores the applicability of different models to two different policy sectors in Scotland; education and health, with specific reference to *SHARE* a specially designed school sex education programme. The study also draws on the policy network literature to understand the way in which the interaction between organisations and actors affects the value attached to research evidence.

This thesis addresses three main research questions:

- How has school sex education policy been developed?
- How is research evidence used in school sex education policy development since devolution?
- What factors facilitate or impede the use of research evidence?

Methods

To explore these issues I carried out 21 in-depth semi-structured interviews with policy makers and researchers, all of whom had insight into various aspects of sex education policy development in health and education. Using semiotics, I also analysed four policy documents.

Results

The development of sex education policy in the health and education sectors appears to have different underlying objectives. In the health sector it is designed to achieve immediate action, which requires speedy decision-making, while in the education sector it is designed to build consensus, achieved through cautious and careful decision-making. In health leadership of policy development for sex education can be identified at the instigation of policies with a high turnover of actors in subsequent stages; leadership within education is controlled and maintained throughout all stages of sex education policy development. As a result, common epistemic perspectives are more easily identified amongst those developing sex education within education, than within health.

These perspectives affect the way research evidence has been used in the development of sex education policy. Although research evidence has been used in different ways, the intentions behind its use is nearly always political. Fast decision-making militates against the use of research evidence in the health sector, while prioritising consensus overshadows the need to be evidence-based in education.

The use of research in sex education policy-making is inhibited or facilitated by external contextual factors (political and organisational priorities) and internal contextual factors (modes of decision-making, the beliefs and interests of individuals, and interaction between individuals). In addition, the dynamics of power between policy-makers and researchers need to be carefully negotiated and can also be influenced by contextual factors.

A metaphorical ‘tool’ may help conceptualise the complex relationship between research and policy. Policy development can be thought of as individuals constructing a ‘policy path’, attempting to reach a destination (policy aims and objectives) whilst addressing internal and external factors. They are constrained by the legacy of previous decisions, the length of time they have to lay the next step, and the materials available (which may include research evidence). In health, the lack of a common epistemic perspective regarding how to reach the policy aim (compounded by a high turnover of actors and fast pace of decision-making) results in a sprawl of crazy paving. In education, careful construction requires common perspectives and stability amongst policy-makers, resulting in a solid path which reaches its destination.

The results of this study support the key conceptual models of knowledge use described in the utilisation literature and provides evidence that researchers and policy-makers constitute two separate communities. This study also concludes that different policy sectors have specific characteristics which must be taken into account, as they determine how, why and when research evidence is used in policy-making.

DECLARATION

I declare that, except where acknowledged, all work presented in this thesis has been undertaken by myself.

_____ _____

Helen Harper MA(Hons), MSc

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Chapter One: Introduction

The aim of this thesis is to understand the role of research evidence in school sex education policy in Scotland. The influence of social research on public policy can be traced back to the early 19th Century. The Report of the Royal Commission on the Poor Law in 1834 significantly influenced the principles and content of future British welfare policy (Bulmer 1982, p2). The direct and significant influence of social research on public policy during this period continued through the work of key social investigators. These included Charles Booth (1840-1916), Seebohm Rowntree (1871-1954), Henry Mayhew (1851-62) Sidney Webb (1859-1947) and Beatrice Webb (1858-1943). These early social scientists and the research that they conducted exemplified the common aim of social research and social policy: to improve and reform adverse social conditions in Britain (ibid, p17). The institutionalisation of research also began during this era, with the establishment of the London School of Economics (founded by Sidney Webb) (Finch 1994). The role of research in policy-making expanded during the latter half of the 19th Century and early 20th Century as extensive use of surveys became embedded in Government policy-making (ibid).

There are important features of this early period that greatly enhanced the relationship between social science and research. First, it was assumed that research should have a practical application rather than being, as Oakley describes, “‘academic’ - gathered for its own sake and self-serving interests of scholars” (Oakley: 2000, p112). Second, social science and politics were meshed together: the above individuals were part of an “intellectual elite closely integrated with the ruling circles of late Victorian and Edwardian society” (Bulmer: 1982, p29). They were social reformers, as well as social investigators. In the case of Beatrice Webb, her involvement in social research helped shape her political and social conscience. In these early decades of social research, research and ideology had a mutually reinforcing relationship.

In recent times, the relationship between social research and social policy has received renewed attention. In 1997, following 18 years of Conservative rule in Britain, the Labour Party won the general election with a landslide victory. The Labour Party was now known as ‘New Labour’. ‘Evidence-based policy’ became a

prominent characteristic of New Labour terminology (Davies, et al. 1999). This rhetoric draws on a long history of evidence-based practice in healthcare (Oakley 2000, p312). Nutley argues that this rhetoric reflects a political desire to decrease the role of ideology as the primary driver for policy (Nutley 2003). Instead of ideology, research (which is regarded as objective, rational, neutral and authoritative) will inform effective policies. However, many authors argue that policy will always be inherently ideological. It may present as a tool to promote effectiveness, but in fact categorises and promotes particular types of social behaviour. Shore and Wright argue: “policies codify social norms and values, and articulate the fundamental organizing principles of society” (Shore and Wright 1997, p7).

The way in which teenage pregnancy is defined as a public policy issue is one example which illustrates the use of policy to ‘codify social norms and values’. Authors such as Murcott (Murcott, 1980), Macintyre and Cunningham-Burley (1993), and more recently Lawler and Shaw (2002) have argued that teenage pregnancy is not defined as a public health policy problem because of its adverse affects on health, but because of its conflict with “what is considered to be – in this time and place – socially, culturally and economically acceptable” (Lawlor and Shaw 2002, p552).

Macintyre and Cunningham-Burley (1993) argue that teenage pregnancy is defined as a problem because it conflicts with white middle class cultural norms (Macintyre & Cunningham-Burley, 1993). Drawing from qualitative data from women aged 16-25 in Glasgow, they highlight the diversity of experience amongst both older and younger women who were pregnant with their first child. The authors state that defining teenage pregnancy as a ‘problem’ uncovers several cultural assumptions. For example the term ‘unplanned’ or ‘unwanted’ pregnancy can apply as easily to a woman over twenty as it can to a teenager. Health risks during and after pregnancy are not necessarily greater for those under twenty than for older mothers. Macintyre and Cunningham-Burley argue that teenage pregnancy is often assumed to be a problem, and that this assumption is culturally and historically specific. The exact problem is rarely defined. The solution to the problem is widely debated with little conclusion, but there is no question that the problem actually exists.

To retain control over the definition of social problems, and thus social norms and behaviour, political actors must retain control over policy. To do this, Shore and

Wright argue that political systems must promote a “particular ideology as common sense, it [then] becomes incontestable, inviolable and beyond political debate” (Shore and Wright: 1997, p24). This is achieved in part through the use of expert knowledge, which masks “the political under the cloak of neutrality” (ibid, p4). Therefore the emergence of an ‘evidence-based policy rhetoric’ needs further exploration. It is important to explore how research evidence (perceived to be objective and neutral) can influence the realm of political ideology and political power.

In addition to introducing a new approach to policy-making, New Labour promised to hold a referendum on Scottish devolution. A public referendum on the issue was held in 1997 in which the majority of Scots voted ‘Yes’. The Scotland Bill was then introduced in the House of Commons, and became law in 1998. In 1999 the Scottish Parliament was formally opened. The Scottish Parliament has power over devolved issues (including health, education and local government) while other areas of policy remain reserved to the UK parliament at Westminster. Prior to devolution, the Scottish Office, a government department based in Edinburgh and accountable to the Secretary of State for Scotland, handled Scottish affairs. Figure 1 (below) is a timeline, which presents the major events leading up to the creation of the Scottish Parliament.

The Scotland Act 1998 not only established the Scottish Parliament as the legislature, but also the Scottish administration, known as the Scottish Executive. The Scottish Executive is accountable to Ministers; civil servants working for the Executive carry out the administrative functions of the Scottish Government. In effect, this meant that the Scottish Office changed its title and underwent some reorganisation to ensure departmental remits kept in line with Ministerial responsibilities.

Figure 1. Timeline: Events leading to devolution in Scotland

Date	1707	1974	1979	1997	1998	1999
Event	Act of Union: separate Scottish Parliament ceased to exist. Creation of Parliament of the United Kingdom at Westminster.	Labour Party wins general election: proposes devolution for Scotland and Wales.	Referendum in Scotland, majority support devolution but less than necessary 40%. Conservative Party wins general election: opposed to devolution. Remains in power for 18yrs.	‘New Labour’ wins general election: proposes devolution for Scotland and Wales. Public referendum supports devolution.	The Scotland Act passed.	First election to new Scottish Parliament. Labour fail to win overall majority and form coalition with Liberal Democrats. Official opening of the new Scottish Parliament.

As well as the New Labour rhetoric of ‘evidence-based policy’, Scottish policy-making, under the auspices of a new Scottish Parliament, was being promoted as an open and participatory process. Around the time the Parliament came into being, different policy developments in health and education were touching on the issue of school sex education.

Immediately preceding devolution, the Scottish Office Health Department (SOHD) produced ‘Towards a Healthier Scotland: A White Paper on Health’ (The Scottish Office, 1999a) which included a strong focus on high rates of teenage pregnancy and STIs (sexually transmitted infections) amongst young people. Previously Scottish public health policy had reacted to the emergence of HIV/AIDS during the 1980s, and in particular the epidemic amongst injecting drug users in Edinburgh and Dundee; however recent health policy has also emphasised the prevalence of teenage pregnancy in Scotland and increasing rates of STIs. Although rates of teenage pregnancy in Scotland are higher than most other Western European countries, they have remained relatively stable since the mid-1980s, falling slightly from 35 in 1992 to 30 live births per 1000 women aged 15-19 in 1999 (Hosie 2004, p62). STI

infection amongst young people increased disproportionately amongst young people aged between 16 and 24 (Burtney, et al. 2004, p41) in comparison with other age groups.

Thomson (1993) focuses on sex education policy in England and Wales during the 1980s and reveals the competing discourses between “public health pragmatism and the moral authoritarianism of conservative education philosophy” (Thomson, 1993). If Scottish public health policy reflects what Thomson refers to as “public health pragmatism”, the Scottish education policy for school sex education is a consequence of moral debates surrounding the issue.

Section 28 of the Local Government Act 1988 in England and Wales prohibited local authorities from “intentionally promoting homosexuality” (Buston 2004, p115). In October 1999 the newly formed Scottish Executive announced their intention to repeal the equivalent Section 2(a) in the Local Government (Scotland) Act 1988. The Minister for Justice called for the repeal. Following this announcement fierce moral debate ensued; those opposing the repeal harnessed the media to denounce publicly the Executive’s decision. This political context made school sex education a highly contentious political issue.

Aside from these policy developments, research in Scotland focusing on school sex education was also progressing. Between 1993 and 1996, a team of researchers at the Medical Research Council’s Medical Sociology Unit and Dundee and Stirling universities had carefully developed and piloted a school-based sex education programme. They went on to evaluate it from 1996-2000 through a randomised controlled trial (RCT), based in the Medical Sociology Unit (which subsequently became the Social and Public Health Sciences Unit). This trial set out to measure the effectiveness of the intervention, which was called ‘*SHARE Sexual Health and Relationships: Safe Happy and Responsible*’. As well as providing course materials, the programme included five days of teacher training. The programme consisted of 20 sessions: “10 sessions in the third year of secondary school (at 13-14 years) and 10 in the fourth year (at 14-15 years)”. The intervention aimed to “reduce unsafe sexual behaviours, reduce unwanted pregnancies, and improve the quality of sexual relationships” (Wight, et al. 2002). The interim results of the trial were published two

years after the start of my studentship; they showed that the intervention had had no short term effect on pupils' sexual behaviour.

My studentship was advertised as a qualitative study to explore whether the results of the SHARE trial would influence policies emanating from both health and education policy sectors. At the time there was the hope that the intervention would be demonstrated to be effective and the key issue would be whether policy-makers would adopt the intervention in Scotland. In fact, by the time I was appointed the research team had already established the lack of behavioural impact. Although this result was shared with policy makers and practitioners it was not published for two years.

Policy development for school sex education can be identified at three levels: individual school policy, local government policy and national level policy development within the Scottish Executive. For personal preference and issues of containment, this thesis focuses on the development of policy at the national level. Sex education is an issue that intersects both health and education policy development. Therefore the thesis focuses on policy development stemming from Scottish Executive Education Department (SEED) and Scottish Executive Health Department (SEHD).

The research questions for this study are:

- How is Scottish school sex education policy developed?
- In what way has research evidence been used in the development of school-based sex education policy since devolution?
- What factors facilitate or impede the use of research evidence in the development of school-based sex education policy?

The second of these research questions anticipates the effects of devolution on Scottish policy-making. Institutions and individuals in Scotland were developing policy prior to devolution. Policy created before May 1999 was still being acted upon and implemented after May 1999. Policy formulation is a continuous process that was punctuated, rather than severed, by the establishment of the Scottish Parliament. Therefore respondents' descriptions of policy-making immediately before and after devolution are explored.

Literature which focuses on the use of research evidence in policy leans heavily on conceptual models, most of which have been developed in the United States in the 1970s and 80s. I have presented the key models and debates from this literature in Chapter 2. When reviewing the literature on research utilisation in policy I identified important omissions and assumptions in this field of research. Terms such as ‘policy’, ‘policy-maker’ or ‘decision-maker’ were rarely defined. For the purposes of this study ‘policy’ refers to the written public statements issued by or on behalf of SEED or SEHD. ‘Policy development’ refers to the processes surrounding their production. These processes include the following: informal discussions between individuals, formal discussions in policy groups and committees, the process of establishing policy groups and finally, the design and implementation of national policy initiatives. ‘Policy-maker’ is used interchangeably with ‘decision-maker’ and refers to individuals who endorse policy and/or monitor, control or influence its development. For the purposes of this study ‘policy-makers’ refer to non-researchers. It is important to recognise however that when taking part in policy development researchers may fulfil the criteria of ‘policy-maker’. ‘Research’ will be used as an umbrella term. It will be used to refer to empirical studies and their findings as well as research processes (such as evaluation) and the results of consultations (analysed using qualitative and quantitative methods, and referred to by respondents as ‘evidence’). During the thesis I also use the term ‘research’ when referring to the intervention for the SHARE trial: the SHARE programme which consists of classroom materials and teacher training.

Many of the existing empirical studies in this field have concentrated on the use of research evidence in one policy sector. This study explores how a body of research evidence relating to one policy issue is used by two different policy sectors. The following chapter will describe the methods used to carry out this study.

Chapter 2: Methods

In this chapter I will present the methods used to inform analysis presented in subsequent chapters of the thesis. The structure of this chapter will mirror the structure of the thesis as a whole. The first section of this chapter will describe the methods for the literature review (Chapter 3). The second section will describe the methods used to select and review recent research for sex education (discussed in Chapter 4) and the third section will describe methods used to analyse policy documents (discussed in Chapter 4).

Following this, I will describe methods used to generate and analyse qualitative interview data, the analysis of which is presented in Chapters 5 and 6.

Methods for Literature Review (Chapter 3)

Chapter 3 presents a review of the literature focusing on the use of research in policy-making. A literature searches were conducted at various stages during the study (between 2000 and 2004). A number of search strategies were employed to gather relevant literature.

- search of the following databases: BIDS, ERIC, Web of Science, Worldcat, Sociological Abstracts
- Engenta table of contents alert
- Website searches
- Glasgow University Library Catalogue

In addition, personal contacts also alerted me to new studies in the field. I also carried out cited reference searches for key articles, and used the ‘snowballing’ technique: extracting references from relevant articles and books found. I also had discussions with academics in the field who helped me identify relevant literature.

The search terms I used were by no means exhaustive, however I believe they did allow me to find most published material which was relevant to my thesis. For title and keyword searches, they included combinations of the following:

evidenc*

research*

knowledge

RCT

Trial

Evaluat*

polic*

govern*

develop*

decision*

mak*

led

connect*

interact*

health educat*

sex educat*

utili*ation

influen*

health

For the purposes of the literature review I was interested in general theories on how research interacted with policy. Existing literature reviews, found using the above strategies, and cited reference searches, helped me to determine which key authors were most commonly cited in the literature. This allowed me to access a large area of literature and explore the progression of theories and debates from the late 1970s to the present day. I also searched for articles and books by specific authors names.

As well as general theories of knowledge utilisation in policy-making, I was interested in specific policy sectors: health and education. There are very few empirical studies focussing specifically on the use of research evidence within national health and education policy-making; the majority of studies focus on relationship between research and practice. I therefore restricted articles to those

which referred to ‘policy’ in the title, to ensure they were relevant to my area of focus. I was also interested in the use of particular types of evidence (e.g. RCTs) in policy-making, therefore studies discussing the use of particular types of evidence were also sought. I tried not to restrict what type of evidence I consulted; systematic reviews, publications from organisations (such as the Canadian Health Foundation, Research Unit for Research Utilisation at the University of St Andrews) and empirical studies were all included in my review.

Methods for identifying research on effective interventions of school-based sex education (Chapter 4)

As well as outlining the policy background for school sex education, Chapter 4 will also contain a summary of the research on the effectiveness of school sex education which was available to those formulating school sex education. Included in this summary is a summary of reviews on the effectiveness of sex education. In addition I will give a description of the *SHARE* trial (discussed in Chapter 1) and *Evidence into Action: Teenage Sexuality in Scotland* (Burtney 2000) a report written for policy-makers summarising the evidence on young people’s sexual behaviour in Scotland.

There have been many reviews of interventions aimed at reducing the rate of teenage pregnancies, however in taking into account the issue of how research effects policy the following reviews were chosen specifically because of their influence on policy makers and on those groups and individuals who directly influence policy. These reviews were explored in detail to ascertain how they defined the problem of teenage pregnancy, the age group they focused upon and their conclusions and/or policy recommendations.

- ‘School-Based Programs to Reduce Sexual Risk Behaviours: A Review of Effectiveness’ (Kirby & et al., 1994)
- ‘Preventing and reducing the adverse effects of unintended teenage pregnancies’ (NHS Centre for Reviews and Dissemination, 1997)

- ‘Impact of HIV and sexual health education on the sexual behaviour of young people: a review update’ (UNAIDS, 1997)
- ‘Reducing the rate of teenage conceptions. An overview of the effectiveness of interventions and programmes aimed at reducing unintended conceptions in young people’ (Meyrick & Swann, 1998)

Both the UNAIDS and Meyrick and Swann reviews are cited by the *McCabe Report* (2000) which is a key document influencing proposed sex education guidelines in Scotland (discussed below). The NHS CRD review has been included due to its potential influence as it was specifically produced for ‘decision makers’ within practice and policy. The Department of Education and Employment directly commissioned this particular review. The NHS Centre for Reviews and Dissemination 1997, and Kirby and et al. 1994 are both cited by the Social Exclusion Unit (SEU) *Teenage Pregnancy* report presented to parliament in 1999.

The reviews were assessed for methodological soundness using the following criteria:

- A clearly stated question that they are seeking to answer by carrying out the review.
- A clear statement of how and why particular studies were chosen.
- Evidence of a comprehensive search for studies.
- Reference to the quality of the studies reviewed.
- Accurate summary of the trials in the conclusion or recommendations given.

In addition to these reviews, two other pieces of research evidence have been selected because they have either been designed to influence policy-makers, or been referred to in recent policy documents relating to school sex education. These are: *SHARE (Safe Happy and Responsible)*, a specially designed school-based sex education programme in Scotland and *Evidence Into Action* (Burtney: 2000) a review of the evidence of young people’s sexual health in Scotland.

Methods for document analysis (Chapter 4)

Innvaer et al. (2002) recommend that empirical studies of policy-makers' use of research evidence should include document analysis. Chapter 4 presents a brief analysis of relevant policy documents. This analysis derives from a larger piece of research during the period of the PhD which I conducted that could not be included in this thesis due to word count restrictions. I have included a brief summary of the main conclusions drawn from this analysis; the original piece of work gave a more detailed account of how these conclusions were reached. The approach to this analysis was drawn from semiotics. Semiotics focuses on analysis of the text within documents. This approach involves "a relational view, stressing the systems of relations between words as the sources of meaning" (Silverman: 1993, p71). Semiology (the science of signs) recognises that words are understood because of their relationship to a cultural context: the relationship between the 'sign' and the 'signifier'. For example, the word 'grass' has different connotations depending on whether it appears in the context of 'cows' or 'police stations' (Harvey and MacDonald 1993, p48). This methodology highlights the importance of the culturally-informed knowledge that is implicit and mobilised by the act of reading.

The relationship between the 'word' and what it 'signifies' is therefore dependent on the 'tacit knowledge' that the reader and the author communicate through. The relationship between word and signifier are described by Innantuono and Eyles (1997) as a 'code'. Employing such codes establishes authority in the text and maintains the 'obedience' of the reader by appearing to identify with their cultural understanding. In addition, by using particular combinations of words the text simultaneously silences alternatives. Therefore the mobilisation of particular assumptive codes through the choice of individual words (or clusters of words) in a policy document also defines what codes are not accepted within dominant social norms (Iannantuono and Eyles, 1997).

The documents were analysed by paying particular attention to the use of individual words and clusters of words that contributed to the communication of the author(s) perspective and to the authority of the text. For example, I focussed on passages that specifically mentioned young people's sexual behaviour or teenage pregnancy. These

passages were often stated in such a way that would dissuade the reader from questioning the authority of the text. References to research evidence, or using words that might appeal to the reader's culturally-informed knowledge, helps present a particular perspective as fact or common sense. The statements are then unlikely to be questioned or opposed by the reader. This analysis was used to address the following questions:

- To what extent do the documents use research evidence?
- In what ways do they use research evidence?
- Do Education and Health use research evidence differently?
- How is sexual health and sex education in relation to young people described in each document?

As I have discussed, the analysis of the policy documents was not used as a method of triangulation. However, analysing the documents did influence the analysis of the interview data. For example, the documents revealed clear differences between health and education documents both in relation to their use of evidence and their perspectives on young people's sexual health and sex education. Therefore I carefully compared the experiences of respondents' working within the education policy sector and those in health.

A criticism of document analysis is that the framework of their interpretation is influenced by the researchers' position in the social world, and their own tacit knowledge. Any conclusions drawn from my analysis of documents (such as policy sector differences in the use of evidence) were rigorously and systematically applied across the interview data to ensure that conclusions in this thesis were drawn from respondents' accounts.

I selected the most recent national policy documents produced by, or on behalf of SEED and SEHD which dealt specifically with the issue of sex education of young people. I also included Lothian Health's proposal document for Healthy Respect as the project was defined as a *national* SEHD policy initiative. The following policy documents were analysed using the above methodology:

SEHD *Towards a Healthier Scotland: A White Paper on Health* (1999)

Lothian Health '*Healthy Respect*' Proposal document (1999)

The Report of the Working Group for Sex Education in Scottish Schools (*The McCabe Report*) (2000)

LTS *Sex Education Guidelines for Scottish Schools* (2001)

The background to these documents and their content are discussed in Chapter 4.

Following a discussion of recent research and policy developments for sex education in Scotland, Chapters 5 and 6 will present analysis of qualitative data collected through semi-structured interviews. I will now describe the processes of generating analysing my interview data.

Generating qualitative interview data

Qualitative methods were employed to address the central research questions for this study and the conclusions from my analysis are presented in Chapters 5, 6 and 7. Miles and Huberman state that the strength of a qualitative approach is its emphasis on “people’s ‘lived experience’” being “well suited for locating the meanings people place on events, processes, and structures of their lives....and for connecting those meanings to the social world around them” (Huberman 1994, p10). My main preoccupation was with a policy-making process at the national level that involved a relatively small number of people. I carried out qualitative semi-structured interviews to gain greater insight into individuals’ perceptions regarding policy development and the role of research evidence within such development.

Before carrying out this study, an application for ethical approval was made to the University of Glasgow Ethics Committee for Non Clinical Research Involving Human Subjects. This application was approved in July 2001.

The remainder of this chapter will describe the research process for this study. First I will briefly outline the different approaches to qualitative research and the position of this study in relation to them. Second, I will discuss the design and piloting of the interview schedule. I will then describe how respondents were identified and approached, and then go on to provide a reflexive account of the interview context. Fifth, I will describe how I analysed the interview data.

Paradigms and approaches to qualitative research

Lincoln and Guba describe the premise for a positivist approach to social research: “there is a ‘real’ reality out there...further, that reality can be approached (approximated) only through the utilisation of methods that prevent human contamination of this apprehension or comprehension” (Lincoln & Guba, 2000). Conversely, those who adopt a ‘constructivist approach’ “take their primary field of interest to be... subjective and intersubjective social knowledge and the active construction and co creation of such knowledge by human agents” (ibid). The tension between these two paradigmatic approaches influences which particular methodology is chosen to achieve the aims of any research study. This tension will now be explored in relation to the methods chosen for my research.

The qualitative interview

The way in which the qualitative interview is conceptualised depends on the paradigmatic perspective from which it is seen. Those who adopt a constructivist approach assert that

no knowledge about a reality that is ‘out there’ in the social world can be obtained from the interview, because the interview is obviously and exclusively an interaction between the interviewer and interview subject in which both participants create and construct narratives of the social world (Miller and Glassner 1997).

Conversely positivists would understand the interview as a tool to extract understanding about the ‘real’ social world, “providing a mirror reflection of the reality that exists in the social world.” (ibid). These two approaches exhibit contrasting ways of treating interview data as either “straightforward reports on another reality or whether they merely report upon, or express, their own structures” (Silverman 1993, p106)

Other authors posit that these two approaches are too polarised, and that neither approach needs to be wholly denied. Bryman describes Hammersley’s perspective which recognises that

there is an external social reality that can be accessed by the researcher. He simultaneously...(rejects)...the notion that such access is direct and in particular that

the researcher can act as a mirror on the social world, reflecting its image back to an audience (Bryman 2001).

Silverman states that whether or not interviews are “statements of fact” or “constructions...they are still part of the world they describe”. He continues, “by analysing how people talk to one another, one is directly gaining access to a cultural universe and its content of moral assumptions” (Silverman 1993, p108).

Intrinsic to this debate is the way in which interviews are conducted. A positivist approach is more likely to employ strictly structured interviews with standardised questions:

All respondents receive the same set of questions, asked in the same order or sequence, by an interviewer who has been trained to treat every interview situation in a like manner. There is very little flexibility in the way questions are asked or answered in the structured interview setting (Fontana and Frey 1994).

Other approaches such as ethnomethodology would use unstructured interviewing, based on the premise that the researcher should strive for a “peer relationship” (Silverman 1993, p95) with the interviewee. This approach rejects the structured interview as it inhibits “an empathy or indwelling with the subject of one’s inquiries” (Miles and Huberman 1994, p8). This approach aims at becoming as integrated as possible in the words of the respondents in order to understand their lived experience, however, such a perspective still denies that the interview reveals anything “about any other reality than the interview itself” (Silverman:1993, p98).

This poses a methodological dilemma for a researcher who wishes to understand the social world as understood by particular individuals, without accepting the positivist interpretation of a ‘reality’ that could be extracted through standardised interview questions. The approach I adopted for carrying out and analysing the content of the interviews for this study mirrored Hammersley’s assumption that it was possible to gain an understanding of the realities described by respondents. Miller and Glassner similarly describe the interview as potentially providing access to the “meanings people attribute to their experiences and social worlds. While the interview itself is an interaction, this does not discount the possibility that knowledge of the social world beyond the interaction can be obtained” (Miller and Glassner 1997).

This study was conducted using semi-structured interviews with carefully worded questions intended to cover all areas of interest. However, most questions were open-ended and deviations were often made to explore meanings and descriptions contained in responses. Interviewing 'elites' encounters issues that differ from the majority of sociological research that assumes the power rests with the interviewer. The use of semi-structured interviews allowed contextual issues, such as the balance of power between myself and the respondent and access to respondents, to be addressed. These will be discussed below.

The interview schedule

The interview schedule (Appendix B.1) was designed after most of the literature review had been completed. I was particularly interested in exploring how policy was made and the events and factors that influenced its development. I was therefore keen to explore specific policy initiatives and committees which respondents were involved in, and their perceptions as to how research evidence played a role in their progression. It was pertinent in the context of this policy background (discussed in the previous chapter) that the role of the media was addressed by the schedule, but it was recognised that the scope of the thesis would be too broad if this was to become an additional focus.

The interview schedule was split into four parts. First it addressed the position of the individual within the organisation and asked them to briefly describe their professional career to date. I then asked about the experiences of the respondent in relation to sex education policy development in general and asked them to describe any involvement in recent policy developments or initiatives emanating from the Scottish Executive.

The research/policy interface was then explored in more detail. The respondents were asked as to describe their overall perceptions as to how the two interrelated. They were then asked to describe the role of research in a specific area of policy development within which they were familiar. Previous contact with research and researchers and their perceptions on how that had affected their current use of research was discussed. There was one question addressing the role of the media and another on the effects, if any, of devolution on the role of research evidence in policy

development. The order of the questions depended on the interview context. In addition, at times questions differed between researchers and policy-makers, to ensure they were relevant to their professional context. For example, ‘previous contact with research and researchers’ was not a question posed to researchers. Instead, they were given the opportunity to describe their previous experience of working with policy-makers. Although the schedule was made of specific questions, rather than a topic guide, the interviews were not all conducted in the same way. The schedule was used flexibly depending on what the interview context required; I often altered the order and occasionally the wording of questions. In addition, I sometimes deviated from these questions if respondents began talking about interesting issues I wanted to explore.

Piloting the interview schedule

In order to ensure the schedule would help me achieve my research goals and to practice using it, I carried out six pilot interviews. Due to the small number of individuals with insight into this area of policy development in Scotland, it was impossible to identify a small sample at the national level to approach for piloting purposes. Therefore, several individuals were identified who had knowledge of policymaking in local government in relation to school-based sex education. I predicted that this would give me experience of interviewing an elite group and some indication of what revisions to the schedule were required.

These interviewees were identified through Local Government web pages. The way in which interviewees were approached is described in more detail below.

The schedule was revised in the light of the responses from the pilot interviews. I approached this revision by analysing the response to each question and whether or not assumptions inherent in those questions were influencing responses. I also focussed on whether or not all areas of interest were being explored by the current schedule. This revision resulted in new questions being asked. For example, the responses from the pilot schedule helped me identify where and when research was being used, but was not properly addressing why research evidence was used. Why individuals and organisations used (or did not use) research evidence was further explored in the second interview schedule. Questions such as “Do you think certain

pieces of research are listened to more than others?” and, “What or who do you think was the force behind this piece of research being used?” were included to help explore what facilitated the use of particular pieces of research.

Another question was added to the second interview schedule to give the respondent every opportunity to comment on any external factors influencing decision-making in policy groups. I felt this was important as previous questions may have focussed on the dynamics within policy groups or the character of research evidence, rather than external issues. I therefore asked, “do you feel there were other factors existing outside this group which were influencing decisions being made?” to ensure they had the opportunity to comment on all factors affecting decision-making.

Identifying and approaching potential respondents

The following section will describe how interviewees were identified and approached. It will then give a summation of the responses from individuals invited to take part in the study.

Identifying respondents

As the aim of this study was to understand the development of a specific policy area, individuals who were known to have played a role in relevant policy developments were approached to gain insight into their experiences: interviewees were not randomly selected; they were purposefully identified. Purposive sampling leads the researcher to “seek out groups, settings and individuals where ... the processes studied are most likely to occur” (Denzin and Lincoln 1994 quoted in Silverman 2000, p104). Efforts were also made to provide a range of insights in order to strengthen the reliability and validity of the findings. The importance of this is stated by Lincoln and Guba: “quality of balance, that is all stakeholder views, perspectives, claims, concerns, and voices should be apparent in the text.” (2000, p180).

For reasons discussed previously, policy development emanating at the ‘national level’ became the focus of the PhD. I therefore intended to interview civil servants within the Scottish Executive and other relevant national organisations that could “potentially” tell me what I wanted to know (Mason: 1996, p90).

School sex education intersects both health and education sectors therefore civil servants in SEED and SEHD were identified. I obtained an organisational plan of SEED and SEHD. This plan outlined the remit and responsibilities of departments and individuals within each department.

In addition to personnel within the Scottish Executive, I was also interested in specific policy developments that involved staff from a range of other organisations. One of my supervisors had been the lead researcher for *SHARE*. He was able to identify a number of individuals who were involved in developing school sex education policy in Scotland whom he had come into contact through *SHARE*. These included individuals from HEBS (Health Education Board for Scotland), SCRE (Scottish Council for Research in Education), Lothian Health, PHIS (Public Health Institute for Scotland), HMIE (Her Majesty's Inspectorate for Education), LTS (Learning Teaching Scotland) as well as a number of individual researchers that had recent or current connections with the policy process. It should be noted that one of my supervisors was married to one of the respondents, and that many of the respondents had regular contact with my supervisor through research work (in particular through the *SHARE* study). In addition, I had knowledge of the experience of working in the Scottish Executive gained through a brief stint of work experience and two civil servants whom I knew personally. The main policy developments were identified through the policy documents either written by or on behalf of SEED and SEHD. PSP (Positive Steps Partnership) was an organisation which was delivering school sex education (non-research based) in Scottish schools. This initiative was identified by one of my supervisors who had been invited to participate in the PSP 'Monitoring and Evaluation Group' set up by SEHD. The main policy developments to which the interviewees were predicted to have insight were as follows:

Health related policy developments:

- Creation of *Towards a Healthier Scotland A White Paper on Health* (1999)
- Healthy Respect Demonstration Project (HR)
 - Development, submission and acceptance of proposal bid from Lothian Health
 - Management of HR

- Evaluation of HR
- ‘National Learning Network for Sexual Health’ (emanating from HR)
- National Steering Group for the National Demonstration Projects
- Positive Steps Partnership
 - Management of PSP
 - Evaluation of PSP
 - Evaluation and Monitoring Group for PSP

Education related policy developments:

- ‘Working Group for Sex Education in Scottish Schools’ (set up by SEED and chaired by Mike McCabe) and subsequent *McCabe Report* (2000)
- National Guidance for Sex Education in Scottish Schools
 - Reference Group advising writing of Guidance documents
 - Consultation process for Guidance documents

Research related developments

- *SHARE*
 - Initiation and development of *SHARE*
 - Proposed ‘roll out’ of *SHARE* in all Scottish schools
 - Inclusion of *SHARE* within HR
- Evaluation of HR
- Evaluation of PSP
- Effective Healthcare Bulletin 1997
- *Evidence into Action* 2000

All of these policy developments, and the organisations involved in their design and implementation are discussed in detail in Chapter 4. In total (excluding pilot interviewees, discussed below) 32 individuals were identified. Appendix B. 2 gives details of each individual’s involvement in different areas of policy development. At times respondents spoke about my supervisor who is referred to in the text as ‘lead SHARE researcher’.

Although I was interested in all school sex education policy development, it should be noted that my studentship was intended to focus on the use of *SHARE* within policy. This has previously been discussed in Chapter 1.

Approaching interviewees

Respondents were approached and interviewed between April and July, 2002. A critical aspect of this research project that influenced how respondents were approached was the political environment surrounding school sex education policy in Scotland (discussed in the previous chapter). Despite controversy following the announcement to repeal Section 2A occurring a year before the start of this study, the political environment surrounding sex education was still regarded as ‘sensitive’.

Each potential respondent was sent a letter inviting them to take part in the study (Appendix B.3) and an information sheet outlining the main aims of the research (Appendix B.4). Given the sensitive political environment it was recognised that potential respondents may feel unable or unwilling to take part in an interview focussing on school sex education in Scotland. Therefore to increase the likelihood of a positive response the invitation to take part in the project emphasised the academic (as opposed to journalistic) purpose of the interview. For example, I emphasised the use of the research for ‘academic purposes’ in an attempt to distinguish my role from that of a journalist.

In hindsight, after analysis of the data, I realised that by emphasising the academic orientation of the project I was perhaps drawing on and perpetuating the assumption that research was a neutral and objective discipline and therefore non-threatening to their professional role.

The information sheet sought to address issues of confidentiality and anonymity that may have been of concern. The project had identified individuals because of their specific role, in a particular country and at a particular time. The policy area was relatively small and specialised. These factors make it relatively easy to identify individuals contributing to the research and have serious implications for the anonymity and confidentiality of respondents. The information sheet and letter attempted to address these concerns emphasising the power they would have over

location of the interview and their response to questions (e.g. refusal to answer particular questions). In a bid to increase openness in the interview context the information sheet emphasised that respondents would be able to veto direct quotes that were included in the final thesis. This process resulted in some respondents asking specific quotes to be cut, or they asked that they be completely anonymised if a particular quote was used. The vast majority of interviewees were happy with their responses being directly quoted in the text, and no major alterations to the thesis were required. Respondents were asked to sign a consent form before the interview commenced which also stated their control over direct quotes (Appendix B.5).

There were two other factors that I believe may have influenced individuals' responses: first, the existence of an interview schedule and second the associations of the project with the MRC.

Both the civil servants that agreed to be interviewed requested the interview schedule in advance (no other respondents made this request). Within a sensitive political environment the schedule may have served as a tool to relieve fears of the unexpected and also confirmed to the interviewee that the focus of the project was the relationship between research and policy, rather than political controversy surrounding school sex education policy. During one of those interviews I deviated from the schedule but stressed at the time that the interviewee was not obliged to answer if they felt uncomfortable about doing so (s/he co-operated fully). Another potential barrier to the interviews taking place was the possible assumption that research interviews were 'open-ended' and likely to take up a lot of time. Therefore I explicitly stated that the interview would take no more than an hour. In the vast majority of cases the interviews did take one hour. Respondents from HEBS gave more than an hour to the interview while one civil servant gave significantly less.

The above points relate to the way in which I was trying to communicate the purpose of the project by establishing its core issues. The project also had a 'professional' identity; all correspondence included the MRC letterhead. I believe this may also have encouraged a positive response from some respondents.

My Unit had an established relationship with SEHD and to some extent (through individual projects and researchers) SEED. All respondents identified knew of or had

an existing relationship with MRC researchers within my department, through *SHARE* or other working groups or committees. Therefore organisational and personal networks may have encouraged a positive response from those who took part in the project. Following the analysis I believe that the perceived high status and strong reputation of the MRC (an issue stated by many respondents during the interviews) may have been affecting how the invitation was perceived and subsequently responded to. Therefore as well as the focus of the project being emphasised, its professional identity may also have played a role in the overall strategy of approaching and identifying interviewees.

An important effect of this relationship was my awareness, through MRC researchers involved in *SHARE* and specific policy developments, of seminars and conferences being run by the Executive. Attendance at these events gave me the opportunity to approach some respondents directly, following up the verbal invitation with a written invitation. Three respondents (two civil servants and the HMIE respondent) were able to be approached directly and agreed to take part in the project.

The way in which the interviewees were approached was done to ensure as successful a response rate as possible. At this stage in the project, I was keen that the majority of interviewees would be civil servants from both SEED and SEHD. Therefore the information sheet and letter were possibly reflecting issues that were more likely to be relevant to the Executive rather than other organisations.

If no response from the letter was forthcoming after one week, interviewees were contacted directly by phone. I will now discuss in more detail the responses given from each organisation.

Responses

Table 1 shows the response rates from the interviewees.

Table 1. Response rates from Interviewees

Organisation	Interview Requested	Accepted	Refused	Not Found
SEED	4	0	3	1
SEHD	6	2	4	0
HEBS	3	3	0	0
SCRE	2	1	1	0
Lothian Health	3	3	0	0
PHIS	1	1	0	0
HMIE	1	1	0	0
LTS	1	1	0	0
MRC	2	2	0	0
AET	1	1	0	0
PSP	2	1	0	1
Other	6	5	1	0

The ‘Other’ category in this table included individual researchers, a former Minister for Education (also previously the Minister for Health) and a teacher trainer who was centrally involved in the development of *SHARE* and its integration into Healthy Respect.

Although most civil servants refused to take part in the project, reasons for their refusals differed between SEED and SEHD. The refusals from SEED were given on the basis that they had contacted the Personnel and Management Department within the Scottish Executive who had advised them not to take part in the project. The individuals within the SEHD refused on the basis that it was not relevant to their remit. A second reason given by SEHD civil servants was that multiple interviews would simply replicate the same response. This indicates the expectations of the professional role of a civil servant speaking “for and on behalf of departments” (Fitz and Halpin 1994). Despite efforts to persuade those respondents by phone and e-mail they still refused to take part.

These refusals were a set back for the study. However, given that these individuals had been selected because of their specific involvement in policy-development there were no alternative respondents that could have been approached. The two civil servants who were interviewed were both working within SEHD.

The response from other organisations was not as problematic as that experienced with the Executive. Two individuals were identified who had subsequently moved jobs and despite my best efforts no contacts could be found for them.

The refusals for this study have implications regarding the representativeness of the sample. Lincoln and Guba state that the “omission of stakeholder and participant voices reflects, we believe, a form of bias” (Lincoln and Guba 2000). Fitz and Halpin (1994), who attempted to interview Ministers in the House of Commons, argue that the process of interviewing such groups can be as revealing as the end result:

Difficulties associated with access to administrators and politicians, the conditions placed on interviewers concerning the form and the kinds of questions that can be posed, and the conventions of politeness and deference within the interview itself are expressions of the boundaries between the administrative and academic fields...It can be argued then, that the encounters are as important as the words in the transcript in terms of revealing the structures within which policy is formulated and developed.
(Fitz and Halpin 1994)

This is a pertinent point that is echoed in other descriptions of ‘elite’ studies, particularly within education.

I would therefore argue that an invitation and subsequent refusal is such an encounter, and although it does not provide as detailed an insight as other interviews which took place, the collective refusal in itself provides a ‘voice’: it indicates perspectives and concerns of this group (ibid). This is also true of the interview with the HMIE respondent: the experience of the interview context was more revealing than the closed response resulting from it.

Interview context

Although the interviews provide insight into social worlds within which respondents act, I acknowledge that the descriptions given by respondents were influenced by the

interview context and my role within it. In addition, this interview experience influenced my analysis of the interview data.

In acknowledging my role within this process this section aims to provide a reflexive account of the research process for this study. A reflexive technique “might be thought of as providing the same kind of data about the human instrument that is often provided about the paper-and-pencil or brass instrument used in conventional studies” (Lincoln and Guba 1999).

The following factors influenced my interpretation of the relationship between research and policy described in subsequent chapters of the thesis: location of the interview, time given to and pace of the interview, gender relations and professional status, and finally, middle class identity. All of these factors relate to how I perceived the balance of power between my respondents’ and myself: power dynamics are a problematic component of elite interviews. I will first discuss the issue of power in the context of elite interviews before discussing each factor in turn.

Puwar states: “the bulk of ...sociological research...has largely involved analysing the powerless. Hence they have been concerned with researching down, rather than researching up” (1997, 2.5). The respondents identified were all in pressurised jobs, often in a managerial position and with varying degrees of involvement in national level policy development. Therefore most respondents could be described as exercising a degree of power in their professional positions. As a young female researcher I did not experience the same degree of power in my position, and therefore I would argue that I too was ‘researching up’. This experience also applied to interviews with researchers who often occupied senior positions within research organisations and had more extensive research experience than myself.

The way in which interviewees were approached may also have intensified this power imbalance. In order to gain access and co-operation within the interview it was emphasised that the respondent would have some control over the way in which data was presented and the location of the interview. I believe this was unavoidable in the political climate for which this research had to overcompensate to help ensure a positive response.

Ball describes the difficulty he experienced while carrying out in-depth interviews with those forming national education policy in England and Wales: “More than any other interviewing I have experienced, interviews with political actors highlight the struggle both to control the event and to control meanings” (Ball 1994). Ball continues to describe the experience of interviewing one respondent where he noted that “he [was] telling us not only what happened but how to understand it” (ibid.). He encourages the researcher to understand the process of elite interviewing as “an extension of the ‘play of power’ rather than separate from it or merely a commentary upon it” (ibid.). Fitz and Halpin also emphasise the ability of powerful individuals to influence the researcher: “The obvious danger of the relationship of the researchers to the researched in this context... is that they simply end up reproducing the discourse of the powerful” (Fitz and Halpin 1994).

I encountered similar experiences during this research process. The power imbalance within the interview affected how I perceived and analysed the interview data. I will now describe my experience of attempting to control the research agenda while interviewing individuals who often had more power over the interview ‘event’ and subsequent meanings deriving from it.

Location of the interview

In interviewing both civil servants and the HMIE respondent I entered institutions which according to Cookson “require buildings that demonstrate social power by their size, their beauty and the number of staff required to maintain them...social power requires a physical setting” (Cookson 1994). However, I was familiar with St Andrew’s house, the location for both civil servant interviews, having completed work experience in another Executive department in previous years. Therefore the belittling effects of its grandeur were somewhat diluted. Despite my familiarity with the setting, one interview in this building took place in a busy and noisy coffee shop that made controlling and focusing the agenda particularly difficult. The SEHD civil servant whom I was interviewing in the coffee shop gave guarded and formulaic responses illustrating that acceptance of the invitation was not a pre-requisite for full participation.

The location for the interview with HMIE did contribute to my perception of powerlessness during the interview. I encountered security guards and receptionists acting as gatekeepers to a pre-arranged appointment. Cookson asserts that such individuals serve to “protect the authoritative individual from random interactions. This form of control promotes a sense of mystery and specialness and underscores the importance of the individual and his or her message” (ibid.). After gaining access to the building another individual led me to “an office space that [was] similar to a headmaster’s office, only larger, more elegant” (ibid.) increasing my feelings of powerlessness and unease. There are other aspects of this interview that led to the encounter being considered more meaningful than the content of the responses given. These will be discussed below.

As discussed previously, the respondents were given control over the location of the interview and the vast majority chose to be interviewed at their place of work. I believe this had implications for the data generated as the environment may have influenced whether a professional or personal description of events was being presented.

Time given to and pace of the interview

The HMIE respondent requested (communicated through a receptionist) that I wait half an hour before I was able to see her, concurring with Fitz and Halpin’s conclusion that “one attribute of the powerful is that they are able to make you wait and thus determine the organization and the pace of the research” (quoted in Puwar 1997).

Fitz and Halpin stated that semi-structured interviewing “...offered us the possibility of some control over interviews conducted in difficult situations” (1994). Controlling the pace of the interview was aided by the interview schedule. I was often pressurised by respondents with little time to spare, the schedule enabled me to prioritise questions and address the main focus of the research. At times where respondents were making interesting diversions in the discussion I was forced to return to the themes outlined in the schedule because of time constraints.

Positionality: Gender relations, professional status and middle class identity

‘Positionality’ refers to the position of myself in relation to my respondents. This was affected by a range of factors including gender relations, professional status and middle class identity. I believe that these were the main factors affecting whether or not I was considered an ‘insider’ or ‘outsider’ to the professional world they were operating within. My interpretation of the interview context (including the relationship between myself and my respondents) has influenced my analysis of the data. Their interpretation of the same interview context will have influenced their response.

The gender relations I experienced influenced my perceptions of the interviews. Table 3 below shows the distribution of male and female interviewees in the different organisations and pilot interviews.

Table 2. Numbers of male and female interviewees

Organisations	Male	Female
SEHD	1	1
HEBS	1	2
SCRE	1	
Lothian Health		3
PHIS		1
HMIE		1
LTS		1
MRC	2	
AET	1	
PSP	1	
Other	1	4
Pilots	2	4
TOTAL	10	17

McDowell’s experience as a young female researcher interviewing local elites in the centre of London to a large extent mirrored my own experiences:

in some interviews I seemed to fall into the classic male-female pattern, for example with an older charming but rather patriarchal figure I found myself to some extent 'playing dumb'; with an older and extremely senior woman I was brusquely efficient, with other women I was sisterly in the sense of same age.. (McDowell 1998)

Age is an important element of her experience, and I would argue that gendered aspects of the interview encounter became increasingly powerful when interacting with age and professional role. Two female respondents were relatively close to my age in comparison with most other respondents who were significantly older. I felt this increased the rapport between these respondents and myself and may have encouraged a more open response.

Perceptions of my role as a researcher also appeared to affect the power dynamics and rapport during the interviews. The vast majority of interviews with researchers indicated that my status as a research student engendered common understandings between the interviewee and myself. This was exhibited through use of research related jargon and more personalised and open descriptions of experiences. Conversely, many of those who did not occupy a research role provided a more closed account and gave more formulaic descriptions of their personal interests and organisational priorities.

Puwar described her experience as a young female researcher compared with other researchers in elite studies arguing that researchers who "are much older" and, have established academic careers and can network with politicians either socially or through work would probably have a greater chance of being given time. This is less likely for someone on the junior rungs of the academic ladder without a reputation or a web of social networks and who is a sociologist rather than a political scientist. (Puwar 1997).

At the time of carrying out the interviews I was 24 and on the same 'rungs of the academic ladder'. I have previously discussed the effects of the project being funded by the MRC and I believe my association with my research Unit may have lessened the effects of what was essentially a powerless position. Although I had not personally established networks I perhaps borrowed from the academic position of my supervisors and others in my department with whom I was associated, affording me some degree of professional integrity. For example respondents would refer to "your colleagues" or "for those of us who aren't MRC". The degree to which respondents considered me to be an 'outsider' or 'insider' may have affected their response.

What became increasingly apparent throughout this process was that at times during the interviews I believed that I was experiencing a certain degree of power and control over the research agenda, but when listening to the interview after the event it became clear that my perceptions were distorted. For example, during one of the SEHD civil servant interviews I felt I had established a good rapport with the respondent, and was able to ask questions which were not included in the interview schedule. At the time I believed the respondent was offering a personal account of her experiences and opinions. However when listening to the tape after the interview I realised that in reality she had described her experiences from within her professional role (e.g. qualifying or justifying her responses to protect her professional position). This experience influenced my analysis of respondents' descriptions of their feelings of influence and power in policy groups and personal interactions.

White middle-class identity

Like myself, all of my respondents were white and apparently middle-class. This is an important factor which may have lessened the power imbalance between myself and my respondents. Although this might be seen as an advantage in the interview context – helping to establish rapport through a common use of language or frames of reference – it might be seen as a disadvantage during the analysis of the interviews. Another researcher coming from a different socio-economic and/or ethnic background may have exposed assumptions in my analysis which were inextricably linked to my position in the social world.

Summary

There is an inherent contradiction in my experience of power while interviewing an elite group. I believe it was the aim of many of my respondents, whether implicitly or explicitly executed, to control the interview agenda and the meanings deriving from it. Although there were personal reasons (e.g. previous experience and middle class status) which lessened my feelings of powerlessness, in the majority of the interviews my personal experience was one of an inexperienced researcher interviewing elites in both policy-making and the research arena. However, the will of respondents' to control the interview context reveals that they must have felt, to varying degrees,

threatened or exposed by the research interview. The refusals from SEED also concurs with this view; refusing to take part an external research interview presupposes its power in a sensitive political environment.

Inextricably bound to the process of generating interview data is the analysis of the transcripts, which is similarly affected by my experience of the interviews themselves. This process will now be discussed.

Analysis of the interview data

My analysis of the interview data used tools associated with the ‘grounded theory’ approach as described by Glaser and Strauss (1967). This approach affords the researcher both “flexibility and control” during the analysis process (Glaser and Strauss 1967). It ensures that no preconceived analytical frameworks are imposed on the data; theory emerges through coding data, and then examining the relationships between codes and exploring what conditions predetermine those relationships. In particular, grounded theory allows the researcher to trace the influence of particular phenomena, and the conditions which affect or predetermine such influence. In doing so “patterns of action and interaction between and amongst various types of social units” (Strauss and Corbin 1999) can be identified. This approach also helps reveal the relationship between patterns of interaction and the conditions affecting them.

For this study I was interested in the influence of different phenomena (e.g. people, institutions, attitudes, research evidence, policy etc.), the relationships between them and the conditions affecting their influence. Therefore this mode of analysis was extremely helpful in addressing my research questions. By constantly asking questions of the data – for example, ‘what is the influence of personality on the use of research?’ – the influence of and relationships between different phenomena could be traced.

Strategies associated with grounded theory ensure a close link is maintained between data and emerging theory throughout data analysis. These strategies are coding data, memo writing and constant comparison, all of which I employed and discuss below. In addition to these strategies I regularly listened to the interviews during the analysis

process (18 out of 21 interviews were tape recorded), familiarising myself with each interview in its entirety. All recorded interviews were fully transcribed. The remaining interviews were recorded through writing notes during the interview. These notes were typed up as soon as possible after the interview was completed.

The computer software Nvivo© facilitated my analysis. The use of computer software for this process has been criticised by postmodernists as “promoting convergence on a uniform method of data analysis and representation” (Coffey, Holbrook, & Atkinson, 1996). However Kelle argues: “the connection between computer-aided strategies and methodological approaches is far more loose than is often assumed. Furthermore, the danger of methodological bias and distortion from the use of certain software packages is overemphasized” (Kelle 1997). He states: “fears of the computer taking over analysis” are unfounded:

popular computer myths in the tradition of the ‘Frankenstein’s monster’ archetype may be responsible for the fact that for many researchers the idea of software capable of ‘theory building’ does not sound as absurd as the idea of an index card system performing theory building. (Kelle 1997)

Nvivo© allowed a systematic and convenient way of coding the data. Subsequent analysis working with the coded sections and looking for relationships between sections was done on paper.

Initially I coded the transcripts for the basic descriptive codes: the names of organisations, research projects (e.g. *SHARE*), policy initiatives (e.g. PSP and HR) and policy groups (e.g. NDP Steering Group). In addition I applied broad brush conceptual coding drawn from basic conclusions from my literature review: alignment and misalignment (of research with policy), influence (factors influencing decision-making) and research. This allowed a means of ‘entering’ the data in a manageable way, and as text relating to each code was explored in more detail on paper more specific concepts arose which became part of the coding frame.

The basic conceptual coding frame derived from the broad-brush codes of ‘influence’ and ‘research’. The coding frame was split into factors that appeared to influence the process of policy-making and/or the decisions being made. These were grouped into three main sets of codes: political factors, organisational factors and individual factors. Political factors comprised of Ministerial influence, government priorities,

political rhetoric and political change. Organisational factors comprised of organisational priorities, organisational remit, organisational status and organisational relations. Individual factors comprised of personality, personal beliefs and interests, reputation, expertise, relationships and professional role which was subdivided into researcher, practitioner etc. In addition, 'media' and 'Scotland' were explored separately.

The other broad-brush code which helped formulate the coding frame was 'research' which became 'types of knowledge' to account not only for different types of research (such as evaluation or RCT or consultation) but also anecdotal evidence.

As I coded the transcripts I wrote memos to help define each code, and what should be included in it. Unless the codes were completely descriptive (e.g. 'HEBS' or 'Healthy Respect') a memo was attached to each code to further explore its relationship to other codes. Memo writing was critical in helping me to define conceptual codes and to explore whether or not new codes should be applied to all the transcripts. For example 'time' as a concept which appeared to be affecting relationships between research and policy was first explored in memos for codes such as 'evaluation' and 'SHS strategy Group'. I then returned to other transcripts to code for time, tracing its role (and the conditions affecting its role) in the relationship between research and policy. The Nvivo© coding frame was finalised and applied to all the data within 3 months of the initial broad brush coding. However, the analysis of interview data was iterative and continuous; as well as memo writing, writing analysis chapters also contributed to this process.

Once relationships between codes had been identified, I compared instances of relationships and the conditions affecting these relationships across all the interviews. "The procedure of constant comparison enjoins the researcher constantly to compare phenomena being coded" (Seale: 1999, p97). Constant comparative method ensures that all contrary cases are accounted for resulting in "an account [which] accurately represents the social phenomena to which it refers" (Hammersley: 1990 cited in Silverman 2000, p175). My purposive sample meant that respondents either had insight into different aspects of the same process, or particular processes and not others. For example, different researchers sat on different policy groups and their experiences on each were very different. I therefore had to explore the influence of

individual, organisational and political factors on their experiences. Each respondent's account was then revisited, ensuring that the emerging hypothesis regarding the influence of these elements applied to each of their different experiences.

The constant comparative method therefore strengthens the validity of the conclusions in this thesis. Each conclusion is not based on "a few well-chosen examples" (ibid, p176) but can account for all relevant instances across the data. By maintaining a close link between data and emerging theory, the grounded theory approach

insofar as theory that is developed through this [grounded theory] methodology is able to specify consequences and their related conditions, the theorist can claim predictability for it, in the limited sense that if elsewhere approximately similar conditions obtain, then approximately similar consequences should occur (Strauss and Corbin 1999).

Therefore this method helps to determine the "repeatability of the findings" by other researchers carrying out a similar study elsewhere (Gatung: 1967 quoted in Oakley 2000, p47).

The repeatability of the findings also relates to the internal reliability of the study: would other researchers analysing my data have reached the same conclusions? As the sole researcher carrying out and analysing this research I cannot comment on the perspectives and conclusions of other researchers regarding my data. However, where appropriate, direct quotes from respondents have been presented in full, allowing the reader to reach their own conclusion regarding the reliability of my analysis. Charmaz asserts that the role of the researcher is as an active participant in the research process, including in the analysis of the data:

A social constructionist grounded theory views the process of categorisation as dialectical and active, rather than as given in the reality and passively observed by any trained observer. Hence, a social constructionist perspective assumes an active, not neutral, observer whose decisions shape both process and product throughout the research. (Charmaz 1990)

Given my own position in the social world and the subsequent cultural assumptions I may hold, "it is important to note that internal reliability...is never proven beyond doubt. There is always the possibility that other interpretations are possible" (Seale 1999, p153).

Chapter 3: The relationship between research and policy: a literature review

Introduction

This chapter will present literature which focuses on how and why research evidence is utilised within policy-making. The first half of this chapter will present key theories and debates in relation to the use of research evidence in policy-making without delineating the particular characteristics of any sector. The second half will concentrate on elements of the debate which are specific to the health and education sectors.

The first half of the chapter will give an overview of the different ways research use in policy-making can be conceptualised. First, I will introduce key models which describe how research is used in policy. These include instrumental, conceptual and political use of research, within linear, incremental and political models of decision-making. Second, given that the focus of this thesis is on national policy-making within a political context, I will discuss political models of decision-making and evidence use in more detail. Third, I will focus on Caplan's "two communities" theory, and other authors who propose ways to link research and policy-making communities. The fourth discussion will explore how characteristics of social science research evidence can inhibit its use within policy-making.

The second half of this chapter will focus on the relationship between research evidence and health and education policies. This thesis is particularly focussed on the use of SHARE, a school sex education programme evaluated through an RCT. Therefore discussions on health and education will include studies and debates on the use of evidence from RCTs in each of these policy sectors.

Types of use of research evidence

The following discussion will present models of research use and their relationship to models of decision-making. Instrumental, conceptual, and political definitions of research use will be discussed. It should be noted that most of these conceptual

frameworks have been developed using empirical evidence from the United States. However, they do have relevance to Scottish and British policy-making contexts, as illustrated by MacPherson and Raab (1988) and Marinetto (1999).

Instrumental use of research evidence

Instrumental use can also be described as “direct use” (Walter, Davies, & Nutley, 2003) and its roots lie in the natural sciences. Instrumental use presupposes a ‘stages’ model, or linear model, of decision-making. According to this model, the flow of research into policy happens in a logical, linear fashion: a problem is identified, a range of solutions considered and the correct one applied. In an attempt to clarify what is meant by research ‘use’ in the research utilisation literature, Weiss identified seven different ways of conceptualising research use (described as “models”). She drew these models from a review of the literature on research use within public policy. Her criteria for the inclusion of studies in this review is not stated, nor is it clear the extent to which different models have an empirical basis. She includes two models that assume a linear decision-making process: the Knowledge Driven Model and the Problem Solving Model (Weiss, 1979). The Knowledge Driven Model stems from the natural sciences where ideas progress to their practical application in the material world: basic research progresses to applied research, to development and finally into application. She states that this model is most prevalent in areas such as biomedical research and electronic engineering. Weiss argues that research evidence in social science is rarely incontestable and thus not easily replicated. The Problem Solving Model is differentiated from the previous model by the way in which the decision drives the application of research evidence: the problem exists, and therefore a decision has to be made. In this model information is readily available and easily applicable; it fills the gap in knowledge and allows a decision to be made. This model is based on the premise that research findings directly impact on what decisions are taken, and assumes that efficacy is paramount.

In her later work, Weiss reveals the assumptions inherent in such linear and rational models using examples of policy change in the United States. The first assumption is “boundedness”. The model assumes that decision-making is bounded by time and location, involving a discrete set of actors (Weiss 1986). The second assumption posited by Weiss is the “purposiveness” of decision-making, that there are relatively

clear goals in view. The model assumes that a process of rational and objective calculation takes place, free of contextual factors or individual intuition where individuals are self-consciously aware of making a decision (ibid). Finally, Weiss describes the inability of the model to relate to anything other than a “sequential order”: from the recognition of a problem, to the development and consideration of alternatives, to a cost benefit analysis before the selection of a suitable solution (ibid). However, she argues that in practice all policies, including those which have major repercussions are not reached through a linear sequence of decision-making but are the result of “jumbled and diffuse processes” (ibid). This is the main criticism of the linear model: decision-making is assumed to be an isolated event implying a “retail store” of available research evidence which is objectively considered (Lomas, 2000). The premise that all policy-making is based on rational objective decision-making is widely derided as it ignores the political context of decision-making (see below).

For some of its critics, the lambasting of the linear model of research utilisation also serves as a platform for deriding positivism in social science. For example, Rein attacks a rational model of research use because it lacks recognition of the values involved in any decision-making (1976, in Karapin, 1986). The belief that an objective truth exists is deemed by some to be invalid within a post-Structuralist context (e.g. (Hammersley, 2000; Whitelaw & Williams, 1994). This element of the debate surrounding appropriate models of research use will be discussed in more detail in the second section of this chapter. It could also be argued that the direct utilisation of research by policymakers leads to social science being directed by policymakers. Haveman traces the impact of policy change in the United States. He focuses on a policy initiative implemented in 1964, called the “War on Poverty-Great Society” and its impact on the social science output within a range of political science and economic journals. He concludes that the change in policy focus had a direct and significant impact on social science (Haveman 1986, p82). Berridge (1999) explores a similar development in British smoking policy in the 1980s and 1990s. She argues that facts emerge from the close interrelation between scientific conclusions and policy goals (Berridge, 1999). A close relationship between research and policy may therefore result in a reciprocal relationship, rather than a uni-directional flow of information and agendas.

Following her work on the different types of evidence use, Weiss explored the different forms of knowledge and evidence that were linking into the policy-making process. She draws on examples of policy change and empirical studies in the US between the late 1970s and late 1980s. Weiss draws from the notion of “argumentation” found within the legal system to explore the different ways facts can be conceptualised, and used, within policy-making. Research evidence could take the form of “ideas, data and argument”, each type can be thought of as relating to different types of research use. Research evidence as ‘ideas’ or ‘argument’ will be discussed later in this chapter. In relation to instrumental use, ‘data’ (including research findings and conclusions) are produced with the intention of making decision-making easier and more efficient, and to understand existing social trends. However, she states that the production of these data – even when evaluating policy efficacy – did not necessarily inform future decisions on future policy. For example, the results of evaluations, commissioned by government departments, made little impact on policy decisions in employment policy. She argues that values and the fact that policy was “doing something” superseded the desire for effectiveness, particularly if basing decisions on research findings would produce policy that would attract opposition and external threat. For example, being seen to be doing something about unemployment was more important than ensuring the effectiveness of job training initiatives (Weiss 1991, p309).

However, many authors concede that the instrumental use of research evidence is relevant to particular aspects of policy-making. Beyer and Trice (1982) reviewed 27 empirical studies of research use in a range of organisations and fields. Aside from their focus, the criteria for picking particular studies was not stated, nor was their research quality. Evidence of instrumental use was mixed; the authors concluded that it was more likely to be identified if studies focussed on users of research who were able to use relevant and available research evidence (Beyer & Trice, 1982). Caplan (1979), drawing from findings from a qualitative study of 204 US government policy-makers, posits that instrumental use occurs within administrative policy issues which he classifies as “micro-level”, that is day-to-day decisions relating to “bureaucratic management and efficiency rather than substantive policy issues” (Caplan, 1979). Burke Johnson developed a theoretically-based ‘meta-model’ of evaluation utilisation, based on implicit and published models of research use. He then identified possible variations of instrumental use:

- Eliminating a program shown to be ineffective,
- Modifying a program based on an evaluation,
- Targeting a program to new audiences,
- Allocating new budget outlays for a program
- Changing the structure of an organisation in which a program operates (Burke Johnson, 1998).

Therefore instrumental use should not be dismissed entirely, as it may be relevant to particular instances within policy-making.

Conceptual use of research evidence

Conceptual use is inextricably linked to the idea that the decision-making process is ‘diffuse’ and ‘haphazard’. In this context, social science affects cognitive processes in a manner which is difficult to identify. Through different filters, such as the media and conversations, social science permeates conceptual understandings of a policy issue. Weiss described this as the ‘enlightenment model’:

The image is that of social science generalizations and orientation percolating through informed publics, and coming to shape the way in which people think about social issues. Social science research diffuses circuitously through manifold channels – professional journals, the mass media, conversations with colleagues – and over time the variables it deals with and the generalizations it offers provide decision-makers with ways of making sense out of a complex world. (Weiss: 1979).

Weiss states that there is a danger of mutation inherent in such an uncontrolled and invisible process. Research findings may become distorted or their complexity not fully understood, resulting in “endarkenment” rather than enlightenment (Weiss, 1979). In this model, evidence takes the form of ‘ideas’. Ideas are presented as basic statements of ‘fact’ extracted from either a single study, or a group of studies which reach similar conclusions. Such ‘facts’ conceal complex processes or any prerequisite conditions, potentially exaggerating the reliability, validity and replicability of research findings. It is these ideas which then influence how policy-makers conceptualise issues or policy problems.

Policy-makers may not be aware of this infusion of research evidence as it permeates the social world, affecting how problems are constructed, debated and managed.

Huberman described the role of social science in this context as providing “conceptual handles for looking at familiar problems. It is elegantly packed common sense” (Huberman, 1994). Weiss stipulates that conceptual use is more likely to be identified within policy rhetoric and language rather than particular decisions. Therefore the impact is not on explicit policy change, implied in the instrumental use of research evidence; it is on the policy-makers’ cognitive understandings of policy issues.

As such, this model recognises the importance of a policy-maker’s perspective on a policy issue. It recognises the role of the tacit knowledge and values of the individual decision-maker with which social science research interacts as it infiltrates decision-making. This model is associated with the constructivist approach towards learning and knowledge use. The constructivist approach recognises that the way in which new information is received by an individual is dependent on their pre-existing experience and understanding. The new information is therefore conceptualised and shaped according to pre-existing knowledge (Walter, Davies, & Nutley, 2003). Huberman describes an individual’s pre-existing experience and understanding as “the mould into which new information is poured” (Huberman, 1990). The notion of conceptual use recognises the construction of fact as a social process.

From reviewing existing studies and his own empirical work, Caplan (1979) identified conceptual use of research evidence within fundamental, overarching policy matters. Caplan also recognises that research in this context is not restricted to social science data. Caplan’s recognition of all encompassing sources of knowledge reflects Weiss’s notion of ‘filters’ through which knowledge from many external sources, including informal sources, is also processed (Caplan: 1979). Beyer and Trice (1982) also stated that empirical studies they reviewed (discussed earlier in the chapter) frequently reported instances of conceptual use. Burke Johnson (1998) identifies several forms of conceptual use in relation to evaluation, all of which affect the way in which a policy-maker thinks about a policy issue. This includes ‘process use’: non-researchers may increase their conceptual understanding of issues, including research processes, through participating in research projects (Burke Johnson, 1998).

Incremental model of decision-making

Lindblom (1979) draws from personal experience and a review of the literature to further clarify how decisions are made, and how facts are used to make them. The empirical basis for his conclusions is not stated. He argues that a subtle and diffuse accretion of knowledge can occur when decision-making is done incrementally. Lindblom stated that the decision-making process was made in small steps. Rather than a linear progression, these steps are perceived as disjointed and haphazard. Decision-making in this context is described as “muddling through” (Lindblom, 1979). This concept stems from pluralist political theory. Pluralism defines state relations as a relatively fluid system incorporating an unspecified number of interest groups, who are not created or controlled by the state, and which compete and interact (Marsh & Rhodes, 1992). Here, the state plays a passive role, reflecting the balance of interests among the groups from which it remains independent. Lindblom asserts that negotiation between parties takes place in the form of “partisan mutual adjustment”: groups and individuals compete, negotiate and make compromises as decisions are reached. The policy-maker is encapsulated within a bureaucratic structure in which his or her role is restricted and responsibilities are constrained. Bulmer states that incremental decision-making is made by decision-makers who are in post for only a short space of time and can therefore only consider a small number of options (Bulmer 1986, p11). Problems are defined according to the feasibility of their solution: what is both operationally and politically acceptable. In this context there is little opportunity – or desire - for radical policy change.

This concept differs from the linear model of decision-making as it allows for different parties to negotiate their interests. The multiplicity of decisions taking place allows research to subtly enter the process through different channels (Nutley and Webb 2000, p27). According to Weiss, incremental decision-making can also be differentiated from the linear model as policy-makers are not necessarily self-consciously aware that they are making decisions:

In coping with their daily work, people in many places take small steps, without conscious awareness that their actions are pushing policy down certain paths and foreclosing other responses. They do not necessarily perceive themselves as making – or even influencing policy - but their many small steps... may fuse, coalesce and harden. Over time, the congeries of small acts can set the direction, and the limits of government

policy. Only in retrospect do people become aware that policy was made (Weiss 1986).

Although this model is more flexible than the linear model, it is also regarded by some authors to be an unrealistic interpretation of a political process. Etzioni (1967) argues that ‘partisans’ (groups and individuals involved in decision-making) are not representative of all society; rather a few powerful actors dominate decision-making. Another criticism is that this model cannot be applied to fundamental changes in policy (Bulmer 1986, p11; Etzioni: 1967). This criticism is recognised by Lindblom, who states that incrementalism “is and ought to be the usual method of policy-making” where “neither revolution, nor drastic policy change, nor even carefully planned big steps are ordinarily possible” (1979). Lindblom’s statement suggests that as well as being heuristic he considered the model to be an ideal way to make policy.

Political use of research evidence

The political use of social science research engages primarily with the political aspects of policy-making and power relations inherent in such an arena. From her literature review Weiss (1979) identified two models that recognise the strategic use of social science research: the political and tactical models. The political model stipulates that convenient and supportive research evidence is used as “ammunition” by competing groups. She identified this type of use in her later study of congressional committees in the United States and their use of social science (Weiss 1986, p411). The ‘tactical model’ differs in its subtlety; the process of research is valued because conducting research demonstrates that something is being done about an issue (Weiss: 1979). In her later work, she identifies the symbolic potential for the use of evidence in policy; its assumed objectivity and rationality is extended to the political decisions it supports. A political decision is then presented as rational rather than ideological. This insight appears particularly pertinent to the New Labour rhetoric of ‘evidence-based policymaking’, which signifies an attempt to dilute (or appear to dilute) ideological policy-making (Nutley 2003, p3). In their review of empirical evidence, Beyer and Trice state that political use of research evidence is the most commonly identified use of research in organisations. Furthermore, one study stated that political use of research may lead to other uses, such as the instrumental use of research findings (Beyer & Trice, 1982).

Leicester (1999) identifies the strategic use of ‘evidence’ as one of seven enemies of research based policy. He uses the example of consultation exercises conducted by the government, emphasising that ‘what works’ is not determined by what is *effective*, but by what is *acceptable* to all parties (Leicester, 1999). This insight is not based on empirical research, but on Leicester’s personal experience as a former civil servant, but it is an example of the potential for generating evidence for strategic and tactical purposes. ‘Consultation’ and its outcomes are included in a range of types of research evidence which are considered valid research by the current UK government. The Cabinet Office considers:

Expert knowledge; published research; existing statistics; stakeholder consultations; previous policy evaluations; the Internet; outcomes from consultations; costings of policy options; output from economic and statistical modelling. (SPMT 1999 quoted in Nutley, et al. 2003).

In this context ‘evidence-based’ policy may also be an example of the tactical use of research. The symbolic value of research evidence as an assumed objective source creates an authoritative voice for policy.

Brannen argues that the use of research evidence is less likely in adversarial political contexts, while where there is broad agreement on a policy issue the use of research increases. (Brannan 1986, p169). He draws this conclusion from personal experience as a social scientist formerly working within the UK government. Weiss states that the political use of research evidence is a worthwhile approach to utilisation when there is democracy of access (Weiss: 1979).

Where evidence is being used politically, it may take the form of “argument”, where research itself adopts an “advocacy position” (Weiss: 1991, p314). Data can be “selectively lost” and manipulated for the purposes of argument. Research as argument is rooted in a particular ideology or value base; this may be done intentionally or unintentionally. This treatment of research evidence requires and presumes conflict in decision-making.

Rather than using research evidence to ensure effective policy, the political model of research emphasises the use of research findings for political gain. Furthermore, the concept of research evidence as rational, objective and thus authoritative is employed

tactically to ensure acceptable policy and legitimise policy change. The following discussion will explore ways of conceptualising political decision-making and research use.

Ways of conceptualising political decision-making and research use

Research evidence can also be used for political gain: conflicting groups struggling to establish their own policy agendas can use research evidence as a strategic resource. In this section of the chapter I will discuss both the political use of research evidence and ways of conceptualising political decision-making. First, the interactive model of policy-making and research use is presented. Second, I will present authors using linguistic and rhetorical analysis of policy-narratives, highlighting the relationship between knowledge and power within policy discourse. Third, the use of the network concept is explored, focusing on research evidence as a resource used by various actors furthering political aims. Finally Sabatier's Advocacy Coalition Framework is presented as a further development of the network approach, which concentrates on the roles of values and information within decision-making.

The Interactive Model of research use

From her literature review on research use within public policy, Weiss identified the 'interactive model' as a way of conceptualising how research enters the political process. She highlights a study of legislative change in Great Britain¹ (the specific policy area is not stated). In this model those developing policy seek information from a variety of sources, including social scientists, journalists, interest groups and friends. This model applies to contexts where commissioning research, or applying existing research to reach a solution was impractical. This model accounts for the informal interaction between individuals involved in decision-making (Weiss: 1979).

¹ Donnison, D (1972) 'Research for Policy' *Minerva* Vol 10, no4 pp519-36

The use of policy narratives to conceptualise policy-making and the use of research

Some authors draw from literary methods of analysis, and concentrate on the language used to construct policy. These authors argue that policy language serves as a tool to motivate and control behaviour. To achieve this, policy language draws on scientific knowledge to assume an authoritative voice. Shore and Wright argue that policy serves as a stimulant for change in behaviour. As individuals internalise categorisations they begin to change their actions to adhere to new labels. In order to stimulate change, policy must assume an authoritative voice. The authors argue that policy is treated as ideologically and politically neutral by those shaping and those receiving policy, and presented as an instrument to promote efficiency and effectiveness (Shore & Wright, 1997).

From this perspective, policy is ultimately a mechanism of control, used by certain groups who have the ‘power to define’ both the policy problem and the means to address it. This process is disguised by the deception of neutrality, as Shore and Wright describe:

The masking of the political under the cloak of neutrality is a key feature of modern power. Foucault identified ‘political technologies’ as the means by which power conceals its own operation. As Dreyfus and Rabinow sum up: ‘political technologies advance by taking what is essentially a political problem, removing it from the realm of political discourse, and recasting it in the neutral language of science’ (1997, p8).

This echoes Weiss’s proposition that the tactical and political use of research is based on the desire to communicate rationality rather than political bias. Therefore research evidence allows policy language to be produced and promoted as ‘fact’. In doing so, it can justify particular paths of action and motivate other people’s behaviour.

Bartley argues that a process of entrepreneurialism is required before research findings can become fact (Bartley 1996, p18). She draws from the Spector and Kitsuse (1977) model of a ‘social problem process’ whereby competing groups go through a process of ‘claims making’. The construction of policy can therefore be mapped by analysing the discourse on the existence of the problems as ‘factual-claims making’, and the moral discourse as ‘value-claims-making’. Bartley concludes: “it is

the success of value-claims in changing policy which leads to the acceptance of knowledge-claims as fact, rather than the other way round” (1996, p20).

Ferlie and Fitzgerald highlight a similar interplay between research and policy change through narrative processes, whereby actors persuade others of the legitimacy of facts. Complex narratives often become translated into ‘black boxed facts’ as they move between arenas (Ferlie & Fitzgerald L et al., 1996). De Kadt also claims that information may be seen as a “magic bullet” in itself, useful in its own right, but with a disregard for possibilities of effective implementation (de Kadt, 1989). This echoes Weiss’ concept of research evidence being reduced to ‘ideas’, in this case they are reduced for political advantage.

The advantage of this approach to conceptualising policy-making is that through the analysis of policy language it is possible to understand the complex interplay between the construction of a policy ‘problem’ and the role of research evidence in promoting such a construction as ‘fact’. This allows the way in which a problem is constructed (Bartley: 1996, p180) and the way research evidence is used to construct problems as ‘facts’, to be traced through text.

Using network analysis to conceptualise policy-making and the use of research

One of the most popular means of dissecting the policy-process is through network analysis. Network analysis explores the interaction between individuals and organisations in order to conceptualise and understand political decision-making (Parsons 1995, p185). The network analysis approach stems from pluralist and corporatist theories of the state. Pluralism has already been described in relation to its influence on the incremental model of decision-making. It denotes an open system, with a high degree of accessibility by different stakeholders, where the state adopts a ‘representative’ role. At the other extreme, societal corporatism is characterised by a closed system of co-operation between a restricted group of participants. The state plays a dominant role, legitimising the participation of certain groups over others through their capacity to contribute to a stable political environment, producing consistent policies (Jordan & Schubart, 1992). Both of these concepts have undergone a degree of evolution and are now be considered less polarised. For example MacPherson and Raab’s study of educational policy-making in Scotland

defined the state's dominance over decision-making as neither completely pluralist or corporatist but a form of "co-ordinated" pluralism; a myriad of one-to-one relationships were co-ordinated to some degree by a powerful centre (MacPherson & Raab, 1988).

During the 1980s both pluralist and corporatist theories were deemed unfit to properly identify 'meso-level' or sectoral level decision-making, and the term 'policy network' began to dominate the literature. Jordan and Schubert (1992) identify the overcrowding within policy making, and its fragmentation from state goals to an aggregate of departmental interests, as factors leading to an increase of the term 'network' (Jordan & Schubart, 1992). Parsons (1995) also notes that the change in the policy-making process requires a perspective that is more relevant to contemporary policy-making (Parsons, 1995). Dowding (1995) criticises those who treat network analysis as a theory, arguing that it should be treated as metaphor; a way of classifying and describing the changes within, and outcomes of, the policy process (Dowding, 1995); see also (Manning, 2002). Resource dependencies within the network are seen as being central to the concept. Dependency on funding or expertise for example, may maintain and institutionalise links between members of the network. Manning states that networks exist and are maintained because of the interdependency of actors within them (Manning: 2002). Inherent within this approach is its attention to power relations, and the tension between individual agency and structural elements.

Defining 'Issue Networks' and 'Policy Communities'

The notion of a 'policy network' was developed partly in response to the American concept of the 'iron triangle'. Lowi (1969) developed the concept of an 'iron triangle' identifying a triangular relationship between the central government agency, the Congressional Committee and the interest group. The image of a triangle highlights the large degree of interdependence between each party, which needs the other two for survival and success. This terminology also lends itself to corporatist understanding of relationships where exclusivity and monopoly over particular interests dominate. The iron triangle is therefore including a limited number of actors, whose interdependency contributes to the structure of the network. It has a greater degree of institutionalisation (Lowi, 1969).

Heclo (Heclo, 1978) introduced an alternative concept to the ‘iron triangle’: the ‘issue network’. He applied this model to the changing political landscape in the United States in the late 1970s. A proliferation of bureaucracy and policy issues meant it was increasingly difficult to locate dominant individuals or organisations in the policy-making process. An issue network included all those who were interested in the same area, but not working within a closed system such as an iron triangle. A degree of independence is also present; no one group dominates and membership of the network is fluid. This draws on a pluralist rather than corporatist approach; all those actors interested in an issue create an open network, rather than a closed system of negotiation. This model is more easily applied to a highly complex policy issue involving many different interests. The issue network has different characteristics from those of the iron triangle: it includes a greater number of actors, is less institutionalised and has a different structure – there is perhaps less stability, with more chaotic linkages.

In 1974 Heclo and Wildavsky carried out a comparative study of British and Swedish welfare policies and found that individuals interacted within a policy “community” [Heclo and Wildavsky 1981, p. xv]. In their study ‘Public Money Private Power’ the authors introduce the image of a ‘village’ incorporating a relatively small but consistent set of actors who make decisions within a common framework. This analysis is still focusing on the interaction between individuals who may disagree on specific issues, but operate “within a shared framework” (Heclo and Wildavsky: 1981, p. xv). The importance of identifying what holds communities together is an important development in this literature, and is explored in more detail below.

One important aspect of the network concept is the recognition that individuals, rather than structural aspects, can determine policy development. Raab argues that the ‘glue’ holding a network together is not the resource dependencies between organisations, but the common understanding and value base shared amongst individuals (Raab 1992, p. 77). Raab argues that policy-making can be understood through individual behaviour and actions, although he recognises that their agency is constrained by structural elements. To illustrate his argument Raab draws from a previous study on educational policy-making (MacPherson and Raab 1988) where

insight into institutionalised processes and value systems was gained through in-depth interviews with policy-makers (MacPherson & Raab, 1988).

MacPherson and Raab's study attempted to define the characteristics of Scottish educational policy-making as either 'pluralist' or 'corporatist'. They identified a powerful group of educationalists dominating education policy in Scotland. The authors describe how relationships with outside interests were controlled: "The policy community was the community of individuals who mattered, and it was also the force in which the interests of groups were represented, reconciled or rebuffed" (1988, p443). Their study showed that the influence of organisations on the education department was dependent on the policy issue at stake (ibid, p438). Critical to the stability of the policy-community was its internal 'glue': the values and assumptions of members that dominated the policy they produced. Through in-depth interviews the authors identified a common background of each member which they described as 'the symbolic world of The Kirriemuir Career'. The 'Kirriemuir Career' epitomised the egalitarian values of the Scottish educational system, as those outwith the private school system were still able to succeed into the higher echelons of the civil service. The boundaries of such a community were maintained by closely monitoring recruitment, ensuring new members had similar backgrounds, experiences and beliefs regarding Scottish education. They concluded that the values of individuals, stemming from their personal biographies (albeit individuals carefully selected to perpetuate institutional goals), shaped the education system rather than their position within particular organisations (ibid, p434). The importance of individual belief systems on forming institutional priorities is thus convincingly portrayed.

Marsh, Richards and Smith (2000), using data from semi-structured in-depth interviews with 22 Ministers and 146 civil servants in Whitehall between 1974 and 1999, identified the importance of departmental cabinet ministers in shaping policy. Unlike MacPherson and Raab, they were not concerned with the specific value system held by Ministers, but highlighted the interplay of personal and professional interests, intersecting with party priorities. They identified three different ministerial roles: the policy role, the political role and the executive and public relations role. The policy role contains four potential ministerial 'types': the agenda setter (changing the broader political agenda); the policy initiator (attempting a particular policy initiative); the policy selector (selecting from a range of alternatives given by civil

servants); and policy “legitimaters”, or minimalists, who had no impact and “legitimi[z]ed] departmental policy” (Marsh, Richards, & Smith, 2000). The political role involves four influential elements: political judgement, parliamentary performance, European union issues and the party as a whole (ibid, p313). The authors pay greater attention to the increasing influence of the media, which dominates the ‘Executive and Public Relations Roles’ (ibid, p316). This role intersects three strands as it stimulates Ministers to be preoccupied with how they, their departments and their policies were presented in the media (ibid, p321). The authors argue that in contrast to civil servants whose actions are legitimated only by the authority of Ministers, Ministers are “potential agents of change”. It is therefore important to explore why and how they make particular decisions (ibid, p324).

As Marsh et al.’s study highlights, Ministers are not easily classified as a homogeneous group. Their different roles and ways of working within departments are influenced by individual and structural factors. However, both that study, and that of MacPherson and Raab, illuminate the importance of power within a network, which is a critical component of the network approach. Marsh, Richards and Smith do not elaborate on whether or not a particular Ministerial role is more likely to surface because of individual characteristics, the character of the policy network or policy area. For example, a stable core policy community may determine the extent to which an incoming Minister can instigate policy change.

Marinetto, through a case study analysis of policy-making in the UK, also confronts the agency versus structure dilemma. He notes that an individual is inhibited by organisational constraints and historical forces when making decisions (Marinetto 1999, p15) and therefore reaches a satisfactory, rather than optimum, policy (ibid, p16). He argues that all human activity results in overarching structures, but, it is within policy-making that structural forces are perhaps more apparent: “It is at the political level where internal and external structures intersect, setting parameters and also providing opportunities for policy agents” (ibid, p59).

Ball develops a framework for understanding this relationship in his study of educational policy-making in England. His study concentrates not on institutional roles, but attempts to understand what influences policy development in education (Ball 1990, p8). He applied Althusser’s social system framework represented by the

political, ideological and economic strands of influence feeding into educational policy. Policy change was a result of the shifting relationships between each of these strands, which were described as “relatively autonomous” of each other. Ball draws on Hargreaves’ analogy of a stage set to understand the way in which individual agency relates to each of these strands. Agency is described as ‘political’; the actor “makes history” (ibid, p14). The actor is constrained and motivated by his or her assumptions (the ideological strand) and operates against a backdrop of objective conditions (the economic strand). Through the vocabularies and discourses of each strand, policy is formed. The resulting discourse provides a platform for relationships of power to be expressed (ibid, p16).

Sabatier’s ‘Advocacy Coalition Framework’

Drawing on Heclo (discussed above), Sabatier developed a framework to understand policy change over decades, drawing from the example of air pollution policy in the United States between the 1950s and 1980s. Sabatier notes that a key aim for his work was to integrate the knowledge utilisation literature with that of political science.

His ‘Advocacy Coalition Framework’ has four main features:

1. It focuses on policy developments over a decade or more
2. It uses the ‘policy-subsystem’ as a unit of analysis
3. It assumes that the subsystem is intergovernmental, and its members extend to journalists and researchers (not considered necessarily ‘neutral’ to the policy issue)
4. In this model public policies are treated as ‘belief systems’ – sets of value priorities and causal assumptions about how to realise them, including the magnitude of the problem and the efficacy of different policy instruments.

(Sabatier: 1993, p16)

The Advocacy Coalition framework differs from previous approaches because it presents a series of testable hypotheses. These concern the constraints and opportunities experienced by the advocacy coalition, policy change and policy-oriented learning across networks. Policy oriented learning has occurred when advocacy coalitions alter their beliefs, actions or policy aims as the result of an experience (Sabatier 1993, p19).

This model emphasises the importance of the individual's relationship with a particular policy issue. His description of advocacy coalitions echo that of a 'policy community' where actors share a set of beliefs (ibid, p18). Belief systems relating to the policy issue form the 'glue' holding an advocacy coalition together. Sabatier argues that mapping belief systems exposes, for example, where actors or technical information have dominated decision-making (Sabatier 1993, p17). The focus of the model is therefore the ideological beliefs shared amongst individuals rather than organisations as actors (ibid, p20).

Sabatier argues that policy beliefs are hierarchical:

- **Policy Core Beliefs:** fundamental beliefs, such as the belief in redistribution of wealth versus individual enterprise. These are highly resistant to change and are not particularly receptive to Policy oriented learning.
- **Secondary Aspects:** "instrumental decisions and information searches necessary to implement policy core beliefs" – these are specific to the subsystem (policy area) and include information pertaining to "program performance, the seriousness of the problem(s) etc". In contrast to the Policy Core Beliefs, these are far easier to change, and potentially very receptive to policy oriented learning (Sabatier 1993, p30)

Therefore policy oriented learning is more likely to occur across different advocacy coalitions in relation to secondary aspects.

Sabatier argues that Policy Core Beliefs are able to change through the 'enlightenment' filtration of knowledge (as defined by Weiss). Sabatier states that "policy oriented learning occurs in the context of a political process where people compete over the authoritative allocation of values" (Sabatier 1993, p45). Therefore, they use research evidence as a resource, not only to persuade others to support their position but to increase their understanding of the issue (ibid, p46). The extent of policy oriented learning is more likely to occur across coalitions when "techniques of analysis, theory and data regarding an issue are well developed and widely agreed upon, the validity of such assertions can be assessed with respect to a common

standard” (ibid, p51). Policy oriented learning is less likely to occur where “the focus of analysis is on complex phenomena, when causal relationships span several policy areas, when the issue concerns conflicting policy objectives” (ibid). He therefore predicts that policy oriented learning is more likely in subsystem surrounding air pollution than in mental health. In later work he continues to argue that policy oriented learning is more likely in policy sectors which rely on quantitative data rather than qualitative data (Sabatier and Jenkins-Smith 1999, p123).

Unsurprisingly, this is one of the criticisms of the model, given that many policy areas are associated with a lack of evidence, or qualitative understandings of processes. In later work, Sabatier and Jenkins-Smith (1999) assessed how the model had been applied in different policy contexts in different countries (most commonly applied in North America). However, it is still most frequently applied in policy sectors which require highly technical evidence and are politically contentious such as energy policy or environmental policy (Sabatier and Jenkins-Smith 1999, p125). In concentrating on beliefs and values it fails to integrate or recognise self-interest or theories of power (Parsons 1995, p202). The theory presupposes the rationality of agents, whose ideological beliefs are adopted on “grounds related to effectiveness and efficiency”, therefore use of research evidence to further establish their core beliefs is instrumental (Bryant 2002, p91). This theory, although extending the network to a subsystem, does not allow a role for any ‘bottom-up’ processes emanating from society (Lindblom cited in Parsons, ibid). Another flaw in this model is that in emphasising the role of the individual’s relationship with a policy issue, it fails to recognise that a belief system can also consist of professional interests and organisational priorities. Advocacy coalition framework proponents argue that it is unlikely that professional beliefs would be inconsistent with Policy Core Beliefs, and propose that it is likely that organisational priorities, professional interests and concern with the policy issue coincide (Sabatier and Jenkins-Smith 1999, p135).

However, as the Advocacy Coalition Framework highlights the importance of external information in the policy process it is very relevant to this thesis. It also identifies possible differences between sectors, particularly in regard to their relationship with different types of research, which are relevant to the second section of this chapter. Only particular aspects of this model are pertinent to this thesis

however, as the advocacy coalition framework emphasises the importance of monitoring policy changes over a longer period of time than this project allows.

The Advocacy Coalition Framework is unusual in that it considers researchers to be active (potentially politically active) members of a coalition. Other authors state that rather than being an integral part of the decision-making process, researchers and policy-makers constitute two separate communities (Caplan: 1979). The distance between these two communities has been identified as a major barrier to the use of research in policy (e.g. Innvaer, et al. 2002). Authors focusing on the existence of two communities, and those who suggest possible ways to link them will now be discussed.

The ‘Two Communities’ Metaphor

Caplan (1979) states that the most common feature found in studies of research utilisation is the gap between research and policy-making communities, and that this gap constitutes the main barrier to research utilisation. Caplan found evidence of ‘two-communities’ in his 1975 study of US policy-makers (specific policy sectors are not stated). He summarises the main argument in much of the research and policy literature thus:

the social scientist and policy makers live in separate worlds with different and often conflicting values, different reward systems, and different languages. The social scientist is concerned with ‘pure’ science and esoteric issues. By contrast, the government policy-makers are action-oriented, practical persons concerned with obvious and immediate issues (Caplan: 1979).

Lomas describes the scenario as “two people trying to assemble a jigsaw puzzle, each with half the pieces – but each working in a separate room” (Lomas, 1997). This metaphor emphasises notions of distrust between the two communities.

Caplan emphasises individual attitudes towards research rather than structural differences between the “two communities”. The search for good quality relationships and effective results has as much to do with values and ideology as with transferring technical skills (1979). In particular, the conceptual use of research evidence depends on individual interaction and personal characteristics, as an individual is suffused with a variety of sources of knowledge in their daily lives

(ibid). The policy-making and research communities may be better differentiated by epistemic boundaries rather than structural differences and as such, the two communities metaphor alludes to constructivist approaches to the creation of fact: research must resonate with the beliefs and experiences of individuals in the user community.

However, the differences between the two communities can be described as having both individual and organisational dimensions. Leicester (1999) focuses on the external constraints and the organisational culture which affect policy-makers and which form barriers to research use. For example, bureaucratic logic stipulating that retaining the status quo is the right way to operate militates against the use of new ideas. “The bottom line” refers to targets which dominate policy pledges, while no emphasis on quality or effectiveness discourages the search for best practice. Similarly, “consensus” (discussed above) and “politics” both prioritise seeking acceptability rather than quality or efficacy. “Civil service culture” incorporating a ‘culture of cynicism’ has encouraged civil servants to look within the organisation for ‘trusted’ information rather than using external sources. In addition, the lack of time in their professional roles ensures civil servants lack of engagement with social science research findings (Leicester, 1999). In addition, the reward and incentive systems in academia and policy-making encourage their separation. Tizard (1990) argues that there is a lack of incentive for researchers to ensure their research findings are utilised in policy. Instead, they must prove their worth by publishing their work in academic journals (Tizard, 1990). As Leicester has described, the organisational constraints placed on policy-makers gives them little incentive to seek out or use research evidence.

Earlier in this chapter I highlighted the importance of both individual agency and wider structural constraints on the use of evidence in policy development. For the purposes of this thesis I consider the two communities metaphor both in terms of differing epistemological boundaries, and contextual factors that facilitate and impede the agency of individuals in each.

‘Linkage and Exchange’ between ‘Two Communities’

Lomas is one of many authors who suggests there is an advantage in maintaining constant interaction between researchers and policy-makers. The primary aim of this process is to increase trust between the two communities, and to gain greater understanding of the needs, requirements and constraints experienced by professionals in each. He draws on Bryer and Trice’s review of empirical evidence of research utilisation (Beyer & Trice, 1982) arguing that early and sustained interaction between policy-makers and researchers is the primary predictor of research use (Lomas, 2000). Drawing on practical experience in the Canadian health sector, Lomas divides the policy-making process into three domains: institutional structure for decision-making, values and ideology that influence a decision, and information (including anecdote and experience as well as research evidence). This model recognises the roles of individual values, political ideology and organisational mechanisms in the production of public policy. For policy-makers and researchers to link together, changes at the organisational level may be required, such as the creation of new institutions or professional posts. The exchange process is perpetuated and developed through these links.

This model requires a user-led approach and extends the traditional concepts of research evidence beyond findings, as he maintains the “unit of research transfer should rarely be the single study but rather, be the summary and synthesis of knowledge across the entire spectrum of stages in the process”. This echoes Burke Johnson’s definition of the conceptual use of research. Knowledge gained about research through participating in the research process, may reflect a ‘synthesis of knowledge across the entire spectrum of stages in the process’. The premise for Lomas’ model is his observation that to justify its use research evidence must resonate with “contextual factors”. Relationships across boundaries must also be based on mutual respect and trust. Closer relationships may be fostered through informal interaction to decrease the prevalence of “threatening exchanges”. Both parties must accept that the outcome of the exchange is somewhat uncertain, and to treat the linkage and exchange process as an evolutionary research project based in mutual understanding and discovery (Lomas, 2000).

Empirical research has been carried out to explore the practicalities and usefulness of the linkage and exchange mechanisms. Goering et al. (2003) describe an organisational initiative to promote linkage and exchange within the Canadian mental health service sector. This initiative included the provision of funds for a professional post known as the “knowledge broker” (Goering et al. 2003). Although the forum resulted in decision-makers and researchers developing a common language and was seen as improving the overall utilisation of research evidence, the exchange was still challenged by the disparity in timeframes between research and policy. Therefore it is unclear to what extent linkage and exchange between policy-makers and researchers would eradicate or overcome organisational constraints, such as timescales for producing policy.

Weiss argues that those who call for greater links with policy-makers are still underestimating the political concerns that drive policy. She argues that addressing issues such as language and recognising constraints on decision-makers increases the use of research only slightly (Weiss 1986, p232). Burke Johnson notes that facilitators for linking the two communities include “type and degree of participation, communication issues, quality, timing and openness to change” . The results of these facilitators may be a form of “organizational learning” as well as a change in individual attitudes (Burke Johnson 1998).

Difficulties with this model can be identified at the interface between the two communities, where power relations have to be defined, and professional roles protected. Denis and Lomas (2003) explore the roots of collaborative research: action research, Participatory Action Research, programme evaluation and research utilisation. Action research aims to increase knowledge about a social system and aims to alter that system by challenging values and norms. Participatory Action Research operates in a similar way, however its primary concern is “the balance of power in society” which it attempts to alter, concentrating on empowering marginalized groups. This type of research is not aimed at instrumental application of evidence but aims to alter the social and political landscape. In both these types of research, there is an egalitarian and co-operative relationship between researcher and non-researcher. Conversely, programme evaluation does require the evaluator to retain a degree of independence from non-researchers. The research has pedagogic value where research utilisation is “motivated by a desire to disseminate” with no

ideological or political remit. It aims at instrumental or conceptual use. Both these latter kinds of research make a distinction between the role of the scientist and non-scientist. Therefore linkage and exchange during collaborative research is not a straightforward process, it demands the mediation of power and professional boundaries between the two communities (Denis & Lomas, 2003).

Characteristics of social research which affect its use

In addition to the lack of incentives within research and academic departments to engage with policymakers, the complexity of social science research is regarded as a major barrier to its utilisation by policy-makers. The inconclusiveness of much social research results in findings that are not presented as definitive or as failsafe instructions for action (Bulmer 1986, p14). The complexity of social science was highlighted by Weiss as contributing to the inadequacy of the linear rational model, which requires instrumental use of findings within policy (discussed above).

Davis and Nutley (2002) describe the “large gaps and ambiguities in the knowledge base” where

research literature is dominated by small, ad hoc studies, often diverse in approach, and of dubious methodological quality. In consequence, there is little accumulation from this research or a robust knowledge base on which policy makers and practitioners can draw (Davies and Nutley 2002b).

Several authors have attempted to ascertain whether the quality of research evidence increases its chance of utilisation. Oh and Rich explore data about research utilisation and policy change in US mental health policy. They claim research quality is defined by how users perceive the research which may depend more on its source and the degree of interaction between researcher and policy-maker than on its content. Internal, rather than external sources are given greater credence (Oh & Rich, 1996).

Dunn (1980) applied a coding frame to over one hundred reported cases of knowledge use (and non-use). These include published and unpublished descriptions of policy change. The criterion for the selection of particular accounts was not stated, although the descriptions are sought from those with personal experience of policy change. He attempts to empirically test several assumptions that he claims are inherent within the two-communities metaphor. These assumptions include a Product Contingent Model

which focuses on the characteristics of social research. The value policy-makers attach to research evidence is then determined by these characteristics. The results showed that the greater the reliability and validity of the information, the greater its use. Research evidence was also more likely to be used when communicated through personal interaction rather than written reports (Dunn, 1980).

However, Bartley supports Oh and Rich's assertion that research quality as defined by the research community is not necessarily defined as useful within the policy arena: "It is not the mere existence of research findings, or even the opinion of the academic community as to their quality which ensures the entry of the results of scientific studies into the public sphere and policy debate" (1996, p17). Debates regarding the connection between research quality and use must be understood in the context of the political or strategic use of research to generate acceptable rather than effective policy. What is unclear from these studies is the way in which 'use' is being defined, and the precise policy-problem being addressed. For example, higher quality research may be used more within sectors requiring more technical data whereas contention around a policy issue may dilute the impact of high quality social science. If aspects of the Advocacy Coalition Framework are applied to these debates, it is clear that each policy area has a unique relationship with research. Issues of acceptability may be more important in highly contested policy issues, while efficacy may be afforded higher status in more technical policy issues.

Summary

Many authors have attempted to conceptualise how evidence is used by constructing 'models' of research use, which can be applied in various decision-making contexts. The description of policy makers using social science research in a straightforward 'instrumental' fashion, although applicable to particular policy scenarios, can obscure the inherent complexities involved in the relationship. The conceptual and political uses of evidence are supported by most studies in this area, which emphasise factors occurring outwith the decision-making arena. Conceptual use of research sees evidence permeate decision-making in a much more diffuse way and is therefore harder to identify. However, the importance of filters such as the media and policy discourse provide important indicators for researchers attempting to identify how,

when and why it impacts. Political use is easier to define and identify than conceptual use. The use of particular findings as political ammunition and tactical use of research are all based on the premise that social science is considered to be 'objective'.

Analyses of the political use of research are particularly concerned with the struggle for power within the political arena, and the use of social science in achieving policy goals. Political models of policy-making inevitably disclose tensions regarding to what extent actors are seen to be constrained by wider political, ideological forces and organisational factors. Exploration of policy narratives, and network analysis can be thought of as tools to explore how policy is made and how evidence is used. Narratives can reveal how evidence is used to construct political argument. Network analysis can reveal which individuals and organisations are involved in policy-making, how they maintain their power, how they interact with each other and what 'glue' holds them together.

The two communities metaphor highlights individual and professional differences in decision-making and in research use between researchers and policy-makers. In addition, it can help identify the constraints surrounding policy-makers, such as organisational priorities and unique characteristics of particular policy issues. Exploring the characteristics of research and policy-making communities can provide greater insight into how these two communities might be better linked. It is argued that defining such links reveals the importance of mediating power relations between the two. In addition, it exposes the myriad of different values and beliefs that are involved in the production of social science research that must be negotiated in order to formalise and institutionalise such a relationship.

It is often not clear to what extent models of research use are based on empirical evidence. Although literature reviews are used by authors to identify different ways of conceptualising evidence use and decision-making, the literature reviewed is not described in any detail. These reviews may or may not include empirical evidence. In addition, the majority of authors do not state which policy sectors are being examined, nor do they define the 'level' of policy (individual organisations, national level policy or local government). Definitions of 'decision-maker' are often unclear,

making it difficult to determine what type of decisions individuals are faced with which may affect how and when evidence is used.

This thesis is examining two policy sectors: education and health. I will now discuss the issues surrounding the use of research evidence in health policy and education policy.

Use of evidence in health policy

Evidence-based healthcare is regarded as the backdrop to the relationship between evidence and health policy (Davies & Nutley, 2002a). The general consensus about what constitutes desirable outcomes, and what constitutes good quality research, has helped to maintain and develop this relationship (ibid). However, it is recognised that the progression from an individual and clinical context to policy affecting the whole population inevitably leads to decision making which is more volatile and complicated (Dobrow, Goel, & Upshur, 2004). The first discussion in this section presents studies that highlight such complexities and uncertainties that impinge on this relationship. The second will explore the relevance of the two communities metaphor to these studies. The third discussion will highlight factors which appear to facilitate the use of research evidence, including links between the two communities. All of these studies were conducted in either Europe or North America. As discussed in Chapter 1, I have a particular interest in the use of the *SHARE* programme in Scottish health policy. Therefore the final discussion in this section explores the epistemological debates surrounding the use of research in health promotion, particularly in relation to the use of RCTs to measure effectiveness in this field.

The influence of political factors, policy issues and individuals on evidence use

Innvær et al. (2002) conducted a systematic review of 24 interview studies with health policy-makers identifying factors that facilitated or impeded research use. 10 studies were from the USA, the rest were from various countries, including developed and developing countries. The criteria for including particularly studies and their search methods are clearly stated. In addition, they explicitly state that three ‘levels’ of policy-making were included: organisational, regional and national. The authors do

not define what they mean by ‘policy’, although they restrict their investigation to decisions made “on behalf of a large organisation or jurisdiction” (Innvaer et al., 2002). The studies included examined either hypothesised or retrospective examples of evidence use. The review identified three types of evidence use, direct (instrumental), selective (political) and enlightening. The types of use varied, depending on where the decision-maker was in the organisational hierarchy, the type of policy question (“vague and complex, or focused and simple”) and the issue at hand (“adoption versus implementation or decision versus action”) (Innvaer et al 2002). Black (2001) also emphasises the different uses of evidence in health policy depending on the policy issue, as particular areas of practice may rely on tacit understanding (Black 2001).

Lavis et al. (2002) identified the relationship between stages of policy development and use of evidence during an exploratory study into the use of health services research in Canadian provincial policymaking. They identify three sets of influences on policymaking: ideas (research, other information and values), interests (the winners and losers of the policy outcome) and institutions (including policy legacies and characteristics of the policymaking process) . Using this framework the authors attempt to map the influence, as well as use, of research evidence. They conclude that the principal influences on policy during the “prioritisation stage” are the policy-makers who primarily serve their own interests which includes acting on their personal beliefs. During the “development stage” influences were distributed more evenly (Lavis et al. 2002).

Dobrow et al. (2004) explore in greater detail the nuances of contextual factors that help understand how research is conceptualised, which then dictates how it is used. Using the example of a case study of policy development for population-based colorectal cancer screening in Canada, the authors argue that the use of evidence has to be understood within a “context-based” conceptual framework. It is unclear from their description what ‘level’ of policy they are examining, whether national policy, local government policies or the policies of an individual health organisation. They identify two main ways in which research is conceptualised. First, the “philosophical-normative orientation” of evidence use concentrates on the quality of evidence leading to higher quality decisions. This orientation does not recognise the influence of contextual factors on the use of evidence. Conversely, the “practical-operational

orientation” considers the definition of what constitutes evidence to be fluid, as the subjective interpretation of outcomes invites myriad interpretations depending on contextual factors: “In contrast to the philosophical-normative orientation, the practical-operational orientation defines evidence less by its quality, and more by its relevance, applicability or generalisability to a specific context” (Dobrow et al. 2004).

The authors continue to define two “contextual categories”, internal and external, to help understand the different relationships between context and evidence use. Internal context includes why the decision is being made, who is involved in making it and the process used to reach the decision. They emphasise the important role of participants who can determine which pieces of evidence are valued or how they are construed. Participants might include trained professionals, patient groups and professional organisations. The authors imply that ‘participants’ are whoever has the potential to influence policy-development. However, they identify the process of decision-making as the most crucial in determining what constitutes evidence and its use:

The decision-making process can determine the nature and extent of background preparation, the inclusion/exclusion criteria and source of evidentiary inputs, the type of participant interaction, the requirements for consensus and the support structure for the decision-making process (Dobrow et al. 2004).

The external decision-making context constitutes the “environment in which a decision is applied” concentrating in this case on disease specific demographic and epidemiological factors. Included in the external context are political factors: “a range of ideological, social, economic and legal issues” including the “political attractiveness of a policy issue” (ibid). The authors then present two interrelated axes: the low to high importance of evidence, and the low to high importance of context. Evidence-based medicine is characterised by high evidential importance with little influence from contextual factors. Conversely, policy-making decisions are seen to have a greater degree of contextual influence where the need for evidence is reduced. This conceptual framework is useful as it highlights the fluid way in which evidence is conceptualised, regardless of quality, within a changeable political environment. They also recognise that in addition to individual factors, the process and purpose of the policy-making process can affect how evidence is received and used as fact.

Orosz (1994) emphasises the importance of the external context when identifying factors affecting research use across different countries, with particular interest in Eastern European countries. The empirical basis for her conclusions are not stated. She identifies the strong influence of the political context on evidence use, where the need for acceptability is a dominant force. She argues that the use of research may depend on the policy-making culture and the role of the state, where consensus building can increase debate and numbers of stakeholders, who, with access to evidence, can input into policy-development . The majority of factors that Orosz identifies are situated within the political environment, and she calls for structural changes to the policy-making process to open out decision-making and thus increase the role of evidence within it (Orosz, 1994). This supports Weiss's argument (discussed above) that if access to good quality research is democratised, political use of research is a positive use of social science research. Nutbeam (2001) also supports this argument, arguing that an ill-informed public have less power to shift political debate. Public health interests are often railroaded in favour of other interests. He illustrates this point using the example of the tobacco industry overpowering the anti-smoking lobby as they competed to influence government policy (Nutbeam, 2001).

This literature on evidence use within health policy therefore emphasises the complexities of context that impinge on the role of research findings in particular decision-making scenarios. The types of use shift according to different policy processes, the specifics of a policy issue and the expectations and interests of individual policy-makers. Orosz (1994) and Dobrow et al. (2004) emphasise the role of wider political factors on policy specific issues. These authors, in highlighting the shifting boundaries of what is considered relevant and valued evidence also allude to the validity of different research types as a contested field. In addition these studies give strong support for the relevance of the 'two communities' metaphor which I will now discuss.

The existence of 'Two Communities': health policy and health research

Innvær et al. (2002) identified a range of barriers, many of which related to the two communities thesis of distrust between policy-makers and researchers, but their frequency was influenced by the policy-making context (e.g. issue specific

characteristics, position of decision-maker). Lack of personal contact between the two communities, disparity in timeframes, irrelevance of research to the policy issue, mutual mistrust between policy-makers and researchers, power and budget conflicts, poor quality research and “political instability or a high turnover of policy-making staff” were all perceived to inhibit research use. The review supports the application of the two communities analogy to the (non)utilisation process (Innvaer et al., 2002).

Orosz (1994) alluded to characteristics of different communities when she described the prevalence of “traditional bio-medical thinking” amongst policy-makers, which can produce unrealistic expectations of what research can offer the policy-making process. In addition she noted that there was a lack of incentives for policy-makers and researchers to interact. Establishing incentives to communicate would not only increase dialogue between the two groups but would also increase the range of policy options available.

Bonell (2002) carried out a qualitative study, using interviews and documents, to examine the use of RCTs in the commission of HIV prevention services in London. He highlighted the importance of the two communities metaphor, but also noted that the two communities were not necessarily easily divided:

The study also suggests, in contrast to the two communities model, the interface is more complex than one between researchers and policy-makers. It found that organisations often incorporated both researchers and policy-makers and that organisational interests often appeared to transcend those of these two groups per se (Bonell, 2002).

Facilitators for the use of evidence in health policy

The most prevalent facilitating factor identified by authors in the use of research was communication between the two communities, specifically, interpersonal contact and the use of intermediaries. Lavis et al. support the premise that communication between policy-makers and researchers increases research use (ibid) and note that the use of ‘receptor’ institutions and professionals as mediators between the two communities were crucial to facilitate this process.

Locock et al. (2001) explore this issue in depth, highlighting that the different roles of opinion leaders apply to different stages of decision-making. Locock et al. drew

upon their evaluations of two government programmes of clinical effectiveness in the UK focusing on the implementation rather than formulation of policy.

Locock et al. note that previous reviews of RCTs measuring the effectiveness of opinion leaders within clinical practice (e.g. Thomson O'Brien et al, 1999) had a restrictive definition of opinion leaders: "health professionals nominated by their colleagues as 'educationally influential'" (Hiss et al. 1978 quoted by Locock: 2001). The authors argue that the influence of opinion leaders are subtle and imbedded in complex experiences (Dawson et al. 1998, Locock: 2001) and therefore RCTs are not necessarily going to be useful in determining how opinion leaders affect processes.

Locock et al., through qualitative methods, concluded that the definition of opinion leaders was far more complex than the definition used by O'Brien. Their work revealed that opinion leaders were not explicitly nominated but surfaced more informally as opportunities arose (ibid, p571). This study was carried out in the context of clinical medical practice, and they identified several reasons why people were seen to be 'opinion leaders, including their research reputation, their ability to command respect and their perceived understandings of clinical practice. Their authority did not appear to derive from their formal position within an organisational structure, or from any direct control over resources or decision-making. They noted that "expert opinion leaders" (usually an academic or consultant) could be identified at the inception of the project where there appeared to be a reciprocal relationship between research evidence and the opinion of an expert (or someone perceived to be an expert). A "peer opinion leader" then emerged during later stages of implementation. 'Peer opinion leaders' were seen to have a closer understanding of working lives. The differences in knowledge held between the two opinion leaders highlight the knowledge required to command respect at different stages of the project. They argue that the credibility of the opinion leader depended on the target audience and the stage of the process in which they were involved. The 'academic opinion leaders' ceased to have influence when they were perceived as being "too academic' and 'a bit remote' from 'real life factors'" (Locock et al. 2001).

The authors concluded that there was a difficulty in defining opinion leaders, supporting the argument for the use of qualitative methods to understand the perceptions of those influencing the process. In addition to distinguishing between an

‘expert’ and ‘peer’ opinion leaders, they also identified that opinion leaders interacted with contextual factors. Rogers’ convergence model (where “participants create and share information with one another to reach a mutual understanding”) is also supported by their analysis (Rogers, 1995).

In addition to intermediaries and interpersonal contact between two communities, Innvær et al. identified six other facilitators for the use of research evidence identified across 24 studies:

- ‘Timeliness’ of research evidence (see also Orosz: 1994) (13/24)
- Brief and well communicated research (11/24)
- Good quality research (6/24)
- “Research that confirmed current policy or endorsed self-interest” (6/24)
- Community pressure or client demand for research (4/24)
- Research that included effectiveness data (3/24)

(Innvær et al.: 2002)

What remains unclear from this systematic review is the stages of the policy-process to which these facilitators apply. The authors note that none of the facilitators were identified in more than 13 out of 24 of the studies reviewed. They state that such variation may have been due to the study examining specific factors thus excluding others. Variance may also have been due to the fact that studies were focussing on specific issues which invited issue specific facilitators (Innvær et al.: 2002). I would argue that ‘effectiveness data’ may also have been an ‘issue specific’ facilitator, perhaps appearing in relation to more technical issues where efficacy was considered paramount.

The type of decision being made in a particular area may also invite particular facilitating factors. For example, Bonell (2002) explored the use of RCTs to inform

commissioning of HIV prevention services in London. He concluded that although RCTs were frequently relied upon by those commissioning health services they did not necessarily inform all areas of decision-making (Bonell: 2002). Innvær et al. state the need for more empirical studies, combining interviews and document analysis, to further understandings of evidence use in policy-making. The authors conclude that “there is, at best, only limited support for any of the many opinions put forward in the literature on the use of research evidence by policy-makers” (Innvær et al.: 2002).

The following discussion highlights how concern with ‘effectiveness’ within health policy may be more applicable to the healthcare setting than to other areas such as health promotion or health education.

The use of research in health policy: epistemological debates

The literature on health policy and its relationship to research in many ways mirrors research utilisation literature more generally, emphasising contextual and individual factors on the use of evidence. Perhaps because the roots of this relationship were seen to lie within healthcare, where, it has been argued, there is strong consensus regarding desirable outcomes and a hierarchy of evidence, there is less emphasis within this literature on the Post-modern insistence that objective truth is a debatable concept. Black (2001) alluded to epistemological divisions when he identified a “lack of consensus about the research evidence because of its complexity, scientific controversy...or different interpretations” (Black 2001) mirroring the assertion of Dobrow et al. (2004) that evidence use is dependent on how the evidence itself is perceived by different people in different policy-making contexts. This is illustrated by the debates surrounding the use of RCTs to measure effectiveness in the field of health promotion. For example, Oakley asserts that: “the research design of the randomised controlled trial is primarily associated with medicine. It tends to be either ignored or regarded with suspicion by many in such disciplines as health promotion, public policy, social welfare, criminal justice, and education” (Oakley 1998).

Raphael (2000) traces the development of the focus and definition of health promotion and states that there is a debate around what constitutes ‘evidence’ in this field. In this area of health, ideology, values and principles strongly influence what is accepted as valid evidence (Raphael, 2000). Raphael illustrated this point by

demonstrating that the way in which policy aims are defined in health promotion influences what is regarded as ‘evidence’ to inform them (ibid).

Health promotion can be understood from a biomedical perspective where health is defined as “the absence of mortality and morbidity, and [health promoters should] direct their attention to identifying causes of, and effective treatments for, disease” (ibid). A behavioural model concentrates on cause and effect relationships between individual risk factors and behaviours, demonstrating their relationship to ill health. Research evidence associated with these approaches and definitions is ideally “experimental”, dominated by positivist approaches. The paradigm and associated methodologies (for example, RCTs) presuppose that ‘objectivity’ and reality exist and concentrate on individual, rather than contextual factors.

However, health promotion can also be defined as “the process of enabling people to increase control over, and to improve their health (WHO, 1986)” (ibid, p356). This definition focuses on social determinants of health, and how individuals can have control over such determinants (ibid). Therefore, to help further these aims, “evidence relevant to health promotion should bear directly on factors that support or prevent enablement and empowerment, activities that support enablement and empowerment and assessing whether these activities have been successful” (ibid, p357). It is argued that traditional approaches from clinical and biomedical spheres, such as RCTs, are inappropriate for exploring personal experience and perceptions (ibid, p538). In addition, the methodologies employed to extract knowledge of an existing reality reflect an authoritarian and disempowering ideology, inappropriate for an empowering health promotion strategy (Koelen, et al. 2001, p257 and Tilford 2000, p659). Raphael argues that health promotion, in aiming to empower disempowered communities and individuals, is inherently ideological. He argues that ideology directing policy and methodologies in health promotion is not problematic, but it must be explicitly stated.

The effects of epistemological positions on relations between ‘Two Communities’

The literature highlights the importance of a close connection between research and policy-making communities, including interpersonal relationships between policy-makers and researchers. However, differing epistemological perspectives may lead to

tensions when closer links are attempted. Coburn identified this tension, between forming a close bond and maintaining independence, as an inevitable consequence of increasing links between the two communities (1998).

Whitelaw and Williams tackle this issue in relation to health education research. They argue that generally within health research positivism dominates, resulting in research concentrating more on what should be done, rather than how to do it (Whitelaw and Williams 1994, p520). The authors argue that the ideas are always borne from specific contexts and circumstances, therefore post-positivists contest the existence of a rational, objective truth (ibid, p521). Conversely, many different realities can be identified, contesting the emphasis placed on discovering an “end-point” which feeds into a complex, rather than rational and linear policy-making process (ibid). They highlight the contribution of utilisation theorists employing linguistic and rhetorical modes of analysis which illustrate the multiple ways in which research evidence is perceived and utilised, depending on the context into which it enters. They draw on Weiss’s description of the three types of research and its uses: “data (formal objective results), ideas (still a ‘neutral’ but stripped down version of above) and arguments (a value directed summary of findings)” (ibid, p523) to articulate the changing relationship between researcher and policy-maker. The authors argue that given the problematised role of objective and independent observer the researcher should adopt an advocacy role, which they concede may be closer to research as ‘argument’. In conclusion, they state that inevitably the role the researcher adopts is the result of a complex set of factors including personal characteristics, professional characteristics and politics (ibid, p524). This reflects Lomas’ concern with understanding the different power relations open to use within collaborative research practice. These debates are not particularly prevalent within the health policy utilisation literature, yet it could be argued that they are relevant to specific sections of health policy such as health promotion issues (ibid, p521; Oakley: 2000, p40). Therefore, it is important to recognise that the utilisation of research is contextually dependent – this includes the relationships between policy issue, discipline and epistemological standpoints.

What is not properly explored by Whitelaw and Williams is the paradox involved in an advocacy approach. The presumed objectivity and rationality of research evidence is the basis for the authority of research evidence, and thus helps to establish the

authoritative voice of those who use it for a political purpose. If research is to be no more than value directed investigation, its worth in a political world based on argument and persuasion would be jeopardised. Coburn (1998) alluded to this issue as he highlights the “importance of credibility” for the utilisation of research (1998, p143). Weiss noted the positive aspects of the political use of research, based on a democratisation of access for all stakeholders. Therefore, although political use of research is not necessarily achieving efficacy, it still encourages social science to be valued as an independent entity.

Summary

The roots of the relationship between national health policy and research evidence lie in healthcare and in its historical relationship with RCTs to measure effectiveness. This is highlighted by Innvær et al. and Bonell identified the importance of good quality research such as RCTs and ‘effectiveness data’ which echoes the traditional relationship between evidence and healthcare. However, other studies have shown that health policy does not exist in a clinically objective sphere, but is heavily influenced by a range of factors. These include wider political and ideological structures, organisational constraints and individual attitudes towards research evidence. Whitelaw and Williams and Oakley note that epistemological debates do affect particular aspects of health policy, such as health promotion and health education. This is an important aspect to this literature, as most studies presented here highlight the importance of policy specific factors on how evidence is conceived and utilised within decision-making.

Use of evidence within education policy

The character of education policy and the means through which it is developed form the backdrop for a complex set of debates encapsulated in the relationship between education research and educational policy. This section of the chapter will begin by summarising studies that focus on the character and purpose of educational policy and the type of network dominating its formation. The insights and conclusions of these studies influence the debates as to what is and what should be the relationship between educational research and policy. The literature reveals a split between those

arguing for an independent, conceptually challenging and qualitative body of education research and those supporting closer links with policy-makers, encouraging efficacy of policy and practice and increased use of experimental methods in educational research.

In this section I have drawn mainly from key authors who comment on UK and Scottish education policy. This discussion will also highlight the arguments for and against the use of quantitative methods to measure effectiveness in education.

The character of education policy and its development

The majority of authors investigating the character of education policy do so with a strong emphasis on the discourse of policy and the values inherent within it. The basis for this perspective is the role of education policy itself as a vehicle for “*socialisation*” (Kogan, 1975, p19. MacKenzie states: “The relationship between knowledge, language and power is central to any analysis of discourse.” (MacKenzie, 1999, p85). Therefore, the analysis of policy discourse can reveal which forces are influencing education policy, and the roles, intentions and beliefs of those with the power to construct it. A critical premise of such discourse analysis is the role of discourse in exercising power.

MacKenzie, focussing on Scottish education policy, highlights the importance of individuals in establishing such discourse: “Individuals or groups who can change, control or ‘set’ the discourse are exercising real power” (MacKenzie: 1999, p85). Such groups and individuals within education have been discussed in the first section of this chapter. MacPherson and Raab’s study, discussed in relation to policy networks in Scotland, highlights the importance of the values and beliefs inherent within a core, relatively closed, policy-community acting on a stage of relatively autonomous forces. They argue that since its inception the education department in Scotland has been battling against external threats in a bid to maintain “the legitimacy of its custody of the national system” (MacPherson and Raab 1980, p50). Kogan (1975) also emphasises the tensions between those who control “institutional values” and those who challenge their authority. According to Ball (1990), the discourse of English and Welsh education policy contains elements of individual political interests bounded by economic and ideological forces. These authors (Kogan, Ball and

MacPherson and Raab) argue that although the education department are ultimately in control of educational policy, power is dispersed through the system. Schools, agencies and interest groups all play a part in shaping the values within education policy. These analyses, emphasising the need to maintain control over educational and institutional values, are important as they epitomise current authors' beliefs (discussed below) as to how educational policy is constructed. The knowledge within these networks is not external research evidence, but internal values and assumptions held by those making policy. I would therefore argue that it is the role of educational policy as a political tool to establish societal norms and beliefs which provide the backdrop to those commenting on its relationship with social science.

The role of research evidence in education

The character of education policy and the means by which its discourse is controlled appear to influence reactions to the political rhetoric of evidence-based policy. Lomas' ideal of collaborative research recognised the difficulties of establishing a relationship between researchers and policy-makers. Similarly, some educational researchers are sceptical of the ability of educational research to maintain its independence and credibility within such a value-laden and politicised policy-making arena. For example, Humes and Bryce argue that academics who actively support the notion of evidence-based policy are naïve, warning that such a relationship may constitute "another arm of control" by the educational policy communities in England and Scotland (Humes and Bryce 2001, p348). Researchers may become subsumed into the educational establishment, operating as agents of the state, rather than its critics. The values and politics seen as inherent within educational policy-making are also seen as inherent within different research methodologies: "The idea that human sciences like educational studies stand outside or above the political agenda of the management of the population, or somehow have a neutral status embodied in free-floating progressive rationalism, are dangerous and debilitating conceits" (Ball 1995, quoted in Humes and Bryce: 2003, p179).

This debate is encapsulated by the increased popularity of school effectiveness research amongst policy-makers in England. This type of research is based on the belief that there is a 'school effect' on pupil performance, independent of any contextual or individual variables (Goldstein and Woodhouse 2000). Furthermore,

school effectiveness research aims to identify ways to change schools which would then improve performance which means that educational policy could have a direct effect on standards in education (ibid). This type of research uses large data sets and statistical modelling to determine school specific factors which affect educational standards. By focusing on teachers and the failings and successes of schools rather than the failings of government it became popular amongst policy-makers (Fitz-Gibbon 2000). School effectiveness research does not use experimental methods, however the debate surrounding its use has fuelled a “paradigm war” (Oakley: 2000) between those supporting quantitative research and experimental design to identify and evaluate the effectiveness of policy (Hargreaves 1997, Fitz-Gibbon: 2000) and those supporting qualitative research and a conceptual use of social science to challenge assumptions inherent in a politicised policy arena (Hammersley 2000, Humes and Bryce: 2001).

These paradigmatic divisions are summarised by Oakley:

While researchers in one camp think they are studying the real world, which consists of things it is feasible to try and find out about, those in the other dispute the idea that there is a single reality to be known, and regard the pursuit of ‘hard data’ as impractical and unachievable. What for one side is a set of ‘facts’ is for the other a complex and impenetrable kaleidoscope of heavily constructed social meanings (2000, p25).

Paradigmatic divisions have extended to methodological battles. Oakley, drawing from a number of authors, argues that attaching different methodologies to particular paradigms is nonsensical; quantitative research and qualitative research both use quantification to some degree, and both can be used to explore subjective experience (Oakley 2000, p28). However, as in the field of health promotion, the debate in education regarding suitable methodologies continues regardless. It is argued by those supporting a qualitative approach that education cannot be likened to healthcare or medicine because educational processes are highly complex and “culturally or contextually specific” (Davies et al. 1999). Blackmore, drawing from the Australian experience, argues: “policy-makers are readily seduced by quantitative evidence because of its claims of generalisability and simple explanations for complex problems compared to messy ethnographic research that highlights the unpredictability and context ‘groundedness’ of social life in schools” (Blackmore 2002). Therefore, experimental design and quantitative methods are deemed insufficient in an educational context; instrumental use of research is therefore

opposed, as schools are context-specific entities not amenable to the application of generalisable findings. In addition, the use of generalisations drawn from quantitative methodologies has political implications, as seen through the use of school effectiveness research in government policy. According to Hammersley, the emphasis in such educational research is on “what ought to be” rather than on “what is going on” (2000, p397).

The role for research, according to critics of school effectiveness research, is to act as a powerful critical force to combat values and assumptions emanating from a relatively closed policy community. Hammersley equates the qualitative method with conceptual use, and in the context of these debates calls for educational research to challenge values and assumptions within educational policy (2000, p394). This highlights the politicised element of this paradigmatic battle. It could be argued that those who oppose the politicised (instrumental) use of (experimental) educational research by the government wish to maintain the divide to ensure that (conceptual) knowledge, and its power, remains their ammunition to criticise suspicious, value-ridden policy. It could be argued that maintaining the paradigmatic dichotomy is a political act in itself.

There are some researchers who hail the progress made by evidence-based health care, encouraging greater use of the experimental method within education and are keen to foster closer links between education policy-makers and researchers in the field. Hargreaves and Fitz-Gibbon call for an increase in RCTs within education. Hargreaves describes Hammersley’s dismissal of medical research as ‘positivist’ as “a crude oversimplification” (1997, p405). Fitz-Gibbon encourages the use of RCTs within education policies. She maintains that education policies are “largely a product of plausible belief and convenient practice, admixed....with the need to adhere to policies that are mandated politically” (ibid, p83). She argues that the absence of incontestable evidence increases the power of politicians’ influence over professional working practices (ibid): “In the absence of attempts to find out if special programmes do harm or confer benefits, policy is driven more by argument and pressure groups than by evidence” (ibid, p80). The debates within educational research have, according to Fitz-Gibbon, increased the divide between the research and policy-making communities as the government rejects outside research in favour of internal sources, such as HMIE reports, and league tables of performance results

(ibid, p76). She addresses the paranoia of those opposing the transposition of medicalised research procedures into education, by asking: “Is education important enough to need standards of evidence as strict as the clinical trial?” (ibid, p84) noting that the usefulness of randomisation is poorly understood amongst educational researchers (ibid, p86).

Summary

It is therefore argued that the role of research within educational policy-making may be inhibited by several factors. First, the influences identified within educational discourse, a heady mixture of economic and ideological forces, individual experiences, beliefs and complex power relations, may reduce the potential for particular types and pieces of research evidence to influence education policy. Second, the effects of the role of values within educational policy, and the values inherent in particular research methodologies collide, ensure rampant debates regarding the independence of researchers to the political arena, and whether research should be used for instrumental or conceptual purposes for school-based education policy.

Therefore the factors identified through studies of research utilisation within health policy are not absent or particularly different in relation to education policy, but there is perhaps a difference in intensity. The debates regarding the position of research to policy dominate the literature; political factors assume far greater importance, as do individual values and beliefs. Differences between instrumental use and conceptual use assume paradigmatic significance, which differs from the conceptual use of evidence within healthcare where an accumulation of studies – positivist or otherwise – can alter policy-makers’ perceptions of an issue. It is argued that the reason for these differences lie in the role of education policy, a mechanism for disseminating cultural norms and values through schools. Health policy, dominated by issues regarding the healthcare and biomedical research methods, is not as explicit in its role as a vehicle for socialisation.

Conclusion

This chapter has presented the main debates, theories and models regarding the use of research evidence within policy-making, which illuminate the complexities inherent in the relationship.

The literature presented outlines a range of different ways research evidence is used by policy-makers. Different models of decision-making and research use have been identified by various authors, but many appear to lack empirical bases. Instrumental use of research can instruct behavioural change or organisational learning and result from a linear decision-making process. Conceptual use of research is subtle and can occur within a more chaotic decision-making process. The Incremental Model of decision-making involves negotiation and compromise between decision-makers. This model suggests that within policy-making the conceptual use of research is more likely than instrumental use, as the linear decision-making process is an unrealistic portrayal of the policy-making process. Finally political or tactical use employs research evidence to construct political discourse and arguments of persuasion. Many of the authors reviewed here do not stipulate what area of policy or policy issue is being examined, yet Innvær et al. (2002) conclude that it is issue specific factors which affect what barriers and facilitators affect evidence use.

The literature also highlights, however, that what is regarded as valid research in particular policy contexts, and by particular decision-makers, is dependent not only on actors and on the policy issue, but the function of different policies in society. 'Evidence-based' becomes increasingly problematic when taken out of a medical context and introduced into education and health promotion. Policies that are inherently ideological interact with epistemological and methodological debates within the research sphere.

Against this backdrop of ideological and epistemological debate, policy-actors interact with researchers and attempt to collaborate. It is at this interface where the power relations between two-communities, representing different organisational priorities and personal beliefs and experience, must be articulated. The literature has also revealed ways in which we can understand and identify these characteristics and

struggles, such as network analysis and narrative analysis, which help to trace the role of research evidence in policy development.

Chapter 4: Background to research and Scottish policy for school sex education

Introduction

This chapter will provide a background summary of research evidence on effective school sex education, and Scottish policy developments that focus on school-based sex education. The summary of evidence on effective sex education aims to show what evidence was available to those formulating school sex education policy.

Research on school-based sex education

First, this section will present four reviews of effective school-based interventions for sex education. The way in which the reviews define the problem of teenage pregnancy and the conclusions they draw from the evidence will be explored. Second, I will describe the development of a rigorous evaluation of *SHARE (Safe Happy and Responsible)*, a specially designed school-based sex education programme in Scotland. Finally, a review of the evidence of young people's sexual health in Scotland, *Evidence Into Action* (Burtney: 2000) will be discussed. The *SHARE* programme, and *Evidence into Action* have been selected because they have either been designed to influence policy-makers, or been referred to in recent policy documents relating to school sex education.

Reviews of effective interventions for school-based sex education

The reviews presented below were assessed for methodological soundness (as described in Chapter 2). This has been done to demonstrate reviews presenting conclusions and recommendations to policy-makers as 'evidence-based', can be critically examined to reveal bias and inadequate reporting of methods. This would suggest that conclusions drawn are not necessarily robust (Egger et al. 2001). The conclusions of these reviews sometimes differ as a result of the different review methods used; for example, some reviews may have based recommendations on a

selected sample of studies, and it may be unclear how or why primary studies were selected for review.

I will now present the main conclusions from the following reviews of effective interventions for school sex education:

- ‘School-Based Programs to Reduce Sexual Risk Behaviours: A Review of Effectiveness’ (Kirby & et al., 1994)
- ‘Preventing and reducing the adverse effects of unintended teenage pregnancies’ (NHS Centre for Reviews and Dissemination, 1997)
- ‘Impact of HIV and sexual health education on the sexual behaviour of young people: a review update’ (UNAIDS, 1997)
- ‘Reducing the rate of teenage conceptions. An overview of the effectiveness of interventions and programmes aimed at reducing unintended conceptions in young people’ (Meyrick & Swann, 1998)

The methods for selecting and reviewing the above documents have been described in Chapter 2. The reviews are presented in Table 1. This table includes the number and type of studies included in each review included, key findings, policy recommendations and I have also included important characteristics of each review.

Table 3. Reviews of effective interventions for school sex education

Review	No. and type of studies	Key Findings	Policy Recommendations	Comments
Kirby et al. (1994) ‘School-based Programs to Reduce Sexual Risk Behaviors: A Review of Effectiveness’	7 retrospective studies using national survey data 16 experimental and quasi-experimental studies	National survey data studies show effects of sex education programmes on the use of contraception and initiation of intercourse as mixed. Some had a positive effect amongst older teens, but younger teens (in 3 of the 7 studies) had a negative effect. Programmes that focused on abstinence and contraceptive information had no effect on initiation of intercourse. Programmes that focused on delaying intercourse succeeded in their goal amongst sexually inexperienced students, with experienced students displaying mixed results.	Features of successful programmes are listed and it is recommended that they be replicated in all schools.	This is the only review that showed studies could have a negative effect on sexual behaviour among certain groups. The authors do not include unpublished material, and all studies were carried out in North America.
NHS Centre for Reviews and Dissemination (1997) 1997 ‘Preventing and reducing the adverse effects of unintended teenage pregnancies’	42 studies with ‘educational approach’ including 8 RCTs.	School based sex education programmes that are linked to access to contraceptive services can reduce teenage pregnancy.	Multi-faceted approach needed, involving local people, education, health and social services.	There is a very small amount of evidence given to support this claim. The majority of individuals included in the ‘at risk’ target groups which are highlighted by the authors are not attending school.

UNAIDS (1997)	67 studies 15 controlled interventions 38 other intervention studies 9 cross sectional surveys 5 national and international comparison studies	Highlights the efficacy of sex education aimed at young people in reducing rates of STD's and pregnancy.	Policy should be designed according to existing successful practices. Policy makers should shift emphasis from designing on the basis of convention and begin to communicate clear aims of interventions to all parties involved in delivering sex education.	Although a large number of studies were examined, the quality of the research was mixed. 'young adults' and 'adolescents' were terms used interchangeably and it was unclear what age group the study was interested in, particularly as many of the studies reviewed included many over 20yrs.
Meyrick, J and Swann, C (1998)	6 reviews summarised 2 systematic reviews of effectiveness 2 reviews of effectiveness 1 review of good practice 1 literature review	School-based sex education programmes can be effective when linked to contraceptive services and aim to empower young people	<ul style="list-style-type: none"> Integrated clinic and education-based services Expanding services that are solely working with young people, avoiding fragmentation of services. Ensuring staff that work with young people are non-judgmental Targeting services to meet the needs of vulnerable groups Target young men Increase the use of health professionals in delivering sex education in schools 	<p>This review highlights the roles of social deprivation, lack of cultural openness and gender issues as barriers to decreasing the rate of conceptions.</p> <p>The 6 reviews which are discussed are not critically examined, and the authors state that none of the reviews examined (including Kirby et al. see above) provided any evidence that sex education increased teenage pregnancy.</p>

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Kirby et al. (1994) specifically review school-based programmes in order to ascertain the distinguishing characteristics of effective programmes. This review is limited as it only included studies which were published within peer reviewed journals, therefore excluding any unpublished studies. It doesn't give details of which journals were included, nor does it give any indication of whether studies outside North America were analysed. The studies were placed in two groups; the first using national survey data to examine the relationship between reported exposure to sex education and reported behavioural outcomes. This method has several limitations: it relies on respondents memory, it cannot accurately provide details of characteristics or quality of various sex education programmes and they cannot control for various other influences on behavioural outcomes other than sex education within schools. The second group of studies is described as experimental or quasi-experimental. The authors make nine recommendations as to what should be included in successful programmes. They should be:

- 1) Underpinned by Social Influence Theory, Social Learning Theory or cognitive theories of behaviour in order to allow the development of skills which recognise the societal pressures which young people experience.
- 2) Focused on the specific aims of delayed intercourse and protected intercourse
- 3) At least fourteen hours in length focusing on small groups to optimise the use of time in shorter programmes
- 4) Include a range of interactive activities (e.g. role playing) employed such that the participants personalise the risks and are actively involved in the process of developing strategies.
- 5) Emphasise clear statements about the outcomes of unprotected sex and develop strategies to respond to and deal with particular pressures.
- 6) Identify the social influences of peers and the media to have sex or unprotected sex and to develop strategies to respond to and deal with such pressures.
- 7) Have clear reinforcement of values supporting the aims of the programmes and development of group norms against unprotected sex relevant to the age and experience of the participants.
- 8) Include activities that allowed participants to observe others, and rehearse themselves communication and negotiation skills, yielding greater effectiveness in achieving delays in initiation of intercourse of unprotected sex

9) Provide training for those delivering the interventions.

(Kirby et al. 1994)

This review is optimistic about sex education, although it is interesting to note that it shows a negative effect of three interventions², particularly amongst younger teens. This review is highlighted by Mayrick and Swann (1998) and UNAIDS (1997), neither of which mention this finding.

The NHS CRD (1997) review titled ‘Preventing and reducing the adverse effects of unintended teenage pregnancies’ is formulated for a particular audience, primarily service providers and policy makers. The bulletin places its main findings on the front cover in bullet points, which is an important observation when taking into account that a non-academic audience may omit to read further due to other obligations. Although the title of the review states the intention to focus on ‘reducing the adverse effects’ of teenage pregnancy, the majority of the content relates to reducing the rate of conceptions.

The bullet points, which communicate the main findings of the review, highlight the effectiveness of sex education when linked with contraceptive services. However, there appears to be little evidence to support the claim. None of the randomised-controlled trials which were tabulated showed any statistically significant reduction in rates of teenage pregnancy. This claim is further damaged by the issue of ‘at risk’ target groups which are highlighted by the authors, the majority of individuals included in these groups would not have a consistent level of attendance at school. Although stating the usefulness of contraceptive services being linked to such programmes, the section on contraceptive services warns that “there is not the sort of clear evidence of different approaches to contraceptive counselling and contraceptive provision which could provide a firm basis for decision – making” (NHS CRD: 1997, p7). This review highlights that particular groups of researchers who are directly commissioned to produce such bulletins can have significant power in deciding which facts are communicated.

² Ku, Sonenstein and Pleck (1993), Marsiglio and Mott (1986) and Zelmik and Kim (1982)

UNAIDS (1997) conducted a large review which analysed 67 studies. They only included studies which included behavioural outcomes, and carried out a comprehensive search. The details of the methodology of different trials are not highlighted, although flaws in the studies are brought to the attention of the reader. The results of the studies were mixed. The authors concluded that of the 15 controlled intervention studies, 6 studies reported no effect; 3 of which appeared to be school-based. Six were associated with delayed initiation of intercourse or reducing frequency of intercourse. One study indicated that education increased sexual activity and earlier initiation of intercourse. Of those that did have positive effects, the majority showed marginal change and often over a very long period of time, which arguably dilutes the impact of the intervention. Thirteen of the other intervention studies reported a reduction in sexual activity, pregnancies, births or abortions. Nine cross sectional surveys relied on retrospective analysis and could not comment on the content of the sex education programmes, nor would they be able to control for the self-selecting nature of the group who had opted to take sexual health courses. The results are reported as finding no correlation between sex education and an increase in sexual activity. National and international comparison studies are also described as showing no correlation between sex education and increased sexual activity, occasionally promoting safer sexual practice. Studies which reported an increase in sexual activity were placed in the 'exceptions' category. This included the study by Marsiglio and Mott (1986) which reported an increase in initiation of intercourse for younger teens.

Although the review does not mention 'teenage pregnancy' the main focus is on adolescent sexual behaviour with an underlying assumption that sex education is taking place within a formal context such as a school setting. However the definition of the target group which the study is examining is unclear. When observing the studies in more detail, a large proportion include target groups which are over twenty, including one which involves adults up to the age of 59.

Mayrick and Swann (1998) put together an overview of previous reviews carried out on the effectiveness of different types of interventions. This review is published by the Health Education Authority, and is therefore designed for a similar audience to that of the NHS CRD (1997) review discussed above. The authors identify six

reviews, although the process of how this was done is not stated. Nor is it clear how the standard of the reviews was determined. Their intention is to find key recommendations which provide indicators for good practice in existing services and programmes. These recommendations do not appear to be focused on school based sex education programmes.

They include reviews by Kirby et al. (1994) and NHS CRD (1997), highlighting their conclusions that education-based programmes decrease the rate of teenage pregnancy. Meyrick and Swann also state that none of the reviews “found any evidence to support the popular assumption that sex education promotes sexual activity in young people” (Meyrick and Swann: 1998, p v), therefore ignoring the evidence shown in Kirby et al. (1994). This review does highlight the need to address social inequality gender issues, and to increase cultural openness when designing policies and services to tackle the high rate of teenage conceptions.

Overall the reviews indicate that sex education should be embraced. Guyatt et al (2000), argue that randomised trials are the most reliable basis for policy making, and observational studies should only be used when RCT’s are not available. If the above reviews only took into account high standards of research, such as RCT’s, the evidence supporting the argument for sex education would be limited (Guyatt, 2000). Therefore the conclusions that could be drawn from a review of the literature have the potential to be very different. Where sex education had no effect, the reviews tended to stress the fact that it did not increase sexual activity. Where studies indicated that sex education increased sexual activity, the reviews emphasised methodological flaws and cultural changes that may have effected behavioural outcomes. Other studies that showed a positive effect did not appear to come under the same scrutiny. Another common characteristic was the lack of explanation as to why certain age groups were examined. Kirby et al. (1994) and the NHS CRD review (1997), defined the problematic period for pregnancy being below the age of twenty, but gave no explanation why they arrived at this conclusion. UNAIDS (1997) and Meyrick and Swann (1998) did not state the specific age group which they were targeting. Target groups described in studies included by UNAIDS were often given American terminology such as ‘freshman’ and ‘sophomore’ which can mean either high school or college students.

Although UNAIDS (1997), NHS CRD (1997) and Meyrick and Swann (1998) all placed sex education within a broader cultural context, highlighting that social factors such as social exclusion and gender divisions contributed to the rates of teenage pregnancy. However neither review included tackling these issues in their policy recommendations. Overall the reviews recommend that sex education should be embraced.

In addition to individual studies, these reviews have been referred to in key documents that have been commissioned by policy makers. Their conclusions have the potential to influence policy makers' understandings of how sex education affects rates of conception and sexually transmitted diseases amongst young people.

SHARE (Safe Happy and Responsible): An evaluated school-based sex education programme

In 1993 two researchers, one from the University of Stirling and the other from the MRC SPHSU in Glasgow, had an informal discussion with members of HEBS (Health Education Board for Scotland) regarding the sexual health of young people. As a result of these informal discussions HEBS agreed to fund preliminary research “into the current provision for sex education in schools in Scotland” (Wight 1997, p53). This exploratory research focused on school sex education provision “as this was the only place where virtually all young people below the age of 16 could be reached” (ibid). The research revealed a lack of consistency in content and approach to sex education lessons, timetabling restrictions and lack of teacher training. The variation between schools and teachers served as a barrier to measuring the effects of the current provision. Therefore it was decided that a new course should be designed, which incorporated the most successful features of sex education lessons identified in school sex education programmes in the USA (ibid). This programme subsequently became the intervention for an RCT measuring the behavioural effects of a school sex education programme.

A team of researchers began to design a set of materials suitable for classroom delivery of sex education in conjunction with Lothian Health. For reasons explored

in more detail later in the thesis, this collaboration discontinued and a teacher trainer from England was invited to help develop and write materials. The course was called *SHARE: Sexual Health and Relationships: Safe Happy and Responsible*. As well as providing course materials the programme included five days of teacher training. The programme consisted of 20 sessions: “10 sessions in the third year of secondary school (at 13-14 years) and 10 in the fourth year (at 14-15 years)”. The intervention aimed to “reduce unsafe sexual behaviours, reduce unwanted pregnancies, and improve the quality of sexual relationships” (Wight, et al. 2002, p1430).

The programme had a strong theoretical basis, largely based on the principles of social cognitive theory “and attempted to promote behaviour specific self-efficacy (i.e. confidence that one can successfully perform specified behaviours in particular contexts)” (Wight and Abraham 2000, p29). This contrasts with the premise of much health education which aims to increase feelings of empowerment and self-esteem, which would then positively effect how individuals handle specific situations (ibid, p28).

The potential conflict between the theoretical underpinnings of the research and that of orthodox health education required “delicate negotiations” between practitioners and policy-makers. The success of these negotiations appeared to rely on the highly respected and experienced teacher trainer acting as a “linking agent” (ibid, p30).

The *SHARE* programme aimed “to improve young people’s understanding of the attitudes and experiences of the opposite sex” by splitting classes into male and female groups for some of the sessions (ibid). It also explored the balance of power between men and women. It aimed to increase the ability of young women to negotiate difficult situations. Identifying and anticipating situations was a critical component of the course. Using videos and anonymous transcripts of other young people’s descriptions of their first sexual experiences, pupils were encouraged to explore ways of negotiating situations and increase their awareness of potential risks. The course had a strong practical element where pupils practised putting on condoms. The programme therefore intended to consolidate negotiation skills with the practical skills of using contraception and preventing STIs.

As well as providing funding to develop and write the materials, HEBS provided funding for the *SHARE* intervention to be piloted in Lothian and Tayside. Following the pilot phase, the research team successfully applied to the MRC to fund an RCT conducted by the MRC Social and Public Health Sciences Unit (SPHSU). This Unit is jointly funded by the Medical Research Council and the Chief Scientists Office in SEHD (MRC, 2001).

An advisory group was set up to give feedback on the development of the *SHARE* programme. This group included of a member of HMIE and senior members of HEBS staff, helping to increase awareness amongst those developing national policy.

25 non-Catholic schools in Tayside and Lothian were recruited for the trial and were allocated “by balanced randomisation to deliver the intervention programme or to continue with their existing sex education” (Wight, et al. 2002, p1431). Self-completion questionnaires were issued and completed by third year pupils (aged 13-14yrs) in 1996 and 1997 at baseline, the beginning of their fifth year and about 6 months after the completion of the programme. The response rate was around 80% for both arms of the trial when the questionnaire was administered within school but this figured halved after the completion of the programme, when many young people had left school.

The interim results of the trial showed that the *SHARE* intervention had no effect on sexual behaviour. It did find reduced regret amongst those who had had more than one partner, in relation to the timing of their first intercourse with their current partner (ibid). It also showed an increase in knowledge of practical sexual health issues amongst those in the intervention arm. Another positive outcome was the positive evaluation of the pack and the teacher training (ibid) by teachers and pupils respectively. In the long term the *SHARE* programme is being evaluated in terms of its impact on terminations.

HEBS made a commitment to roll out the *SHARE* programme to all schools in Scotland. In addition they applied to SEED for funding to train trainers to provide sex education teacher training to teachers. The *SHARE* programme became the

focus of the school project in HR (Healthy Respect), a policy initiative funded by SEHD to tackle rates of teenage pregnancy and STIs amongst young people. The *SHARE* materials also featured as a recommended resource in SEED related policy developments. The commitment by HEBS to establish the *SHARE* programme in Scottish schools was made after the interim results of the trial were known in July 2000 (these results were presented to HEBS before publication in 2002). Its inclusion in national level policy initiatives, such as the *McCabe Report* and Healthy Respect all occurred before the interim results of the trial were known. The interim results were published in 2002 (Wight et al., 2002).

Evidence Into Action: Teenage Sexuality in Scotland (Burtney: 2000)

This document reviews existing research on young people's sexual behaviour and relates it to the Scottish context. This document is split into ten sections:

1. Policy context
2. Social context
3. Sexual and contraceptive behaviour
4. Health outcomes
5. Young people learning about sex
6. Learning from friends
7. School-based sex education
8. Parents' role in sex education
9. What the media teach
10. Services to support young people

The most striking feature of this document is its design and communicability. In addition to the main document there is a 'briefing paper' that presents small summaries for each section. At the end of each section specific statements, which are contained in the summaries, are presented in large font clearly separated from the rest of the text. Statistical evidence in this summary is clearly presented and therefore quickly absorbed. The main document goes into each section in more depth. There are no more than two and a half A4 pages on each topic. Text is kept to a minimum and there is consistent use of bullet points throughout. Subheadings

appear in margins next to the text. There are therefore a number of different ways that the information in this document can be absorbed, depending on the time available to read it. In addition to its presentation easing the communication of information, contact details for the author are given with an invitation to readers to “please use the contact details...if you have any queries” (ibid, p12).

‘Priorities for Action’ are summarised at the beginning of the briefing paper, and again in more detail at the start of the main document. These refer to a range of measures including school-based sex education: “education on sex and relationships in schools needs to be more consistent in quality and quantity” (Burtney: 2000, p1). The section on school-based sex education research evidence highlights the reviews discussed above. Burtney asserts that “there is no evidence to suggest that the provision of sex education leads to increased sexual activity or higher rates of pregnancy” (ibid, p7). The lack of good quality school based sex education research is clearly stated. Three current school-based sex education research programmes are then identified, including the *SHARE* programme.

In this document young people’s sexual behaviour is contextualised. Burtney emphasises the role of cultural stereotypes for young men and women, the need for increased teacher confidence and identifies under – represented population groups (including homosexual young people and young men). The evidence within this review was presented to the Working Group for Sex Education in Scottish Schools (discussed below).

The research developments discussed above have been presented in a timeline (Appendix C).

Scottish health policy background for school sex education

Teenage pregnancy and increased rates of STIs are currently a leading public health issue in Scotland. In general, Scotland's public health record does not compare favourably with that of other Western European countries, this includes rates of teenage pregnancy. Increased awareness of AIDS in the early 1980s was reflected in the development of Scottish health policy (discussed below). At this time the role of health promotion and health education became more explicit. Sex education was considered a crosscutting policy area; other sectors such as education were given roles to play in reversing adverse public health trends.

This section will describe Scottish national health policy for sexual health. First, I will describe the organisations involved in its development. I will then present a brief analysis of relevant policy documents, focusing on their perspectives on the sexual health of young people and their use of research evidence. This comes from a larger piece of work that could not be included in this thesis, the methods for which have been discussed in Chapter 2.

Scottish Executive Health Department (SEHD)

SEHD is one of the largest and oldest departments within the executive (formerly the Scottish Office). As well as recruiting internally from other Scottish Executive Departments, it recruits individuals with scientific and clinical backgrounds from outwith the Scottish Executive.

SEHD funds two initiatives focusing on school sex education: the Healthy Respect Demonstration Project (HR), which is managed by Lothian Health and the Positive Steps Partnership (PSP). This Department also sponsors the Health Education Board for Scotland (HEBS) that plays a significant role in the development of school sex education in Scotland.

Within SEHD there are six directorates, one of which is the Directorate of Health Policy. The Directorate of Health Policy incorporates several divisions, one of

which is the Health Improvement Strategy Division. This division has four branches, each with specific remits:

Branch One: Health Education Policy and Sponsorship of HEBS

Branch Two: Overseeing production of *Towards a Healthier Scotland*; co-ordination of Demonstration Projects (including HR)

Branch Three: Health promotion

Branch Four: Physical Activity Task Force

It is unclear which branch has responsibility for the funding of PSP.

SEHD policy documents and school sex education

Prior to devolution, the Health Department in the Scottish Office issued several policy documents referring to health education and sex education. In 1990 the Scottish Home and Health Department produced the document *Health Education in Scotland – a National Policy Statement* (Scottish Home and Health Department, 1990). This document announced that HEBS had been established in 1991 to help achieve public health targets by increasing health education. In 1992 *Scotland's Health A Challenge to Us All* (The Scottish Office, 1992) was published. This document emphasised partnership working to improve health education, particularly between HEBS and SCCC (Scottish Consultative Committee for the Curriculum) to create a national resource centre for schools and LEAs to access materials and support. Although this document highlights concern about HIV and AIDS, neither publication focuses on the sexual behaviour of young people.

Towards a Healthier Scotland: A White Paper on Health (The Scottish Office, 1999a) gives greater emphasis to rates of teenage pregnancy and STIs. Sexual health is identified as a key target area, alongside cancer, heart disease and infant health. Compared with *Scotland's Health A Challenge to Us All* (The Scottish Office, 1992), the White Paper places less emphasis on HIV/AIDS. Greater emphasis is placed on the health behaviours of school children, with specific reference to reducing rates of teenage pregnancy and STIs amongst young people, rather than the Scottish adult population as a whole.

Perspectives on young people's sexual behaviour in Towards a Healthier Scotland (1999)

Teenage pregnancy in *Towards a Healthier Scotland* (1999a) is presented as a problem due to the relatively high rate of teenage pregnancies and STIs in Scotland in comparison with other Western European countries: “Our position at or near the top of the international ‘league tables’ of the major diseases of the developed world...is unacceptable and largely preventable” (The Scottish Office 1999a, p2). Teenage pregnancy is described as contributing to a health deficit, but the adverse health affects of pregnancy at a young age are not stated. The adverse affects of physical diseases such as heart disease and cancer are similarly omitted; however I would argue these are self-explanatory.

The cause of teenage pregnancy is placed firmly on the doorstep of the irresponsible teenager. In particular the decision-making of young mothers is highlighted:

Scotland's high rate of unwanted teenage pregnancies remains a matter of immense concern. A high proportion of these pregnancies occur in the most deprived areas. Many teenage mothers keep their babies; already socially and educationally disadvantaged, they may find themselves excluded from further education and employment opportunities and locked into a cycle of events with limited prospects of escape (ibid, p28).

Targets for teenage pregnancy aim for a 20% reduction in the rate among 13-15 year olds. The action outlined to achieve this aim is the funding of a ‘demonstration project’ to help “foster responsible sexual behaviour of Scotland's young people”. Demonstration projects are also allocated to the other key target areas: infant health, heart disease and cancer. Alongside the demonstration project, funding will be allocated to “enable the voluntary sector's expertise to be made available to many more schools in Scotland” (The Scottish Office 1999a, p29).

Key principles that are to be presented in the demonstration projects include:

- Emphasis on reducing inequalities in health and tackling adverse life circumstances
- Communication and partnership working, within and across boundaries and

between levels

- Blending evidence-based practice with steps that break new ground
- Process and outcome evaluation with rapid dissemination of steps learned
- Strong field collaboration with other local programmes that share goals such as Social Inclusion Partnerships and New Community Schools

(ibid, p49).

This White Paper makes no explicit reference to school sex education, however the guidelines for the demonstration project stipulate: “Health promoting schools will offer a focus, with wider stress on strengthening parenting skills and social inclusion” (ibid, p50).

Use of research evidence in Towards a Healthier Scotland (1999)

This document does not provide the actual rates or levels of teenage pregnancy and STIs amongst young people in Scotland. However, it does refer to their existence: “Pregnancy rates amongst 13-15 year olds” and that the trend is “higher than in most other Western European countries” (ibid, p56). No qualitative data is reported, and the objectivity and neutrality of statistics is assumed. No other evidence, such as the systematic reviews highlighted earlier in this chapter, or randomised controlled trials are alluded to or presented in this document.

This document uses particular words and phrases that relate to technical language, assumed knowledge, neutrality, objectivity and scientific truth. ‘Adverse outcomes’, ‘health deficit’, ‘strongly linked’, ‘powerful effect’, ‘factors can influence’ etc., are all recurring combinations which are used throughout the text. These combinations are not lay terms. This terminology would be familiar to researchers or scientists, and therefore help to isolate the lay reader from the text, creating an authoritative voice.

Lothian Health: 'Healthy Respect Demonstration Project'(HR)

Organisations tendering for the Healthy Respect demonstration project had to submit one brief proposal. Grampian Health Board and Lothian Health were then short listed and invited to submit a second more detailed proposal. Lothian Health won the tender, and defined their role as “the umbrella organisation responsible for co-ordinating and facilitating the various components and to act as a catalyst to achieving health improvement in the sexual health of young people” (Lothian Health Authority 1999 p1). The document highlights that development of the projects will involve consultation with young people. They place HR within a policy context that includes *Towards a Healthier Scotland*, the education White Paper *Targeting Excellence* and the Social Inclusion White Paper *Inclusive Communities Aiming for Excellence* (ibid, p3, 4).

The document outlines two strategic aims for HR: first, “to reduce the level of teenage pregnancies and prevent the spread of STIs among young people in Lothian” and second, to communicate their work “in a way that helps promote understanding about how and why outcomes emerge” to allow “maximum appreciation of transferability potential throughout Scotland” (ibid, p2).

The HR proposal contains seventeen projects (since reduced to 12) aimed at reducing rates of teenage pregnancy and sexually transmitted diseases (particularly Chlamydia). The projects cover a broad range of issues, focusing on different groups of young people and different settings. It aims to develop the roles of those educating and treating young people as well as improving the services that young people receive. There does not appear to be a coherent approach to reducing the rates of teenage pregnancy and STIs, and it does not focus solely on the school as the site for effecting behavioural change.

Within this proposal the *SHARE* programme is drawn on for a specific project, ‘Training and Support for Educationalists’. It is proposed that the project will demonstrate:

- The benefits of introducing a support system in situ for school teachers who have attended *SHARE* training

- The benefits of introducing a support system in situ for *SHARE* trainers
- A range of approaches to the provision of support
- The adaptation of the *SHARE* project for different settings and with different target groups
- The potential role of the school nurse in supporting the *SHARE* project (ibid, p36)

The Lothian Health proposal states the intention to “build on the strengths of *SHARE* identified through the study, and to work with members of the *SHARE* team on addressing identified weaknesses” (ibid, p37). It “anticipate[s]” that HEBS will roll out *SHARE* across Scotland, and that HR’s use of *SHARE* will compliment this development, extending *SHARE* to work with particular target groups in different settings outside school” (ibid).

The description of the project that uses the *SHARE* programme appears to emphasise the training benefits for those delivering sex education; its usefulness for benefiting target groups is not explicitly stated. HEBS’ involvement with the *SHARE* intervention and the development of the RCT is clearly stated. These factors fulfil some of the criteria set out by *Towards a Healthier Scotland* which each bid had to display in order to be successful, for example, “partnership working” and “blending evidence based practice with steps that break new ground” (The Scottish Office 1999a section 113). At the second bidding stage for HR, the effectiveness of the *SHARE* programme for target groups could be overshadowed by the ability to adhere to the criteria by which projects were to achieve their aims.

The evaluation of HR was also put out to tender. The Department of Public Health at the University of Aberdeen successfully bid for the role of evaluator.

Perspectives on young people’s sexual behaviour in the HR Proposal document (1999)

The proposal document states: “Pregnancy is the most overt and public outcome of teenage sexual activity”. This statement stands alone at the beginning of the ‘teenage

pregnancy' section of the document. This statement is not referenced or backed up by any evidence. This echoes the perspective on sexual health issues adopted by *Towards a Healthier Scotland*.

Use of research in the HR Proposal document

Research evidence is used extensively in this document. It presents graphs and tables and cites specific studies (all of which appear to be qualitative). The evidence is used to set the scene and justify particular approaches that Lothian Health plans to use in their projects. Terms such as 'studies from ...indicate', 'according to', and 'a survey revealed' collectively assume that the existing situation and gaps in services have already been identified by research evidence.

The Positive Steps Partnership (PSP)

The Positive Steps Partnership (PSP) is a voluntary organisation that delivers sex education in Scottish schools. PSP liases with LEAs (local education authority); its work is funded by SEHD. This organisation was established in the 1980s in response to the growing awareness and fear of AIDS. It has since developed a programme to tackle rates of STIs and teenage pregnancy. There is a degree of controversy surrounding this initiative. Positive Steps applied for Scottish Executive funding in December 1998, before the 1999 White Paper was published. In February 1999, they received significant funding from SEHD to begin working in Scottish schools. The decision to award funding to PSP did not follow normal procedure whereby SE would invite organisations to tender for funds. PSP was awarded this funding without any other organisations being invited to tender. Furthermore, Positive Steps was formed by ACET (Aids Care Education and Training), a religious organisation that has in the past been criticised for its negative attitude to homosexuality. Following the Scottish Executive's decision, a letter was sent to all Local Education Authorities in Scotland, recommending that Positive Steps should be used to provide sex education. This action caused friction within the various Health Promotion authorities, as HEBS policy recommends the use of guidance teachers within schools to teach sex education.

Positive Steps advocates a 'Four Fold Approach', working in partnership with parents, schools, local communities and professional training. They rest the ownership and responsibility of the programme with the partnership between parents, teachers, LEAs and national government. The literature for PSP states that they take a "subordinate, enabling role as a provider of specialist input" outlining a consultative model of project development. This includes consultation with nearly every individual and organisation involved in delivering sex education: LEAs, head teachers, parent consultation and classroom teachers. This model does not include any pupil consultation. PSP state that the follow up stage of the programme includes teacher parent feedback and pupil evaluation. Because programmes are designed specifically for each school in different localities, the main aims of PSP are very broad. Delivery of the programme is done through PSP with teacher involvement.

A group was commissioned by the Scottish Executive to monitor and evaluate PSP. The group consisted of representatives from HEBS and the MRC, and was only convened in late 1999, considerably later than the original application for Scottish Executive funding made by PSP. Postponed and cancelled meetings delayed the evaluation taking place. In 2000 SCRE was commissioned by HEBS (on behalf of SEHD) to evaluate the project.

The Scottish Sexual Health Strategy (SHS)

Another policy development stemming from SEHD is the development of a Sexual Health Strategy for Scotland (SHS). My interviews were completed before the strategy was written and therefore its development is not a major focus for this thesis. However, some respondents had knowledge of the strategy or were involved in its initial development; these experiences and descriptions are referred to in subsequent chapters.

Health Education Board for Scotland (HEBS)

HEBS is the national body for health promotion in Scotland and although sponsored by the SEHD it has its own operational strategy. It is a high profile national organisation that has strong links with practitioners both in education and health.

HEBS also incorporates a Research and Evaluation Division that employs research specialists focusing on different health topics, including sexual health. These individuals commission, and review existing research. Their work helps consolidate the diverse relationships that HEBS has developed with other organisations in Scotland. HEBS' publications include *Evidence Into Action: Teenage Sexuality in Scotland* (Burtney, 2000), discussed above. Additional publications relating to young people include a series of reports on the *Health Behaviours of School Children* during the 1990s and *Teenage Sexuality and the Media* (2001).

HEBS' operational strategy includes a specific strategy for sexual health, including tackling rates of teenage pregnancy and rates of STIs among young people. This strategy outlines support for a schools programme, the focus of which is the development and dissemination of the *SHARE* programme (discussed above). As part of the schools programme HEBS have a close working relationship with LTS. LTS is discussed in detail below. In addition to these organisational links, HEBS was represented on the Monitoring and Evaluation of PSP, the SHS group and the McCabe Committee (discussed below).

Until recently HEBS was the only national organisation with a remit for improving public health through health promotion. In 2001 the Public Health Institute for Scotland (PHIS) was set up with a view to develop a strategy for improving public health in Scotland. One member of PHIS is responsible for co-ordinating the 'learning networks' stemming from the Demonstration Projects (including HR). Since interviews for this thesis were completed, HEBS and PHIS have merged. The new organisation is called 'NHS Health Scotland'.

Summary

The issues of sexual health and teenage pregnancy in health policy have developed from focusing solely on the rates of HIV/AIDS to STIs and teenage pregnancy, emphasising the sexual behaviour of young people. SEHD have enlisted HEBS, Lothian Health and PSP to help reduce rates of STIs and teenage pregnancy.

Appendix C presents a timeline highlighting the documents, initiatives and organisations that have contributed to health policy development for young people's sexual health.

Scottish education policy background for school sex education

The following section will describe the organisational network for education policy developments for school sex education. I will begin by describing the organisational structure of SEED and present a brief analysis of policy documents referring to sex education in schools. I will then describe the education organisational network for school sex education. In addition to SEED, this network includes Learning Teaching Scotland (LTS) and Her Majesty's Inspectorate of Education (HMIE). In addition to describing the policy background and recent developments involving these institutions, this section will present a brief analysis of two documents: The Report of the Working Group for Sex Education in Scottish Schools (*McCabe Report*) and Sex Education Guidance for Scottish Schools (Guidance documents).

Scottish Executive Education Department (SEED)

When the Scottish Office was established in 1885 education was its principle responsibility, with other areas being added incrementally. In 1999 the remit of SEED extended to include tourism, culture and sport, children and young people. Unlike the Scottish public health record, the Scottish education system is seen as a national strength, closely associated with Scottish national identity (Humes and Bryce 2003, p109). Scottish education is regarded by some as proof of the superior quality of Scottish life (Midwinter et al 1991, p13; Humes and Bryce 1999, p103). Unlike health, education is perceived to have an important role in the institutionalisation of values within society by defining and disseminating societal norms and values (MacKenzie 1999, p91). Where health policy is apparently concerned with targets and outcomes, "educational institutions embody social messages about fundamental principles such as freedom, authority, equality, justice and community. Thus policy decisions are never purely technical matters about the most efficient means of reaching stated objectives. They are always expressive of a

social philosophy that, in a democracy, should be contestable and open to debate” (Humes 1999, p82).

SEED is split into six areas including the ‘Schools Group’, which contains four divisions. Health education and the school curriculum is covered by the ‘Pupil Support and Inclusion Division’ which includes health education in the school curriculum. Within this division, one civil servant deals directly with health education.

Historically, policy development for the curriculum has been led by HMI; HMI was located within SEED. In 2001 HMI was taken out of SEED and turned into an Executive Agency. Its acronym then changed to HMIE. Jack McConnell stated that its role was to provide reports to “identify key strengths, indicate where improvement is needed and offer suggestions on the scope for drawing on best practice” (HMIE 2001).

LTS also has an important role in curriculum development:

LT Scotland is a national public body which provides support, resources and staff development for early years and school education, and promotes learning throughout life. Our role is to advise the Scottish Executive and to support development in learning and education, including the use of information and communications technology (Learning Teaching Scotland, 2001)

The relationship between HMIE and LTS, and how each organisation relates to SEED is difficult to determine from existing literature. However, it appears from the above statements that HMIE focuses on monitoring and assessment while LTS concentrates on training and support of teachers.

However, at the strategic level SEED has an important role to play in formulating the themes that occur within policy, and must endorse LTS school guidance publications.

SEED policy documents and school sex education

With the exception of biological reproduction within Science, prior to 1974 there was no sex education within the curriculum. In 1974 Curriculum Paper 14 was published identifying the school as the primary source for sex education as “only a small number of parents at that time were accepting this responsibility” (Working Group on Sex Education in Scottish Schools Chaired by Mike McCabe, 2000). Since then sex education has undergone considerable development. At the beginning of the 1990s, the concept of the ‘Health Promoting School’ (ibid) was developed placing Scotland at the forefront of health education development in Europe. Subsequently staff began to demand more training and materials to deliver sex education. “Personal Relationships and Developing Sexuality” (1994) was then produced (ibid). The development of school sex education coincided with the rise of HIV/AIDS and other STIs, establishing the school as a vehicle to address these public health concerns.

In 1993 the National Guidelines in Personal and Social Development 5-14 were published by the Scottish Office Education Department. This document introduced health education across different areas of the curriculum. Health education is now addressed within Environmental Studies, Personal and Social Education and Religious and Moral Education. During the same year the department recommended that schools appoint a health education co-ordinator. The White Paper *Targeting Excellence* (The Scottish Office 1999a) established New Community Schools, which were intended to address adverse social trends, including young people’s poor health. This white paper emphasised the need for the “provision of effective health education in Scottish Schools”, with particular emphasis on drugs education.

Repeal of Section 2(a)

In October 1999 the Scottish Parliament, through the Minister for Justice, announced its intention to repeal Section 2(a) of the Local Government Act 1986. This clause barred schools from ‘promoting homosexuality’. This announcement produced an adverse reaction from interest groups, including the Catholic Church. In February the Scottish School Boards Association announced its plans to launch a campaign to

oppose the repeal (Tinning & Ritchie, 2000). This was followed by a 'Keep the Clause' campaign, funded by Brian Souter, owner of the Stagecoach bus company. The campaign became increasingly high profile, culminating in a referendum funded by Brian Souter and the Daily Record inviting the public to vote against the repeal. Throughout these events the media played an extremely important role, giving a voice to interest groups and individuals opposing the repeal. SEED and Ministers were attacked for misjudging public opinion.

Despite this controversy, the clause was repealed. The clause was replaced with legislation which "puts a duty on councils to have regard to: the value of stable family life in a child's development and the need to ensure that the content of instruction provided by authorities is appropriate, having regard to each child's age and understanding and stage of development" (Working Group on Sex Education in Scottish Schools Chaired by Mike McCabe, 2000).

Working Group for Sex Education in Scottish Schools ('McCabe Committee')

Following this debacle and before the repeal was enforced, the Executive tried to calm opposition by setting up a working group chaired by Mike McCabe, an LEA Director of Education, to draw up a package of safeguards for schools, to be put in place before the repeal was enforced. The Group consisted of head teachers from individual schools, LEAs, parent and religious groups. Individuals representing SEED, HEBS and HMIE advised the group and the committee were also "assisted in their task" by representatives from SEED and LTS. *The Report of the Working Group for Sex Education in Scottish Schools (McCabe Report)* concluded that the existing safeguards were sufficient but that additional guidance should be put in place before the repeal. These included a *Summary of National Guidance* and *Guidance on Effective Consultation with Parents*. The McCabe Committee also made a number of recommendations to improve the existing provision of sex education.

The *McCabe Report* (2000) to a large extent mirrors the information given in *Evidence into Action* (Burtney: 2000), discussed above. The report emphasised that sex education must be seen as part of the "wider context of health promotion and the

health promoting ethos of the school” (ibid, p27). Parent consultation was also strongly emphasised in order to prevent repeating the Section 2(a) controversy. The key aims of sex education include providing “accurate and relevant information”, “establish[ing] an awareness of the importance of stable family life and relationships, including the responsibilities of parenthood and marriage” (ibid, p27). The Catholic Education Commission requested that a statement be included within the report to highlight their dissatisfaction with the existing package of safeguards in Scotland “insofar as it makes no reference to marriage”. The *McCabe Report* also includes statements given by groups representing other faiths on the values that should underpin sex education in Scotland.

This report could be interpreted as presenting a shift from the 1974 Curriculum paper on sex education that placed the site for sex education firmly within the school. The *McCabe Report* not only emphasises consultation between the school and parents, but also views parents as having more responsibility towards educating children about sex than schools. Thus although the school is still considered important, it has been placed in a broader context. It is recognised that “the school’s influence is one of many” in relation to behaviour (Working Group on Sex Education in Scottish Schools Chaired by Mike McCabe, 2000).

Perspectives on young people’s sexual behaviour in the McCabe Report

Unlike *Towards a Healthier Scotland* teenagers are depicted as individuals with many different behaviours highlighting their subjective experience, as opposed to classifying them all as irresponsible.

Use of research in the McCabe Report

This document uses research extensively, citing specific qualitative studies and routine statistics, for example, those showing the rates and levels of teenage pregnancy and STIs amongst young people. Most of the evidence contained in this report is also presented in Evidence into Action (2000). The statistics are presented in a cautious manner, often dampening the ‘shock’ impact through balanced sentence construction:

The rates of teenage pregnancy in Scotland have remained relatively stable over the last 10 years, with provisional figures for 1998 indicating that 8.4 per 1,000 of 13-14 year olds and 67.6 per 1,000 of 16-19 year olds became pregnant. However, compared with other countries in Western Europe, live birth rates in the UK, which has almost identical rates for Scotland, remain high. (The Scottish Office, 1999a)

This research is presented in a very specific and detailed way, ensuring any reasons for concern are qualified and put in context.

When discussing the debate on the effectiveness on sex education, the authors again place this area of conflict within the realm of science, highlighting studies in progress (including the *SHARE* trial) that “should help clarify the debate on the effectiveness of a range of sex education packages.”

Learning Teaching Scotland (LTS)

In 2000 the Scottish Consultative Committee on the Curriculum (SCCC) and the Scottish Council for Educational Technology amalgamated to form LTS. LTS is an Executive agency and contributes in varying degrees to curricular development. Its relationship to SEED appears to vary depending on the policy issue. For example in its former role the SCCC produced three different types of document:

- *SCCC initiated* Review and Development – a need is identified by the SCCC. The subsequent report is sometimes endorsed by the Minister for Education as guidance for schools and LEAs.
- *Government initiated and SCCC supported.*
- *Government Owned with SCCC contracted* to undertake development work. This may involve a group from within the SCCC being appointed, funded and overseen by the executive.

This highlights the elastic relationship between SCCC and SEED, making it difficult to identify the extent of their influence within educational policy development. MacBride states that although SCCC was “directly dependent on the department and on ministers” it “contributed to and...sustained an influential critique of government education policy throughout the 1990s” (MacBride 2003, p196). MacBride asserts that this critique centred on giving more leeway to teachers and schools to develop

their own curricular programmes. Like SCCC the newly formed LTS “has more directly, through commissions, contributed to the support of Executive initiatives, but in doing so has maintained a dialogue with the rest of the education community” (ibid, p200). This relationship with SEED and practitioners is seen to differ from the role of HMIE (discussed below); Inspectors were regarded as “agents of state control”, dictating policy to educational practitioners (Weir 2003, p151).

Following the *McCabe Report* SEED charged LTS with the task of producing guidance for sex education, which was published in March 2001. A consultation process, also carried out by LTS, with full support from the Executive preceded the publication of the Guidance documents. The guidance included the recommendation of classroom materials; *SHARE* materials were included as a recommended resource.

The ‘Sex Education Guidance for Scottish Schools’ (2001) “respond(s) directly to the working group’s recommendation” that “sex education should be represented in a context that values stable relationships, healthy living and personal responsibility and firmly sets sex education within the wider context of health education, religious and moral education and personal and social development” (Learning Teaching Scotland, 2002). The rhetoric of partnership to ensure the ‘effectiveness of any health education’ is apparent: “sharing information and encouraging two way information”, “supporting staff in establishing partnerships” and “consultation”. Sex education is stated in terms of its place in personal child development, identifying the key elements as ‘interpersonal skills’, ‘self esteem’ and ‘self awareness’.

This document uses what are assumed to be inclusive democratic terms to describe its approach to sex education. For example, “sex education should contribute to the physical, emotional, moral and spiritual development of all young people in the context of today’s society” and “Education about sexuality and relationships should reflect the cultural, ethnic and religious influences within the home, the school and the community.” The authors are therefore closing opportunities for conservative critics to protest against the policy document, by listing the realms likely to be a priority by parents for the well being of their children. The risk that libertarians might criticize the policy for not promoting sexual pleasure apparently did not concern the authors.

Two passages in the ‘Summary of National Advice’, included in the Guidance documents allude to the issue of relationships, and the importance of diversity. First, “Sex education should be presented in a context that values stable relationships” (2001, pii) and second, “importance of pupils developing ... respect for diversity and non-discriminatory views, and respect for individual differences” (ibid, p1). These statements place greater value on the quality of relationships than on whether or not they are heterosexual. The second emphasises the ability to respect difference and diversity as being the desired cultural norm, rather than marriage or heterosexuality. Young people are referred to collectively, for example ‘young people’ and ‘pupils’ which does not suggest diversity in their actions or behaviour.

The document does not make many references to research evidence, this reflects its function as practitioner guidance. The development of “performance indicators” and “effective policy” is done internally through identifying “good practice” rather than the use of research. In this document, the authority is placed within the realm of the educational bureaucracy rather than scientific research. Technical scientific language is not employed to any degree. Phrases such as “curricular goals” “performance indicators” represent the “linguistic building blocks” of educational management rather than scientific research. Existing legislation, including European legislation also affirms particular policy stances.

Since these guidelines were published, the 5-14 Curriculum Guidelines for Schools have been revised and reissued; LTS has had full control over this process with endorsement from the Executive. One reason for this may be the increasing politicisation of sex education since the Section 2(a) controversy. An agency that is at arms’ length from the political realm of policy making may help to pacify disgruntled parties. When announcing the publication of sex education guidelines Jack McConnell (then First Minister for Scotland) thanked “LT Scotland for taking forward this process on behalf (of the Executive)” (The Scottish Executive 2001).

Her Majesty's Inspectorate (HMIE)

Historically, HMI has had a great deal of power and influence over educational policy development. Until April 2001 HMI was part of SEED. Although hailed by the state as “objective and independent” analysts “argue that state appointees, most of whose remit is at least approved or at most prescribed by ministers, cannot avoid being seen as agents of the state rather than allies of the teachers” (Weir 2003, p151). When situated within SEED, HMI inspected, reviewed, critiqued and developed the curriculum in Scottish schools. It has been argued that HMI was acting as “the judge and jury on its own development role” (Ross 1999, p181) and that this conflict of interests precipitated its removal from SEED. HMIE is now outwith the Executive, however Weir asserts that their core tasks to “inspect schools” and “assist policy formation” remain intact.

An HMIE inspector has attended working groups and committees for school sex education policy development. For example, the inspector sat on the advisory group for the *SHARE* trial and advised HEBS on the dissemination strategy for the *SHARE* programme. They were also invited by SEHD to be part of the PSP Monitoring and Evaluation Group. HMIE were also represented on the McCabe Committee. However, since becoming an Executive Agency, the status of inspectors has lessened amongst policy-making circles. This is discussed in greater detail in subsequent chapters.

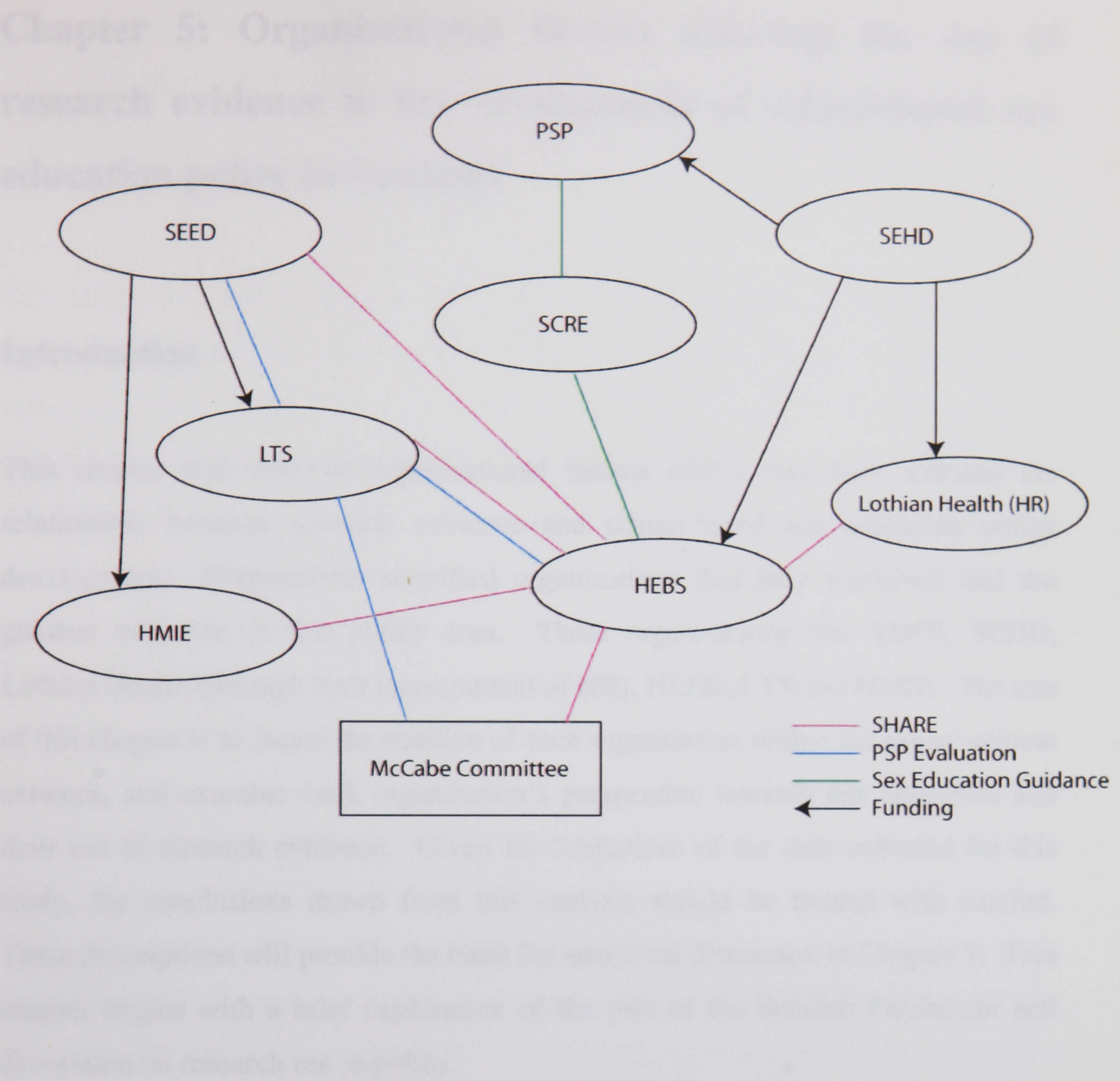
Other organisations

The organisations described above are the main national bodies that develop and formulate policy affecting what sex education is carried out in schools. Other organisations are not necessarily viewed as part of the main ‘network’ of organisations but nevertheless affect policy to some degree. The Catholic Church; parent groups; school board associations; voluntary organisations such as the Family Planning Association and research bodies, all have varying degrees of influence over how policy is formulated and the discourse employed within it.

Conclusion

This chapter has provided the background information regarding developments in policy and research for school sex education in Scotland. It illustrates the aims and priorities for those developing SEED and SEHD related policy. In addition to the timeline a ‘Policy-Making Map’ (Figure. 2, below) can be used to help to identify how all of these organisations and initiatives are linked.

Figure 2. School sex education policy-making in Scotland: organisational links



Chapter 5: Organisational factors affecting the use of research evidence in the development of school-based sex education policy in Scotland

Introduction

This chapter will describe organisational factors which may have affected the relationship between research evidence and school-based sex education policy development. Respondents identified organisations that they perceived had the greatest influence in this policy area. These organisations are: SEED, SEHD, Lothian Health (through their management of HR), HEBS, LTS and HMIE. The aim of this chapter is to locate the position of each organisation within the organisational network, and examine each organisation's perspective towards sex education and their use of research evidence. Given the limitations of the data collected for this study, the conclusions drawn from this analysis should be treated with caution. These descriptions will provide the basis for analytical discussion in Chapter 7. This chapter begins with a brief exploration of the role of the Scottish Parliament and devolution on research use in policy.

The Scottish Parliament

The existence of the Scottish Parliament was seen by many respondents as advantageous to the relationship between policy-making and research, as the Former Minister states: "it's the job of the universities to try and force more of their stuff into the political arena, and you now have the opportunity in the Scottish Parliament." Other respondents referred to the 'openness' of policy-making that the Parliament was perceived to create, for example, the HEBS R&E Manager stated that:

devolution meant that parliament was more opened out, with a far greater increase in consultation. The policy-making process completely opened up, giving greater opportunity for people to influence what was happening. The Scottish Executive were receptive to people's ideas (HEBS R&E Manager).

The visibility of the Scottish Parliament and the potential for devolution to be replicated in Wales made Scottish Executive policy-making "open to more scrutiny, there's a lot of debate...there's a vehicle there for more of a voice" (SCRE researcher). The MRC Senior respondent felt that such scrutiny meant research evidence was more likely to be drawn upon "...it's [the Parliament] probably had a very beneficial effect in the sense that ...there's an imperative in Scotland to show, what can be achieved...quickly...with good information...there are opportunities here." Awareness of an external view of Scotland - its national reputation - is therefore suggested as a motivation for research use.

Despite these descriptions of the Parliament positively affecting the relationship between research and policy, no respondents gave a concrete example of this. Therefore it could be argued that the creation of the Parliament contributed to an overall *perception* of the inclusion of influential voices, including research voices. However, the following description of policy-making within the Executive reveals that in reality, open participation in decision-making was problematic in both SEED and SEHD related policy.

The Scottish Executive

Most respondents described the Scottish Executive's role in the organisational network as the 'driver' of policy. For example, the PHIS Network Co-ordinator stated: "At the end of the day it would be the Scottish Executive who's driving the policy." The HEBS (York) Researcher also concurred with this view: "I think that the Scottish Executive have a crucial role, in setting national standards and they'd be taking the lead." A 'driver' of policy therefore implies ownership and control over broad policy frameworks.

Although some respondents referred to the Scottish Executive as a single organisation, most respondents referred either explicitly or implicitly to particular departments within it. Furthermore, respondents identified that SEED and SEHD had different policy agendas regarding school sex education, which appeared to reflect the different political contexts in which they operated. For example the HEBS researcher noted that defining a policy agenda for sex education in Scotland was not straightforward: “I think it depends where you’re looking, whether you’re looking at the Health Department or the Education Department.” The HMIE respondent also noted that the departments “have different perspectives.” These responses suggest that the ‘driver’ of school-sex education policy is to an extent split between two departments, with different perspectives. These will now be explored in more detail.

SEED

According to interviewees, the Repeal of Section 2(a) of the Local Government (Scotland) Act 1986 (discussed in Chapter 3) greatly influenced SEED’s involvement with this policy issue. SEED appeared to place themselves at arm’s length from policy developments in this area. For example, Mike McCabe, an LEA Director of Education, chaired the Committee charged to establish principles for school sex education after repeal. LTS conducted the Consultation Process and produced the subsequent Guidance documents. Given the lack of data from SEED civil servants, any conclusions regarding the perspectives of this organisation are drawn from the descriptions provided by respondents who have worked in collaboration with this department, and should therefore be treated with caution.

SEED: Perspectives on sex education and position within the network

The Lecturer described her involvement with SEED related policy development:

Since 1987, probably every year since then, I’ve been involved in working on some Scottish Office project or another. So I’ve been fairly

active in contributing to health education broadly in Scotland through the Scottish Executive work and through work with, what was SCCC, now Learning and Teaching Scotland (Lecturer).

She drew from this experience when describing SEED's perspective on sex education. She stated that this perspective was not simply focussing on

the kind of ... medically, body focused things like puberty and pregnancy and condom use etc., but ...the skills and the attitudes towards one another. They [SEED] are very aware that ... that's the way ... simply because sex education is seen as being something that's embedded within... youngsters personal social development or health education; it's embedded into the health guidelines (Lecturer).

This description suggests a distinction between a biological perspective on sex education and the development of social skills of pupils. Contextualising sexual behaviour with regards to relationships and attitudes was defined by respondents as a 'holistic' approach to sex education.

Skills and attitudes were described by the LTS respondent as the main concern for health education as a whole:

It's about well-being and about how people get on with each other and what the point of schooling is or education...in the first place...it's a dispositional dimension: you're actually trying to develop dispositions in young people. (LTS respondent)

This respondent makes a link between the role of school sex education and the role of education as a whole: to develop 'attitudes' amongst young people. There is other evidence to suggest that the role of the school, as a disseminator of attitudes and values, may mean it becomes the centre of moral debate and controversy. This will be discussed below.

The MRC sexual health researcher described the close proximity of school-based sex education to the moral concerns within wider society. He stated that this relationship created a burden for SEED and other ‘educationalists’ and created tension between ‘health’ and ‘education’ related organisations:

the Scottish Executive department of health is interested in promoting sex education. It’s not so clear whether the department of education either at the Scottish Executive level or at individual, you know area levels... are as interested. And there has always been a tension between Departments of Health and people with health related interests and educationalists and teachers and schools and boards of governors and education authorities, with regard to how much health should be part of the curriculum. And sometimes that tension is less apparent than in... for example, the issue of drugs education - it is seen as ‘this is acceptable’ ... but generally speaking when it comes to sex education it’s pushing it to the absolute limits I think, of how willing schools are to take it on board (MRC sexual health researcher)

According to this respondent, school sex education is a contentious issue, and as a result a strong policy directive within Education is lacking (‘it is not so clear whether [SEED]...are as interested).

Despite the expectation of leadership from the Executive many respondents identified a “policy vacuum” with respect to this issue (HEBS (York) Researcher). Some respondents stated that this vacuum was a reaction to the controversy surrounding Section 2(a): “They had their fingers burned with Section 2(a)...the consequences of that were so great that any further push towards improving sex education or sexual health more generally is not evident” (MRC sexual health researcher). The SEHD civil servant supported this view. This evidence suggests that the context within which education operates may affect how the policy is developed.

Other respondents stated that the media amplified the sensitive environment within which the Department operated. The SEHD DP Co-ordinator stated that the media helped to define parameters of acceptability for policies:

I think [the media] have an influence probably on the parameters ... against this issue of acceptability. If we say ‘what are the different factors that would influence whether a policy takes place?’ There is the issue about effectiveness, is it going to work, but it’s also the issue about acceptability (SEHD DP Co-ordinator).

The Lecturer commented that the media’s role in defining (or providing a voice for those who wished to define) parameters of acceptability directly affected how policy was developed within the department. The result appeared to be that school sex education policy development emanating from SEED was characterised by avoidance and caution:

SEED have to be much more careful and much more political and sort of tiptoe round things a wee bit because they are in the firing line all the time ... just from the correspondence in the newspapers, from the...huge amount of traffic that goes into SEED about sex education (Lecturer).

The SEHD DP Co-ordinator compared the effect that different political contexts had on SEED and SEHD policy: “their objectives differ in that the contexts in which they work are different, there are different constraints on education, such as the importance of parents etc.” The HMIE respondent concurred with this view, reiterating the importance of parental views. This evidence suggests that there is a connection between the political environment and the development of policy. Furthermore, this character of this relationship may be specific to the issue. For example, in this case it appears to be influenced by broader issues such as the role of the school, and the depth and strength of public debate.

The main concerns of SEED regarding the development of school-based sex education policy are perhaps best illustrated by the description of the HEBS Senior respondent regarding the initial setting up of the McCabe Committee.

... my own example, serving on the McCabe Committee. Now that was interesting because initially we were not ... I was not invited. They were setting up this committee and when I looked at it I saw that there was no one with a Health Promotion expertise, there was no one with professional Health Promotion or Public Health qualification in it. There wasn't even anyone with a sort of medical background, it wasn't a case of you know as sometimes can happen the medics sort of going and exerting power and influence. There wasn't a Public Health Specialist, there wasn't a Medic, there wasn't a health Promotion Specialist on the panel. It was like a panel that represented the great and good in Scottish life, like head teachers of Primary head teachers of Secondary, special ed, head Teachers, eh, school Board, Parent Organisations, the Churches and Ethnic Group organisations. So in one sense it was quite a nice representative group but they were actually short on expertise, I felt (HEBS Senior respondent).

After identifying this 'omission' HEBS wrote to SEED explaining their concern, this respondent was duly invited to take part in the committee in an advisory capacity. This example indicates that SEED's overriding concern was the political environment and the establishment of consensus, rather than the public health agenda.

The relationship between SEED and other organisations in the network

As previously discussed, LTS carried out a consultation process during the development of the Guidance documents, and the McCabe Committee was chaired independently. However, it will be argued elsewhere in this chapter and the next, that although these policy developments appeared to be led by independent organisations and individuals, the influence of SEED over these processes may still have been considerable. I will argue that those organisations developing education

policy constitute their own network; they appear to be acting on behalf of SEED and therefore operating in the same political environment. This indicates a closed organisational network: membership of the network and the processes taking place within it are apparently still monitored and controlled by SEED.

There is evidence to suggest that SEED appeared to have a conflicting relationship with SEHD. This conflict may stem from the different policy priorities within health and education regarding young people's sexual behaviour. The SCRE researcher (carrying out the evaluation of PSP) discussed the tensions between SEED and SEHD during the design of the questionnaire to be completed by pupils:

There was a considerable period of time spent with the Education Department and the sensitivities. We to-ed and fro-d so much so that the time scale had to be revised for the project. I think we had agreed to start work with schools ... after about a month of design work on the questionnaire ... I think that had been put back by another month and we had to reschedule. Fortunately, the Health Department ... was amenable to that and I think they felt that ... they didn't actually want to fall out with their colleagues in the Education block but you could see there was a slight tension (SCRE researcher).

This evidence suggests that the pace of decision-making within the two departments differed in relation to this issue. In this instance, SEED closely examined any involvement with schools regarding sex education even when funded by SEHD. This could be interpreted as one example of tension between the two drivers of one policy area. By emphasising caution and consensus, SEED officials may be ensuring that SEHD officials took account of the political context surrounding SEED on this issue. The apparent differences between these departments and the resulting tension will be explored further later in this chapter.

SEED and the use of research evidence

Given the lack of data from civil servants within SEED it is difficult to draw any firm conclusions as to what extent they use research evidence, or in what

circumstance they might seek to engage with research processes. Social scientists working within SEED were approached for interview, but refused to participate in the study. Therefore, any conclusions suggested here should be treated with caution pending further research. Particular products of research such as the *SHARE* classroom materials, and *Evidence into Action* (2000) are referred to and included in both the Guidance documents and the *McCabe Report*, and will be discussed in more detail in relation to LTS' use of research evidence.

Many respondents observed that SEED engaged with very few organisations producing research evidence. The PHIS Network Co-ordinator also noted that perceptions of particular research bodies affected the likelihood of their research reaching those within the Department (here she refers to SEED as the 'Scottish Executive' this part of the interview was solely concentrated on educational issues):

If it's an organisation that is recognised by, say, the Scottish Executive as having a good track record then they will then be listened to more than somebody who doesn't have. There will be key organisations that will always be consulted by the Exec on certain things and it's difficult to get into that, break into that cycle. It's a feeling from other areas I've worked in, is that they tend to concentrate on key organisations, like the MRC and like the Centre for Family Research, like HEBS, that kind of thing, they then trust that they will actually then have proper evaluated research (PHIS Network Co-ordinator).

The SCRE researcher described his view of the relationships between SCRE and the SEED and SEHD departments:

Int: Do you feel that your role as a researcher is valued within those interactions [with the Scottish Executive]?

Respondent: It varies by department. ... SCRE as an organisation has fallen out of favour with aspects of the research wing of the Education Department, not so much with the Health Department (SCRE researcher).

He stated his opinion that the organisational relationships have been damaged by the relationships between individuals:

Individuals within the research unit in the executive education department and directors and senior management here have sort of had difference of opinions, about things. I think historically that's led to SCRE now as being slightly downgraded in their estimation (SCRE researcher).

According to interviewees outwith the Department (SCRE researcher, PHIS respondent and HEBS researcher) where SEED does listen to research, it does so within an established organisational network.

Although respondents made little comment regarding SEED's exact relationship with research evidence, many discussed the weak relationship between research evidence and education as a whole.

The HEBS Senior respondent noted that the existence of educational research did not translate into evidence-based practice within the education sector:

There's a whole body of educational research, but I don't think, I think the Health Service generally ... research feeds in better into practice than it does in the education system, having worked in both of them (HEBS Senior respondent).

The Former Minister described what he perceived to be the non-existence of educational research: "Education itself is an evidence free zone". It should be noted that perceptions of the role of research in a particular area would depend on the respondents' views of what constitutes 'proper' research.

Despite these views that highlight a weak link between education and research, the Lecturer noted that SEED's relationship with research had improved.

I think SEED in recent years have been very influenced by research results, whereas that might not have been the case about ten years ago, but they do, research is considered... maybe because research has improved, but they do... pay a lot of attention to good strong research and they commission a lot of research (Lecturer).

When asked to provide examples of SEED's increased interest in research findings, this respondent identified the role of the *SHARE* programme and *Evidence into Action* in the development of the Guidance documents, the details of which were not the remit of SEED. In citing these examples, this respondent does illustrate the potential for school sex education policy – written and published outwith SEED – to be very closely associated with the education department. Although it has been argued that SEED may have had influence over policy development, its influence established the broad framework within which these policies had to operate rather than inclusion or omission of particular pieces of research.

Without presenting the views of those working within SEED, it is difficult to ascertain how it uses research evidence, or whether factors (such as its source) influence its inclusion in policy. According to the above respondents the interface between research evidence and school sex education policy is somewhat dependent on the relationship between SEED and particular research organisations. The responses of the HMIE respondent and LTS respondent reflect the view that research evidence is more likely to be used if it is relevant and 'useful' to the needs of their professional role or the aims of the organisation, the organisation's aims are not described as being 'research based'. This is discussed in more detail in the following chapter.

Summary

This somewhat limited evidence suggests that SEED has a difficult relationship with this policy issue due to fierce public debate on what should or should not be discussed within the classroom. This is perhaps because of the role of the school and education policy as a whole: to control and develop attitudes amongst society. Those interviewed from organisations developing school sex education policy in the

education sector appear to share common perspectives on sex education: a holistic, contextualised approach to understanding young people's sexual behaviour.

According to these respondents, the apparent proximity of education policy to moral debates and resulting public controversy may have influenced the relationships between SEED and other organisations concentrating on this policy issue. The examples respondents have given of education policy development for school sex education suggests caution and consensus has been prioritised, built through lengthy consultation involving parents and religious groups.

The relationship between SEED and research evidence cannot be fully understood given the lack of co-operation of individuals within SEED with this project. The relationship respondents' described between SEED and research evidence may be reflect the assumption that the education sector as a whole did not utilise research evidence. The role of research evidence in education policy may be influenced by relationships between SEED and particular research organisations.

SEHD

SEHD is involved in school-based sex education through two main policy developments: the funding of the PSP and HR initiatives and their evaluations (described in Chapter 3). In addition to these two specific developments, SEHD sponsor HEBS. The role of HEBS within school-based sex education policy is extensive, and will be discussed later in this chapter.

There is some evidence to suggest that SEHD's role in school-based sex education is influenced by the assumption that schools have the ability to change behaviour. As the MRC sexual health researcher explained:

From the health perspective, it's not that we don't care (laughs) about you know, kids learning to read and write, or passing their Geography higher, eh, but it is, it's eh, just one of a number of opportunities to try and reduce unwanted sexual health outcomes, it's just one point at

which you can go, there are others as well, but it's just one point (MRC sexual health researcher).

The role of the school in this context is described in a similar way to those respondents with educational interests: it has an influence over pupil behaviour and attitudes. According to this example, the role of the school is useful as a means to achieve public health objectives rather than ensuring particular moral dispositions amongst young people.

The majority of respondents, including those civil servants working within SEHD at the time of interview, identified the need for action on public health issues as being the basis of its involvement in school-based sex education. For example the MRC Senior researcher stated:

Int: to what extent do you think the Health Department or health agencies have a role to play in sex education in Scottish schools?

Respondent: ...it would be very much in terms of the rather traditional focus around STIs, em, pregnancy etc., I mean they'd want to engage with basic public health issues (MRC Senior researcher).

The Lecturer also identified the 'pressures' on this Department: "...the focus from the Department of Health. Well part of it I think is because there has been a lot of pressure...in relation to the increase in teenage pregnancy." A few respondents stated that media attention augmented this pressure: "there has been an enormous amount of public concern, press attention around the issue of teenage pregnancy." The MRC sexual health researcher continues, "and at some point I guess, maybe '97, '98, the Scottish Executive ... identified it as a priority area".

Most respondents stated that the concern around teenage pregnancy and STI rates arose from international comparisons with other Western European countries. For example the Former Minister stated that one of the reasons for a strong focus on the area was that "we're so much worse" than other Western European countries. The HEBS researcher also described this as a mounting pressure justifying action: "In terms of policy I do think it's because when [you] start comparing us with the rest of

Europe...it looks like an issue.” The Lothian Health Promotion Officer concurred with this view.

Like school sex education policy development in the education sector, external contexts appear to impinge on the aims and priorities of policy. This evidence indicates that SEHD may have been under pressure to take action to reverse comparatively poor Scottish rates of teenage pregnancy and STIs. Their extensive funding of HR and PSP symbolises their commitment to take action in this area.

SEHD: Perspectives on school sex education

SEHD policy appears to be characterised quite differently from that of SEED. its character was seen as being ‘outcome focussed’ and ‘target driven’. “Reducing rates of teenage pregnancy and STIs” was identified as the ultimate aim for a successful Demonstration Project on sexual health (The Scottish Office, 1999a). The SEHD DP Co-ordinator described the policy as having: “a drive...it’s much more outcome focussed.” Although respondents talked specifically about the character of SEHD sexual health policy, a strong focus on targets and outcomes is typical of other areas of health highlighted in *Towards a Healthier Scotland*. It could be interpreted that the emphasis on outcomes and targets mirrors the justification for the policy focus: high rates of teenage pregnancy and STIs. Like education policy for school sex education, health policy on this issue is characterised according to external pressures.

Many respondents referred to the preoccupation with ‘target setting’ in relation to health policy around sex education. The HEBS researcher and AET researcher were critical of the use of targets.

The majority of respondents stated that the outcome driven character of the policy reflected that the ‘context’ within which sexual relationships were taking place was being ignored. For example the PHIS Network Co-ordinator stated:

What they’re trying to do is just reduce the teenage pregnancy rate; they’re not seeing it in the context of where people are coming from.

They've got a goal but [they're] not thinking how this can then be done
(PHIS Network Co-ordinator).

The health policy approach was often discussed in comparison with an educational viewpoint, which incorporated the importance of relationship dynamics and attitudes of young people towards each other. Many respondents identified this as a 'holistic' approach. In contrast, the SEHD approach was described as 'medicalised'. This is illustrated by the Lecturer's description of SEHD policy for sexual health:

There has been a lot of pressure from the SEHD in relation to the increase in teenage pregnancy and unfortunately many medics tend to think that sex education is just about stopping pregnancy or STIs rather than thinking of it in the wider relationship side of things (Lecturer).

According to this perspective SEHD organisational culture was dominated by one professional group, which discouraged a more 'holistic' approach towards sexual health policies.

The evidence suggested another contrast between the two departments: the pace of decision-making. SEED were operating within a particularly sensitive political environment and it has been suggested that as a result, their policy development was characterised by lengthy consultation processes. Although targets are part of some aspects of education policy they are not used in relation to school sex education. There is some evidence to suggest that SEHD was under pressure to reach targets within a particular timeframe stipulated by the White Paper. Many respondents stated that the result of this pledge was a fast pace of decision-making within SEHD policy development. This pace of decision-making may have influenced the relationship between SEHD school sex education policy and the use of research evidence. This will be discussed below.

These descriptions of SEHD related policy development indicate that school sex education policy could be understood as a reaction to a specific set of pressures. SEHD was aiming to reduce rates of teenage pregnancy and STIs that are deemed unacceptable when compared with the rest of Western Europe. The character of this

policy was described by respondents as ‘outcome-focussed’ and ‘medicalised’, with little acknowledgement of a ‘holistic’ approach adopted by other organisations and projects. The school project within HR and the funding of PSP suggests that the school is considered as a tool to help the department reach their policy aims. The fast pace of policy-making in this area supports the argument that there may be a time pressure within SEHD to meet the aims of their policy, perhaps precipitated by commitments set out in the White Paper to meet targets within a set period. All of these issues could influence the role of research evidence in the formulation of its policy.

Relationships between SEHD and other organisations in the network

Previous analysis indicates that tensions existed between SEHD and SEED. Respondents suggested that these tensions may have arisen because the departments were operating within different political contexts. Both the AET researcher and MRC senior researcher identified the lack of communication between departments. There is some evidence to suggest that in relation to the PSP evaluation, tension existed between the two departments (discussed previously) as the HEBS researcher illustrates when describing the establishment of the PSP Monitoring and Evaluation Committee:

It was the civil service who instigated that group and various people got invited along to it including myself. Initially there was no education. Somebody from HMI[E]... was involved in that group and she stepped down from it very, very quickly and again very little reason was given as to why that person had stepped down ... they had a great deal of trouble getting education along to the group, and there was a lot of very open public email between the Education Department and the Health Department that myself and other members of the evaluation group were copied into and it was really uncomfortable. They seem to have a lot of... there was tensions which became clear through that, so the whole joined up thing really fell apart and I think it stemmed back to when the original decisions had been made and the lack of consultation

[that] there'd been with the Education Department at the very outset (HEBS researcher).

The reasons for tension surrounding the PSP evaluation are not clear from the data. One reason may be that SEHD and SEED conflicting perspectives and priorities in relation to school sex education. SEHD may be funding PSP as a means to address a public health issue: SEED apparently require either avoidance or extreme caution around the policy issue and resist the actions of SEHD on this issue. There is however limited data to substantiate this claim.

SEHD sponsors HEBS, which works within the policy framework set out by the department in various White Papers. SEHD also awarded funding to Lothian Health to implement the HR Demonstration Project.

LTS and HMIE respondents did not report any instances where they worked directly or frequently with civil servants within SEHD, therefore the relationship between them is difficult to determine. Those interviewed with educational interests stated that their main point of contact with the public health agenda for sex education was HEBS rather than SEHD.

SEHD and the use of research evidence

Most respondents who referred to the weak relationship between research evidence and education identified a stronger relationship between research evidence and the health sector. For example, the HEBS R&E manager stated:

Different sectors have different attitudes towards research...for example the health service sector is 'obsessed' with research...Education and health are different within research. Health is portrayed as being 'out there' for evidence-based practice, led by the scientist and experimental design (HEBS R&E Manager)

The HEBS Senior respondent described a similar situation between the two sectors (discussed previously). Many respondents identified a relatively strong relationship

between health and research. The PHIS network co-ordinator and HEBS (York) Researcher situated this relationship within clinical practice where the need for rationalisation had forced greater consideration of what constituted effective policy and practice.

The Former Minister identified similar economic reasons for instigating the Demonstration Projects, including HR:

I was fed up with money being poured into projects because people thought they were good ideas and it just went down a black hole, and I'm afraid health promotion has a dreadful record of money wasted, poured into ideas. And it goes nowhere. Partly because of false premises at the start and partly because it's seen almost as a moral crusade by a lot of people, and a political crusade by a lot of people rather than a scientific exercise (Former Minister)

He presented this argument as the premise for focussed interventions, culminating in the Demonstration Projects. According to this respondent Lothian Health was subsequently charged with identifying 'what worked' to reduce the teenage pregnancy rate: "we had to set up some sort of Demonstration Project to see, because I could not find any great evidence one way or another about how you actually did this" (Former Minister). Seen from this perspective, HR was instigated to increase efficiency: a substantial investment in return for a reduction in teenage pregnancy and a contribution to the evidence base.

Unlike the education sector, the above extracts suggest respondents perceived a strong relationship between the health sector and research evidence, drawing mainly from clinically led practice. The extract from the Former Minister indicates his intention for HR was understood within this framework: value for money through better use of evidence. However, most of the data in this thesis is drawn from individuals with insight into the actual development of HR and PSP, which suggests a far more complex relationship.

The evaluation of PSP is one example where political contexts appeared to dictate the use of research evidence. Previously the decision to fund PSP was discussed in relation to the pace of decision-making occurring within SEHD. According to the HEBS researcher the hasty decision to fund PSP meant that other organisations were not given the opportunity to tender.

This situation was identified by the SCRE researcher as the basis for setting up the Evaluation group: to ameliorate “bad feeling” (HEBS researcher) generated by not inviting other projects to tender for the money:

I think the project got underway without any evaluation or anything going. I think the Executive got a little bit biased initially as the project seemed to fit well within the political context at the time this organisation got some money from the government, and then I think they became...sensitive, to the fact that they needed an evaluation (SCRE researcher)

The HEBS researcher described this process as an “ad hoc reaction to some of the bad feeling that had been generated in the field, so it was like oh, we’d better set up an evaluation group.” According to these respondents, the use of evaluation by SEHD was the result of external pressure rather than the existence of an organisational culture encouraging such a process. Ironically this example suggests that the fast pace of decision-making created a wedge for research evidence to play a role in policy-making.

Attitudes towards evaluation may be important when exploring the role research plays within SEHD policy. In the case of HR, it is inextricably linked to how terms such as ‘effectiveness’ and ‘evidence-based’ are conceptualised. For example, from the point of view of the MRC Senior researcher who was on the Steering Group set up by SEHD for the DPs including HR, there existed a “dilemma” regarding how evidence-based was conceptualised by those outwith research:

There is definitely an acknowledgement of research, there is... references to the evidence base, there always has been. However the

very fact they're called 'Demonstration Projects' ...that in itself I think says something ... it undervalues the importance of long term evaluation that's being demonstrated... So on the one hand, there's a recognition of the importance of research as providing the evidence to get going in the first place, but there is much less, eh, emphasis I think placed on the evaluation, and on the results of the evaluation (MRC Senior researcher).

This perception of attitudes to evaluation within SEHD conflicts with the Former Minister's assertion that measurement is crucial to determine whether something is "worthless" which in turn should dictate the continuation of any policy initiatives. The above extract is drawing on experiences within a policy group, set up by SEHD, and is representative of a concern from many researchers interviewed that the process of evaluation did not have a high status within the SEHD.

As mentioned earlier, another feature of decision-making in SEHD (highlighted above) is the fast pace at which decisions are made. There is some evidence to suggest that in many instances the fast pace of decision-making militates against the consistent use of research evidence. In particular, respondents related a fast pace of decision-making with the lowly status of evaluation within policy-making. For example, the MRC Senior researcher stated:

If I was cynical one would say that they would use the evidence that was expedient for the proposals they want to form anyway, less cynically, they (policy-makers) do have to act in a way that researchers just don't understand. Things have to be done, things have to be moved along, progressed, and you simply can't wait for the results of an RCT or systematic review before ...acting (MRC Senior researcher)

This suggests that the pace of policy-making, dictated by political change, may be out of synch with the production of research evidence that could feed into the process. The disparity in timeframes between the SEHD and the research world was also emphasised by the SEHD civil servant. He described a rapid and changeable

political environment which decreased the likelihood of research findings being systematically included in decision-making.

The AET researcher stated that findings about effectiveness from HR are demanded outwith the timeframe in which they can be properly identified. In his view the concept of evaluation was not being properly communicated or understood by those who might wish to incorporate it into future decision-making. This somewhat limited evidence suggests that the status afforded the evaluation process is compounded by speedy decision-making: its inability to address the demands of the policy-making process may mean it is ill-understood or appreciated as a means to aid policy development. This would indicate a conflict between those instigating and those developing policy. The Former Minister emphasised effectiveness and efficiency as policy goals: the means to reach these goals through evaluation of current and past practices may therefore be unattainable in such a policy-making environment.

According to the MRC Senior researcher, fast decision-making may have actually increased the chances of the *SHARE* programme being included in strands of SEHD policy despite its lack of behavioural impact as demonstrated by an RCT:

I said ‘it doesn’t work’ and one person, who’s another important player...turned round and said, ‘Do you think that it’s only evidence that is important for policy?... for goodness sake what are you saying – that we should stop all sexual health education? Answer: no’. And this guy was basically saying it isn’t just about research, it’s about a whole heap of other things to do with kind of knowledge, with common sense ... the fact that something’s being done rather than nothing et cetera (MRC Senior researcher).

The ‘progression’ of policy is interpreted here as ‘something’s being done’. According to these respondents the use of research evidence within SEHD policy is not dictated by the need to evaluate or implement effective programmes: but by the pace of policy-making perhaps resulting from constant political pressure.

The HEBS (York) Researcher also experienced the fast pace of policy-making when sitting on the SHS group in its initial stages of development, and, like the MRC sexual health research above, she noted that it resulted in a greater likelihood of a retrospective use of research. She stated that:

I suppose one of the challenges for a researcher going into a process in terms of the development of the national strategy, is that the pace, that maybe policy, policy-making wants to move at and what's feasible for the collation of evidence (HEBS (York) Researcher).

She continues: "I would like, ideally, to see research as something that informs the strategy...and sometimes I feel that research is used as a, that it's retrospective, 'we've got this recommendation, give us the evidence'." According to this description, available evidence that is accessed at the time of decision-making is done so as to justify a political purpose, rather than informing what the political purpose should be.

Many respondents concluded that the result of this pace of decision-making created a 'momentum' that also affected the ability for something to be stopped if its 'effectiveness' was called into question. The senior MRC researcher stated: "Even if the evaluation [of HR] fails to show significant change I don't believe that that would be grounds for stopping it, it will continue anyway, it's got a momentum." He also identifies this as the reason for the SEHD's support for decision to include the *SHARE* programme in HR after the trial results were published: "You've got a big ball, which is rolling, and who's going to stop it?" From this perspective, rapid decision-making had a detrimental effect on the project; taking action superseded the requirement to implement effective programmes.

All of the above examples are drawn from policy-making developments occurring within SEHD. It has been argued that, according to respondents, SEHD policy dealing with school-based sex education has been characterised by hasty decision-making that in turn effects how evidence is used. In the case of PSP it created a wedge for research, in other processes it was seen to encourage a retrospective 'evidence-base'. It may also influence how evaluation is viewed and used within the

development of health sex education policy. The common factor across these cases of research use is that research evidence and processes are apparently being used to address political imperatives rather than a genuine desire to inform policy-making.

Summary

SEHD's perspective on teenage pregnancy is described as being 'outcome focussed' with the result that it does not engage with the 'holistic' approach described from those orientated within the education sector. The focus on 'outcomes' may reflect a political pressure to reverse rates of teenage pregnancy within a particular timeframe.

The evidence suggests that in relation to sex education there can be tensions between SEHD and SEED. Civil servants within SEED may attempt to avoid controversy through cautious decision-making. Conversely, decision-making within SEHD could be understood as the means employed to reach the aims of its policy: taking immediate and visible action.

According to this evidence, political aims may influence the role research plays within its policy development, which, unlike the perceived relationship between evidence and health services, could not be described as a linear relationship. The importance of 'effectiveness' and 'evaluation' could be diminished if the momentum generated by speedy decision-making supersedes the requirement to determine 'what works'.

Lothian Health: Healthy Respect Demonstration Project (HR)

Health Boards tendering for HR had to submit one brief proposal. Grampian Health Board and Lothian Health were short listed and invited to submit a second more detailed proposal. Lothian Health won the tender for HR, the principles and aims of which are outlined in Chapter 4. Three different people oversaw the progression of HR between the original proposal submission and the actual implementation of the initiative. Two of these individuals: the HR manager and previous HR manager, were interviewed for this PhD study. Their individual managerial decisions affected

how research evidence was used in this project, and therefore some of the evidence relating to HR appears in Chapter 6, which focuses on individuals rather than organisations.

Lothian Health HR Demonstration Project: perspectives on school sex education

The HEBS researcher said that in contrast to SEHD policy, HR did appear to adopt a ‘holistic’ approach towards the sexual health of young people:

I think the Health Demonstration Project [HR] is interesting and I like the holistic approach that it is taking and it is not just focussed on teenage pregnancy...there is a target within the public health paper to reduce teenage pregnancy...but if we set aside that target I think the Health Demonstration Project itself takes quite a holistic approach (HEBS researcher).

This view of this respondent suggests that HR may be able to explore and implement frameworks for understanding teenage sexual behaviour, which are independent from SEHD.

Relationships between Lothian Health and other organisations in the network

According to interview data and policy documents HR was set up to explore new ways of understanding and approaching teenage sexual health issues. However, those implementing HR – a ‘national’ demonstration project – to a large extent appear to be operating within the same political contexts as Executive departments:

The political environment is very, very active, constantly. As a Health Demonstration Project although we’re managed by Lothian - and you could say ‘well, Lothian can decide what risks to take’ - we’re a National Health Demonstration project commissioned by the Executive. So we need to make sure that we fit into the executive’s policies and don’t push things too far without their support (HR manager).

This extract implies that the visibility of the national project, and its subsequent vulnerability to external attacks, constrains the development of a local identity for the project. In addition to working with SEHD to ensure that national priorities and objectives were being met, Lothian Health also had links with SEED civil servants. She stated:

I think the Education Department is still suffering from the repeal of Section 2(a) and is very sensitive about how it takes things forward. I think the Health Department didn't have that bad experience and are maybe more willing to therefore take forward these things so what we're trying to do is work for both of them so that there's no surprises for anyone and that both ministers, health and education, are fully on board (HR Manager).

This statement links the political context to the way in which SEED and SEHD civil servants approach policy development. The evidence from the HR Manager suggests that their close links with SEHD and SEED, and thus the political contexts they work within, directly affects the way in which HR is developed.

Lothian Health may also have been affected by the fast pace of decision-making, previously suggested to be a characteristic of school sex education policy formulation within SEHD. The previous HR manager noted the request from SEHD for a full written proposal left them a "very short time period" to expand their initial bid proposal. The *SHARE* Trainer also recalled the time pressure when she was approached to take part in the project: "... it was all 'rush, rush', you know, 'we've got 3 days to get the whole bid together'". The fast development of the project may have been forced to comply with the SEHD priority of taking visible action quickly.

However, HR incorporated a schools element, therefore Lothian Health also had to take into account the concerns of those within SEED which appeared to slow its development. In relation to this issue, the HR manager talked about the importance of the consultation processes HR undertook because of the political sensitivities surrounding the issue: "Healthy Respect only has three years and it can't afford to

spend the three years fighting in the press with pressure groups” (HR manager). The civil servant DP Co-ordinator pointed out that despite the tight timeframe the consultation process was essential, yet it influenced “the pace of what they’ve been able to do”.

In addition to having close links with Executive departments, Lothian Health drew from expertise within HEBS when writing their bid proposal.

Lothian Health had previously had links with the *SHARE* researchers when the classroom materials were being designed. Although this relationship broke down, the previous HR manager stated that Lothian Health’s involvement in the trial meant that “there was an awareness which didn’t exist in other part of the country”. When making this statement she drew from her experience as a member of Grampian Health Board who also submitted a bid for HR.

Lothian Health HR project and research evidence

Descriptions of the way in which HR utilised research evidence appeared to differ between researchers and policy-makers. The following discussion will describe some of the ways Lothian Health utilised research evidence for the project. Differing individual perspectives on the use of evidence in HR are discussed in more detail in the following chapter.

The SEHD DP Co-ordinator described what she understood to be the function of HR: to contribute to an evidence-base and provide a visible action ground:

The concept of the Demonstration Projects is to provide a focus... initially a focus for action ... really in order to try and learn more about what doesn’t or does work. Em, so very much a learning resource, that was the overall ethos of the Demonstration Projects, it seemed to me. The terminology they used in the White Paper was very much a testing ground for national action (SEHD DP Co-ordinator).

The HR manager described the responsibilities of the project, which were to draw on and generate evidence:

Basically the model of Healthy Respect is, take the word ‘demonstration’ – what we’re doing is we’re taking the research and we’re putting it into practice in a particular way to see if it works. Essentially what we’ve been charged to do is to identify what works and how it works (HR Manager).

There is evidence to suggest that these two functions: taking action and providing evidence of effectiveness may be in conflict. This will now be discussed.

There are three examples of how evidence was used in the project. The first, was to use statistics and audits to establish “needs and gaps” justifying the focus of particular projects (previous HR manager). Both HR managers identified a review of the evidence base for the project proposal. Both explicitly stated the function of this review was to ‘underpin’ and ‘strengthen’ the bid, and the project as a whole. This review was referred to as a detached element of the project’s development. The MRC Senior Researcher described the function of this evidence to “get [HR] up and running”. The use of research evidence, or research processes as an integral part of the project’s design and implementation, was not emphasised by any respondents. On the basis of this evidence research was used in order to activate the project, rather than ensuring it contributed to an evidence-base.

One exception to this was the second example of research use identified within HR: the integration of the *SHARE* programme into the project. The commitment to use the *SHARE* programme was made before the results of the interim results of the trial were known. The HR manager stated that the *SHARE* programme had been modified within HR: “We’re doing it in a slightly different way, we’ve taken a different approach which fits in with the whole Healthy Respect approach...so we’ve taken on board the strengths of it I guess.”

In reference to its ‘strengths’ she emphasises the positive teacher evaluation as mirroring “one of our big objectives” for Healthy Respect. The SEHD DP Co-

ordinator stated that research “in theory...should feature very highly” given that its use of evidence reflected “one of the principles of the Demonstration Projects.” She then qualified this, stating:

I think it’s stronger in some areas than others ... it filters through at different levels. I suppose in terms of the rationale for what they’re doing and the why’s. And in certain strands it had stronger bearing on what they’re actually doing as well, probably the schools one. It’s stronger (SEHD DP Co-ordinator).

This statement suggests that there is a distinction between using evidence to dictate practice (‘bearing on what they’re actually doing’) and the rationale for the focus of particular projects (‘rationale for what they’re doing and the why’s’). Research evidence ‘filters through at different levels’ implying a lack of control or of the systematic use of research evidence in decision-making.

The third example of research use comes from the external evaluation of HR. The AET researcher stated the difficulties in carrying out the evaluation, the design of which relied on a control area (Grampian) and intervention area (Lothian) remaining static:

[HR] is not static, we’re already on our third draft of what they’re doing...let alone what we’re trying to measure. And changes are taking place in Grampian because people hear from new innovative bits and pieces going on in Lothian and Strathclyde or wherever else and they’re taking it up (AET researcher)

He contrasts this fluidity with the evaluation design as being “very rigid, reasonably straight, very clear evaluation.” This implies that evidence was only considered if it encouraged taking action, which may have overshadowed the needs of the external evaluation.

These differences in use of evidence appeared to be influenced by who was involved in decision-making; this will be discussed in the following chapter. However, the

HEBS researcher and AET researcher stated that the motivation for using research evidence was driven by organisational factors, such as funding. This concurs with the HR managers' descriptions of the review of evidence as having 'underpinned' and 'strengthened' the bid. The AET researcher noted that projects within HR were more likely to co-operate with the evaluators if they had "more to lose", particularly projects that attracted adverse media attention. These views imply that that political and organisational priorities motivate research use.

Summary

Lothian Health was charged with implementing the principles for HR laid out in *Towards a Healthier Scotland*, including the aim to draw on and generate research evidence. In addition to fulfilling SEHD priorities of speedy progression, the Project managers also had to take into account the concerns of SEED. This culminated in different speeds of decision-making at different points in its development.

The Demonstration Project proposal referred to research evidence to justify its design and areas of focus, in addition the *SHARE* programme was integrated in a modified form. However, its adoption of an 'evidence-based' approach was not recognised by researchers as being systematically integrated through all areas of its development. This is exhibited by the challenges faced by the external evaluators. Political and organisational priorities such as the need to take action or ensure funding may inhibit the use of research as a means to measure effectiveness. Inherent in this analysis are the different individual interpretations of what constitutes 'evidence-based' decision-making, and these are discussed in more detail in the following chapter.

HEBS

HEBS plays an important role in the development of school-based sex education in Scotland. The remit of the organisation is 'cross-cutting' in that it spans both health

and education, ensuring its involvement in most national developments relating to health education including sex education. Many respondents commented on HEBS' prominent role in this policy area due to its remit which spanned both education and health interests for school sex education.

HEBS was represented on the McCabe Committee, the Reference Group for the 'Guidance for Sex Education in Scottish Schools', the PSP Monitoring and Evaluation Group, and the SHS Project Group. HEBS was closely involved in the development of the *SHARE* trial (discussed in Chapter 4). After the trial was completed, HEBS contracted the *SHARE* Trainer to train future teacher trainers to guide teachers delivering sex education. HEBS research was used to compile the HR bid proposal. The organisation has two 'wings': programme managers hold budgets to direct the work of the organisation while the Research and Evaluation Division provides a 'bridging' role disseminating research to policy-makers and practitioners. This division also supports and evaluates internal projects. The organisation is sponsored by SEHD.

HEBS: Perspectives on sex education

The HEBS researcher stated that HEBS worked within the 'public health' framework defined by SEHD but HEBS' approach to sexual health issues differed to that of their funding department: "I would say that the sexual health work does tend more towards the emotional side of things rather than the kind of very, very physical aspect." She continues to describe HEBS' perspective as:

this very holistic approach to sexual health ...that's around the emotional aspects and emotional sides of sexual health so it's much more about relationships and communication within relationships. So HEBS very much takes a kind of - definitely the public health agenda is in there, [it] has to be because we work with public health agencies so yes, it's eventually looking at teenage pregnancies and sexually transmitted infections, but it's within a much broader definition (HEBS researcher).

This description of HEBS' perspective on sexual health issues is akin to the 'educationalist' approach described by the Lecturer whereby sexual health issues are seen in the wider context of relationship dynamics. Respondents have described this as a 'holistic' approach.

According to some respondents, HEBS' approach towards sexual health issues, together with their affiliation to the public health agenda, gave them their powerful influence in the development of school-based sex education policy. The Lecturer stated that in her view LTS had to appear non-political and "have to be very kind of... objective and not have opinions". In comparison she described HEBS as being,

different because HEBS have a public health agenda and that is a big plus in terms of HEBS being able to push things little more. But their public health agenda is actually quite good because you do have incidence of teenage pregnancy, you have this ...huge correlation between deprivation category, teenage pregnancies and deprec 6 and 7... you have increased incidence of STIs, ... the public health agenda can help HEBS say 'well look this is...we have got to be a bit more pragmatic, we've got to be realistic, we've got to try and provide materials, got to try and provide support, we've got to try and provide training that actually will help address these real problems' (Health Education Lecturer).

This extract suggests the relationship between 'public health concerns' and the research evidence on which they are based. The combination of the two is perceived to create an authoritative 'fact' that can help silence moral debates surrounding school-based sex education. The SEHD DP Co-ordinator describes agencies outwith the Executive as being: "freer to find solutions to address problems."

The HEBS Senior respondent stated that HEBS had requested funding for the training of teacher trainers for the roll out of the *SHARE* programme across Scotland. He stated that HEBS were

Still waiting on a response on that, they broadly support it but they haven't committed themselves yet and they say it might have to go to Government Ministers, that the senior civil servants won't make a decision on that which is really unusual. And that's an example of how sensitive the issues are in a way after the whole Section [2(a)] thing... so that's unique (HEBS Senior respondent).

This statement implies the freedom HEBS has to place teacher support and training ahead of concern for the sensitive political environment, which remains the primary concern for those within SEED and Ministers for Education.

However, HEBS may not be completely 'free' from the public debate surrounding sex education. The SEHD DP Co-ordinator noted that the launch of HR had potential to attract attention from pro-life groups: "take the example of their [HR] website ...[there] ... might have been an anticipation of some flack from...all the groups, those pro-life groups ... in the end there was - but for HEBS link!" The HEBS researcher discussed the extent to which HEBS were subjected to pressure from such groups, and how this differed from the experience of those within the Executive:

Because HEBS is a board, as every kind of public agency would have we have a board and a lot of things to do with sexual health have to go through the board because of the highly sensitive nature of the materials, because of the kind of media context that we operate within... There are these internal processes that we have to go through so we finally get 'out there' we're very robust in what we're saying, and we're very clear about why we're saying it, because once you start hitting the public profile you are subjected to all sorts of other influences ...like the Christian Institute for example (HEBS researcher).

She continues:

I think the Scottish Executive obviously worked within those constraints as well ... it's even more apparent for them I guess, where MPs have to

think about votes in the long term so they can't afford to get negative publicity (HEBS researcher).

According to this respondent, HEBS work within a sensitive political environment, and is subjected to external pressure because of their role as a public agency, but they have the ability to be 'freer' than the Executive because of their relative distance from the political arena. The SCRE researcher stated: "HEBS...perspectives on theoretical models of sex education...you could probably say the Government subscribe loosely to that, but I think again there is this political sensitivity about how they implement it." On the basis of this evidence it could be argued that HEBS' distance from the political arena, and the public health agenda within which they operate are two important factors giving them greater manoeuvrability in this policy area.

When discussing the Scottish Executive at the beginning of this chapter, respondents' views regarding the lack of political leadership in the area of sex education were presented. The PHIS Network Co-ordinator identified this issue as contributing to HEBS' increasing influence: "unless there's a drive from the centre saying 'you must do' then it's left very much to something like ...HEBS in a sense." According to the SCRE researcher this influence is then felt across the network, resulting in a "coming together over the last probably four years..." of perspectives on sex education. He continues: "I think the role of HEBS has helped a bit in this. I think we've seen HEBS become more dynamic." Therefore HEBS' influence may stem not only from their ability to operate within a 'public health' agenda whilst maintaining a distance from the political arena, but also from the ability to fill a gap created by a lack of political leadership in the field. Another interpretation of the reason for HEBS' influence is suggested by previous analysis, where SEED and SEHD were both identified as 'driving' policy for school sex education. HEBS may be able to operate across, or between, the political environments surrounding each of these departments. Rather than being split between education and health, HEBS might be thought of as having a dual identity.

Another important aspect of HEBS' independence identified by respondents was the timescale within which it operated. Several respondents highlighted that HEBS'

programmes and research activities were planned within longer timescales to that of SEHD policy development. This also implies distance from the political arena, their remit is more stable thus they are able to invest in longer term projects and collaborations. This will be discussed in more detail below, in relation to HEBS' use and generation of research evidence.

The relationship between HEBS and other organisations in the network

HEBS has close relationships with other organisations within this network. This closeness may help HEBS staff to influence policy development for school sex education. The HEBS Senior respondent attempted to describe HEBS' relationship with the Executive:

Bodies like HEBS, influence the education system. Our role is extremely complex. ... Like all bodies you could say are quangos in the sort of generic sense ... funded by government but not...of government. Our role...we are on a sort of political tightrope in a sense...our relationship to say the civil servants or the MSPs or the government ministers is complex and difficult to define. Clearly ... we are not a lobbying organisation, we wouldn't criticise the government. We may try and influence policy where we feel strongly about an issue by writing to a minister or through the working groups that we serve on, it happens in different ways, but that's done behind closed doors in a sense and not through public lobbying. So it's hard to pin down what our role is in policy for us but I'd say we have a significant role, it varies just how influential we are with all sorts of factors, some of which I probably don't fully understand myself, some of it's opportunism and various things (HEBS Senior respondent).

Rather than using the media as a tool to influence policy they have a private relationship with the Executive that allows them direct access to relevant civil servants and politicians. According to this respondent, HEBS' staff could exploit flexible and complex routes to gain access to decision-making. This makes it difficult to gauge the level of influence they have within policy development.

An example of influencing ‘behind closed doors’ was given in the previous section whereby HEBS were able to approach SEED to request a public health perspective to be included within the McCabe Committee. The SCRE researcher noted that HEBS’ relationship with the Executive allowed it greater power over proceedings:

I think the Executive’s seen it more as an intermediary and it’s been used as almost like an expert body to inform it and I think there is a bit more communication between different agencies and partners and a coming together of perspectives on health (SCRE researcher).

This suggests that HEBS has an ability to ‘drive’ policy agendas and consolidate perspectives on health across networks. I have previously argued that there was little conflict between the education agenda and HEBS’ agenda in relation to sex education. This common viewpoint may have helped to create an alliance:

I think the communication between HEBS and LTS is very, very good, they overlap in a lot of ways. Not in terms of the work that they do but in terms of their areas of interest, and I think there’s a very, very strong working relationship between them (HEBS researcher).

The HEBS Senior respondent supported this view. The HMIE respondent stated that HEBS was their “partner agency” in relation to health education in schools. This evidence suggests that the tensions between health and education that exist within the Executive are not as prevalent outwith its boundaries. The apparent closeness of HEBS to various institutions with diverse interests suggests their influence has the potential to be extensive, and their informal knowledge of processes within policy-making for school sex education may be helping to maintain and develop this influence.

HEBS and research evidence

HEBS communicates research findings, reviews existing research and generates research evidence for internal processes and external relationships.

Regarding HEBS' internal operations, the HEBS Senior respondent stated that: "HEBS is certainly a research driven organisation I would say." The HEBS researcher and the HEBS R&E Manager highlighted that the HEBS Research and Evaluation Division was initially set up to support work HEBS was carrying out. However, the role of this Division has shifted in response to 'evidence-based' policy and began to strengthen external links.

HEBS' relationship to public health policy as a whole is reflected in their organisational structure; the 'Specialist Researcher' posts were put in place to reflect the 'topic based' approach identified in SEHD policy.

One example of the external function of the research specialist was their involvement in the development of proposal bids for the Demonstration Project for sexual health, eventually awarded to Lothian Health. This involved "providing a lot of background support and information and evidence for their bids" (HEBS researcher) through frequent contact.

So far the evidence suggests that the influential role of HEBS in school sex education is attributable to its remit and relationship with the Executive. However, many respondents noted the importance of its research role within the network for sexual health issues at both local and national levels, for example:

On the reference groups are people representing various areas for example, representing HEBS so we've got the research end of things in there (LTS respondent).

HEBS has an important role... the research specialist role is to look at the evidence, and to feed that upwards to the Scottish Executive but also to take evidence and feed it into practice as well (HEBS (York) Researcher).

One specific example of their research reaching the policy-making arena was the *Evidence into Action* (2000) report, which reviewed all the evidence for sexual

health interventions (discussed in Chapter 4). Many respondents referred to this document, which was designed to be ‘user friendly’; its target audience was practitioners and policy-makers. The previous HR Manager stated that much of the evidence presented in the final HR bid proposal was drawn from this document. Some of its contents were presented to the McCabe Committee and subsequently included in the *McCabe Report*. This again illustrates that HEBS’ work was relevant to the major policy developments in sex education emanating from both SEHD and SEED. HEBS involvement in research helped individuals gain access to and influence those developments.

The HEBS R&E Manager noted that the ability of HEBS to influence policy was aided by their capacity to commission research: “[HEBS] concentrate on building working relationships which then help them to influence decision making procedures, this is aided by the commissioning research service which they can provide” (HEBS R&E Manager). An example of this is the evaluation of PSP (Positive Steps Partnership) carried out by SCRE. This work was commissioned by HEBS on behalf of SEHD, as the HEBS researcher described:

As a HEBS representative who had both sexual health background and also research experience ... I was quite useful, because we have the structures within HEBS to actually commission research out, which they didn’t have access to in the health department (HEBS researcher).

This extract implies that the research role of HEBS may have enabled it to have a greater presence within the policy-making arena, increasing the usefulness of its representatives.

HEBS’ remit and reputation within policy development may also have aided individuals keen to permeate the policy process. For example the HEBS researcher stated:

With HEBS being a national agency...you get into a lot of places that you...just wouldn’t get into. I...have a lot more contact with the Scottish Executive than anybody in the local health board area could

possibly have, because you couldn't have that contact with 15 local health board areas. So it definitely opens up a lot more doors to you being located within a national agency and having HEBS' name...behind you (HEBS researcher).

It is important to note that their ability to access decision-making is largely due to their position within a powerful organisation. Previous extracts have highlighted how HEBS' ability to provide and commission research evidence enables its representatives to engage with the policy-making process. It is difficult to ascertain the primary reason for such access: the research capability of HEBS, or HEBS' status allowing its staff to utilise HEBS' research capability to maintain and develop their involvement.

The SCRE researcher also stated that HEBS' capacity to engage with research evidence was greater than that of the Executive: "HEBS is reasonably consistent on long term, longish term thinking, think about a couple of years in terms of designing and doing some research. Policy makers are far more likely to change because of political pressure." The timeframe within which HEBS worked – perhaps enabled because of their relative independence from the political arena – may have contributed to HEBS' use of research as a resource within policy-making circles.

However the HEBS (York) Researcher in her capacity as HEBS research specialist sitting on the SHS Project Group, found the disparity in timeframes difficult: "I felt very uncomfortable about presenting a recommendation without the evidence base for it. So there were... organisational differences for HEBS." According to this respondent, there were conflicts between policy-making within the Executive and organisational practices for HEBS regarding timeframes for decision-making and use of evidence.

So far it has been suggested that HEBS has a close relationship with research evidence. HEBS is described as generating and disseminating research findings, increasing the ability of HEBS' staff to be involved with SEHD policy initiatives, including HR and PSP. The closeness of HEBS to other institutions with influence over school sex education policy in Scotland may be aided by its research role. In

addition, the establishment of links and influence between those in HEBS and others with influence over policy are means through which research evidence enters the policymaking arena.

As discussed in Chapter 4, HEBS funded the pilot stage of the *SHARE* trial and the development of the *SHARE* materials. Personal networks linking HEBS staff and the *SHARE* researchers were critical when instigating the programme; these will be discussed in more detail in Chapter 6.

The *SHARE* Trainer described the relevance of the *SHARE* trial for HEBS organisational priorities, which reflected SEHD priorities. She stated: “At some point in the development of *SHARE* the government took on the teenage pregnancy stuff and the two fit very well ...so that will have helped.” The relevance of research to the political context was also identified by the HEBS Senior respondent: “If it’s research in an area that’s a government priority - that’s going to be helpful...that’s going to be a powerful factor in how much it’s read and considered.” Although previous respondents identified that HEBS operated in a different timescale to that of SEHD, it still works within the SEHD public health policy framework. Therefore HEBS has to react to any change in emphasis within this policy; the timing of relevant research evidence therefore becomes important.

The HEBS Senior respondent describes how their connection with the *SHARE* trial aided their involvement in education policy development for school sex education: “with the *SHARE* project we are trying to influence through the school system.” The SEHD civil servant supported this view: “HEBS have a lot of involvement [in sex education policy] particularly through their connection with *SHARE*.” The HEBS senior respondent described factors that increased the value of the *SHARE* programme within policy-making circles:

You might get a bit of media coverage and the media picking the issue up, you know – ‘this is a major survey’ like *SHARE*, built up over X amount of time, Medical Research Council – powerful agency, serious money going into it – all these things make it more likely that it will get publicity, that it will be looked at (HEBS Senior respondent).

It could be argued that by association, HEBS also benefited from the visibility of the *SHARE* trial and connection to the status of the MRC creating opportunities to influence others overseeing policy development.

The evidence so far suggests that HEBS has a ‘proactive’ organisational culture, responding to ‘evidence-based’ policy rhetoric and ensuring their involvement in policy groups such as the McCabe Committee. The comment made by the HEBS Senior respondent above in relation to the *SHARE* programme suggests that HEBS’ involvement with the *SHARE* programme allows them to continue to develop their influence within policy-making, therefore it could be argued that their involvement in the project was serving a less obvious organisational priority: to strengthen their position within the organisational network.

There were more explicit reasons cited for HEBS’ “enthusiastic” reaction (*SHARE* Trainer) to the *SHARE* trial. The *SHARE* Trainer commented that HEBS apparently made a commitment to provide materials for schools that contributed to their decision to roll out the *SHARE* pack: “the commitment would still have been there and if you have a commitment you need to have some materials to go with that commitment.” This view was supported by the *SHARE* researcher who stated that from the outset her understanding of HEBS’ needs from the project was centred on the production of a palpable pack: “what they wanted was a good pack ... something tangible that they could put in schools, that was thoroughly evaluated, that would work.” The ‘effectiveness’ indicated in this statement was unfortunately not defined during the interview. However, the HEBS Senior respondent did not state that the roll out of the *SHARE* programme (advocated by HEBS) was dependent on the RCT identifying positive behavioural change. This evidence suggests existence of materials addressed another of HEBS’ organisational priorities.

The HEBS Senior respondent presented the different agendas between the MRC and HEBS regarding the outcomes from the trial:

Because it was MRC, there’s agendas there...the ‘Medical Research Council’ – there’s an agenda around that, that’s inherent in the title you

could argue, that is slightly different from our agenda, although they overlap. And we've always felt, that the qualitative work, the training that the teachers were getting, the impact of the training, that's what most interests me (HEBS Senior respondent).

HEBS' interests, although 'overlapping' in terms of focus, also lie firmly within the education sector and the provision of services, reflected in this respondent's emphasis on the support of teachers delivering sex education.

The *SHARE* trial was relevant to part of HEBS' organisational remit (to address the sexual behaviour of young people). In addition, the *SHARE* programme supported the 'holistic' approach towards sexual health issues adopted by HEBS: "an underpinning of respect and value for young people, about young people having the skills to protect themselves. All those sorts of things were fundamental to both [HEBS and *SHARE* researchers] so that will have helped" (*SHARE* Trainer). She also stated that the benefits HEBS gained from involvement with the *SHARE* trial helped ensure their continued involvement:

I think what HEBS were prepared to do which perhaps Lothian Health were not, was this thing about being prepared to accept the limitations of research - because it was research it had to be fixed and be maintained throughout and that you couldn't do this in one school and that in another, and I think HEBS were prepared to recognise that and say 'we can live with that' (*SHARE* Trainer).

According to this evidence, HEBS' close relationship with the *SHARE* trial served a number of organisational interests. It appears their marriage was based on the focus on young people's sexual health, whilst the *SHARE* programme supported HEBS' approach towards the issue. In addition, the *SHARE* programme may have helped HEBS to expand their influence within the education and health policy-making arenas for school sex education in Scotland.

HEBS' close relationship with research evidence, whether through supporting external research projects or producing their own review of evidence in this area,

may be influenced by organisational factors. It allowed those within HEBS to enter the policy-making arena with an authoritative voice on the issue, whilst simultaneously consolidating and disseminating HEBS' perspective on sexual health issues.

Summary

HEBS' role within this area of policy development was extensive. HEBS' remit is unique within this network; it is relatively independent from the political arena, yet its official relationship with the public health policy framework gives it greater scope when challenging external pressures stemming from public moral debate. HEBS' perspective on sex education is reflected in their title; their focus is on public health issues, but the evidence suggests that HEBS supports the 'holistic' view upheld by those located within the education sector. HEBS' distance from SEHD allows an independent approach to sexual health issues yet they are close enough to exploit direct channels of influence. HEBS has an advantageous position, between health and education, giving the organisation a high status within the organisational network for school-based sex education. The research role of HEBS allows the organisation to maintain alliances and position of influence, and I would argue that their involvement with the *SHARE* trial can be understood through this framework.

LTS

LTS is connected to sex education policy development through the Guidance documents. LTS produced Guidance documents for consultation, conducted the consultation process and amended the documents, which were published in 2001. LTS commissioned SCRE to analyse the responses from the Consultation process.

LTS perspectives on sex education

LTS' perspectives on sex education appear to be inextricably linked to their role within the organisational network and in particular, their relationship to SEED. The

Lecturer stated that LTS employees were required to depict themselves as ‘objective’ and neutral in relation to the issue:

I mean Learning and Teaching Scotland ...they just have to be very kind of... objective and not have opinions, I mean if you spoke to anyone in Learning Teaching Scotland they will say ‘We have no opinions’ because they just have to be completely objective and can’t take one side or anything like that (Lecturer).

Although when interviewed the LTS respondent did express a personal viewpoint regarding approaches to school sex education, the above extract describes the ‘public’ stance taken by the organisation and supposedly upheld by its representatives. The words “just have” allude to this stance being dictated rather than independently acquired because of their position within the network: SEED’s representative for the issue.

The relationships between LTS and other organisations in the network

The apparent inability of LTS to express an independent viewpoint on sex education is better understood by examining their relationship with SEED. Unlike HEBS, the LTS respondent stated that in the reference group for the Sex Education Guidance LTS was “representing the Executive.” Later in the interview, in relation to LTS’ work in general, the LTS respondent stated that “the Executive funds LT[S] not entirely, but to a large extent, so they commission us to do things while at the same time we’re in the business of giving independent advice on things.” However it appeared from a following statement that they were only ‘independent’ to a certain extent: “I mean obviously what the Executive thinks and what Ministers think is influential because that’s who we work for in the end of the day.” These statements describe the LTS as a ‘representative’ for the SEED regarding sex education. One respondent described the potential for the direction of influence between SEED and LTS to be reversed: “They’ve got a key role in carrying out government policy but I would also say they have a role in influencing the more subtle details of what might be in there” (HEBS Senior respondent). Given the paucity of interviewees from the

perspective of education at the national level, it is difficult to ascertain the extent of LTS' influence on decision-making within SEED.

The SCRE researcher described the Consultation process for the sex education guidance, illustrating LTS' relationship with the Executive. I would argue that it was important for the organisation to appear distanced from the political arena in order to maintain the credibility of the consultation exercise and the guidance that followed from it. He draws on the experience of the consultation exercise to illustrate the extent to which LTS staff were preoccupied with political concerns:

goes right back to your fundamental points here that in a logical model evidence will inform policy. But there's also the strong political ideology that's the directive behind that. And I think working with Learning Teaching Scotland, that's where we see it more plainly (SCRE researcher)

Although LTS could be presented as independent, the evidence suggests that LTS' relationship with SEED regarding school-based sex education policy is 'representative', serving the political interests of the Education Department. This may also have implications for their use of research evidence, which will be discussed below.

Another aspect of LTS' relationship with SEED is that the pace of decision-making in relation to this policy issue appears to be less hasty and more calculated in comparison with SEHD policy development. The LTS respondent described the process of producing the document, emphasising the role of consultation and communication involved:

You don't sort of write it one evening and say 'there you are folks' - it's all constantly advised upon. It also was consulted upon ... the draft documents were put out for consultation, as is our want, to the world at large and to enormous numbers of organisations, and in this case rather more than is the norm because given that there's a health agenda here, which there isn't for example in modern languages, health boards were

consulted as well about what they felt, so people had endless opportunities to make their views known (LTS respondent)

She continues: “as a consensus building exercise, it probably was the best that one can get to, I can’t imagine how we could have consulted any wider than we did.”

This statement implies that political pressure surrounding this issue may have slowed the pace of policy-making to make sure ‘endless opportunities’ were available, helping to ensure the end of the public debate after the documents were produced. She also states that the consultation did result in the documents being altered:

One of the big ...answers that came from the consultation, and it was the big consultation for this document, ‘is [it] too hard to understand, [is it] not going to do? Do we have to write it again?’ So fine, you know - bit of a ‘oh no!’ - but that’s what the consultation said to us so that’s what we did (LTS respondent).

This differs markedly from the rushed decision-making process described by respondents commenting on SEHD policy development. Respondents stated that a fast pace of decision-making could encourage a retrospective use of research evidence. However, it will be argued below that the appearance of an ‘informed’ decision-making process using the evidence from the consultation process may be somewhat deceptive.

In addition to describing the relationship between LTS and SEED, respondents described close working relationships with other agencies in the network. The LTS respondent stated that:

Allegedly ...(HMIE) at least have officially withdrawn from curriculum consult. So there was a period where they were reluctant to be under it as that was no longer part of their task, but at the same time informal relationships and networks and connections still exist (LTS respondent).

It is important to note the importance placed on ‘informal relationships and networks; highlighting that the organisational network functions through relationships between individuals. This will be discussed in more detail later in Chapter 6.

The relationship between LTS and HEBS was described as close both by the HEBS researcher and the HEBS Senior respondent; this was highlighted during the examination of HEBS’ relationships within the network. The LTS respondent also reported frequent interactions between members of LTS and HEBS.

On the basis of this somewhat limited evidence, LTS’ role within the organisational network appears to be closely aligned with SEED. They are described as representing the interests of SEED, reflected in the cautious development of sex education guidance as well as ensuring others (such as SCRE) are aware of and work within SEED policy parameters. This differs from the description of HEBS’ role within the field of sex education as ‘free’ from the constraints experienced by those within the education sector. However, the evidence presented above suggests that there may be relatively close relationships between LTS, HEBS and HMIE during development of school sex education policy. This again suggests that the tensions identified within the Executive between education and health in relation to school sex education, are not necessarily replicated outwith its boundaries.

LTS and research evidence

LTS’ relationship with research evidence appears to be influenced by organisational factors, namely their relationship to SEED and their remit to provide ‘useful’ guidance to schools.

The LTS respondent described results from the consultation exercise as informing the final draft of the Guidance documents (discussed above). This respondent also emphasised the integrity of this process, as the analysis of the responses from the consultation were analysed by SCRE: “... that consultation was analysed by SCRE so there was no question of it being analysed by who had written it.” This comment refers to the importance of SCRE’s independent analysis of the responses and

conclusions drawn from them, implying a relationship between independent analysis and credible policy. She continues: “we were given the results of that [analysis]...[a] very comprehensive set of statistics, comments, qualitative and quantitative analysis, and as a result of that consultation, the documents were amended in the light of what was said.” This extract describes an informed decision-making process which drew from the SCRE’s independent analysis of responses to the consultation documents. However, according to the SCRE researcher members of LTS wrote the questions for the consultation document. The analysis of the data was therefore independent; the data analysed may have been influenced by the questions which were designed by individuals within LTS.

The SCRE researcher stated that regarding at least some aspects of the consultation document, political imperatives were dictating SCRE’s actions: “I think LTS were designing their consultation documents to minimise dissent.” He continues to highlight the strong ‘organisational factor’, in this case stemming directly from political concerns dictating how ‘evidence’ was gathered to inform the development of the documents.

When you’re close to working with these people they’re very knowledgeable, very aware people that know their areas, but you know even as recent as last year there’s a lot of the political and policy environment shapes a lot of what they do. For example, the consultation questionnaires, not just in health but in anything they do that gets fed back to the teachers or the wider public. There’s a lot of steering shall we say about what those questionnaires should look like, you know, we’ll see them and say ‘Well don’t you want to ask about this? Are you sure that’s getting at it?’ And there’s been a bit more leeway they’ll take a few more ideas on board but ... Learning Teaching Scotland say ‘Well you know the Minister or the Department really wants us to stick within this wording’. So you’re aware of policy parameters, you know, they don’t want too much changed (SCRE researcher).

According to this respondent, LTS' role as a representative for the interests of SEED dictates how they collected evidence that 'informed' the final documents. From this perspective, their relationship with research evidence regarding consultation documents is similar to the 'retrospective' use of research evidence employed by SEHD policy developments: the 'policy parameters' have already been set, the evidence is then collated to fit within this established framework.

Another example of LTS' use of research evidence is the inclusion of the *SHARE* materials within the Guidance documents as a recommended resource for use in schools. The timing of the *SHARE* trial was highlighted by the LTS respondent as a critical factor: "*SHARE* was actually on the stocks before we did this but at least it was partly completed at the time all these documents were written." The reasons for *SHARE* materials being included in the document were stated by the LTS respondent as being its 'usefulness' to schools and, in particular, its usefulness to teachers: "One of the things we've got to make sure is, that anything that you're putting in that document is something that will be useful and helpful to schools and teachers." This evidence suggests that *SHARE* materials were recommended because of their suitability to the school setting: "you have to try and work within a structure and not suggest things to teachers that are simply impossible to do" (LTS respondent). In Chapter 4 LTS' aims and objectives included the support of teachers (as opposed to the 'inspection of teachers' by HMIE officials). On the basis of this evidence organisational priorities to address the issue of sex education in schools and to support teachers may have influenced the inclusion of *SHARE* in the Guidance documents. Effects or otherwise on pupil behaviour were not identified by any respondents, as a reason for their inclusion in the Guidance documents.

It is possible that the issue of teacher support may be magnified in the case of sex education. The LTS respondent discussed the value placed on the *SHARE* programme in the context teachers feeling vulnerable when discussing sexual health issues in the classroom:

I think [the *SHARE* materials are] valued because teachers find that they work and that's what teachers are interested in, they are interested in doing things with kids that work and that ... the kids seem to like and

enjoy. And if something like *SHARE* is doing that - and also with teachers particularly in this zone, feel ...that they somehow need to be trained to talk about sex education...they have sort of anxious feelings about doing that - now if something comes along that helps you to do that in a way that you're comfortable with and the kids seem to enjoy and everybody's learning stuff, you know so all the outcomes are there ...then that's something you are going to use and it's going to be popular (LTS respondent).

Effective 'outcomes' in this context refers to the ability to enhance teacher confidence and increase the programme's popularity, rather than evidence of behavioural change, which, it has previously been argued, is the ultimate goal of public health policy emerging from SEHD.

Interestingly, the issue of 'teacher support' also appears as one of the reasons identified for HEBS' support for the *SHARE* programme after its completion. This again illustrated the commonality between the two organisations regarding their aims and objectives within sex education, despite being affiliated to different Executive departments. According to the HEBS researcher, the 'policy vacuum' identified by the HEBS (York) Researcher and *SHARE* researcher (discussed at the beginning of the chapter) resulted in teachers feeling increasingly vulnerable in a sensitive political environment:

We need the Scottish Executive to take a stance on that, to give leadership in the field. Because at the minute there's a lot of damage being done by the very vocal minority, and people I know in practice are feeling quite exposed, because they don't have anything to fall back on at a national level which legitimises their work in this area (HEBS researcher).

LTS' inclusion of *SHARE* materials as a recommended resource legitimised its use by teachers which may have decreased feelings of vulnerability.

Summary

This section has presented evidence which suggests that in relation to school sex education LTS represents the interests of SEED, and in doing so is also able to address another organisational priority: the support of teachers. The apparent independence from SEED makes LTS an ideal tool for policy development in a politically sensitive area particularly as the relationship with SEED ensures its co-operation with ministerial wishes. It is difficult to ascertain from this evidence whether this relationship exists for all areas of curriculum development, or just politically sensitive areas such as sex education. There appears to be similarities between the organisational priorities of HEBS and LTS regarding teacher support. As previously argued in relation to other organisations in the network, LTS's proximity to SEED's political environment appears to influence how it develops policy. This in turn may influence LTS' use of research. 'Usefulness' (rather than 'effectiveness') is identified by the LTS respondent as the contributing factor for SHARE's inclusion in the guidance documents.

HMIE

Historically, HMIE was regarded as extremely influential in the development of Scottish education policy. In 2001 HMIE's status and power within decision-making was drastically reduced. Previously HMIE was seen to be very influential in recruitment and policy formulation. When describing the organisational network for sex education in schools the HEBS Senior respondent stated:

The Inspectors of Schools would have been high on the list two years ago but the HMIs role has now changed... you could argue it was always about monitoring standards in schools and reporting on these to the government, but in reality HMI has had a much wider role, which influenced policy formulation and development strongly. In the past they used to serve on all the committees, they would influence through committee work in all sorts of ways, and that role is now changed dramatically, even influencing appointments (HEBS Senior respondent).

The Lecturer gave a similar account of HMI's position, describing the organisation as "a little agency on their own" with limited involvement in policy development.

The HMIE respondent described their new status and the reasoning behind it:

HMI[E] has a monitoring role, sharing good practice and reporting to ministers. It is a different form of agency from LTS. HMI[E] was intended to be slightly at arm's length, to increase the independence of the advice given to ministers in SEED. It was intended for transparency, for HMI[E] to give professional rather than policy advice (HMIE respondent).

This statement could be interpreted as implying that HMIE is more independent from SEED than LTS. The HEBS Senior respondent perceived that HMIE's demise happened "...almost like the flick of a switch which is fascinating, nobody predicted that or saw that coming" (HEBS Senior respondent), emphasising the unpredictability and potential fluidity of an organisational network.

The LTS respondent referred to the reasons for the change in HMIE's status as lying 'within the mind of the First Minister' (the First Minister at the time of the interview had been the Minister for Education during HMIE's demise). She and the previous HR manager noted the previously "incestuous" (previous HR manager) nature of HMI's work as they were monitoring the implementation of their own recommendations.

According to the HEBS Senior respondent HMI's change in status was the result of the debacle concerning higher results being compiled by the Scottish Qualifications Authority. In 2000 the exam board failed to mark many Higher exams on time, a crisis apparently predicted by teachers but not, according to this respondent, identified by HMI. The education minister at the time subsequently brought the role of HMI "back to very well defined systems" (HEBS Senior respondent). The role of OFSTED (Office for Standards in Education) in England may have also influenced

HMI's change in status, reflecting a national shift to the independent monitoring of schools across the UK.

The role of HMIE within school-based sex education policy development is difficult to determine due to lack of data. According to the HMIE respondent they write reports on the delivery of health education, which includes the topic of sex education and it is through this task that HMIE came into contact with HR and the *SHARE* programme. However, HMIE was represented on an advisory committee for the development of the *SHARE* programme. In addition to these policy developments, HMIE was represented in the initial stages of the PSP Monitoring and Evaluation Group. The HMIE respondent reported that she withdrew from this process because of changes in the proposal, making the project irrelevant to her professional remit. Despite carrying out an interview with the HMIE respondent, the difficult nature of the interview (discussed in Chapter 4) meant that the data on this organisation from the perspective of an individual working within it are somewhat lacking.

HMIE perspectives on sex education

Due to a lack of data it is also difficult to ascertain the HMIE perspective on sex education. The Lecturer stated that those within education circles, including representatives from SEED, LTS and HMIE, all supported “a holistic view, we all have that and we all see where sex education fits in as part of that, there are no differences.”

The relationships between HMIE and other organisations in the network

The change in status of HMI suggests that their role in monitoring recruitment in other organisations, such as HEBS, is redundant. Their input into curricular development appears to have reduced. This may suggest that HMIE has a more egalitarian relationship with HEBS and LTS than in previous years.

The HMIE respondent did not describe any consistent or established organisational relationships between HMIE and SEHD, Lothian Health or PSP, suggesting that their main contact with the SEHD sexual health policy framework is through HEBS.

HMIE and research evidence

The HMIE respondent stated that: “HMI[E] does not set out to be a researcher, it has an interest in research findings.” This statement suggests that although their role includes monitoring and evaluation the organisational identity of HMIE is not akin to that of a research body.

The HMIE respondent described the use of research as complementing the ‘professional advice’ rather than contradicting it: “It [research evidence] is an independent yardstick to strengthen professional advice given to the Executive, the two tend to go together. Nothing out of the blue, because it is commissioned by organisations where they see the need.” This statement implies the value of research as ‘strengthening’ advice which in turn serves to silence other viewpoints. The respondent was then questioned as to whether research would be used if it did appear to be ‘out of the blue’, or contradictory to the aims of the organisation. The interviewee used the example of ‘parental views’ in her response:

For example, parental views, in standards of quality inspections a questionnaire goes out to parents and we need a response. If the research is saying something different then you would pause, an investigation would have to take place because we have accumulated a lot of knowledge about parent views and if that was going against that knowledge we would look at it closely (HMIE respondent).

Respondents stated that parental views were a major priority for SEED when developing sex education policy. The above extract indicates that the use of research in this context may be influenced by political priorities and needs. This may mean that independent research conducted outwith the political arena that does not relate to these priorities is therefore unlikely to be used. However this statement is difficult to verify given the paucity of data. This respondent describes a ‘closed’ relationship with research relying on internal commissions rather than research generated by outside bodies.

However, according to this respondent stated that the ability for HMIE to generate such research has also been curtailed forcing them to look elsewhere: “we no longer commission research because our status has changed. EDRU [Education Department Research Unit] produce a booklet which we can access, or we can pull together other research” (HMIE respondent).

This limited evidence suggests that HMIE’s use of research evidence is used to strengthen and justify particular viewpoints in relation to predetermined issues. If this is the case, the relationship between research and HMIE, like that of LTS, is influenced by SEED policy parameters, reflecting a close relationship with the executive department. In addition, although the HMIE respondent agreed to the interview, in practice she refused to allow her answers to be recorded and gave a closed and formal account of HMIs involvement in sex education policy. This may be interpreted as reflecting a preoccupation with being in a powerful position and vulnerable to attack. If the HMIE respondent’s response is interpreted as somewhat uncooperative, this mirrors the reaction of SEED to the invitation to be interviewed, which may in turn lend support to the argument that the two organisations have similar concerns and priorities.

Summary

This limited evidence suggests that HMIE’s role within policy-making, at least officially, has been curtailed. However, together with the interview experience, this evidence suggests that the organisational culture of HMIE is indicative of an organisation close to the ‘centre’ of education policy development and their use of research evidence may reflect this position.

Conclusion

The relationships between organisations in this network seem to reflect the role of health and education policies. The role of the school, as a vehicle to disseminate societal norms, appears to result in public controversy and debate when it was announced that school sex education policy would be altered. Health policy in

relation to sexual health issues, is apparently concerned with Scottish reputation and public pressure to reverse adverse health trends. The external contexts appear to influence how policy is developed. The position of organisations in relation to these contexts appears to influence how they view sex education, what their priorities are in relation to the issue and how they use research. SEED related policy for school sex education appears to be concerned with deflecting controversy stemming from moral debate on the issue. Health policy for this issue appears to be characterised by prioritising visible action in order to demonstrate their commitment to reducing rates of teenage pregnancy and STIs. Organisational perspectives on sex education and the use of research appear to be influenced by the relationship of the organisation to these departments and the political contexts within which they operate.

For example, HEBS appears relatively independent from SEHD. This may allow it to operate within a different timescale to that of SEHD, and to develop a ‘holistic’ rather than target based approach to tackling sexual health issues. There is some evidence to suggest its association with the public health agenda gives it greater freedom to be involved with projects such as *SHARE*, which can ultimately strengthen the link between HEBS and education policy agendas. Another of HEBS’ organisational priorities, to support teachers delivering sex education and provide materials, can then be pursued. There is also evidence to suggest their research role helps to strengthen and maintain alliances in the network.

Data relating to HMIE and LTS is limited. What data exists suggests that have a closer relationship to the educational political context than HEBS. They are representing the interests of SEED and as such are more cautious in their use of research evidence and their collaborations with researchers relating to this area.

According to the HR manager, the project appears to be tied to both SEED and SEHD political contexts, which affects how HR is implemented. According to one respondent, it has a ‘holistic’ approach towards addressing young people’s sexual behaviour, which suggests it is relatively independent to that of SEHD. This may reflect its function – to explore ways of addressing sexual health issues which meet the aims of SEHD policy. Lothian Health is also charged with generating and drawing on evidence. According to respondents, its ‘evidence-based approach’

appears to be varied and unpredictable. In addition to organisational factors, such as the pace of policy development, individual factors may also have influenced how ‘evidence-based’ decision-making has been employed. The effects of individuals and their relationships on evidence use in school sex education policy will now be explored.

Chapter 6: The effects of individuals and their relationships on the use of research evidence in school sex education policy development

Introduction

The previous chapter examined the importance of organisational factors and the political environment on the use of evidence. This chapter will explore how *individuals* can affect whether or not research evidence is used within the policy-making process.

First, I will explore the effects of professional and personal experience on the use of research evidence. This section will discuss the role of professional identities and perspectives, preferences for different types of research evidence and the effects of research experience on evidence use amongst individuals.

I will then show how individuals in particular positions can affect whether or not research evidence is considered within policy development. First I will highlight instances where there are no organisational or political incentives to use research; rather, research utilisation relies on individual working practice. Second, the discussion will turn to senior individuals who are not only able to act on their own beliefs and interests, but can establish frameworks within which other individuals must work.

In the third section of this chapter I will extend the discussion on the position of individuals by focussing on the role of Ministers in the use of research evidence, and the status attributed to different types of evidence in policy-making. The account of the Former Minister reveals the importance of his personal beliefs and interests on the development of school sex education policy in health and education.

In the fourth section of this chapter I will concentrate on the interaction between individuals. First I will examine how individuals are able to access policy groups and committees. Second I will provide examples of different group dynamics within policy groups and committees, which serve to close or open opportunities for research evidence to be considered. Finally, I will focus on the effects of networks and personal interaction between researchers and policy makers on the use of research evidence in this area of policy development.

The role of professional and personal experience on the use of research evidence

Many respondents stated that they were more inclined to value a piece of research evidence if it resonated with professional or personal experience. For example, the Senior HEBS respondent noted the power of a particular piece of research as it resonated with his professional experience:

Macpherson's book...was interesting. I've only read it recently, and it was talking about the past when I actually was a teacher. But it was also talking about the way government works, and there was so much in it that I could relate to – this experience – so in that sense that was quite a powerful read for me (HEBS Senior respondent).

If research evidence resonated with an individual's personal beliefs and experience, it appeared to have an increased chance of being included in policy development. For example, the reception of the *SHARE* trial by different individuals appeared to be influenced by personal experience. When asked to pinpoint who had driven the decision to include the *SHARE* programme in HR, the HR manager identified a school nurse familiar with the research programme: "I think she'd done a lot of work as a school nurse in schools and felt that a lot of the exercises within *SHARE* were appropriate and young people valued them." This was the first of two reasons given for including the *SHARE* programme within the project, alongside its innovative approach fitting with the ethos of HR. This respondent was stating a

direct correlation between the experience of one individual and the status accorded to the *SHARE* programme in HR.

The *SHARE* Trainer suggested that her support for the project stemmed from its emphasis on evaluating teacher practice:

They were attempting to actually evaluate some sex education and I thought that was not before time. Because my impression was that most sex education sort of happened very willy nilly, you know teacher says ‘I think we ought to be doing it, I wonder what I can do’ and gets a few resources and pulls something together in a very ad hoc kind of way and almost nothing had been done by the way of evaluation (*SHARE* Trainer).

This interpretation of school-based sex education teaching practice appears to reflect her own teaching experience early in her career:

I was a secondary school teacher, I worked in inner London ... working in a fairly tough girl’s comprehensive in Hackney. I taught what was then Social Studies, which ... is very close to ... PSE and we were getting quite a lot of girls getting pregnant having terminations and the head mistress thought we ought to be doing something about it and it landed on my desk to do. So I found myself teaching sex education, this was back in the seventies ... and at that time there was very little by way of resources, very little by way of support or back-up, I just got on and did it as best I could (*SHARE* Trainer).

Two other respondents also described early experiences of teaching sex education with little support. They described their position as teachers addressing the issue within schools, with little support from either national policy or local authorities. The HEBS senior respondent described his experience as a biology teacher in the 1960s:

I got involved in sex education at the start of my teaching career. And that was because teachers of Physics and Chemistry didn't want to teach that stuff. In the first two years of the basic Biology of sexuality, the integrated Science syllabus had just come in, and there was Section 6 which was human reproduction, so teachers hadn't had much preparation for that. Those of a physical science background, many of them - not all - were very nervous about doing that. In my first school team I was involved in taking a lot of First Year classes in the biological aspects of reproduction which is obviously a little bit of the picture (HEBS Senior respondent).

His personal experience may have contributed to his interest in the teacher evaluation of the *SHARE* programme: "The training that the teachers were getting, the impact of that training, that's what most interests me in a sense." This respondent also highlighted the importance of the views of teachers themselves who had stated during a series of seminars that they did not feel confident teaching sex education. These extracts suggest that the *SHARE* programme resonated with the experiences of a number of individuals, increasing enthusiasm for the project.

In addition the evidence suggests that in the case of sexual health it is unlikely that research findings that contradict personal beliefs and experiences will be accepted. The HEBS researcher stated that the private lives of individuals and their personal beliefs regarding sexual health issues were potential barriers to research evidence being valued:

You'll go and give a presentation and somebody will come back to you and say 'oh but my daughter says this' and that seems to just negate everything that you've just said because they've had personal experience. And I don't know whether it's just in sexual health that they have this because it's such a private issue in so many ways that people feel legitimised to be able to do that, and it seems much more, certainly much more common ... for that to happen in this area where people's personal views will take preference over any research evidence

that you might present to them, and [which] they [then] find very easy to reject (HEBS researcher).

The LTS respondent stated that there were inevitably “fiery opinions” regarding sex education within Scottish culture: “The topic is one that people in general and people in Scotland in particular find quite difficult to talk about ... I don’t think in general we are at ease with talking about these kinds of things.”

The *SHARE* researcher identified an inability for individuals to compromise on “absolutely moral” personal beliefs regarding sex education. She described the collaboration between Lothian Health and *SHARE* researchers when attempting to develop the *SHARE* materials: “We had a real head-to-head with this guy who’s quite senior in health promotion. Couldn’t possibly have anything about oral sex in this thing, he wouldn’t have his daughter finding out about this kind of thing in school.” She continues: “It wasn’t about managing a kind of legal boundary - this was personal, moral kinds of positions.” The MRC researcher also stated that “personal experience” was clearly being drawn on as people presented their views on sexual health issues within the NDP Steering Group. All respondents referred to the sensitive character of sexual health issues as a barrier to constructive discussion around the issue.

According to these respondents, research evidence was interpreted in the context of personal beliefs and experiences, which then influenced whether it was rejected or supported.

The role of professional identities and perspectives

All respondents placed themselves and others within the boundaries of particular professional spheres. For example, the HEBS researcher stated that: “a lot of the opinions that I would have are obviously research based and kind of stick to the evidence because that’s where I come from.” This quote alludes to the beliefs of this respondent having origins not unlike a country or culture (“that’s where I come from”). The *SHARE* Trainer creates a similar picture. Phrases such as “Practitioner level” and “I am very much a hands on practitioner” appeared to act as rhetorical

devices to position herself within what she perceives to be the boundaries of the practitioner world. She continues to describe the differences between the two as being steeped in more than previous training or experience: “I’m not an academic, although I’ve done some academic study, I’m not a natural academic, I think it’s a very different approach and learning style.” She continues: “[lead SHARE researcher] is much more of an academic thinker, I have a much more intuitive approach”. These statements demonstrate that her perceptions of professional identity and working practice are innate, rather than nurtured. Contact with the research sphere was conceptualised within the framework of her professional identity. Both of these respondents refer to their professional identity as being inextricably linked to their own epistemological and methodological perspectives.

Respondents also described conflicts arising during collaborations with other professional groups. The HEBS (York) researcher acknowledged that “as a researcher ... there’s a process we like to go through” before reaching a conclusion about an issue. However, within the SHS a different process dominated:

At the Project Group the chair asked us to have a draft of the [recommendations] ready by December. So I found that a really difficult period of time ... if I was doing a systematic review I wouldn’t even be half way through it, and for me, as a researcher to present recommendations it was really like asking me to do five systematic reviews in one go, because I felt very uncomfortable about presenting a recommendation without the evidence base for it. So ... I would say there were organisational differences for HEBS, but also for me for a personal ... my professional background has come from a systematic review process, of gathering all the evidence and then presenting recommendations, rather than this process required at that time [which] was recommendations and then, backing, ‘give us the evidence to back it up’ (HEBS (York) Researcher).

Whilst acknowledging their similarities this respondent maintains a distinction between organisational culture and her personal working practice. The reference to a different pace of decision-making has been discussed in the previous chapter; this

respondent described how this difference could also be an issue for individuals with a particular professional identity.

The MRC Senior researcher on the NDP Steering Group described how a researcher's definition of HR's effectiveness differed from that of a civil servant's definition:

There is a real dilemma between, em, demonstration projects as being seen to be effective on the one hand - by reference to the evaluation criterion - and the demonstration projects as being regarded as being effective, because they're up and running and doing something. I think that the latter ... would probably be the more general view on the committee. That's something's being done, there is a kind of evidence base out there somewhere, and almost by definition, it's good. Even if the evaluation fails to show significant change I don't believe that would be grounds for stopping it, it will continue anyway, its got momentum. And that's a real dilemma, it's a real dilemma for researchers, because we wouldn't operate that way (MRC Senior researcher).

According to this respondent, the issue of momentum and the belief that "something's being done" is prioritised ahead of effectiveness, as defined by academic research. The same respondent noted that researchers would have adopted a different approach to the development of HR, placing long term evaluation and effectiveness at the forefront on decision-making: "there's much less eh, emphasis I think placed on the evaluation, and on the results of the evaluation. Whereas as a researcher, you'd say, 'maybe we could have spent our money better?'" This researcher identifies professional differences between researchers' and policy-makers. The phrase "as a researcher" denotes that there is a particular 'way of doing' or thinking that is prescribed to that professional role.

Similarly, the definition of *SHARE*'s effectiveness as an intervention is debated between policy-makers and researchers. The MRC Senior researcher (quoted on page 146) described a disagreement between himself and a civil servant when

discussing the results of the *SHARE* trial on the day they were published in the BMJ (British Medical Journal).

The expectation of this researcher is that decision-making would be led by the effectiveness data from the *SHARE* trial. However, he recognises that others supporting the use of the project do not necessarily share his definition of effectiveness: “And as I’m constantly being reminded that there is evidence in some ways, in terms of knowledge, but in terms of other outcomes, the evidence just isn’t, to date anyway, doesn’t seem to have made a difference.” The different definitions of effectiveness and evidence-based decision-making between researchers and policy-makers in the NDP Steering Group may have contributed to tensions between them. These are discussed in more detail in the second half of this chapter.

Other respondents described conflicts when those with different perspectives attempted to collaborate. The *SHARE* researcher described conflicts with Health Promotion and Education officials within Lothian when attempting to involve them in the initial development of classroom materials for the intervention: “they were very anti-academic.” She continues: “they had this professional view ... and that’s what worked and they knew – end of story.” She described an element of defensiveness contributing to the tension between the professional groups:

Another kind of position coming from a number of health promotion people was that they knew what was the right way to do it. They knew because that was their practice, so who were we coming in and treading on their toes, saying that we wanted to develop something different?
(*SHARE* researcher).

The *SHARE* Trainer, when describing herself as a ‘practitioner’, stated she felt threatened by the professional approach of a researcher:

I found it very hard to adjust to the very rigorous approach of an academic, I tend to be more intuitive So I can remember many, many long, long phone calls with [lead *SHARE* researcher] where we would be discussing an exercise and I’d say, ‘I don’t think we should do

it that way, I feel that we should write it this way or, plan it this way' and he'd say, 'Why?' and I'd be panicked by that ... that panic when somebody says give me a logical reason why, and I can't. I now say, 'Look I'm an intuitive developer of things and I just know that's the right way to go' and I can recognise that that is a valid approach too, but at the time I found that very threatening, very difficult and I then have to try and make up some logical reasons why that was the way I wanted to go (*SHARE* Trainer).

The conflict between practitioners and policy-makers was echoed by the AET researcher who stated:

When [HR] was set up it was set up by practitioners for implementing, they had no clue about research. They had half a page on research in the actual application which was fairly theoretical and absolutely nothing about how things were going to be measured (AET researcher).

The HEBS researcher stated:

Very often from a practice point of view you will use evidence to get funding, which is I suppose a different point of view than saying you do research because you understand that it should be part of the process and it is a good thing to do (HEBS researcher).

These two extracts highlight the different emphasis that researchers give to evaluation and evidence-led decision-making throughout the process, from design to implementation. They argue that practitioners are using a body of relevant research to justify and strengthen their bid, rather than adopting it as a way of improving their working practice.

This evidence suggests that different approaches to decision-making and the role of research within it were inextricably linked to professional identities. Respondents placed themselves and others within monolithic professional groups, complete with innate perspectives affecting how research evidence was received. It could be

argued that these professionals have been conditioned by the organisations in which they work, therefore this particular aspect might be categorised as an organisational factor. However, respondents clearly identified these characteristics as individual traits, and I would argue that these professional characteristics may increase the likelihood of individuals being attracted to work in particular organisations.

The effects of personal preferences for different types of evidence

The analogy of a different world or culture of research was extended to the identification of a research language. The LTS respondent described what she perceived to be the barriers between research and policy: “I think maybe one of the barriers is that, em, research is a very particular way of looking at the world isn’t it?” She continues:

I think sometimes the way results are presented can get in the way of other people’s understanding of what’s being said, this may just be a personal agenda but I personally find it easier to understand words than I do statistics and graphs. Graphs not so badly, but statistics certainly bamboozle the hell out of me if they are presented in ways that I don’t understand ... so it may be sometimes that the researcher - because it’s their language if you like, it’s a language issue isn’t it? Because it’s their language and they’re so familiar with it, they assume that everyone else is ... and I think that’s not necessarily the case (LTS respondent).

This respondent has situated researchers within the boundaries of another culture, recognising their different epistemological perspective. This exposes her assumption that the language of the research world automatically involves complex statistics. Communicating research findings in this way means that they are not harmonious with her understanding of the social world; their meaningfulness and importance, in her eyes, is thus decreased.

Most respondents referred to the communication of research findings in the context of their personal preferences for either quantitative or qualitative research evidence.

Like the LTS respondent, the HR manager described the inaccessibility of quantitative data:

I spent a day a couple of months ago going through the NATSAL [National Survey of Sexual Attitudes and Lifestyles] survey of 1990 ... I found it really difficult to access because it was mostly graphs and boxes... you know, it was very difficult to draw things out from it so ... presentation. I prefer something that I can read (HR manager).

She describes other staff within HR who also had difficulty accessing quantitative research:

I think a lot of it is to do with people's own value base and where they come from. For example, within the sexual health team we have someone who's really, really into quantitative studies and that's his personal preference and we have others who just ... can't understand them and don't make use of them so therefore they tend to lean towards the more kind of needs assessment community profiling work. So I think there is an issue about individual sort of bias towards particular types of research (HR Manager).

She stated that the research used to inform the HR project was mainly qualitative: "In the main I would say that they are more qualitative rather than looking at stats or you know, figures in that way" (HR Manager). This contrasts with the previous HR manager who stated her preference for quantitative research: "I think the stats speak for themselves" and emphasised the role of quantitative research that informed the HR proposal:

It [research evidence] underpinned every single project, there was an evidence base for why that project would be needed, even in terms of health research or communication research ... there was a section on it about the sexual health profile of young people in Lothian as well so all their kind of trends and graphs and most recent GUM [genito-urinary medicine] stats and things like that (previous HR Manager).

There is not necessarily a contradiction here; these individuals were managing HR at different stages and may have been drawing on different types of research. It does, however, illustrate that individuals may highlight research that is more meaningful to their own understandings and beliefs, either within research interview or in their professional role.

Other respondents highlighted the power of quantitative research evidence through its ability to communicate facts succinctly. The statement from the previous HR manager above (“stats speak for themselves”) epitomises this view. Respondents were asked what constituted the most powerful piece of information that had influenced their decision-making within sexual health. The previous HR manager was not alone in referring to quantitative research at this point. Most respondents emphasised the higher status of quantitative research over qualitative; a hierarchy either perceived as existing in the policy-making arena, or presented as their own personal preference.

The status of quantitative research was linked to its emotive impact. The senior HEBS respondent described his experience on the McCabe Committee, where he used such research to help justify his argument that schools should only constitute one element of sex education policy:

I think one of the facilitators was sharing good research evidence. That really did make a difference. When you said ‘Look we had to be clear here that schools can’t solve this problem on their own and here’s some research evidence why’, and you show the chart showing the relationship with deprivation categories and teenage pregnancy rates. People were very impressed with that, in fact shocked. So you had a profound impact in that sort of way (HEBS senior respondent).

This particular piece of evidence was identified as the “most influential piece of information” by the civil servant DP co-ordinator, while the SEHD civil servant described the “powerful” impact of the evidence of the rates of teenage pregnancy in Scotland compared with the other Western European countries.

The SEHD DP co-ordinator described how reactions to the interim outcomes of the *SHARE* trial depended on people's personal preference for different types of evidence. Here she describes how HR and the *SHARE* trial were either conceptualised in terms of process findings or outcome findings. She begins by describing the expectations for HR:

It depends again on the audience. I suppose it's trying to have something that's for everybody. For a lot of people it's the process in the short term, particularly cause it's going to take time for outcomes to emerge. But I think again the ethos of the Demonstration Projects ... has got a difficulty or challenge, of wearing the both hats, there are people who are seeing its prime reason for existing being demonstrating impact on outcomes. (SEHD DP Co-ordinator).

She continues:

I think *SHARE* for me would be coming into both camps ... I think ... some of the recent coverage of the *SHARE* report, the danger has been that it has focussed on the outcomes, and the bit that gets lost is the learning, it's about the process of sex education and about constantly improving those so ... understanding the processes that lie behind the high level headlines about why it did or didn't have a difference (SEHD DP Co-ordinator).

Again the value placed on different aspects of a research project appears to be affected by what a particular audience seek from it. From this viewpoint, hard outcomes could potentially provide a cloak over more complex processes that are more difficult to communicate. A lack of understanding may result from the reliance on easily communicable statistical outcomes, perpetuating the low status of qualitative outcomes. These viewpoints must be understood in the context of the evidence itself. Had the *SHARE* intervention been shown to be effective the preference for process issues may have been less obvious.

The *SHARE* researcher saw the relationship between the media and the political arena as perpetuating the status of quantitative research in the political arena, and in society more generally:

There is still the ... assumption that quantitative research is always gonna win out. I don't any longer think that that's because everybody believes it to be *truer* in any sense. It is easier to roll out. It's easier to put at the table: the media. It's easy to trot out some figures, you know. It's much more difficult to get the richness of qualitative data across in a soundbite. I think we do still live in a culture that demands numbers ... we may be living in a post-modern world but somebody's forgotten to tell ... people in government about it (*SHARE* researcher).

According to this respondent, the media presents research evidence as valid and significant. This may have a positive impact on the role of particular pieces of research in policy development, although it will not necessarily favour good quality research evidence; in addition, it may perpetuate the perceived lowly status of qualitative research.

The effects of research experience

Very few respondents who were not in a research job at the time of interview had previous research experience. Their descriptions of previous research experience arose in response to the question: Has any previous experience with research or researchers affected the way you approach research findings or researchers in your current position? Those who had had previous research experience stated that it had positively influenced how they used research evidence in their current working practice.

For example, the SEHD DP Co-ordinator stated their that previous research experience helped form a positive attitude towards research evidence:

Through a Masters [and] brief stints as Research Assistant or whatever, I have had some insight into the research field ... so I'm probably more

research friendly perhaps than others are. I think sometimes it comes down to attitudes as well about research and how meaningful and relevant it is. ... So I think from my previous experience I am more ... keen to use research. But I think sometimes again it's about experience ... and I think that's one of the problems, that [for] people [who] maybe don't have the knowledge it's hard to find research or ... analyse it, or to use the findings (SEHD DP Co-ordinator).

The friendliness this respondent describes may be important when considering the need for researchers to access networks at the national policy-making level, and the potential conflicts between different professional perspectives. The previous HR manager also stated that previous research experience “underpinned ... a fundamental belief” that decision-making should be research-based.

The Former Minister highlighted the prevalence of “moral crusades” within politics and the manipulation of research evidence to further those crusades. The PHIS Network Co-ordinator also alluded to the idea that research findings needed to be critically received. She stated that previous training in critical evaluation skills meant that she adopted a “questioning approach” towards research findings, stating that other colleagues were more likely to accept research “at face value”.

The ability to understand and question research findings may help form common understanding and respect between practitioner and research ‘spheres’: knowledge and understanding of different professional approaches may reduce tensions between professional groups.

It is possible that the interview context affected the emphasis these respondents placed on their previous research experience. In attempting to establish rapport with the interviewer, a researcher, the respondents may have sought to highlight common experiences and frames of reference.

There are several instances where respondents described changed expectations or the experience of a ‘learning curve’ resulting from involvement with researchers and research evidence. For example, the *SHARE* Trainer described how her knowledge

of research increased through her involvement with the *SHARE* trial: “It was pretty new to me to get involved in a research project.... I learned quite a lot during that stage about how research works” (SHARE Trainer).

The HEBS R&E Manager described her perception of policy-makers increased understanding of evaluation through their knowledge of HR’s development:

HR has altered attitudes towards research. At the start ... the Chief Scientists Office [within SEHD] wanted an evaluation to ask ‘have these worked?’, but now they have undergone a steep learning curve on what you can expect from evaluation. They are now understanding ‘what is ‘evaluable’?’ (HEBS R&E Manager).

Although these examples do not relate to prolonged periods of involvement with research, they support the conclusion that increased contact with researchers and research processes can help reduce communication barriers between different professional perspectives.

Both the civil servant DP Co-ordinator and the MRC sexual health researcher highlighted the differences between what the Demonstration Projects were initially expected to achieve and the reality of the process:

The projects are still trying to grapple with all the various expectations and demands on them, you now, looking at some of the, the early objectives or principles for the demonstration projects which, yes, acting as a learning resources and making a difference to health and blending evidence base, but also being really innovative so it might, there’s actually quite a lot of expectations...I think perhaps one of the main lessons taken so far is what’s reasonable to expect these projects to deliver...I think the ethos of being a demonstration project still exists through all the demonstration projects cause that’s, it’s been a driving aim for them but I think it is a challenge to marry that up with the expectations of what the project can deliver in practice as well as within a certain timeframe (civil servant DP Co-ordinator).

people as a group might have started with some kind of belief that the external evaluation would provide evidence that it did or did not work...expectations have changed because people are only two years into this, there isn't the evidence. (MRC sexual health researcher).

Pursuing individual objectives within organisations

Many respondents described their professional experience, not in terms of furthering organisational aims and interests, but as actively fulfilling personal desires in their field. They appeared to be aided in this task by their association with a particular organisation. For example the HEBS researcher stated:

With HEBS being a national agency you get into a lot of places that you wouldn't get into. I have a lot more contact with the Scottish Executive than anybody in the local health board area could possibly have, because you couldn't have that contact with 15 local health board areas. So [it] definitely opens up a lot more doors to you being located within a national agency and having HEBS' name, if you like, behind you (HEBS researcher).

Earlier in the interview this respondent had described her desire to influence policy-making through the use of research evidence ("I want to be the person that influences those decisions, I want to be involved in that process"). These two extracts suggest that her role within HEBS allowed her to fulfil a personal goal: to increase her influence within the policy-making arena.

Other respondents stated that they had moved from one organisation to another because their position in the organisation was not meeting their personal requirements. Two researchers described instances where they had challenged established organisational working practice and instigated new working practices. This evidence suggests individuals have a degree of manoeuvrability within the

organisational context, though it will vary between organisations and on their position within them.

The importance of individual working practice on the use of evidence

The limited evidence presented in the previous chapter, suggests the majority of education-related organisations do not embed systematic use of research evidence in everyday working practice. The use of research evidence may therefore depend on the actions of individuals. For example, the LTS respondent stated that:

I'm presently working on something to do with domestic abuse...I'm not going to write a word about that before I have satisfied myself that I know what I'm talking about. And although I might have a personal view of that... that may not necessarily be correct and therefore I need to know what does the research say? Why does this happen? so I will go and find out. So ... it's sort of reliant on the curriculum officer's personal intentions if you like (LTS respondent).

According to this respondent, it is her own working practice rather than organisational working practice that ensures the consideration of research evidence when she formulates a policy document. The HMIE respondent described a similar process in relation to health education whereby she would draw on “talks about Mental Health in newspapers, a series done by the Guardian, which might lead you to gather more information about different research which is being done. You make a web for yourself around a particular issue.” According to these respondents they will source information on a topic rather than following their own personal assumptions.

The effects of an individual's position on the use of research evidence

The significance of individual attitudes towards research evidence increases when they have control and influence over policy development. Such individuals appear to have greater agency in the policy-making process; they can use this position to act on their own beliefs and further professional interests. Seen in this way, the position

of an individual acts as a gateway: one which is either closed or open to the use of research evidence.

Civil Servants

All respondents stated that civil servants were representing and implementing Ministerial wishes. However, the following examples highlight that different civil servants had different attitudes towards research evidence. For example, the SCRE researcher stated:

I think, like any key organisation, key individuals can be very instrumental and they'll be barriers or they'll be facilitators and we've seen a range of that ... the Health Department - they seem to be very open minded, quite pragmatic. Yes, they've got their political underpinnings and directives but they are open to discussion. Other committees we've worked in, largely within substance misuse, I have to say, there's been this sensitivity, or they've had a certain perspective on perhaps the curriculum or what they can and can't do - the role of pupils in the curriculum and things like that. And I think that those individuals, yes they are reflections of their departments, but ... I think it does have an effect... the senior end of the kind of level that they can input (SCRE researcher).

According to the perceptions of this respondent, civil servants at the senior 'end' can potentially have greater manoeuvrability within set political frameworks.

The HEBS researcher also described the importance of attitudes amongst civil servants towards research evidence, which could differ despite the common organisational context within which they work. "In terms of the Health Department it really depends on individuals, I don't think you can get away from that and it's not just sexual health and it's not just the civil service, I think that's life." She continues:

I've been working very closely with [SEHD civil servant] at the Scottish Executive and he's very receptive to research and we've commissioned

a number of pieces of work now in preparation for the Sexual Health Strategy to inform the Strategy, and so I think it's really dependent on the individual that you're working with, as I say another individual ...that was responsible for HIV under the Executive is very, very dismissive of the research, wasn't very keen at all on any sort of evaluation or whatever. [The SEHD civil servant] had a very different perspective and was very keen, very happy to fund research where he feels it's appropriate (HEBS researcher).

The MRC sexual health researcher described tensions within the NDP Steering Committee between the MRC researchers and the civil servant chairing the group. He stated that these tensions arose from the assumptions held by the civil servant regarding the role of the researchers as guarantors of the quality of the HR evaluation. He stated that the role of guarantor was not specified by the previous chairman:

It certainly wasn't the [role] that we were - in the very beginning, they didn't say to use 'you were going to be the guarantors of any research that is associated [with HR] - ...you know that wasn't said at all (MRC sexual health researcher).

Therefore the use of research evidence when Ministerial wishes are being implemented may depend on a civil servant's support and understanding of research. It is important to note that the above examples relate to SEHD policy development for school sex education.

The Former Minister commented on researchers trying to influence policy-making with their findings:

There's no good sending an MP or a MSP, they get so much they just chuck it in the bucket they're so busy, I mean the best things you get, are the ones in these clear polythene wraps you can see what they are and throw them out without opening the envelope, but you know, people who are actually making the policy at the top, the people in government,

the people in committees, it's important you pass that stuff on (Former Minister).

This highlights the importance of a person's position in policy-making for school sex education. Likewise, the position of individuals who were supportive of the *SHARE* programme appeared to affect its roll out across Scotland and its integration into HR. The above extract also refers to the use of a completed and published research. However, respondents have highlighted that it is not only particular pieces of research that individuals can influence the use of, but the overall attitudes to research use and research processes more generally throughout decision-making.

High turnover within posts

The previous HR manager stated the her reasons for using the *SHARE* programme:

Obviously the kind of preliminary findings were very positive as well and then the kind of evaluation from the teachers' perspective. The only kind of missing part was whether it had everything that's really important –and we had to think about whether it actually had any impact in terms of outcomes. So logically, you know, it would have been like a good punt - to think that that would be a good intervention in terms of the education sector (previous HR Manager).

Conversely, the HR manager expressed surprise that the *SHARE* programme had been included before its ability to change behaviour had been shown:

For me I think it's quite strange that we chose to use SHARE even though the report didn't say that SHARE was necessarily a good thing or wasn't conclusive. I didn't know that when I first started and then I was a bit taken aback half way down the road (HR Manager)

This extract suggests that even when fulfilling same professional role, different individuals can have contrasting views as to what constitutes 'evidence-based' decision-making.

The AET researcher also emphasised the difficulties faced by the evaluation team due to the high turnover within posts: “I find it very difficult to keep track of who’s in charge, today they’re [HR] on their third co-ordinator, everybody comes and goes has not had all that much research experience.”

The high turnover of individuals managing SEHD-led policy developments can expose a lack of consistency regarding what constitutes ‘evidence-based’ decision-making.

Summary

This section has highlighted a range of factors that appeared to affect individuals’ consideration and use of research evidence. Individuals occupy positions within policy development, to which they bring their attitudes towards evidence use as whole, or to the use of particular pieces of evidence.

Some of the evidence suggests that within SEED policy development, individuals may have to instigate evidence use in their own working practice. SEHD policy development is influenced by the political incentive to be ‘evidence-based’. However, the way in which evidence is used may still be affected by individuals implementing and developing HR and PSP.

Ministerial influence on the use of research evidence

The following section will examine the influence of Ministers over policy development and the use of research evidence within it. The first discussion will explore how their personal experience and beliefs might influence the focus of policy, and the effects of this on the opportunities for research evidence to inform policy development. The second discussion will continue to focus on the beliefs of Ministers, concentrating on their preference for quantitative research and the effects this can have on the role of research evidence in policy-making. Finally, the account of the Former Minister will be discussed in order to illustrate how his personal

experiences within Education and Health appeared to influence his decisions while Minister for each – including the role of research evidence in his decision-making.

Role of Ministers’ personal beliefs and experience on the use of research evidence

All respondents cited the evidence of Scotland’s high rates of teenage pregnancy and STIs as the main justification for the focus on sexual health in *Towards a Healthier Scotland*. For example the SEHD DP Co-ordinator stated: “I suppose one of the main drivers is actually Scotland’s ... relatively poor record on teenage pregnancy ... it’s very difficult to justify inaction or status quo in a lot of cases. So it provides a focus, that’s the real facilitator.” Given this view, interviewees appeared to be highlighting that the evidence of high rates of teenage pregnancy determined SEHD policy priorities.

However, many respondents emphasised that the existence of evidence indicating high rates of teenage pregnancy did not in itself predicate that the issue would be highlighted. The HEBS Senior respondent made a distinction between “areas that are a priority” and “areas that are perceived to be a priority” emphasising the role of those ‘perceiving’ the priorities. The PHIS Network Co-ordinator identified the ‘perceivers’ as politicians:

“Int: Why do you think that those objectives [policy aims] have emerged?

Resp: Pressure from the community ... it’s what MSPs feel is the main thing.”

The Former Minister also described how his personal beliefs regarding teenage pregnancy interacted with evidence of its prevalence in Scotland:

And just from sort of personal ways as well, I mean this is where politicians do have an effect; I always thought of the blighting of lives, for young girls being pregnant. It was for them a tragedy of considerable importance, and we were so much worse than anywhere else, we need to do something about that, so that was the reason we chose it (Former Minister).

Here he highlights the combination of his personal beliefs – which, as a Minister, he was in a position to address through policy change – and Scotland’s reputation amongst other Western European countries. The influence of Ministers’ personal beliefs appeared to be crucial in determining which issues were focused upon within policy. The evidence of high rates of teenage pregnancy were not disputed by any respondents, but according to these respondents their emergence as ‘justification’ for focussing on the issue is heavily influenced by the desires and interests of individual politicians.

Many respondents described the negative impact of Ministers’ personal views on the relationship between research and policy. Ministers’ views were seen to have major implications for those collaborating with the Executive on research projects, as the SCRE researcher described: “Other agencies are more corroborative...with their specifications...But I think that’s one thing we could say about a lot of the wings of the Executive...once the Ministers say ‘This is what we’re looking at’ there’s very little flexibility after that.”

According to the PHIS Network Co-ordinator, convenient findings were either created or adopted to bolster an established party line:

I suppose there’s two angles. How much they commission research to then influence policy because that’s what they know the end game is ... there’s the other angle ... when you actually get research which is actually almost a kind of one-off that might actually inform policy but it depends if it’s in keeping with the current thinking ... in terms if it’s acceptable to the centre (PHIS Network Co-ordinator).

These extracts highlight how the dominance of political objectives can prevent research evidence from challenging and informing policy development.

According to the MRC sexual health researcher, prioritising Ministerial wishes and interests undermined the rhetoric of ‘evidence-based’ policy-making:

There's much more of a commitment on the part of policy makers and politicians ...to have the evidence on which to base good decisions. The rhetoric of that is perhaps stronger than the reality...because they go ahead and make policy decisions sometimes with regard to available evidence as often without any regard to ... the evidence. Especially the evidence that contradicts what they're saying, they're still going to go along a particular line (MRC sexual health researcher).

The linear relationship between 'evidence' and 'policy' was thus subverted: "So Ministers do have a mandate and will put into practice their own views, so there are things ... apart from the strength of the evidence ... it is not a simple relationship between the provision of evidence and policy going from it." Most of the researchers interviewed did not identify the rhetoric of 'evidence-based policy making' as a reality in policy development.

Ministers' views on research affecting the status of different types of research evidence

Most respondents stated that when research evidence was used or considered there was a strong preference for quantitative research by those in power. For example the HEBS Senior respondent stated:

There is a tendency to treat quantitative survey type of research...just because of its nature, because you can quote numbers and so on, [to] give it a higher status than qualitative work ... I think often you know the bigger surveys where you can quote large numbers has more impact on politicians (HEBS Senior respondent).

He continues, "I think numbers impress politicians and civil service perhaps more than qualitative work. I think a lot of people misunderstand qualitative work in the seat of power."

The above extract highlights the issue of being able to understand different types of research findings. The Former Minister stated that particular types of research were

open to manipulation and likely to be used to manipulate. He described how this difficulty might be eradicated if more politicians were able to critically analyse research findings:

If you take, true scientific research, I'm taking it outside your sphere [qualitative research] here ok? But you know what I mean? I mean medical, let's take medical research, that's all handled as if it's something different...that's a completely scientific thing in which the politicians have absolutely no say in or could begin to influence it. But as far as other research...I think politicians tend to go for things which backs up their view with a very ... uncritical analysis ... and most of it I sort of dismiss (Former Minister).

According to this respondent, the 'politically expedient' use of research findings would be redundant if politicians and the general public were able to critically analyse research findings. He presented his view that dominance of moral 'crusades' by politicians exacerbated the manipulation of research evidence as it was presented uncritically to bolster the party line.

The above extract from the Former Minister illustrates his positivist stance regarding research evidence and preference for 'medical' research, which he sees as more objective and distanced from subjective manipulation. The SCRE researcher identified that the preferences of the Former Minister contributed to a difficult relationship between SCRE and the Education Department. In addition to difficult relationships between individuals in SCRE and SEED he stated that: "At the same time we had people like [Former Minister] that come along who very much had a very medical model of research, you know a very empirical model." The effect of the Former Minister's dismissal of non-medical research is discussed in more detail in the following section.

This evidence suggests that Ministerial views regarding the high status of quantitative research evidence may influence the type of research evidence that is drawn into policy making. In turn this may affect the relationship between researchers and research organisations with those in the political arena.

One Minister's account

The following discussion will highlight the effects of both personal experiences and preferences for research type for one Minister. This Minister was first Minister for Education and then Minister for Health in Scotland during significant periods of school-based sex education policy development. His account will now be presented as it indicates that his personal experiences within each sector regarding sex education appeared to influence his decision-making, with important implications for the role of research evidence. First his role as Minister for Education will be discussed, followed by his experiences as Minister for Health.

The Former Minister described the main connection between education policy and sex education as being Section 2(a) and the surrounding controversy:

Schools have a role in lifestyle, a lot. The big issue we had was the removal of section 2(a) ... in the light of sex education in schools. And that started off really as an equality and justice issue and then became a 'who runs the country' issue. And actually ...we often used to get figures to justify what we were doing but ... it was always assumed sex education in schools was important, it was embedded in the curriculum, and that was going to continue so we weren't going to alter or change that. (Former Minister).

This extract describes decision-making based on assumptions, which together with the political context, appeared to encourage a retrospective use of research evidence. As he continued to describe his experience as Minister for Education he reiterated the minor role given to research evidence regarding the issue:

Sex education was being taught quite well in schools, was my view, and you know, I wasn't about to put any study in that. We teach people English and Physics and History because we think it's important that people learn about it and this was another part of the curriculum of life, and, it's taught well (Former Minister).

According to this Former Minister, his attitudes towards sex education in schools were based on his belief that it was an important area of the curriculum which was “taught well”; a belief which he stated did not require validation through measurement “I wasn’t about to put any study in that”).

The basis for such belief appeared to stem from his personal experience with the Education sector and that of his close relatives. First he provided his personal experience as a teenager as the basis for his assertion that it was an important part of the curriculum: “I’m very much in favour of it, my parents, never once in my life told me about sex, never ever ever. And I didn’t sort of begin to understand it all until I was just about to go into secondary school.” He then compared this experience with that of young school children he had spoken to: “They all [get] ... that sort of stuff, and it’s like matter of fact, and they get it at school and they talk about it.” He continues: “they’re not ... frightened to talk about it, it’s what they talk about, and why not to get pregnant, they got all that at school, the importance of self, and it’s been done well, I mean they’re all sexually aware.” He ends this description stating: “So I’m a great believer in proper good, sex education.”

This description of his own experience and that of young people he knew is the evidence he provides to validate his beliefs regarding the policy issue: that it was an important area of the curriculum currently taught well. This personal view appeared to dominate his decision-making, and overruled any necessity for research evidence or evaluation processes to ratify his subjective experience.

However, when discussing sex education within the context of his role as Minister for Health, the Former Minister postulates a different relationship between research evidence and school-based sex education. First, he makes a distinction between sex education in relation to education and sex education in relation to health:

It was always assumed sex education in schools was important, it was embedded in the curriculum, and that was going to continue so we weren’t going to alter or change that. But what the health perspective

was that we had to do something to reduce the number of teenage pregnancies (Former Minister).

Rather than maintaining an established policy stance as in Education, the health perspective injects an urgent need for effectiveness to abate public health concerns.

In relation to this urgent public health policy requirement, the Former Minister was insistent that research evidence and objective measurement were paramount within decision-making for policy development: “The thing I was insistent on everything and again I repeat it, we had to measure what the outcome was.” He continued to compare this type of informed decision-making with policy-making based on personal moral and political crusades: “It’s seen almost as a moral crusade, by a lot of people and a political crusade by a lot of people, rather than a scientific exercise.” He then stated that although political crusades were “important” politicians should still be required to “measure the effects of what they do and see if they’re right, because clearly if you do something that’s worthless, you should stop it no matter how much you believe in it.” The emphasis on objective measurement and a linear relationship between research evidence and policy appears to dominate his decision-making within Health.

He reiterated the desire for measurement of effectiveness in policy throughout the interview, in relation to both health as a whole and the specific area of school-based sex education. During this discussion it became increasingly apparent that the Former Minister believed that research evidence generated by positivist methodologies associated with the natural sciences was the only type of research evidence that should inform decision-making:

If we classify it [sex education] as medicine, you would not get away in other branches of medicine the same way you get away with sex education because people think their ideas in doing it and not measuring it. If you were to give someone...a new drug, you’d have to be, there’d be controlled trials, blinded ... if that were imperfect you’d have some historical or other controls. Sex education ... doesn’t measure well (Former Minister).

His attempt to apply medical research practices to the measurement of sex education may be understood in the context of his previous career. The Former Minister was drawn into a political career relatively late in his working life, having been a neurosurgeon until 1987. Therefore it is perhaps unsurprising that he draws on the example of medical drug trials when discussing the ‘measurement’ of sex education.

The Former Minister described the lack of what he regarded as worthy research evidence regarding school-based sex education: “I just think that the sciences that are surrounding that are soft, I mean, I know you’re a social scientist, but ... a lot of them don’t have the scientific rigour that others would have.” In addition, he lambasted the weak relationship between his perception of strong research evidence and the Education sector:

Education itself is an evidence free zone, they have no scientific meetings, they don’t have a scientific journal. They never meet to discuss what they’re doing. Teachers’ view is just ‘trust them’, and they will do the right thing. There is not a Scottish Education journal in any sort of form³ (Former Minister).

Therefore when discussing sex education from the perspective of a former medical practitioner, the Former Minister described his frustrations with the current lack of experimental research evidence normally associated with the natural sciences, regarding sex education. In addition, his personal beliefs strengthened his desire to reduce rates of teenage pregnancy. He described the desire for an informed effective policy to reduce the rate of teenage pregnancy in Scotland as the basis for what became the Healthy Respect Demonstration Project:

³ It should be noted this statement is incorrect, journals such as ‘Scottish Education Journal’ published by the Educational Institute of Scotland and the ‘Educational Review’ published by the Scottish Academic Press were in circulation at the time of the interview and while the Former Minister was Minister for Education.

Our job in health was to try these Demonstration Projects ... really trying to demonstrate – because there’s no clear evidence. I was always absolutely certain that everything I did in the health service, there had to be evidence to do it, and if there wasn’t evidence, but we thought it was right then we would do it and we had to have clear methods of measuring at the end, what it was we were doing. We had to limit the number...so we had to choose three or four ... that were the Demonstration Projects, to look at them, to begin to establish models, methods of research, techniques and then show if they were worthwhile or not. And then take it from there. So that was my sort of basis for thinking in health (Former Minister).

The final statement in this extract reiterates what this discussion has illuminated. The Former Minister’s “thinking in health” is precisely that; different ‘thinking’ was applied within Education.

According to this respondent, sex education was conceptualised differently depending on the lenses it was seen through. His personal connection with each sector shapes each lens. With regard to Education, the Former Minister had anecdotal evidence of current practice and who upheld notions of equality and justice, therefore sex education was a successful element of the curriculum which should be maintained: given this type of evidence, the need for objective measurement to abate public health concerns was absent. In this context, the relationship between research evidence and policy development was weak, dominated by personal experience and political imperatives encouraging a retrospective use of research evidence and lack of measurement. By contrast, his personal connection with the Health sector as a former neuro-surgeon may help to explain his determination that policy development in this sector should be informed by objective scientific measurement. Therefore although school-based sex education is one activity in terms of its material reality, its policy development is discussed and developed differently depending on which perspective is employed. This has important ramifications for the role of research evidence in the policy development of sex education.

This evidence presented is only from one individual, but it highlights the potential influence of personal beliefs and their effects on the focus and character of policies on this issue. This evidence may also suggest that established working practices and expectations within each sector influenced the Former Minister, which he was in a position to maintain and perpetuate. Although this section has illustrated the potential for personal beliefs, interests and experience to influence policy-making the context in which this takes place should not be ignored.

Summary

This section has presented evidence that suggests that Ministers' personal beliefs regarding research evidence and experiences relating to the health and education sector may significantly affect the role of research evidence for school-based sex education policy development. This section has not attempted to ascertain to what extent Ministers' views trickle down the chain of command within policy-making. However, no respondent disputed the significance of Ministers' influence over the framework of policy, including its focus and means of addressing problems. Previously, the Minister stated that published research findings, in order to be used, must be passed to those below the Ministerial level. However, Ministers set the policy-framework, which may or may not stipulate the use of evidence-based decision-making. As civil servants and other organisations work to fulfil these criteria, Ministers can help determine whether or not individuals consider research evidence.

This discussion has highlighted the importance of personal biographies of those in power over the construction of policy, helping to define the character of policy initiatives. In doing so it has argued that politicians' personal experiences within education and health help shape the policies they implement within these sectors. The dominance of their personal beliefs helps to provide some indication of the extent to which research evidence will be considered within policy development. When one Minister described his determination to establish a linear relationship between research and policy, it was through the use of particular methodologies and within a specific perspective, again emphasising the importance of his personal beliefs and experiences in his decision-making.

The attitudes of many politicians to particular types of research evidence may perpetuate a hierarchy of evidence whereby qualitative research is dismissed in favour of ‘hard facts’. The lack of understanding regarding all types of research evidence both in relation to the critical analysis of research findings and the status afforded different types of research serves to perpetuate the use of research for political expediency. Personal beliefs of Ministers may be unpredictable, and at times contradictory, but their dominance in establishing policy makes it difficult for research findings which challenge established policy frameworks to be considered and valued: convenient findings are used to justify rather than inform policy.

Accessing and participating in policy groups

I will now discuss the effects of interaction between individuals on the use of research evidence in policy development. The first discussion will concentrate on what factors facilitate individuals’ access to policy groups and committees. The second will concentrate on the dynamics within those groups, and the role of networks and personal interaction between researchers and policy-makers on the use of research evidence.

Accessing decision-making

Previously this chapter has highlighted the importance of an individual’s position (in an organisation or within a particular stage of policy development) in influencing the use of research evidence. Three main factors appeared to facilitate an individual access into policy-making: the size of the policy issue, an individual’s professional role and will to influence, and finally, their expertise.

Individuals in a small network

Scotland is a relatively small country and the policy on school sex education is a relatively small and specialised policy area. Therefore there is a relatively small number of people with a great deal of power over its development. The importance

of individual working practice and the position of individuals on evidence use is thus increased.

The HEBS Senior respondent and the Lecturer emphasised their ability to become established within such a small network:

I end up on a lot of these committees, I'm on a lot of the Government Committees. In fact it's almost unhealthy in a small country like Scotland that someone like me can end up with that position... It's a feature of a small country that you don't have unlimited expertise, in fact there's sometimes you don't have expertise in areas (HEBS Senior respondent).

He continues:

There's times when I think it's not good for Scotland that there's a limit to the number of people that are called on. I mean myself and [Lecturer] are in so many of these working groups we meet at... it's almost like a circus and it shouldn't be like that, but it is a problem in a country that has a limited infrastructure to support. (HEBS Senior respondent).

The Lecturer in health education concurred with this view:

I feel ... I've probably had a lot of influence over what has been happening, simply because I've been so actively involved in the big national things Along with [HEBS Senior respondent] ... and I hope that that will continue but there are so few of us ... in that position in Scotland (Lecturer).

This position can act as either a facilitator of, or barrier to, the use of research evidence in decision-making. This evidence suggests that in areas of policy-making that are perceived as highly specialised in a relatively small country, fewer individuals will be involved in policy development, increasing the significance of their individual attitudes towards research evidence.

The *SHARE* Trainer stated that the support of the HEBS Senior respondent ensured the planned roll out of the *SHARE* programme across Scotland:

[HEBS Senior respondent's] line was 'Here is something which at least has been carefully thought through and planned, even if the research had shown nothing significant I think [he] would have taken it on because he felt it was better than the kind of previous approaches which had had no evaluation and no theoretical basis (SHARE Trainer).

This extract demonstrates the importance of the position of a particular individual; his seniority allows the implementation of his personal views regarding the research project.

Professional role and individual will to influence

The civil servants were also subject to the influencing tactics of potential members before or during the establishment of certain groups. For example, the HEBS researcher described her efforts to influence the civil servant responsible for the establishment of the SHS Group, which had not been set up at the time of her interview: "I've worked really hard to build up relationships at the Scottish Executive." She continues: "Hopefully HEBS will have a role in the development of the Sexual Health Strategy, I'll be very, very surprised if we didn't and I've worked really hard to make sure that we do." This 'will' to influence proceedings was described by the same respondent earlier in her interview: "And I thought ... I want to be the person that influences those decisions, I would be involved in that process." This comment was made in relation to her previous assumptions that policy-making was based on advice given by researchers. Therefore despite her perception that this was not the case ("god I was so naïve") it instigated a will to bring decision-making in policy-making closer to this ideal. Similarly, the HEBS Senior respondent influenced the membership of the McCabe Committee. After pointing out to the Chief Executive of HEBS that those establishing the committee had not included anyone with public health expertise:

The Chief Executive ... said, ‘that’s not right, we need to do something about that’ we wrote to the Education Department to the Senior Civil Servant who was setting it up and he immediately said, ‘Oh you’re absolutely right, we need to do something about that’ and I was then invited (HEBS Senior respondent).

This highlights the degree to which civil servants can be influenced by those with an individual will to do so. This is also affected by the status and reputation of the organisation that they are representing. The knowledge of whom to contact and the ability to directly address the civil servant concerned was crucial for these respondents to gain access into the decision-making process.

Expertise

The HEBS Senior respondent acknowledged that in defining who is suitable to bring to the policy-making table, they must also have relevant expertise: “the fact that they are perceived to have a lot of expertise, whether they have that or not, that’s the way they are perceived so they get called on.” The relevance of different types of expertise appears to be reliant on how the issue is defined.

The HEBS Senior respondent described how he identified an omission in the original assemblage of the McCabe Committee (presented above). He stated that the committee “represented the great and good in Scottish life” and therefore:

in one sense it was quite a nice representative group but they were actually short on expertise, I felt. And I think initially the Education System felt they had that expertise through ... the head teachers and so on. But we would argue ‘Well that’s fine but they’re generalists in terms, they’re not specialists in terms of the fine detail of policy on education and sexuality’ (HEBS Senior respondent).

Here the issue of expertise is closely linked with the definition of the issue, or the lens through which it is being viewed. SEED and SEHD differed in their conceptualisation of the policy issue largely dictated by the differing roles of

education and health policy for Scotland and the different political pressures they face. This in turn may influence the status of individuals and their experience or knowledge deemed 'relevant' to the policy group. The LTS respondent described the assemblage of the reference group for the Guidance documents: "so the people on the reference group are there because of their expertise and their knowledge and they are there to help and advise the officer who is actually doing the task."

However, the HEBS Senior respondent stated his invitation from the McCabe Committee was not automatic, demonstrating that the selection process is not always straightforward or predictable. The MRC Senior researcher sitting on the NDP Steering Group described a committee lacking in expertise:

I had a meeting ...and ...one other member of this committee ...said 'how the hell do you people or particular people get onto this committee?' And it's quite obscure really ...I don't think I've ever particularly found out ...if you were to say to me 'who on that committee apart from the research...has particular expertise in the area?' I wouldn't be able to answer that question (MRC Senior researcher).

The respondent confirmed that this situation was not exclusive to HR and was apparent for all the NDPs. Indeed, the MRC sexual health researcher identified why he might have been chosen to take part in the NDP Steering Group: "I suppose it's something to do with having expertise in the area" yet he described a difficult experience within the committee whereby their expertise was not utilised: "as individual researchers though, they haven't necessarily used us as well as they might." The MRC Senior researcher concurred with this view. Therefore the relationship between expertise and access to decision-making is not necessarily a linear relationship. These examples highlight that the definition of the issue may exclude or include different types of expertise. The researchers sitting on the NDP Steering committee argue that although particular expertise may act as a means to access decision-making it does not guarantee an influential position within the policy group.

The role of group dynamics and networks on the use of research evidence

This chapter has previously highlighted that contrasting characteristics of different professions may generate tensions. Evidence will now be presented which suggests that the dynamics within policy groups serve to constrain or facilitate the use of research evidence, increasing or decreasing the capacity for such individuals to influence decision-making. Most respondents described experiences within one or more of the following committees: the McCabe Committee and subsequent Reference Group for the Guidance documents; NDP Steering Group; PSP Monitoring and Evaluation Group and the SHS Group.

Personalities and power vacuums

One respondent described the process whereby a ‘power vacuum’ had emerged as the civil servant within SEHD who was originally leading the SHS Group was leaving his post. According to this respondent, this had resulted in another individual (who has been described in other interviews as “articulate and forceful” (MRC sexual health researcher) and “charismatic” (MRC Senior researcher) gaining more power over the process:

There appears to be a power vacuum within the group as the civil servant is leaving, this has resulted in [another individual] having a disproportionate amount of power without having a specialised knowledge of sexual health. He doesn’t believe research has a lot to offer as it ‘takes too long’ and ‘even when you do get it, it is either inconclusive or tells you it doesn’t work’.

This respondent perceives that the combination of the power and influence held by this individual and his dismissal of research evidence altered the research input within the SHS group.

A contrasting example is of a power vacuum that appeared to increase the role of evaluation on future policy decisions. The PSP Monitoring and Evaluation Group was described as lacking in purpose due to frequent changes in its management:

“I always felt there was some doubt in the minds of the people who were on the [PSP Group] as to what exactly their brief was...and that really has to be the responsibility of the Health Department who set up the group and also commissioned the research. So because of changes within the Health Department...there was a lack of direction as to the purpose of the group” (PSP respondent).

The SEHD civil servants who chaired the PSP group were also described as having a lack of understanding and ‘expertise’ in the policy area. They were described as:

Extremely professional civil servants...but clearly they had no knowledge of the broader health education issues and certainly no knowledge of the delivery of sexual health education which made the chairing of the Monitoring and Evaluation Group perhaps less than ideal (PSP respondent).

Respondents described the power within this group as lying with particular researchers, rather than with the SEHD civil servants chairing the group. According to the PSP respondent this resulted in the purpose of the evaluation of PSP being altered:

What [PSP] wanted was a straightforward report that evaluated the effectiveness of the programmes we delivered...but it became something more than that. It became a research document that looked much more at opportunities in the future, rather than analysing the effectiveness of what Positive Steps has actually done (PSP respondent).

SCRE was commissioned by HEBS on behalf of SEHD to carry out the evaluation of PSP. The SCRE researcher who was involved in the process described the influence of individual researchers on the group:

Resp: But quite early on it was clear that I think many people like [lead *SHARE* researcher] sitting on the panel and [HEBS researcher]...

there's a dynamic there, to try and place this in a wider context. So whatever we learn about 'models' in sex education, they're wanting that to be more widely disseminated than just... should this programme continue: 'What's it telling us about the best ways to move forward?'. So I think then, if that is the case, then there should be a contribution to thinking on models of sex education.

Int: "And where do you think that drive's coming from?"

Resp: "I think the Health Department is open to the idea but I think the dynamic has come from people like [HEBS researcher] (SCRE researcher).

Therefore the 'power vacuum' that evolved from a lack of expertise and a lack of continuity in the management of the group may have enabled researchers to play a greater role in shaping the purpose of the PSP evaluation. This can be compared to the SHS, where research was described as being undervalued by the individual who had power within the group. These respondents saw both expertise and personality as crucial for exercising power over group dynamics. The *SHARE* Trainer described another "power vacuum" occurring in the initial stages of the development of HR, perhaps contributing to its use of the *SHARE* programme:

They were so disorganised that there was nobody there to make a clear decision. So it almost happened by default and my sense is that they were quite disappointed by the results. And then thought 'Oh God, we've committed ourselves to this project but it hasn't actually shown anything very obvious.' I think there was some people probably asking the question quite firmly, 'should we be using SHARE if the results are not clear?' (SHARE Trainer).

She continues: "... there was nobody there to make a clear managerial decision; we do or we don't."

Power vacuums may be regarded as opportunities for individuals to gain greater influence in decision-making. That individual's commitment to, or interest in, research evidence may fundamentally affect the role that research evidence will have. It should be emphasised that personal characteristics appear to be crucial in determining who dominates when a vacuum appears; the MRC researcher described how an individual who had a "combination of evidence and charisma" could be very powerful.

'Camps' and collaborations

Respondents described different atmospheres within the policy groups that either opened or closed opportunities for research evidence to play a significant role. Where committees were regarded as collaborative, research evidence played a greater part in proceedings. Other groups were described as having 'camps' where researchers described feelings of powerlessness and an under-utilisation of their expertise.

While most respondents referred explicitly or implicitly to the McCabe Committee, only the HEBS Senior researcher discussed the committee in depth. He emphasised the degree of influence he felt he and the Lecturer had over the proceedings, despite their official title as 'advisors' to the group rather than full committee members:

I'm not listed as a full committee member...but interestingly we were treated like full committee members. At no time did I ever feel that we had less status ...we were just treated like members of the committee...by the civil servants and the Chair throughout the whole experience...we were both quite influential. We were both very influential in that committee, it was very interesting experience and we felt... you know sometimes with committee work you feel you're not communicating well with the Chair or...whatever, you're not getting your point across or they're not really interested in what you're saying. It was a very good... very well run committee and a very good

experience so ... I'd a good feeling ...that I had made a significant contribution (HEBS Senior respondent).

He also stated that he suspected certain groups might have felt “steamrollered” into accepting particular outcomes from the group:

Have to say at the end of the day the civil servants - how much of this was ministerial views or, or civil servants' interpretation of ministerial views, probably largely the latter - there was a strong feeling that certain things were going to happen in the McCabe Committee no matter what the members wanted (HEBS Senior respondent).

Despite the effects of the political context on the outcome of the committee, his description of this experience emphasised the role of the Chair as being crucial in allowing different views to be considered.

The HEBS Senior respondent described the input particular researchers had into proceedings, including a lead *SHARE* researcher and the HEBS researcher. A presentation given by the lead *SHARE* researcher on the research project was given to the committee instigating a debate on teaching issues (the final results of the *SHARE* trial were not available at that time). In addition, particular pieces of research were described as having a powerful impact on the committee:

One of the roles I was able to play in the committee ... was [to] draw their attention to key research findings about the health behaviour in school children work Candace Currie does, or the literature search work that my colleague [HEBS researcher] had done in putting together her 'Evidence into Action' paper. It was fantastic timing because she was just completing that as I was on that committee and I was able to feed in the findings. And you'll see some text almost lifted out of it in the *McCabe Report* (HEBS Senior respondent).

‘Timing’ is an important factor for the contribution of evidence; in this instance the research process is congruous with the timeframes demanded of policy-making.

Although this respondent was not fulfilling the job of a researcher in his professional career, it appears he acted as a gateway for research evidence within this committee.

The dynamics within the committee may have allowed the research evidence he was presenting to be fully considered. The subsequent *McCabe Report* included a great deal of research evidence, and emphasised the argument the HEBS Senior respondent felt he had ‘got across’: that schools were one factor with a complex set of factors which might influence rates of teenage pregnancy.

I would argue that the influence felt by the HEBS Senior respondent within the McCabe Committee was perhaps aided by the surrounding political context. The school’s role as a major influence on pupil sexual behaviour (particularly their sexual orientation) was the core of the argument of those opposing the repeal of Section 2(a). Evidence that moved the focus away from the school and onto the surrounding environment was therefore politically useful. Conversely, those who did not help to provide a peaceful route towards a pre-determined political outcome were ‘steamrollered’.

The Reference Group for the Guidance documents was described by the LTS respondent as: “a collaborative group, it wasn’t anybody in charge of it kind of group.” This group had a different purpose to that of the McCabe Committee; it had to produce policy documents for a wide consultation across Scotland with Health Boards, LEAs and individual schools and teachers, including religious and parent groups. The LTS respondent did not identify a political imperative influencing decision-making as the HEBS Senior respondent did. As in the McCabe Committee, research evidence was seen to play a role within the reference group: “so research was there...in a supporting role.” Unlike the HEBS Senior respondent, however, she did not perceive research to have a significant influence over the proceedings, as she emphasised the egalitarian character of the policy group. However, she stated that the HEBS researcher “who obviously has got a great deal of expertise because that’s her area of concern ... informed quite a lot of what we did.” The HEBS researcher stated that she felt fully involved in the process: “I was highly involved in developing papers for the group and contributing to the development of the new guidelines.” This mirrors the experience felt by the HEBS Senior respondent

regarding the degree of influence they experienced within these policy groups, and the role of research evidence.

Research evidence was valued and considered in both of these policy groups, and was subsequently included in subsequent policy documents. The respondents who were bringing research evidence into them described their involvement as positive experiences.

One factor that may have facilitated a collaborative dynamic within education-related policy groups was identified by the Lecturer. She stated that: “Fortunately with SEED for the last three years, the civil servants who are involved in these committees and have been involved in these developments have been the exact same and that helps an awful lot.” She identified that one SEED civil servant had “been involved in every health related thing for the last number of years and therefore she has a common understanding of where all of... [HEBS Senior] and myself... are coming from and that...helps a lot.” The HEBS Senior respondent had influence and the opportunity to communicate research evidence in the context of mutual understanding between himself and other prominent individuals in SEED-related school sex education policy development.

Other individuals with research interests described negative experiences. The MRC researchers on the NDP Steering Group described their feelings of powerlessness within the group. Unlike the HEBS Senior respondent and HEBS researcher involved in the McCabe Committee and Reference Group, the MRC researchers sitting on the NDP Steering Group described feelings of frustration and powerlessness:

I: Do you feel you have enough influence?

R: The answer is, probably no” (MRC Senior researcher)

“I: Do you feel valued as a researcher?

R: (Laughs) We're not being used as well as we might have been, or you know, but it's not clear, because it's not the end of the process. There might be a sudden rush, to seek out our skills. We certainly were used in the early stages, as I've said earlier, in terms of selection of the proposals (MRC sexual health researcher).

Both the researchers described this feeling as stemming from the lack of any official role they were given within the group, rather than the degree to which they contributed; the MRC Senior researcher stated: "we've often had...things to say". During the selection process of the Demonstration Projects they "were listened to there's no doubt about it." (MRC sexual health researcher). However their experience in relation to the evaluation of the projects was very different.

The MRC sexual health researcher described the difficulties as beginning with the CMO (Chief Medical Officer) who chaired the committee changing post and the new CMO attempting to define their 'researcher' role as guarantors of the academic quality of the AET evaluation of HR. Although clearly feeling valued at the selection stage of the Demonstration Projects, they were not invited to advise on who should carry out the evaluations of HR. The MRC sexual health researcher stated that their absence at this stage of the process, and their distance from HR itself and its external evaluation, made it difficult for them to accept the role of 'guarantor' which the CMO wished them to fulfil:

We were all brought together [with] the new CMO, there was a discussion amongst the Steering Committee in which he ... tried to define the expert advisors role as somehow guarantors for the quality of the research to be undertaken by those given the job of evaluating it. That is to say, there was a discussion which became quite heated (laughs) in which ... we were essentially told 'either you're on board or you're not', and ... being on board meant making sure that the research was of an academic quality which would indicate whether or not they'd been a success or failure with regard to the interventions. And understandably, we refused to take this role... because we'd had no involvement in selecting the evaluations, we'd had no role in

determining what the interventions looked like that were going to be evaluated, and so we successfully prevented that from taking place. And subsequent[ly] there's been a long drawn out discussion and debate and trying to work this through, trying to determine precisely what our roles are, in relation to the Steering Group (MRC sexual health researcher).

According to these respondents the lack of clarity regarding their role within the NDP Steering Group and the subsequent relationship with the chair of the committee (described by the MRC sexual health researcher as a “tension”) contributed to their lack of influence or power within the group.

The expectations of the chair of the group regarding the evaluation process emphasised another contributing factor to their feelings of powerlessness: that the dominant coalition within the group had very different understandings of what constituted an ‘evidence-based’ project. The MRC Senior researcher described the difference in attitudes towards research evidence within the committee: “there are people, who don't... value [research evidence] at all, I would think they would see it as almost completely irrelevant.” He continues to describe these people as “a camp within that Steering Group where evidence and research would not feature very highly at all.” It is unclear from these extracts whether the researchers felt a lack of influence because of the status *they* themselves afforded the evaluation process, from which they felt they had been excluded.

The potential for individuals to act as potential gateways for the use of research evidence, through exercising power and influence over decision-making, appears to be affected by different people and personalities within working groups. It is important to recognise the role of the chair in establishing such a dynamic; their ability to dictate the atmosphere within a group may help dictate the value placed on research evidence within it.

Networks and personal interaction

Many respondents highlighted the importance of personal networks, which existed independently from official groups and committees. The LTS respondent described the importance of these networks when writing policy-documents:

Reference groups have to be small otherwise you'd never get any work done but what you do have and what we all have ... in education is a whole series of networks of people ... so there's a tremendous amount of networking, it's a sort of informal 'what do you think of this?' which is really very helpful (LTS respondent).

This respondent stressed the importance of informal networks throughout the interview when she was making decisions on an issue. The PSP respondent described a similar process happening outwith the PSP Group where he suspected members: "were being influenced by...colleagues within their own departments." The Director of Education described the emphasis on close networks within policy-making: "you can't always isolate research and say 'we're going to be research driven in terms of policy' a lot of it is based on cosy anecdote."

The data suggested that personal networks were crucial when making decisions, and some respondents described networks as an important gateway for research evidence to gain a foothold within policy development. For example, the Former Minister described personal networks as: "Very important. They're very important...that's how I managed." He continues: "I knew a lot of people and I would phone them up and say 'what's the evidence for this?'" The LTS respondent also identified networks as the main point of access for research evidence:

I think research feeds into policy in ways that are not necessarily formal but they are about these networks that I'm speaking about earlier. For example, we would work very closely with HEBS and if I were going to be doing something that was a particular issue I would want to find out before I did anything what the research was actually saying about it. We also work very closely with... or we have certainly good

relationships with Candace Curry and her team at the University of Edinburgh who produce these documents on health every so often, all of which I get and... actually read (chuckle) because a lot of what they're saying is very helpful (LTS respondent).

It is important to note that these individuals are making a personal choice to use such networks to access research findings; following this statement the LTS respondent emphasised that searching for research evidence "was reliant on the individual curriculum officer's personal intentions" (discussed previously).

The Lothian Health Promotion Officer emphasised the importance of being able to easily access researchers, through phone calls and e-mails out of office hours. She described obtaining researcher-based knowledge on sexual health issues by going "link to link" from one researcher to another.

The respondents above noted the importance of such networks when they were gathering evidence on a particular topic. The MRC sexual health researcher stated that the relatively small number of people influencing policy in Scotland meant researchers were more able to access decision-making:

There are a very good set of relations between people at policy level in the civil service and researchers...there are relatively few people making the decisions and there are relatively few people to go to, so it's...rather more cosy, it's easier, it's easier to influence policy I think (MRC sexual health researcher).

However, the HEBS researcher stated that being used by policy-makers as a 'source' of information for sexual health, did not necessarily indicate an increased interest in research evidence:

Whether they see me as somebody who comes from a research background, therefore 'she would be good to involve' or whether they see me as something slightly different from that: 'oh she knows about sexual health regardless of her background' isn't clear ... I'll be able to

tell them things about sexual health - I don't think they care where it comes from to be honest, as long as I can tell them it, and if somebody asks them that I can provide a kind of written evidence of it. So it's not clear how they're using research and whether that has changed their kind of perspective on research or whether they just need information (HEBS researcher).

This respondent made a distinction between searching for 'information' in any form on a topic, and searching for research-based information. Networks appear to be an important gateway for research evidence to play a role in policy development. However according to this respondent, the engagement of researchers within these networks does not necessarily signal an increase in the desire for research-based evidence rather than a desire for any information on a relatively specialised topic.

Networks function through verbal interaction, and the power of conversations and anecdotal evidence appeared crucial for the inclusion of the *SHARE* materials within the Guidance for Sex Education in Scottish Schools documents and Healthy Respect. The LTS respondent stated that the inclusion of the *SHARE* materials in the guidance was partly attributable to the fact that the HEBS Senior respondent "was on the reference group meant he'd heard about it more than you might have otherwise". She reiterated this point later in the interview. These comments support her premise that research evidence enters decision-making through networking. The MRC Senior researcher also suspected that conversations with those involved with the *SHARE* programme increased potential 'users' expectations of its effectiveness prior to the results of the RCT being available:

My guess is that people who were rolling it out, the teachers and I imagine that people would have actually heard researchers from this unit speaking about it, maybe more generally in rather positive terms. So the expectation would be that it would have worked (MRC Senior researcher).

Personal networks were crucial for HEBS' involvement with the *SHARE* programme. The instigation of the research programme was the result of a personal network between two *SHARE* researchers and a member of HEBS staff, who,

was then Director of the Evaluation Division at HEBS. Old friend. Basically he said...to [a *SHARE* researcher] and I, 'Well all this...academic research is all very well', basically, in fact, threw down a gauntlet and said 'Well, this is great, but what can you tell us, what can we do with it? What difference is it gonna make? Sex education, you know you're talking about young people and negotiating skills and all this wonderful sociological theory, blah, blah, what can we do with it?' So HEBS gave [??] and I some SEED money for...a pre-pilot (*SHARE* researcher).

The 'old friend' referred to here previously worked in the MRC Social and Public Health Sciences Unit. In addition, one of the lead *SHARE* researchers was married to a senior member of HEBS staff. This illustrates the small size of networks involved in researching and influencing policy on this issue in Scotland. The role of personal networks was therefore critical and constant and frequent interaction between HEBS staff and *SHARE* researchers was an important feature of the development of the *SHARE* programme.

The evidence suggests that personal networks and conversations played an important role in decision-making and had the potential to increase use of research evidence. Although this facilitating factor has only briefly been discussed, the evidence suggests that it is a crucial aspect of policy-making and an important gateway for research evidence and researchers trying to gain access to policy development. The informality of this process increases its significance; the evidence implies that researchers do not necessarily need to serve on relevant committees to influence those within them.

Conclusion

This chapter has revealed that individuals involved in policy-development have their own understanding of research evidence and its role in the policy-making process. These understandings may be influenced by their professional identities and personal experiences. Experience with research and relationships with researchers could alter and develop their understandings of research and research processes.

Each individual has a different responsibility and remit within this process. A Minister's understanding of the role of research evidence, and the validity of different types of research evidence may determine relationships and decision-making elsewhere in policy development. Those dominating policy groups and committees may also be able to determine the role of research evidence in discussions and whether or not it contributes to the outcome of those policy groups.

Accessing decision-making and taking advantages of the opportunities arising within it are partly determined by individuals willing to influence the political arena and having what is perceived to be the expertise required to help decision-making. They may also be helped if they support a framework of values and approaches to sex education shared by established decision-makers.

It is important to note that particular individual factors or their degree of influence within decision-making may be specific to the area of school sex education. The small size of the policy issue that requires relatively specialised knowledge and expertise reduces the number of 'gateways' for research evidence. Furthermore, the fact that this issue is not discussed openly and publicly may enhance the power of both personal experience and anecdotal evidence.

However, individuals and the interactions between them are not operating in a vacuum, where only personal interest and beliefs dominate. The following chapter will determine the relationship between individual factors and the contexts within which they work.

Chapter 7: Discussion and conclusions

Introduction

This chapter will discuss the relationship between the main findings of this study to the existing literature in the field (presented in Chapter 3). This discussion aims to further develop the models and debates presented in Chapter 3, commenting on their applicability and relevance to conclusions drawn from Chapters 5 and 6. The chapter will conclude by addressing the main research questions for the study.

Initially the chapter will address the affects of devolution on both health and education policy sectors. The central part of the chapter will be divided into two parts. The first will discuss the development of school sex education policy in the health sector, and the second in the education sector. Each part will be split into three sections.

The first section in each part will explore the characteristics of the policies relating to school sex education. In addition I will present the characteristics of decision-making associated with their development. In order to define the policy networks dealing with these policy developments I will explore the links and interactions between those involved. When defining the policy networks I will draw on definitions of the ‘issue network’ and ‘policy community’ (discussed in Chapter 3). The issue network is characterised by open membership. In this model the state is passive, acting as a representative for a wide range of interests (Heclo and Wildsavsky cited in Van Waarden 1993). The policy community is a closed network of actors who interact frequently and share common values (Heclo cited in Sabatier 1993, p15). In this model the state has a more active role, controlling both recruitment into the community and the policy outcomes. Finally, the metaphor of path building will be employed to help conceptualise how school sex education policy is formulated in health and education in Scotland.

The second section will explore how research evidence plays a role in decision-making. I will draw on the conceptual framework described by Dobrow et al.

(2004). They identified two ways of conceptualising evidence use: the ‘philosophical-normative’ orientation and the ‘practical-operational’ orientation. The philosophical-normative orientation supports the instrumental use of evidence. Those working within this orientation prioritise the effectiveness and quality of research findings to inform high quality decisions. This orientation does not recognise the influence of contextual factors on decision-making. Conversely, the practical-operational orientation prioritises the relevance and applicability of research. In this context decision-making is led by internal and external contextual factors (Dobrow, Goel, & Upshur, 2004).

For the purposes of this thesis, internal contextual factors are defined as the role of participants in policy-making, the relationships between them, and the speed of decision-making. External contextual factors are defined as political priorities (including Ministerial wishes) and organisational priorities (influenced by the relationship of the organisation to the relevant Executive department).

This part of the discussion will outline the external and internal contextual factors within which members of health and education networks operate. I will argue that in order to be useful, research evidence must address the needs and concerns arising from external and internal contextual factors. The aim of this chapter is to present policy makers’ logic for using evidence, from their perspective and from the perspective of those working with them. In doing so, the factors which impede and facilitate the use of research in this context can be identified.

The third section of each half of the chapter will explore the evidence that researchers and policy-makers constitute ‘two communities’. I will present conclusions relating to the relationship between the two communities. I will argue that the relationships of power between the two communities are dictated by external and internal factors.

This chapter will end by addressing the following research questions for this study, originally presented in Chapter 1:

- How is Scottish school sex education policy developed?

- In what way has research evidence been used in the development of school-based sex education policy since Devolution?
- What factors facilitate or impede the use of research evidence in the development of school-based sex education policy?

Effects of devolution on policy-making in Scotland

Respondents were asked if they could identify what role, if any, devolution had had on the use of evidence within policy-making. No respondent identified devolution as having a direct or obvious effect on the relationship between evidence and policy, within either health or education. It could be argued that the consultation process following the announcement to repeal Section 2(a) is indicative of greater participation in the policy-making process for sex education. However, I would argue that the consultation process was required because of the controversy surrounding the repeal, rather than a commitment to a new form of participatory policy-making.

Health policy for school sex education in Scotland

Characteristics of SEHD related school sex education policy

Respondents described national health policy for young people's sexual health as 'target driven' and 'outcome focussed'. They also stated that international comparisons were used to define the rates of teenage pregnancy and STIs in Scotland as a public health problem. The aims of this policy, to reduce rates of teenage pregnancy and STIs may have motivated individual and organisational behaviour.

I would argue that the establishment of HR and the hasty funding of PSP suggests an explorative approach towards reaching the sexual health policy aims. HR was intended to inform future policy, and to establish a framework to understand and address young people's sexual behaviour through evidence-based decision-making.

The HEBS researcher highlighted the 'holistic' approach taken by HR. She contrasted this with the inability of SEHD sexual health policy to contextualise issues, concentrating instead on hard outcomes such as a reduction in the rates of teenage pregnancy and STIs. The PHIS respondent supported this view. Therefore the approach taken towards sexual health issues by HR may not be typical of

national health policy. These viewpoints suggest that the means to address sexual health issues, including the use of a 'holistic' perspective, is being explored and formulated by an initiative at the local level.

The means of achieving the policy aims through evidence-based decision-making *were* stipulated in national sexual health policy. The aims of this policy (to reduce rates of teenage pregnancy and STIs) and the means of reaching them (through evidence-based decision-making) are characteristics of the health policy framework for young people's sexual health. I will argue that these characteristics can be defined as external contextual factors. These factors form part of the external context within which those developing policy interact and make decisions.

Characteristics of decision-making in health school sex education policy development

Respondents who worked with and within SEHD stated that the development of initiatives supported by SEHD was dominated by hasty decision-making. The desire to take action quickly appeared to supersede any other influence on decision-making. It is difficult to ascertain from the data collected what was behind this trend. However, I would argue that the policy commitment to reduce rates of teenage pregnancy within a particular timeframe increased the pressure to take prompt action. Not fulfilling this goal would make the department and its Ministers open to criticism; this is more likely when the 'targets' are extremely hard to achieve. Therefore individuals and organisations were under pressure to complete policy developments quickly, increasing the chances of those aims being fulfilled. There may also have been a pressure to publicly 'be seen to be' taking action to reverse adverse sexual health trends.

This argument suggests that in the case of sexual health policy, structural factors strongly impinge on the speed of decision-making. However respondents also stated that making decisions quickly was the personal preference of particular individuals.

Characteristics of the health policy network for school sex education

In terms of individuals, the membership of this network is extremely fluid. The high turnover of policy-makers is evident at all levels and stages of policy development in this area. For example, the Former Minister, after devising the Demonstration Projects, left his post before they were implemented. HR was under different management for both stages of its proposal submission and again during its initial development. The civil servant DP Co-ordinator was not in place until after the Demonstration Project proposals had been selected. Those in contact with HR – both researchers within the NDP Steering Group and the *SHARE* Trainer contracted by Lothian Health - described erratic decision-making processes and the absence of consistent leadership during its design and development. Respondents also identified the lack of consistent leadership for the PSP Evaluation and Monitoring Group, due to the high turnover of civil servants chairing the committee.

Evidence of a policy community

The result of this fluidity appeared to be a lack of consistent leadership within SEHD's development of sex education policy. Interactions between individuals in relation to this policy issue were not established over a long period of time. The data suggests decisions regarding how policy aims should be reached, particularly in relation to the use of evidence, were inconsistent. In Chapter 3 I presented the crucial characteristic of a policy community according to Heco and Wildavsky (1981). I would argue that in SEHD policy development for school sex education, network actors were not “operating within a shared framework” (Heclo and Wildavsky: 1981, pxv) with regard to the means of achieving the policy aim to reduce rates of teenage pregnancy and STIs.

MacPherson and Raab have identified a common ‘glue’ which links actors together to form a relatively closed policy community in the education sector (MacPherson & Raab, 1988). Heclo and Wildsavsky described this glue as a common framework of understanding regarding policy development. In the context of health school sex education policy a transient set of actors are apparently attempting to *form* – rather than operate *within* - “a shared framework” (Heclo and Wilsavsky: 1981, pxv). This

suggests that the concept of a core stable policy community of individuals may be inapplicable to this group of policy-makers. I will now present the evidence that the term ‘issue network’ can be used to describe this group of individuals and organisations.

Evidence of an issue network

According to Heclo, the ‘issue network’ is based on egalitarian relationships with no identifiable centre of power (Heclo and Wildsavsky 1978). The evidence presented in this thesis suggests that although a consistent stable policy community is not present, the centre of power can still be identified. For example, it is suggested that the timeframe in which Lothian Health developed their bid for HR reflects demands from national policy. Policy was identified by respondents as guidance for practitioners, legitimising their working practice in this area. The structure of HEBS reflects the national public health policy framework. This suggests that SEHD is not occupying a passive role; its policies affect the working practices of individuals and organisations.

Despite being able to locate a centre of power, particular characteristics of the issue network can be applied to the health policy network for sex education. At an individual level there appears to be a relatively open system of membership, where members have the opportunity to operate as transient contributors to policy development. However, an individual’s access to this network may be achieved by representing an organisation with a direct relationship with SEHD. In contrast to the fluidity of individual membership, the status of organisations and their relationship to SEHD may provide a stable and predictable means of gaining access to policy-making.

In organisational terms, members of an issue network may be considered relatively independent. I would argue that although Lothian Health is bound by the organisational priorities of SEHD they are able to adopt an independent approach to reach those priorities. The HEBS researcher noted that in her view, Lothian Health had adopted a holistic perspective towards sexual health behaviour, distancing HR from the target based approach taken by SEHD. Although Lothian Health is bound

to the SEHD policy aim, it may still be able to adopt its own perspective on sex education.

In addition, SEHD are to an extent dependent on the outcomes of HR. These outcomes reflect whether or not SEHD are realistically able to reach the national targets outlined in the White Paper. The relationship between SEHD and Lothian Health reflects mutual dependencies between organisations. These dependencies represent the ‘glue’ holding a network together.

Although SEHD may be considered the centre of power within the organisational network, the distance of an organisation to this centre appears to be elastic, depending on the policy issue. SEHD accords organisations varying levels of importance depending on what the policy initiative requires. For example Lothian Health may not retain its prominent role in national sexual health policy development after HR is completed. The relationship between SEHD and Lothian Health reflects the character of the policy itself, an explorative initiative to determine how to solve a problem.

The relationship between HEBS and SEHD appears to be more permanent. HEBS is funded by SEHD and its organisational structure reflects the health topics highlighted in SEHD policy. However, previous analysis presented in Chapter 6 ascertained that respondents considered HEBS independent of SEHD in terms of its approach; it contextualised sexual health issues and worked within longer timeframes.

I am therefore arguing that this network could be described as an issue network that is dominated by SEHD. Organisations in this network are relatively independent: their relationship with SEHD may not necessarily be institutionalised and they can apply their own perspectives on sexual health. However they are also bound to fulfil the political priorities established in national policy. The common ‘glue’ which holds this transient set of actors together does not appear to be the values and beliefs regarding how to reduce rates of teenage pregnancy and STIs. They may however be linked by a common desire to fulfil political aims and address organisational priorities.

Forming health policy for school sex education

The characteristics described above may have important implications for the process of decision-making. The Former Minister appeared to stipulate the policy framework: defining the policy problem (rates of teenage pregnancy and STIs) the aim of policy (to reduce the rates) and the means of reaching that aim ('evidence-based' initiative and the voluntary sector). Characteristics of the network (high turnover of actors, lack of leadership and the relative independence of other organisations from SEHD) may give rise to a process of re-interpretation of the means of reaching the policy aim. The evidence presented suggests that individual decision-makers bring their own experiences and values to bear on this interpretation.

I would argue that the fast pace of decision-making and high turnover of individuals within the network makes Lindblom's model of incremental decision-making highly pertinent: actors are forced to make small steps, considering a narrow range of options (Lindblom, 1979). Weiss noted the incapacity of decision-makers to be consciously aware that they are making decisions as a myriad of smaller decisions "fuse, coalesce and harden" (Weiss, 1986), p222). Weiss alluded to the metaphor of path building, and this can be applied to health policy development for school sex education.

Policy making as crazy paving

A policy path is being created; its destination (the aim of policy) and the type of stone used to build it (the means of fulfilling that aim, e.g. 'evidence-based decision-making') are suggested by the Former Minister. However, the characteristics of the network and decision-making within it do not result in a common understanding of what the path is supposed to look like. Rather it is a process of crazy paving, where new decisions are made, or new stones laid, as different people contribute to decision-making. These individuals are influenced by their own beliefs, experiences, personal networks (which may include researchers) and available knowledge (which may include research evidence). They are constrained by the time in which they

have to lay the next step. They are also constrained by the legacy of previous decisions: stones have to fit with the existing stones. The overall result appears erratic and illogical, but in essence each stone is laid because it addresses the problems faced by the policy-maker at a particular point in time, and thus represents a logical progression for that individual.

The senior MRC researcher noted that the progression of policy ('something's being done') undermined evidence-based policy-making. Applying this view to the metaphor suggests that the priority is laying the stone: which stone is laid and how it is laid are secondary. This suggests that the means of reaching the aims of sex education policy (through the use of evidence) are therefore established but not maintained. Inconsistency may arise if different individuals act on their own understanding of what the path should look like. This knowledge may be influenced by their personal beliefs and experiences, and by the influence of other individuals around them. They may also be constrained by the length of time they have to lay the next step.

National health policy for sex education stipulates the use of evidence in its development. Therefore there might be an expectation that this policy development would reflect a linear decision-making process and the instrumental use of research evidence. The linear decision-making process is characterised by its isolation from contextual factors, involving a discrete set of actors at a particular point in time that are 'consciously aware' they are developing policy (Weiss 1986, p220). The development of crazy-paving policy can help to illustrate how contextual factors might subvert the linear decision-making process.

As each decision-making process develops and new stones are laid to form the path, several factors appear to influence policy-makers. This process of path building, the contexts in which it takes place and the people involved, can affect the way in which research evidence is used. This will now be discussed.

Use of research evidence in the health sector's development of sex education policy

I will now argue that to be considered by those developing sex education policy, research evidence must be able to address the internal and external contextual factors impinging on those making decisions. To support this argument I will draw on the example of HR's development and its use of the *SHARE* programme.

External contextual factors (discussed above) are defined as political priorities (including Ministerial wishes) and organisational priorities (influenced by the relationship between an organisation and SEHD). These external contextual factors culminate in a hasty and fragmented policy-making process.

Internal contextual factors include the role of participants, the relationships between the participants, and the speed of decision-making. The role of participants relates to the position of particular individuals (both their hierarchical position and their position in particular stages of policy development) and the high turnover of individuals in those positions.

***SHARE* and HR: external contextual factors**

The Former Minister's account of his reasons for initiating HR is reflective of a linear, problem-solving model of the relationship between research and policy. He stated that policy development should be based on available evidence and on the effectiveness of the policy assessed. Previous analysis (presented in Chapter 6) suggests that this approach stemmed from his experience of clinical practice as a neuro-surgeon. The theme of rationalisation within healthcare was also reflected in his account, as he described sealing off the "black hole" of Health Promotion to divert funds into more effective programmes. This supports Orosz' assertion that "traditional bio-med thinking" can be identified within health policy development (Orosz 1994, p1290). The Former Minister's instigation of an 'evidence-based project' as a linear, problem-solving use of evidence suggests a "retail store" view of research findings, whereby a range of alternatives is considered and the most

effective applied (Lomas 2000, p141). The project criteria included “blending evidence with steps that break new ground” (The Scottish Office, 1999a), setting the precedent for generating, as well as using, research evidence.

This approach is akin to Dobrow, Goel et al.’s description of the philosophical-normative orientation in conceptualising research use (Dobrow, Goel et al. 2004, p208). Inherent in this orientation is the assumption that higher quality decisions are reached through applying high quality research findings. This orientation conceptualises evidence use without considering the influence of contextual issues.

The role of the Minister in this policy development illustrates the fusion of internal and external elements. When establishing the founding principles of HR, the Minister apparently applied his own values and beliefs regarding the role of research evidence. Lavis et al. (2002) assert that the position of the individual during the prioritisation stage of policy development is critical in determining how evidence is used (Lavis, Ross, & Hurley, 2002). In this scenario, the Former Minister appears to fulfil the role of ‘policy initiator’ (Marsh, Richards, & Smith, 2000). This supports Marinetto’s conclusion that it is at the political level “where internal and external structures intersect”: individual agency of those in power helps shape the structures that become priorities and constraints for future decision-makers (Marinetto 1999, p59). Metaphorically, the Minister has established what the policy ‘path’ should look like, and where it should go.

The vision of the Former Minister became an external contextual factor. As the organisation charged with realising this vision, Lothian Health’s organisational priorities reflected the wishes of the Minister.

***SHARE* and HR: internal contextual factors**

The *SHARE* Trainer identified that there was lack of leadership at the start of the HR initiative, which facilitated the inclusion of the *SHARE* programme in HR. There was a high turnover of those managing the project and a short space of time available to complete the HR proposal bid. These conditions may have created the opportunity for a ‘peer opinion leader’ to surface, who appeared to dominate

decision-making (Locock, et al. 2001). This opinion leader can be identified as a school nurse familiar with the *SHARE* programme. The HR manager stated that the programme resonated with the experiences and beliefs of the school nurse who then pushed for *SHARE*'s inclusion in HR.

No respondent stated or implied that the decision to include the *SHARE* programme in HR was dependent on its interim behavioural outcomes. The previous HR manager referred to these outcomes as the 'important bit' that was 'missing'; at the time of including the *SHARE* programme in the initial bid, the interim results were not available. She stated that despite this omission the project was still a 'logical' intervention for the education sector. Conversely the HR manager expressed her surprise that behavioural outcomes did not dictate the decision to include the *SHARE* programme.

The example of the *SHARE* programme's inclusion in HR suggests that a range of internal contextual factors influenced decision-making. There was a high turnover of participants involved in the initial development of this project, particularly at the managerial level. The lack of leadership coincided with a pressure to make decisions quickly, which may in turn have led to particular individuals dominating decision-making. These individuals appeared to be influenced by their own values and beliefs as to why the *SHARE* programme should be included.

I would therefore argue that on the basis of the evidence the Former Minister's vision of evidence-based decision-making was not necessarily visible in other areas of the policy process. His role as 'initiator' was precisely that; the vision which he described was quite different to the operational reality of HR.

It is important to recognise that these internal contextual factors are not independent from external factors. The HR manager and civil servant DP Co-ordinator indicated that potential media attention around issues of acceptability had slowed the pace of HR's development. However, the demands of SEHD to complete the bidding process in a short space of time required speedy decision-making apparently reflecting SEHD political priorities to reach targets in a particular timeframe, and by the pressure to be 'seen to be' taking action.

SHARE in crazy paving policy-making

If the decision to include the *SHARE* programme is seen as one step in a policy path then the relationship between external and internal factors can be understood more clearly. The decision to include the *SHARE* programme in HR was made before the results of the trial were known. I have so far argued that this decision may have been influenced by the prioritisation of internal and external contextual factors, rather than by its proven effect on behavioural outcomes. This contradicts the Former Minister's philosophical-normative orientation towards evidence use, which still operated as a political priority and external contextual factor.

Sabatier's notion of Policy-Oriented Learning, where evidence is used instrumentally to further policy goals, can be explored in this context. The Former Minister comes from a realm where "techniques of analysis, theory and data regarding an issue are well developed and widely agreed upon" (1993, p51). He attempts Policy-Oriented Learning through stipulating the linear use of research evidence. He stated his belief that effective change should be directed by research findings (particularly the use of quantitative research findings). However, this common epistemic perspective appears to dissolve into a fragmented and hurried decision-making process, involving health promotion practitioners and other professionals.

The definition of the effectiveness of the *SHARE* programme may have been dictated by the legacy of the commitment to include the programme in HR. In order to remain aligned with the original intentions for HR (based on the philosophical-normative orientation of evidence use) the interim outcomes of *SHARE* might have been the justification for its inclusion in HR. Without evidence of behavioural change, justification lay in positive evaluation of the teacher training and increased knowledge of pupils. This illustrates how the legacy of a previous decision may affect how research evidence is interpreted.

In summary, the *SHARE* programme was considered by individuals because of its relevance to political and organisational priorities. In addition, it resonated with the personal beliefs and interests of those attempting to fulfil those priorities. I would

also argue that its effectiveness had to be re-defined in order to justify its inclusion in a project attempting to reduce rates of teenage pregnancy and STIs through the use of evidence.

Characteristics of *SHARE* influencing its inclusion in HR

So far, this section has defined the external contextual factors relating to HR as:

- Reducing rates of teenage pregnancy
- Reducing rates within a particular timeframe
- Use of ‘evidence-based decision-making’

And defined internal contextual factors relating to HR as:

- Fast pace of decision-making
- High turnover of actors
- Dynamics between actors
- Beliefs and interests of actors
- Legacy of previous decisions

When developing sex education policy, the above factors serve to influence and constrain individual policy-makers’ use of research evidence. Another crucial set of factors influencing why research evidence is used are the characteristics of the research evidence itself. In keeping with a practical-operational framework, the *relevance* of the research, both to political and organisational priorities, and its *resonance* with individual experience and values appeared to have helped to ensure the inclusion of the *SHARE* programme in HR. This has been discussed above.

Influence of SHARE’s source

SHARE’s source, the MRC, may also have been a facilitating factor. Dobrow et al. describe the source of research findings as a factor within the internal process of policy-making (Dobrow et al. 2004). Oh and Rich state that the source of research evidence is directly linked to the perception of its quality as seen by policy-makers (1996), which Bartley asserts does not necessarily tally with the definition of ‘quality’ adopted by researchers (Bartley 1996). My analysis indicates that it is the

position of the source within the organisational network that attests to its quality in the eyes of decision-makers. The perceived status of the MRC Unit and its relationship with the Scottish Executive may have influenced its support at the national level.

Influence of lack of alternatives

Respondents suggested that the perception that there was no alternative to the *SHARE* programme facilitated its inclusion in HR. This perception existed despite the fact that there were other sex education classroom materials available. A linear decision-making process prioritising the efficacy of research evidence assumes that there are alternatives to choose from. In this context, the belief that there was no alternative, together with the fast pace of decision-making, may have encouraged the inclusion of the *SHARE* programme in the project.

It is also possible that the *SHARE* programme was considered unique because it provided a classroom pack with prescribed lessons, which was easily incorporated into the school timetable, and had been rigorously evaluated in Scottish schools. Whether this was a common perception is difficult to determine from the existing data.

Influence of SHARE's materials and training

The materials and training that the *SHARE* programme offered may have appeared more attractive than its final results, given the lack of time HR had to develop its own school-based sex education programme. This factor is perhaps more explicitly seen in HEBS' enthusiasm for the project, and will be discussed below.

Influence of SHARE's ability to be modified

The literature highlights that the inconclusiveness of research evidence inhibits research use (Davies and Nutley 2002b, p6). However, the *justification* for the inclusion of the *SHARE* programme within HR appeared to rely on the ability to challenge the conclusiveness of the results. It was argued by the HR manager that

the project could be modified to increase the likelihood of it working. Therefore this may have helped to justify its inclusion in a project aiming to discover ‘what works’. If the research findings had been produced by a piece of social research that had tried and tested all possible ways of delivering the programme, and had still concluded that there were no effects on behavioural change, I would argue that its inclusion would have been harder to justify. Therefore the re-interpretation of the *SHARE* intervention as possibly having an effect on behaviour if modified – a re-interpretation which I have argued was required in this policy-making context – was enabled because of the questions and possibilities the research raised.

In addition, such treatment of the *SHARE* programme would allow an incremental decision-making process to continue. Rather than using its conclusions to justify a major policy shift away from the school as a vehicle for changing behaviour, the modification of the *SHARE* programme meant this policy path could be further explored. If the *SHARE* trial was to take the form of an “idea” in Weiss’ terms (1991, p311), the basic fact (or “story” to use Weiss’s term) arising from the research might have been its interim behavioural outcomes. In this instance the complexity of the *SHARE* trial, or the story behind its interim outcomes, was highlighted and acted upon. The literature suggests that the lack of conclusive recommendations and the ‘gaps and ambiguities’ in the body of social science research evidence (Davies and Nutley 2002a) militates against its linear use. In these specific circumstances such contraindications may have increased the likelihood of the inclusion of the *SHARE* programme in HR.

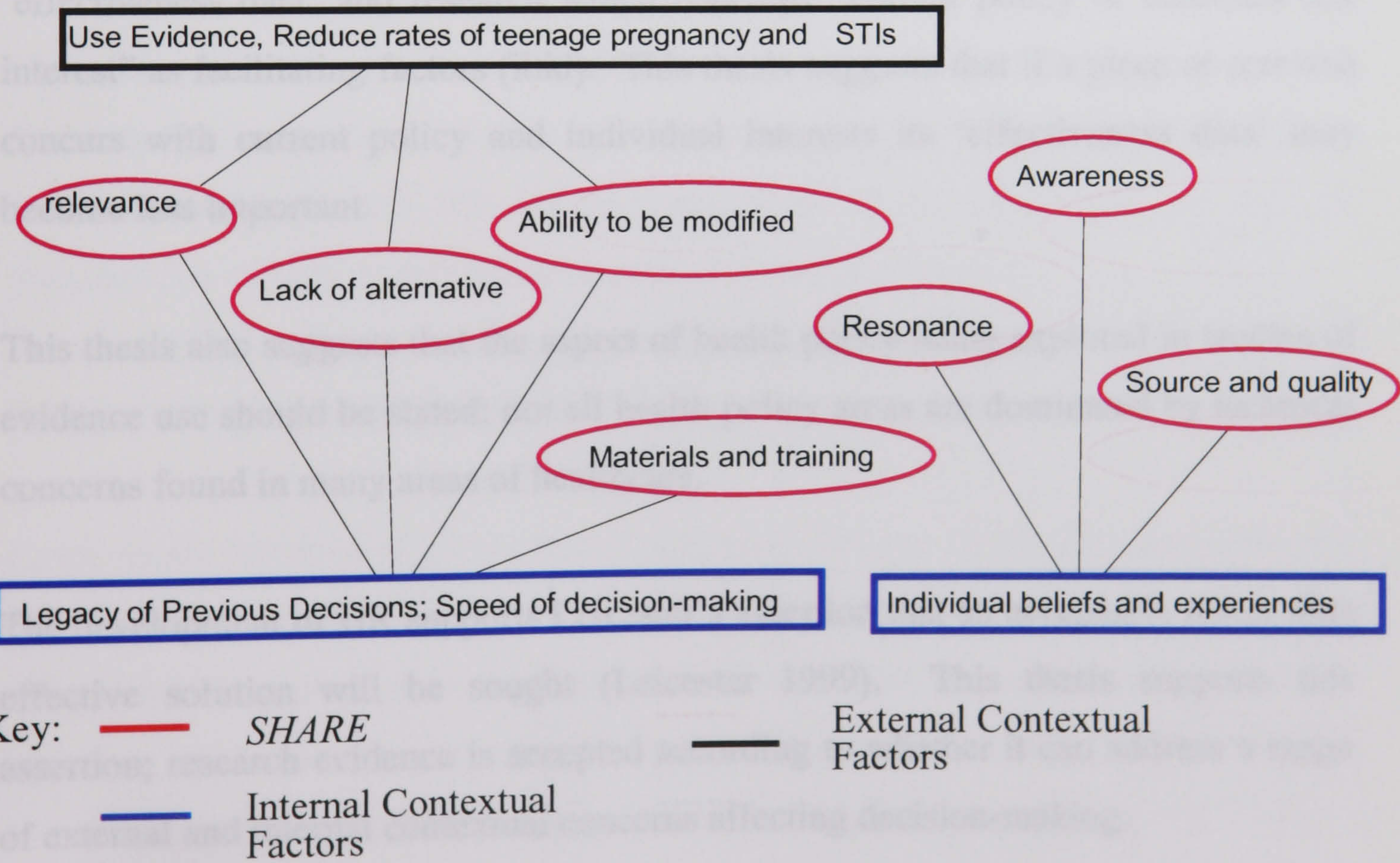
Influence of an awareness of SHARE

Another important element which may have contributed to the inclusion of the *SHARE* programme within HR was the awareness of the programme within Lothian Health. Lothian schools took part in the research trial and Lothian Health had been involved in the initial development of the materials. The relationship between *SHARE* researchers and Lothian Health broke down during the development of the materials. However, this did not appear to be a barrier to the future use of the *SHARE* programme by Lothian Health. The previous HR manager stated that the awareness of the project resulting from this previous partnership was a crucial factor

for the inclusion of the *SHARE* programme in HR. She compared this with the lack of awareness in Grampian Health Board of the project, who were not able to include it in their proposal bid when tendering for HR. The links between HEBS and Lothian Health helped to ensure access to the *SHARE* Trainer, invited to integrate the research programme into HR. The role of organisational links, however temporary, in increasing awareness of the *SHARE* trial could therefore be recognised as a facilitating factor. This would support Weiss’s ‘interactive model’ of policy-making and research use, where actors were drawing on established and previous links with other individuals and organisations. Figure 3 shows how each characteristic of the *SHARE* intervention addressed internal and external factors facing those developing HR. What is crucial in this model is the timing of all three sets of factors which, when brought together, appeared to increase the likelihood that the *SHARE* programme would be included in the initiative. Metaphorically, these elements appear to coalesce as individuals choose and place the stones as they build the policy path.

This thesis supports the conclusion of Weiss et al. (2004) that when evidence is used to inform policy, it is often the case that the evidence is not used in a way that is consistent with the evidence base.

Fig 1. Factors occurring simultaneously to facilitate the use of SHARE in HR



This example suggests how decision factors may have influenced why the *SHARE* programme was included in HR. How the *SHARE* programme was included has been discussed above in relation to its modified application in the initiative. The

Facilitators and barriers to evidence use

The inclusion of the *SHARE* programme in HR mirrors some of the ‘facilitators’ identified in the literature. The role of a “receptor institution” highlighted by Lavis et al. (2002) can be identified as HEBS, which helped facilitate the integration of the *SHARE* programme into HR. Links described between the MRC Unit and Lothian Health also indicate the importance of organisational networks. In turn, these organisational links may have resulted in a ‘peer opinion leader’, in this case a school nurse, to champion the *SHARE* programme. Locock et al.’s definition of a peer opinion leader could be applied to this individual, who apparently emerged because of an opportunity created by a lack of leadership and an erratic decision-making process. However it is difficult to determine from the data why her opinion dominated decision-making.

This thesis supports the conclusion of Innvaer et al. (2002) that what aids evidence use is dependent on issue specific factors. For example their review identifies both ‘effectiveness data’ and research which confirms “current policy or endorsed self interest” as facilitating factors (ibid). This thesis suggests that if a piece of research concurs with current policy and individual interests its ‘effectiveness data’ may become less important.

This thesis also suggests that the aspect of health policy being explored in studies of evidence use should be stated: not all health policy areas are dominated by technical concerns found in many areas of healthcare.

The development of HR supports Leicester’s assertion that an acceptable rather than effective solution will be sought (Leicester 1999). This thesis supports this assertion; research evidence is accepted according to whether it can address a range of external and internal contextual concerns affecting decision-making.

This example suggests how contextual factors may have influenced *why* the *SHARE* programme was included in HR. *How* the *SHARE* programme was included has been discussed above in relation to its modified application in the initiative. The

definition of this type of evidence use and descriptions of other instances of research utilisation in health policy will now be discussed.

Types of research use

This section will identify the different ways in which research evidence is used in health sector school sex education policy. These uses have been summarised in the literature as instrumental, political, tactical and conceptual. As each example is discussed, the effects of contextual factors and the characteristics of research evidence affecting use will be presented.

Instrumental use of research evidence

According to respondents, the *SHARE* programme was modified before it was included in HR; this echoes one of Burke-Johnsson's types of direct use (Burke Johnson, 1998). I have previously suggested that modification was necessary in order to justify its inclusion in a project attempting to produce behavioural change.

This direct use of research evidence does not appear to be the result of a linear decision-making process. Rather, a evidence provided suggests that a haphazard decision-making process was led by contextual factors, rather than through the prioritisation of high quality research or its behavioural outcomes.

Political use of research evidence

Respondents commented on the use of indicators of rates of teenage pregnancy and STIs within *Towards a Healthier Scotland* (The Scottish Office, 1999a). These respondents suggested that the use of these statistics strengthened the political argument that teenage pregnancy was a public health problem. The Former Minister's account supports the view that the focus of policy, although justified through international comparisons, is partly determined by the personal interests of those in power. This again highlights that it may be at the Ministerial level (both within the hierarchy and at the prioritisation stage of policy-making) that internal and external influences 'intersect'.

There is evidence to suggest that Lothian Health used the *SHARE* programme as a resource to strengthen their bid. Seen in this way, the boundaries between direct and political use of research evidence can become blurred.

Political use of research evidence can also be identified in HEBS (York) Researcher's description of retrospective evidence use in the SHS Group. According to this respondent, the recommendations were asked for prior to the evidence being collated to 'back them up'.

Tactical use of research evidence

The Evaluation of Positive Steps Partnership (PSP) is an example of the tactical use of research. Respondents stated that a previous decision, which allocated funds to the project without inviting other organisations to tender, may have precipitated this tactical manoeuvre. The evidence also suggests that to dissipate adverse feelings amongst potential competitors, a group was set up to monitor and evaluate PSP. This could therefore be identified as a tactical manoeuvre resulting from the legacy of previous decisions and the speed of decision-making (internal contextual factors).

Given this evidence, the political importance of this group lay in its existence, rather than its outcome. The evidence suggests that the actual evaluation of PSP's sex education programme took place because of the influence of individual researchers on the group. Again, internal contextual elements appear to have influenced this process: the lack of leadership of the group and the dynamics within it ensured greater potential for direct and conceptual use of the resulting evaluation.

Conceptual use of research evidence

Given the short time period in which data for this thesis was generated, it is difficult to identify the subtle process of enlightenment, which Weiss states happens over a long period of time (Weiss 1979). However, some comment can be made regarding the potential for this type of knowledge accretion through the 'filter' of the media

(ibid). In addition there is some indication that there was a potential for research evidence to influence new ways of conceptualising the policy issue.

This study was not able to determine the extent of the media's influence on policy-making, either through its direct influence on policy-makers or by claiming to be representing public opinion. There was some evidence to indicate that the visibility of research evidence in the media contributed to an increased awareness of research. Therefore visibility of research findings in the media might be regarded as a potential means of influencing policy-makers.

The explorative approach to this policy issue indicates that HR itself was intended as a means to explore conceptually how this issue should be addressed in future policy. In this way policy itself might be considered as contributing to the evidence that passes into the public domain.

This thesis highlights instances where a constructivist approach to knowledge accretion affects the relationship between research and decision-making. Such an approach recognises that knowledge must fit with a person's existing knowledge. For example, the role of participants in policy-making (described previously) indicates that research evidence must 'fit' into an individual's existing 'moulds' of tacit understandings and personal experience. This type of knowledge use can be identified in the support for the *SHARE* programme within HR, and the personal beliefs of the Former Minister interacting with the rates of teenage pregnancy.

Such knowledge accretion may also be influenced by individual preferences for different types of research. For example, respondents identified the power and influence of statistical data. This power appeared to increase when quantitative findings resonated with personal assumptions and beliefs. There is some evidence to suggest that the process of decision-making and the dominance of (quantitative) indicators and targets within health policy as a whole encouraged the preference for this type of evidence.

Burke Johnson (1998) stated that conceptual use of research evidence could occur through participation in the research process. Researchers stated that at the beginning

of particular pieces of policy development policy-makers had skewed expectations regarding research evidence and what it could provide. As policy-makers began to understand more about research evidence and the processes involved in generating it they appeared to experience a 'learning curve'. The HEBS (York) Researcher sitting on the SHS Group and the HEBS R&E Manager both described policy-makers' increased understanding of the difficulties encountered when evaluating complex processes. The *SHARE* Trainer described how her knowledge of research processes increased as she developed the materials for *SHARE* in conjunction with researchers. These are examples of conceptual utilisation of research evidence through increased contact with researchers and involvement in research processes. This type of knowledge accretion appears to rely heavily on interpersonal communication.

Summary

Although research is used in many different ways, the intentions behind its use, to satisfy external and internal contextual demands, remain consistent. Research evidence that can 'fit' into this contextual framework has a greater chance of contributing to national policy development.

The characteristics of research evidence can address contextual factors at a particular point in time. The concept of a crazy-paving approach to policy-making places this moment at the point where a new stone is chosen and laid on the path. It is at this juncture that individual relationships between researchers and policy-makers can affect the role of research evidence in policy development.

The following section will explore the dynamics of power between representatives of policy-making and research communities. I will argue that power relations are influenced by the same internal and external characteristics that dictate the use of research evidence.

Communities in school sex education health policy development

Researchers interviewed for this study appeared to share similar perspectives regarding what the role of research evidence should be in ‘evidence-based policy-making’. In particular, they emphasised that evaluation should lead to evidence-based decision-making, rather than a ‘decision-led’ process which requires the retrospective use of evidence. These common perspectives indicate a shared professional identity amongst this group of researchers.

Partly because of the lack of data from policy-makers within the Executive, this study is unable to identify a common professional identity amongst civil servants in SEHD who were involved in policy groups. However I have argued that decision-making in the political arena appears to be led by the demands of internal and external contextual factors rather than research findings. Within this professional community, it appears that evaluation is not prioritised. This may also be a result of the constraints within which policy-makers work, for example, the disparity in timeframes between policy development and long-term evaluation. Lack of support for evaluation may also reflect the attitudes and preferences of individual policy-makers.

The following discussion will focus on policy groups and committees (e.g., NDP Steering Group and PSP Monitoring and Evaluation Group). These groups, set up by SEHD, can be thought of as a potential gateway for increasing linkage and exchange between researchers and policy-makers.

Community relations

The HEBS (York) Researcher, drawing from her experience on the SHS group, described the differences between herself and policy-makers regarding the role of evidence in decision-making. Those leading the group appeared to support action-oriented decision-making; decision-making prioritised taking action quickly rather than taking time to review existing knowledge to take effective action. From her perspective, this encouraged a retrospective use of research evidence. Internal

contextual factors, that is, the attitudes of and dynamics between different professional identities, are highlighted in this example. However, there may also have been political and organisational factors, such as the time available to produce the strategy, which encouraged the retrospective use of research evidence.

The researchers sitting on the NDP Steering Group described similar conflicts with policy-makers regarding research use. In this scenario it was not only the attitudes towards research use that differed between researchers and policy-makers, but also the expectations of what the researchers' role should be regarding the HR evaluation. These differing perspectives may have contributed to a tense negotiation between members of the two communities. The researchers indicated their philosophical-normative orientation towards evidence use, emphasising evaluation and prioritising the behavioural outcomes of the *SHARE* trial. Conversely, the policy makers' concern with 'getting up and started' and rapid progress was indicative of a 'practical-operational orientation' towards evidence use. Such concerns may have militated against the use of long-term evaluation.

This conflict appeared to stem from the culmination of internal and external factors. The attitudes of individual policy-makers towards evidence use may be described as attributes of a particular professional identity, but they also appeared to be influenced by the constraints within which they worked and the inability for research processes to meet those demands. This was alluded to in the MRC sexual health researcher's statement that "policy-makers *have* to work in ways researchers don't understand".

In both the SHS Group and NDP Steering Group the researchers felt a lack of influence and power: their 'way of doing' was not recognised or valued by policy-makers whom they perceived to be dominant. This is indicative of 'two communities' colliding, rather than co-operating. From the perspective of these researchers, their powerlessness resulted in little linkage or mutual exchange between the communities. I would argue however that the researchers' knowledge of the policy process had increased.

A common feature of both these groups was the priority and purpose of the policy group. The outcome of each group was a political priority and this may have ensured the power of policy-makers over discussions. I would therefore conclude that, in relation to these examples, the distance between the two communities may have existed because of political demands and organisational constraints; this distance was compounded by the relationships between individual participants. According to respondents researchers and policy-makers had different attitudes towards research use.

Respondents with insight into the PSP Monitoring and Evaluation Group described a different set of power relations. As discussed previously, there is some evidence to suggest that political priority was not the outcome of this group, but its existence. The lack of political interest in the evaluation of PSP is reflected by the lack of consistent leadership. This resulted in the purpose of the group and the PSP evaluation being ill defined by policy-makers. This gave researchers the opportunity to initiate an evaluation that could contribute to future policy on sex education as well as evaluating the PSP programme.

An important factor that facilitated this process was the capacity of HEBS to commission the evaluation of PSP, which SEHD was not able to do. This gave the HEBS researcher greater leverage in establishing the evaluation. This example supports the views of Lomas and Goering (Goering et al., 2003) who identify the importance of 'receptor' institutions. In this case the receptor institution (HEBS) allowed the HEBS researcher to take advantage of an opportunity arising from a fragmented policy-making process. However, such opportunities may have arisen because of political priorities (to establish the group) and the fast pace of decision-making.

These examples highlight the different relationships between research and policy communities within SEHD. Caplan asserts that there are "value and ideological dimensions" to each community (Caplan 1979). These can be found in the attitudes and expectations of researchers and policy-makers regarding the role of research evidence in policy. The negotiation of power between the two communities is therefore influenced by both internal and external factors. The internal factors, such

as the role of participants (e.g. charisma, attitudes towards research evidence, dynamics between participants) may contribute to this negotiation, as may external factors such as political priorities (e.g. purpose and political profile of the policy group). There appears to be a relationship between these factors. For example, the political purpose of the group may determine who will have power within it. The attitudes of dominant individuals towards research could open or close opportunities for research evidence to lead decision-making.

Summary

Understanding how research evidence is ultimately used in the creation of this policy path relies on understanding the context within which decision-makers operate. The Minister passes to other policy-actors the policy aim and a set of instructions to help them reach it. Carrying out this task ensures that the reputation and legitimacy of SEHD is maintained. Lack of time and lack of consistent leadership appear to be the constraints in which they operate.

The Minister for Health has announced the preferred destination. Those building the path do not necessarily share a common perception of how to reach it. A lack of leadership throughout the process may stunt the growth of any shared framework. The path then becomes a sprawl of crazy paving, where tangents are evident; for example, the funding and evaluation of PSP. If the destination is reached, it may be the result of coincidence rather than a carefully planned construction.

Research evidence could be used in a number of different ways during this process. A lack of leadership stunts the development of a common epistemic perspective amongst policy-makers: attitudes towards research use are inconsistent. Researchers hoping to contribute to the path building process are faced with an unpredictable and alien process of decision-making.

Education policy for school sex education in Scotland

Introduction

This section will describe the development of education policy for school sex education. I will first describe the character of school sex education policy emanating from SEED. Second, I will describe the characteristics of decision-making surrounding its development and third, the links and interactions between those controlling and developing policy. Finally this section will present the path building metaphor as it relates to the development of school sex education policy in the education sector.

Given the lack of data from within the education policy sector, the conclusions in this section are based on limited evidence. I will, where appropriate, illustrate my argument using examples from this data. However, my argument does require further research in order to be verified.

Characteristics of SEED related school sex education policy

The relevant literature and evidence presented in this thesis suggests that schools are a vehicle for disseminating societal norms (Thomson 1993, MacKenzie 1999) and educational values (Kogan 1975, p228). Those controlling education policy are therefore advocating which values are to be communicated in the classroom. In the Scottish context, Ministers for Education and SEED civil servants have ultimate control over education policy, and the ideas contained within it. The controversy surrounding the repeal of Section 2(a) has dominated recent SEED sex education policy development. The repeal of Section 2(a) established inclusivity as an overarching theme within sex education. Those within SEED did not instigate the repeal of Section 2(a). External interest groups have fiercely and publicly challenged the repeal of Section 2(a) using the media to voice their opposition. This sensitive political environment affected the characteristics of decision-making for this policy area, and the links between the organisations and individuals involved. This could be interpreted as an example of a “battle over the legitimacy of [SEEDs]

custody of the national system” (MacPherson and Raab 1988, p50). Seen in this way, the principle of inclusivity had to be established in a way that did not threaten the ability of SEED and Ministers for Education to control education policy.

As well as inclusiveness, school sex education policy in the education sector appears to be characterised by a ‘holistic’ perspective towards sexual health, focussing on the role of relationships. National school sex education policy in Scotland does not stipulate that evidence-based decision-making should dominate this area of policy development.

Characteristics of decision-making in SEED school sex education policy development

The evidence suggests that in this context decision-making operated within a different timescale to that of SEHD related policy, as the priorities of consensus and acceptability superseded the need for hasty decision-making. A cautious approach to this policy development was required to ensure consensus amongst interest groups: achieving consensus ensured critics of SEED policy could be more easily silenced.

The evidence for prioritising consensus and acceptability, rather than action, can be identified in this thesis; for example, the lengthy consultation process, and the extended timescale for the PSP Evaluation to address the concerns of SEED civil servants. I will now present the evidence that this political context may have affected the links and interactions between individuals and organisations developing school sex education policy in the education sector.

Links and interactions within the education policy network for school sex education

MacPherson and Raab concluded that in order to remain in power, those formulating educational policy must represent, reconcile or rebuff external interest groups promoting their own values and beliefs (MacPherson and Raab 1988, p443). I would argue that sex education policy development is controlled in a similar way. Careful leadership of SEED sex education policy development ensures consensus amongst

interest groups. Evidence for this can be found in descriptions of the leadership of the McCabe Committee and design of the Consultation questionnaire. A LEA Director of Education led the McCabe Committee; those within LTS designed the Consultation questionnaire. Trusted, yet independent organisations and individuals led both of these developments. In these scenarios, I would argue that SEED, through consensus building, aims to publicly represent and reconcile interests while ensuring the policy outcome required. In doing so, these processes become the means through which external interests are subsumed and thus neutralised: in other words, represented, reconciled *and* rebuffed.

Given this evidence, the priority of SEED and Ministers appears to be retaining their control over values and ideas being communicated through school sex education. However, the sensitive political environment required SEED and Ministers to appear distanced from the development of school sex education policy. The separation of policy development from the central political arena meant that the final policy was more likely to have greater credibility, deflating the power of interest groups opposing the repeal. The tension between controlling the policy outcome whilst maintaining a distance from the policy development appear to have influenced the interactions and links between those involved.

The links between SEED, LTS, HEBS and the Lecturer interviewed can be understood as an exchange of resources. LTS carried out a lengthy consultation exercise for the Guidance documents for schools before producing the documents. The literature states that LTS was considered to be in previous years an important critic to central policy, maintaining close links with the needs and views of practitioners (MacBride, 2003). In this area of policy development the reputation of LTS as an independent critic can be perceived as useful; it enhanced the perception that school sex education policy development was not being led or dictated by SEED and Ministers for Education.

Members of HEBS appeared to be closely involved in school sex education policy development. Previous analysis suggests that the relative independence of HEBS from SEHD allowed its members to adopt a 'holistic' approach towards sex education. Those interviewed with educational interests also adopt this approach.

There is some evidence to show that HEBS' association with what is perceived to be value-free public health policy contributed an authoritative voice to education policy development in this area. This may also have helped ensure that the wider public accepted the policy.

I have so far argued that in order to combat external threat, those controlling school sex education policy within the Scottish Executive utilised the reputation and perceived independence of other organisations and individuals. Thus the Lecturer, LTS respondent and HEBS Senior respondent, were all closely involved in sex education policy development. These actors had been in post for a significant period of time. At the time of data collection, they had been involved in all national health education policy developments, including sex education. It could be interpreted that their invitation from SEED to take part in this policy development confirmed their legitimacy in the eyes of those controlling school sex education policies. These individuals intimated that they shared common perspectives and priorities in relation to sex education. These have been identified in previous chapters as the 'holistic' perspective (emphasising the contexts in which young people's sexual relationships take place) and the importance of supporting teachers in delivering school sex education. I would therefore argue that on the basis of data collected, these characteristics of school sex education policy in the education sector - support of teachers and a 'holistic' understanding of young people's sexual behaviour - can be identified as the priorities of this group of organisations and individuals.

There are therefore two groups that are working to produce education school sex education policy in the education sector: those endorsing education policies within the Executive, and those developing and writing sex education policy on their behalf. The latter group includes the HEBS Senior respondent, HEBS researcher, Lecturer, LTS respondent and the organisations they represent. These actors and organisations, in relation to school sex education policy, appear to constitute a stable policy community. They are "a limited number of actors who interact frequently and share common values" (Heclo and Wildavsky: 1981, pxv)

Forming SEED school sex education policy

Education policy development for school sex education, like health policy, has particular aims and objectives. The evidence suggests that averting controversy and achieving consensus is paramount. Achieving these aims ensures that SEED and Ministers of Education remain in control of school sex education policy. Rather than a process of erratic and speedy path building, this process suggests carefully managed path building. SEED and Ministers of Education oversee the process. Careful leadership of the construction is critical in order to avoid compromising the overall structure. The path must provide a safe passage for SEED and Ministers of Education over a quagmire of external threats. In order to ensure its stability LTS, HEBS, HMIE and other individuals build the path on behalf of SEED and Ministers. A path then emerges which appears to be representative of public and practitioner views and interests, increasing the likelihood of acceptance and consensus amongst interest groups and the wider public. Consultation and consensus have therefore provided the path's foundations. The use of research evidence may also contribute to its stability.

This metaphor highlights the interdependency of the relationship between those overseeing policy construction, and those building it. The relationships between SEED, Ministers of Education, LTS and HMIE are mutually supportive. Given the distance from the actual construction of policy, the Former Minister could be interpreted as fulfilling the role of a 'minimalist', confirming departmental policy rather than instigating or controlling its development (Marsh, Richards, & Smith, 2000). However, the evidence in this thesis suggests that LTS operated as a representative for the interests of SEED and Ministers for Education, suggesting a more active ministerial role. As discussed in Chapter 6, the LTS respondent stated: "what Ministers think is influential because that's who we work for in the end of the day."

One Minister of Education was apparently instrumental in reducing the influence of HMIE in education policy development. However the LTS respondent stated that informal relationships between members of LTS and HMIE were maintained. This suggests that despite Ministerial input, informal relationships may help to retain, to

some extent, the influence of Inspectors in policy development. There is therefore a degree of agency amongst those building the path.

Ministers and SEED civil servants trying to maintain their powerful position may benefit from the resources of this policy community. Ministers of Education and SEED civil servants appear to control recruitment into the community, inviting particular individuals and organisations to sit on national policy committees and produce policy documents. When influence over national policy has been obtained, members of the policy community may then be able to address their own organisational priorities and individual interests.

Once the other side of the bog has been reached, the policy path that was chosen can be clearly identified. Again, external and internal contextual factors influence why particular stones were chosen. External factors (political and organisational priorities) can be identified as consensus and acceptability. Organisational priorities may also include the priorities of LTS and HEBS, where members of these organisations aim to satisfy their own organisational priorities (e.g. support of teachers) whilst addressing political concerns. Internal factors are defined as the role of participants in influencing decision-making and the speed of decision-making. It is these external and internal factors with which research must ‘fit’: it must help to provide a safe route through a precarious political environment.

The use of research evidence in the development of school sex education policy in the education sector

Introduction

I will now illustrate how, within the education sector, the use of evidence in developing school sex education policy is influenced by external and internal contextual factors (defined above). This section will draw on the examples of the *SHARE* trial and *Evidence into Action* (2000) being included in the *McCabe Report* (2000) and Sex Education Guidance documents (2000).

External factors influencing the inclusion of *SHARE* and *Evidence Into Action* in education policy development

The *SHARE* trial and *Evidence into Action* were relevant to political priorities of SEED and Ministers for Education. Evidence suggests they were also relevant to the organisational priorities of LTS and HEBS. Political priorities are identified here as consensus and public acceptability. Organisational priorities of LTS, acting on behalf of SEED, appear to reflect these political concerns. LTS' organisational priorities also included the support of teachers to deliver school sex education. HEBS' organisational aim is identified as increasing HEBS' staff involvement and influence in health education policy development.

Political priorities

The evidence presented in this thesis suggests that *Evidence Into Action* was positively received within the McCabe Committee and the subsequent Reference Group for the Guidance documents. Research highlighted in the review showed a direct correlation between deprivation categories and rates of teenage pregnancy in Scotland. The HEBS Senior respondent described the strong impact this appeared to have on members of the committee. This piece of research illustrated that the school was only one element within a young person's environment which influenced their behaviour. Contextualising the school within a range of influences on pupil behaviour was politically useful; the ability for the school to influence pupil's sexual orientation was at the core of the argument for those opposing the repeal of Section 2(a). Therefore the evidence contained in the *McCabe Report* may have helped nullify opposition to an inclusive school sex education policy agenda.

This interpretation of why evidence within *Evidence into Action* was utilised by the McCabe Committee has implications for the debate on the role of SE educational research. Rather than "pathologising" the school (Goldstein and Woodhouse 2000), this research evidence highlighted the relative inability of schools and teachers to change the attitudes and behaviours of pupils.

As discussed previously, HEBS' association with a public health agenda may have enhanced the public *acceptability* of policy emanating from this policy community. The involvement of HEBS representatives in policy development appeared to be crucial in ensuring the inclusion of the *SHARE* programme and *Evidence into Action* in education policy documents.

Unlike sex education policy development in the health sector, education policy development for school sex education had no political imperative for decision-making to be (or appear to be) evidence-based. Research evidence appeared to be incorporated into education school sex education policy development because it helped construct strong foundations for the policy, which were required in a sensitive political environment.

Organisational priorities

HEBS' association with *Evidence into Action* and the *SHARE* trial may have helped maintain the involvement and influence of HEBS staff in the policy-making process. Characteristics of the organisation appeared to play an important role in this process. HEBS apparently worked at a different pace to that of its sponsoring department, SEHD, enabling it to produce *Evidence into Action* and to be closely involved in the *SHARE* trial.

An organisational priority of LTS – identified as the support of teachers - was addressed by *SHARE* as the programme included classroom materials and training for teachers. In producing the guidance on behalf of SEED, LTS legitimised the use of *SHARE* materials in the classroom. As such LTS provided support for teachers feeling vulnerable in the face of media attention. The link between teachers and LTS was thus maintained, perpetuated and strengthened by recommending classroom materials, including *SHARE* materials.

Internal contextual factors

Internal contextual factors are defined as the role of individuals in policy development, the dynamics between those individuals and the speed of decision-making.

The HEBS Senior respondent described the lack of support given to teachers in this area of the curriculum. His conclusion was drawn not only from anecdotal evidence collected from teachers, but also from his own previous teaching experience. Positive teacher evaluation of the *SHARE* teacher training confirmed that the *SHARE* programme could provide much needed teacher support.

The LTS respondent also referred to the positive feedback from teachers regarding the classroom materials. Her previous teaching experience and current professional role may have increased her appreciation of these practitioner concerns. On the basis of this data the *SHARE* programme therefore addressed individual concerns and priorities of members of this policy community. This may have facilitated its inclusion in policy documents.

The stability of this network may be the result of the length of time individuals have been in post, while the slower pace of decision-making than in the health sector allows would allow relationships to develop and consolidate over a longer period of time. In addition to this stability the ‘holistic’ perspective shared amongst this group may have enhanced the degree of trust between members. If this is the case, the personal view of any established member regarding a piece of research evidence becomes significant.

This significance increases when there is a lack of instruction from SEED and Ministers to use research evidence. The incentive to consider research evidence would have to be generated from within the policy community. The policy community became aware of *SHARE* apparently because one member endorsed the programme; the likelihood of its inclusion in policy documents was thus increased. The evidence also supports the Interactive Model of research use. The evidence

suggests that the informal relationships between HEBS staff and MRC researchers increased awareness of the *SHARE* trial amongst the policy community.

In addition, individuals within the policy community who took part in the study were in agreement regarding what elements of the *SHARE* intervention should dictate its use. The HEBS Senior respondent and LTS respondent emphasised the usefulness of research in relation to teacher support, highlighting the qualitative side of the research. No respondent identified the effectiveness of the *SHARE* programme in relation to interim behavioural outcomes or the fact it was an RCT as criteria for its inclusion in education policy for school sex education. Although paradigms and methods are debated within the education literature, amongst these members of the policy community a common epistemic perspective was identified regarding what elements of research are valid and useful. These common perspectives also appear to contribute to the ‘glue’ holding this community together.

Characteristics of research evidence

I have therefore argued that the *SHARE* programme and research findings reported in *Evidence into Action* were relevant to external contextual factors (political and organisational priorities). *Evidence Into Action* may have benefited from its relevance to political priorities as it helped to construct the political argument that schools were not the primary influence on young people’s sexual behaviour. In addition, evidence from this review may have helped to alter individual beliefs and assumptions regarding the role of the school within sex education.

In addition to the relevance of the *SHARE* trial to political and organisational priorities, it apparently resonated with the experiences and beliefs of individuals in the policy community. The evidence suggests that the classroom materials and teacher training incorporated in the *SHARE* programme helped to address these contextual factors.

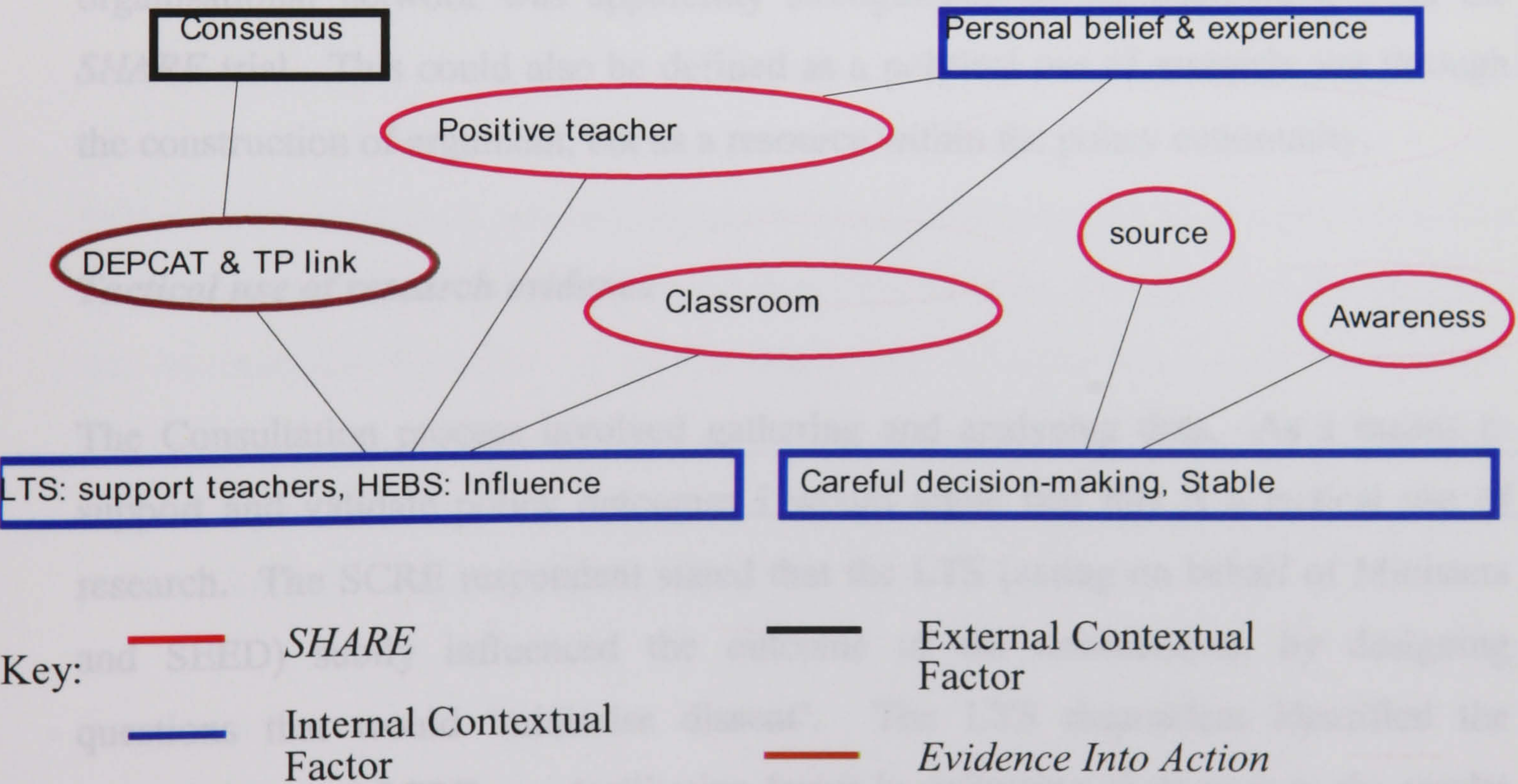
The source of *SHARE* also appears to have been a facilitating factor for its inclusion in the McCabe Committee and Guidance documents. The HEBS respondent identified the status of the MRC as facilitating awareness of the *SHARE* programme

amongst policy-makers. Other respondents identified the independence of the *SHARE* research as a facilitating factor.

In the context of a small policy community, the definition of ‘source’ might be expanded to include the member who brings the research evidence into that community. For example, the HEBS Senior researcher increased awareness of the *SHARE* programme and *Evidence into Action* within the McCabe Committee.

Figure 4 summarises the characteristics of the *SHARE* intervention as they relate to internal and external characteristics of education policy development. As in health, this process can be thought of as a window of opportunity, where all external and internal contextual factors, which contribute to the use of research, are present at a particular moment in time.

Fig 4. Factors occurring simultaneously to facilitate use of evidence in education policy



I will now discuss the different types of use of research evidence in the formulation of school sex education policy in the education sector.

Types of use of research evidence

Political use of research evidence

I have so far argued that the use of research evidence in this context may be dependent on whether or not it can aid the formation of a politically robust policy. This would suggest that political use of research evidence dominates decision-making within this community.

Evidence into Action appeared to help construct an argument within the *McCabe Report*; this demonstrates the political use of research. HEBS' position in the organisational network was apparently strengthened by its relationship with the *SHARE* trial. This could also be defined as a political use of research, not through the construction of argument, but as a resource within the policy community.

Tactical use of research evidence

The Consultation process involved gathering and analysing data. As a means to support and validate policy outcomes I would argue that this is a tactical use of research. The SCRE respondent stated that the LTS (acting on behalf of Ministers and SEED) subtly influenced the outcome of the consultation, by designing questions that would 'minimise dissent'. The LTS respondent identified the independence of SCRE as a facilitating factor in deflecting challenges to the results of the consultation. I would therefore argue that the independence of research organisations could be a factor that facilitates the tactical use of research. If the organisation is distanced from SEED its work may have more credibility amongst the wider public. By appearing to represent public opinion rather than the interests of SEED, policy development carried out by external agencies could have helped silence any opposition from external interest groups.

Conceptual use of research evidence

The HEBS Senior respondent described the emotive impact of findings presented in *Evidence into Action* on members of the McCabe Committee. This suggests that a conceptual shift had taken place, where the school was realised to be only one influence amongst many affecting pupil sexual behaviour. I would therefore argue that this could be identified as a form of conceptual use. However, rather than the result of a subtle process over a long period of time, this might be described as speedy enlightenment. This was enabled because a piece of evidence coincided with the right political conditions which required a new way of thinking about the relationship between the school and sexual behaviour. Speedy enlightenment might also rely on perceptions of certain types of evidence being considered indisputable fact. The ‘source’ (original producer of the research, or the intermediary passing it on) may also affect whether or not individuals are prepared to question research findings.

Instrumental use

In the above example it appears that the research findings instigated a shift in policy away from the focus on the school and thus may be defined as instrumental or direct use of research findings. I would argue that political intentions most likely determine the ‘usefulness’ of the research findings. In other words, the dominant influence over research use may not be the research findings themselves, but the political intentions into which they fit.

Summary

Although a range of research use can be identified, the use of research evidence within the development of school sex education policy in the education sector appears to be primarily political. I would argue that although some authors highlighted in the literature review are concerned with retaining the independence of research, this independence may in fact be an important means for education policy to establish an authoritative voice, deflecting the views of external critics.

Community relations

As stones are laid to build the policy path, research evidence may help guarantee their stability. Whether or not research evidence is considered could be affected by the relationship between researchers and policy-makers. This section will examine this relationship and the extent to which linkage and exchange took place.

The SCRE researcher stated the inability of individuals within the organisation to negotiate the content of research agendas with SEED and LTS. He also described the inability of researchers to work outwith the parameters stipulated by those controlling education policy. This is indicative of careful and cautious policy development. Apparently each input is carefully checked; it must not be able to compromise a politically robust policy path. The instigation of the PSP evaluation could also be understood in this way. Likewise, questions for the consultation are carefully monitored and designed to minimise dissent. SCRE's position in this relationship appeared to be one of relative dependence to SEED as a commissioning department. Thus researchers may be less able to negotiate an influential role in policy development. On the basis of this analysis it seems that SEED dictates the quality and frequency of linkage between SCRE researchers and policy-makers. The researchers may gain greater understanding of the constraints in which LTS and SEED staff work, but the exchange is not mutual.

As well as the external contextual pressure to prioritise acceptability and consensus, SCRE was apparently affected by the wishes of the Former Minister. The SCRE respondent stated that SCRE's position in the organisational network was altered while the Former Minister was in post, decreasing the ability for SCRE researchers to be involved in policy development. Soured relations between individuals within SCRE and the Former Minister decreased the likelihood that SCRE would be able to influence policy development by using research evidence.

According to a few respondents a closer relationship existed between MRC and HEBS despite different organisational priorities and interests regarding the *SHARE* trial. The HEBS Senior respondent stated that the MRC researchers appeared to be

focusing on interim behavioural outcomes from the trial, whereas HEBS members were 'more interested' in the feedback from the teacher training. The *SHARE* Trainer stated that HEBS was more flexible than Lothian Health and could accept the demands of an RCT in order to be involved in its development. I would argue that this flexibility was necessary if HEBS were to benefit from the *SHARE* trial. Previous analysis (Chapter 6) suggested that HEBS' used the *SHARE* programme as a resource within the organisational network, therefore benefiting from its association with the research programme. The *SHARE* programme addressed HEBS' organisational priorities and the interests of HEBS Senior respondent. This may have allowed the mutual relationship between the two communities to be more easily negotiated and there existed a greater degree of linkage and exchange.

The quality and frequency of interaction between the two communities apparently aided this exchange. Most individuals in each organisation remained in post throughout the development of the *SHARE* programme. In addition, HEBS had the organisational capacity to be involved as it could commission SCRE to carry out the evaluation. Although sponsored by SEHD, HEBS was not directly tied to the political drive to act quickly. This may have allowed HEBS staff to support long-term evaluation of the programme. The evidence suggests that HEBS was also distanced from the political environment within which SEED and LTS were more actively embroiled. This may also have facilitated the close relationship between HEBS members and the development of a school sex education programme.

The above examples show that external and internal contextual factors could help to define the relationship between researchers and policy-makers. These examples relate to frequent contact between researchers and policy-makers during the generation of research evidence. The McCabe Committee and Reference Group for the Guidance documents illustrate how the use of research evidence in policy documents may be affected by the dynamics of each group.

I have previously identified that these groups appeared to be consensual; respondents did not describe overt tensions and conflicts during discussions. In both these groups, HEBS members exposed other participants to relevant research evidence, which was subsequently included in relevant documents. Locock et al. (2001) noted

that ‘peer’ opinion leaders were more likely than ‘expert’ opinion leaders to influence a community using research evidence (Locock, Dopson, Chambers et al., 2001). In the McCabe Committee, the HEBS Senior respondent appeared to fulfil the role of peer opinion leader. According to the evidence presented he was a member of a trusted policy community and was able to use the *SHARE* programme and *Evidence into Action* to establish and maintain his influence within this committee. The trust between members of this community may have enhanced HEBS’ peer opinion leader role regarding the *SHARE* programme. Lomas’ conclusion that early and frequent contact between researchers and decision-makers during the conceptualisation and development of a research study is the best predictor of its use could therefore apply to the inclusion of the *SHARE* programme in education sector policy.

I have previously argued that the use of research evidence may be dictated by the political conditions within which it is received. Similarly, it could be argued that the ability of intermediaries, such as the HEBS Senior respondent, to act as opinion leaders could be enabled by the same political conditions. The leadership and control over education policy development for school sex education must appear and feel consensual to those taking part. Consensus and lack of dissent is apparently the primary aim of this committee. Therefore the political purpose of the group may affect the dynamics of power within it. These dynamics could affect the degree of exchange between the research and policy-maker communities.

There is evidence to support the conclusion of Bonell (2002) that the boundaries between research and policy-making communities are not always easily defined (Bonell, 2002). I would argue that HEBS is an organisation whose members can be considered policy-makers because of their contact with and input into the policy-making process. However, HEBS both commissions and generates research, giving it dual membership of both communities.

Summary

The political context in which school sex education policy was formed in the education sector required cautious incremental decision-making. Carefully led

consensus building and consultation may have ensured the deflection of external interest groups that were threatening to destabilise the power of SEED and Ministers for Education. The policy reflects the political priorities to ensure recognition of all pupils' sexual orientations. Analysis of the data suggests that the way policy was eventually formulated also reflects the organisational and individual priorities of those enlisted to construct the policy on behalf of SEED and Ministers for Education.

Research evidence appears in this policy path as part of the mortar and foundations that strengthens the construction. The political intention behind the use of research evidence may result in other types of use. I would therefore argue that the source of research evidence (whether researchers, research organisations or intermediaries) must fulfil similar criteria to that of the organisations and individuals building policy on behalf of SEED and Ministers: trusted, yet independent.

Limitations of the study

I am aware that conclusions presented in this thesis have been limited by the lack of data from civil servants. I have argued that there is a distinction between those controlling education policy and those developing it. It is possible that in the absence of SEED civil servant descriptions of policy development, I have exaggerated this distinction. A similar bias may have occurred in the analysis of health policy development, where the Former Minister's account encouraged the conclusion that Ministerial wishes motivated decision-making. The conclusions presented in this thesis are based on limited data; in order to be verified more research is needed.

It is difficult to ascertain from this study the extent to which conclusions drawn are issue specific. The complexity of the issue and the lack of research evidence that can be easily acted upon may be a feature of other areas of health and education policy. In terms of education policy development, the extensive use of research evidence in the *McCabe Report* may be similar to other policy documents addressing complex curricular issues. However, there are issues within sex education that appear to be

relatively unique. For example, the moral debate that surrounds its development and the differing political priorities between education and health may be more pronounced in sex education than for other policy issues.

Before I analysed the interview transcripts, I had completed a substantial piece of work analysing the policy documents. The results of this textual analysis, summarised in Chapter 3, influenced how I perceived the character of health and education policies, and my perception of how research evidence was used within them. Respondents' views did not contradict these conclusions, however my argument emphasises the importance of the character of policies, and this may be influenced by my in-depth exploration of their text.

Respondents who took part in the study may not have fully disclosed the policy-making process, or the influence of factors affecting the role of research evidence within it. My status as the researcher in the interview process may have encouraged respondents who weren't researchers to exaggerate their support for research evidence.

Another potential bias which may affected this study is the role of one of my supervisors. This individual was heavily involved in the *SHARE* programme, from its instigation to completion. His view and perspective on organisations and individuals helped shape the sample and also have influenced what questions were asked in the interview schedule.

Notwithstanding these limitations, I hope the findings presented in this thesis make a much needed contribution to the existing literature in this field. It presents an empirical basis for conceptual understandings of research utilisation in policy-making, thus addressing a gap identified by previous authors (e.g. Innvaer 2002, Beyer and Trice 1982). I have presented a metaphorical tool to help conceptualise the policy-making process and the role of research evidence within it. I am aware that the use of metaphor may suggest that I have forced the analysis of interview data and subsequent conclusions to fit into a neat picture, rather than providing a realistic representation of the policy process. This metaphor is intended as a tool to inform both people's conceptualisation of the policy-making process, as well informing the

actions they take to become involved in policy construction. My conclusions, represented by the policy path metaphor, need further research to ascertain their accuracy across a range of policy sectors. I would therefore hope that this metaphor will be seen as a contribution to the construction of a theoretical framework for the relationship between research and policy.

The type of path construction appears to be influenced by the character of health and education policies as a whole and the surrounding political pressures that they invite. The construction process also affects the pace of decision-making and interaction between policy-makers and those working with them. It is these internal and external factors that appear to dictate why and how evidence is conceptualised and used in decision-making.

Appropriate Methods for Understanding Research Use

This study has used both in-depth, semi-structured qualitative interviews and document analysis to explore research use in policy-making. I will now briefly discuss the appropriateness of these methods for studying research use.

In-depth interviews proved extremely useful to explore how individuals define research use, how research is used and under what conditions. I would argue however that individual interviews on their own are perhaps not ideal for understanding the influence of organisational culture on research use. I attempted to determine the influence of organisational perspectives by analysing policy documents and exploring the political environments in which they were produced. This provides insight into the formal and public presentation of institutional priorities.

However, organisational culture is perhaps better explored by accessing and analysing more ‘informal’ organisational documents, such as e-mails or memos. The disadvantage of this method is that although appropriate for the purpose of a study into research use, they are not always easily obtainable. I would also suggest that focus groups may be useful to explore further how terms such as ‘research use’

‘evidence-based’ research-based etc. are defined within research and policy-making communities. Interaction between professionals (both within and between the two communities) may provide better insight into how professional identities are constructed and maintained, which may in turn provide greater understanding of how research use is conceptualised and implemented by different professional groups.

Conclusions

The research questions stated at the beginning of this thesis have been answered by tracing the priorities of individuals making policy-related decisions and the contexts in which they work. These questions are now revisited in the light of the discussion presented in this chapter.

1. How is Scottish school sex education policy developed?

School sex education policies emanating from both SEED and SEHD appear to be developed with the overarching intention of achieving specific policy aims. In doing so these Departments may be to an extent dependent on external organisations to fulfil this task. I would argue that in relation to the way in which policy for school sex education is formulated, there is apparently little else that is common to these two policy sectors.

SEHD policy identified and defined the policy problem: *Towards a Healthier Scotland* (1999) identified high rates of teenage pregnancy and STIs that needed to be reduced. SEED policy for sex education had to react to external policy change and controversy.

It appears that after the policy aims were established, different tools were employed by health and education policy-makers to reach the policy destination and maintain their control over school sex education policy. SEHD related school sex education policy demanded immediate action and fast decision-making. SEED-related school sex education policy required careful consensus building aided by the perceived

distance between SEED and policy development. This may have led to the different emphasis on leadership between the two policy sectors. For health-related policy, leadership can be identified at the instigation of policy and its related initiatives. This policy development emphasised ‘getting up and running’ rather than ensuring the desired outcome. Conversely, education-related policy for school sex education placed a greater emphasis on the outcome, requiring trusted and consistent leadership throughout its development. The data collected for this study revealed a common epistemic perspective regarding the way to reach the policy aim within education policy development for school sex education. This appears to be lacking in the development of school sex education policy in the health sector.

2. In what way is research evidence used in the development of school-based sex education policy since Devolution?

The background to my studentship (outlined in Chapter 1) included both the existence of an ‘evidence-based policy’ rhetoric and the puzzlement of researchers as to why an apparently ineffective intervention (*SHARE*) was utilised by policy-makers. ‘Evidence-based policy’ often assumes that decision-making will be led by research evidence, but this did not seem to be the case with *SHARE*.

I would argue that contextual factors could prevent the reality of the ‘evidence-based policy’ rhetoric from materialising. For example, the high turnover of network actors developing SEHD-related policy for school sex education may stunt the development of a common perspective regarding how research evidence should be used. The evidence suggests that the concern of those controlling education policy for school sex education is not to be evidence-based, but to achieve consensus. It is these contextual factors which could act as facilitators and barriers to research use and are discussed in more detail below.

The influence of sector-specific contextual factors on the way in which evidence is used is illustrated in this thesis. For example, the direct use of *SHARE* within Healthy Respect could be interpreted as an example of evidence-based policy-making. However the intention to use *SHARE* may also have been also political: to fulfil the project criteria stipulated by SEHD and thus win the tender. The use of

research in the *McCabe Report* (2000) may have helped divert attention away from the role of the school, thus addressing the political concerns of those controlling education policy. Evidence of conceptual use could also be understood in the political context. Political conditions were ripe for speedy enlightenment within the McCabe Committee.

The effects of devolution on the way in which research is used in school sex education policy is difficult to determine from the data presented in this thesis. Respondents stated that they found it difficult to identify the effects of devolution. The effects of devolution might be more easily identified after a longer period of time has passed. According to the evidence presented in this study its effects on decision-making have not yet become institutionalised. It may be that respondents found it difficult to identify the effects of devolution because it has not affected how Scottish school sex education policy is formulated. However, one direct effect of devolution was the removal of Section 2(a) (instigated by a Minister outwith SEED) which does appear to have had significant effects on school sex education policy-making within education. Policy development for school sex education in the education sector is carefully managed. Such caution suggests an overarching concern of SEED and Ministers for Education to maintain the dominance and political legitimacy of those controlling and developing education policy.

Research evidence is used in a variety of different ways during the development of school sex education policy; I would argue that the motive behind these different types of use is invariably political. The unforeseen consequences of the repeal of Section 2(a) support this argument.

3. What factors facilitate or impede the use of research evidence in the development of school-based sex education policy?

This thesis has identified a range of external and internal contextual factors, which may serve as either facilitators or barriers to research use in the development of school sex education policy. Political priorities could affect how individuals use research. The independent authority of research evidence and research organisations might be an advantage to those keen to legitimate policy change and silence external

critics. Those defining political priorities may also stipulate that evidence must be used in decision-making. Political priorities may also affect research use indirectly: they seem to require particular policy networks and modes of decision-making. Policy networks and modes of decision-making could in turn provide internal contextual factors, which may serve as another set of barriers and facilitators for evidence use.

Individuals charged with leading policy development for school sex education appear to be the gateways through which research evidence and researchers to enter the process. The dynamics of power within policy groups appear to be determined by the political importance of their intended outcome. Individuals furthering political priorities may act as intermediaries bridging research and policy-making communities. If not acting as intermediaries themselves, they could open and close opportunities for other intermediaries.

The speed of policy-making for school sex education may act as a facilitator or barrier to research use. Longer timescales for policy development make it possible that research evidence can be considered and processes of gathering and evaluating data can be utilised more fully. Shorter timescales appear to impede the use of research evidence or processes such as evaluation, but might also allow particular pieces of research to be used because of their availability, rather than their findings.

The process of policy-making for school sex education relates to both the speed at which it takes place, and also to the purpose of the policy and to who is invited into the process. The purpose of policy may affect group dynamics (discussed above) and which organisations and individuals are involved in the process. Organisational links could serve as important facilitators for research use, particularly the links with HEBS as a receptor institution.

What is clearly illustrated in this analysis is that although individual agency is constrained by structural elements, ultimately it is individuals who are interacting and developing school sex education policy. It is individuals who are considering the range of options within such constraints, suggesting and endorsing particular courses of action. The research questions developed for this PhD study reveal a

misplaced assumption that ‘policy’ is an inanimate object into which research evidence must permeate. Seen in this way, a piece of research evidence represents a counter in a game of snakes and ladders. The research evidence exists as finished product: a completed investigation revealing new knowledge. Policy is also viewed as a singular, bounded construct. The passive researcher then observes their work sliding away from or climbing into decision-making. It is apparently a game of chance. Each time the game is replayed, factors that previously appeared as snakes reappear as ladders and vice versa. For example, speedy decision-making regarding one policy initiative may constitute a step on the ladder for research evidence (e.g. the establishment of the PSP Evaluation and Monitoring Group). In another context, it may be a barrier to the use of research evidence (for example, Sexual Health Strategy Group). Change in personnel at different stages in the policy process may mean that gateways for research evidence either open or close.

An alternative view of the policy-making process for school sex education is to conceptualise policy as a path of initiatives and documents being constructed by many different people. Policy documents become active through the act of reading. People make individual interpretations of their meaning or predict how others will react to their statements. Rather than policy being inanimate, it becomes an active process of interpretation, decision-making and action. Those building the path visualise the next step (either as an individual or as part of an epistemic community). Their interpretation of what the next step looks like is greatly influenced by what stones are available; the selection of stones is determined by contextual factors. They consider a range of knowledge to help them choose the next stone. In time they can look back and see the form of the path and their contribution to it.

Research evidence can be thought of as providing a range of characteristics, which aid policy-makers in their task. The path-building metaphor forces the researcher to consider her/himself as an active participant in this process, connecting with and influencing path builders. Although the final decision to use research evidence may be largely determined by contextual factors, it will not be considered unless it is available to those building policy – this may require researchers physically to bring their knowledge to the building site.

An important issue, which this thesis has not explored in great detail and which requires more research, is the role of funding and commissioning on the relationship between policy-makers and researchers. If the funder, e.g. SEED, is dictating the parameters of research there may be little potential for a mutual exchange between research and policy-makers; political priorities dominate the relationship. The media may also have an important effect on the relationship between policy and research. This thesis has touched on the role of the media in affecting the pace of policy-making. However, the media may also play a role in shaping policy agendas and discourse, therefore contributing to the way in which research evidence is received and used within policy.

One hypothesis which can be drawn from this study, and deserves further exploration through future research, is that there is an association between the role and character of policies and the types of interactions and patterns of decision-making used to formulate them. Leadership and speed of decision-making within school sex education policy development appear to differ between education and health. The reasons for these differences could be traced back to the role of education and health policy as a whole, and what is required in each sector to maintain the institutional power of SEHD or SEED. In other words, if the story ends with an instance of research use, or non-use, it might begin with the character and role of a particular policy, and the means through which individuals retain control over policy development. The use of research evidence appears to be affected by the internal and external contextual factors surrounding each sector. Therefore an exploration of the association between role and character of policy and the internal and external contexts that they invite, may offer a means of predicting how and why research will be used. Crucially, it may offer some way of predicting who will dominate decision-making and at what points of policy-development, giving researchers some insight into what factors are stable and unstable, predictable or unpredictable. I would therefore hope that rather than simply adding to the myriad of conceptual models currently on offer, those proposed in this thesis have the potential for pragmatic application.

Implications of Study

This study suggests that access to the policy-making process requires a wealth of informal knowledge. Knowledge may be required regarding who is involved, their beliefs and interests, their influence, their priorities, how committees are being formed, who is on the committee and for what purpose is the committee set up. This knowledge is not always easily gained when working in another field and within different professional networks.

However, people with that knowledge exist and may be easily approached. I would argue that this study shows those working for specialist organisations but within the framework of national policy are both personally invested in an issue, and have influence in the policy-making arena. Rather than generalists working within rigid policy parameters (such as civil servants) these individuals may be more open to research findings which relate to their personal and professional interests. In other words, researchers can utilise routes of influence into policy-making which already exist. In addition, such specialist organisations may be more flexible (e.g. operating within different timescales) than government departments.

This study also suggests that to utilise these ‘gateways’ more effectively researchers and research bodies should be more politically aware. Policy sectors may differ in their patterns of leadership, the influence of Ministers and their beliefs and interests should perhaps be taken into account. The fluidity of political environments may mean that new knowledge is better received at particular times. The establishment of new political rhetoric and policy groups may result in opportunities for researchers to inform policy-making. Who is likely to be involved in policy groups, and their degree of power within them may also be effected by political contexts. Awareness of opportunities which occur within an erratic and apparently illogical process may require more consistent engagement with policy-making, in order that an alien decision-making process is better understood and exploited.

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Appendix A: List of Acronyms

AET (Aberdeen Evaluation Team)

HEBS (Health Education Board for Scotland)

HR (Healthy Respect)

MRC (Medical Research Council)

NDP (National Demonstration Projects)

PSP (Positive Steps Partnership)

SCRE (Scottish Council for Research in Education)

SEED (Scottish Executive Education Department)

SEHD (Scottish Executive Health Department)

SHARE (Safe Happy and Responsible)

SHS (Sexual Health Strategy)

Appendix B: Methodology

B. 1 Interview schedule

Position in organisation

Could you describe your position in this organisation?

How long have you been in this position?

What were you doing previously?

Sex Education in General:

What involvement have you had with sexual health issues in your career?

Which organisations and individuals are involved in developing sex education policy for Scottish schools?

Do you think these organisations have similar or contrasting aims or objectives regarding sex education in schools?

Why do you think these objectives have emerged?

What do you see as the barriers and facilitators for these organisations in achieving these objectives?

Do you think these barriers and facilitators are present for all policy areas, or are any of them specific to school-based sex education?

Specific Policy Initiative/ Development

Why do you think this initiative was developed?

What do you understand to be the process by which this policy was developed?

How did you become involved in this particular initiative?

Why do you think you were invited to take part?

What other individuals/organisations were/are involved?

Why do you think they were invited to take part?

Within the group you describe, who would you regard as having the most influence over decisions being made?

How important do you think particular individuals are in influencing proceedings?

Where you think this influence stems from? (e.g. their personal characteristics, the organisation they represent, expertise etc.)

Do you feel there were other influences outside this group which were influential in the decisions being made?

To what extent do you think media influences policy?

Research/policy interface

What are your impressions about how research feeds into policy?

To what extent do you think devolution has impacted on this relationship?

Do you think that research could help with the decisions you have to make?

Do you feel that your previous experience in trying to use research has affected the way you approach researchers or receive research findings in your current position?

Do you think people pay attention to certain pieces of research more than others?

What or whom do you think was the driving force behind this piece of research being used?

Why do you think this organisation is less amenable to research findings?

What do you think are the main factors which affect the utilisation of research?

What has been the most influential piece of information which has influenced your thinking in this area whether that be an event, a conversation, something written down
etc.?

What are your personal views about sex education?

Additional questions for researchers:

Do you feel that the work you do is valued within this initiative/group?

To what extent do you feel attitudes towards research have altered, if at all, during the time this initiative/group has been in place?

Is this experience typical of other policy-related research that you've done?

Do you feel that any previous experience with policy-makers has affected the way you approach policy-makers in your current role?

B. 2 Individual respondents involvement in policy development for school Sex education

AET Researcher

Evaluation of Healthy Respect

Civil servant DP Co-ordinator

Healthy Respect implementation

NDP Steering Group

Former Minister

Towards a Healthier Scotland (1999)

Repeal of Section 2(a)

HEBS R&E Manager

Overall knowledge of policy developments involving HEBS

HEBS researcher

PSP Monitoring and Evaluation Group

Healthy Respect Proposal

Reference group for Sex Education Guidance

McCabe Committee.

HEBS Senior respondent

McCabe Committee

Development of SHARE programme

Roll out of SHARE programme

Reference Group for Sex Education Guidance

HEBS (York) researcher

SHS Group

NHS Effective Healthcare Bulletin (1997)

HMI respondent

Initial involvement in PSP Monitoring and Evaluation Group

Present during discussions at HEBS regarding 'roll out' of SHARE

HR Manager

Healthy Respect (from implementation)

Healthy Respect Evaluation

Lecturer

McCabe Committee

Lothian Health Promotion Officer

Initial Healthy Respect Bid proposal

LTS Respondent

Sex Education Guidance Consultation

Sex Education Guidance Documents (2001)

MRC Senior Respondent

NDP Steering Group

MRC sexual health researcher

NDP Steering Group

SHARE trial

PHIS respondent

Managing 'Learning Network' from Healthy Respect

Previous HR Manager

Initial Healthy Respect Bid proposal

PSP respondent

All PSP related developments

SCRE researcher

PSP Evaluation

Analysis of responses for School Sex Education Guidance Consultation Exercise

SEHD Civil servant

SHS Group

SHARE reseacher

‘idea’ for SHARE

Development of programme

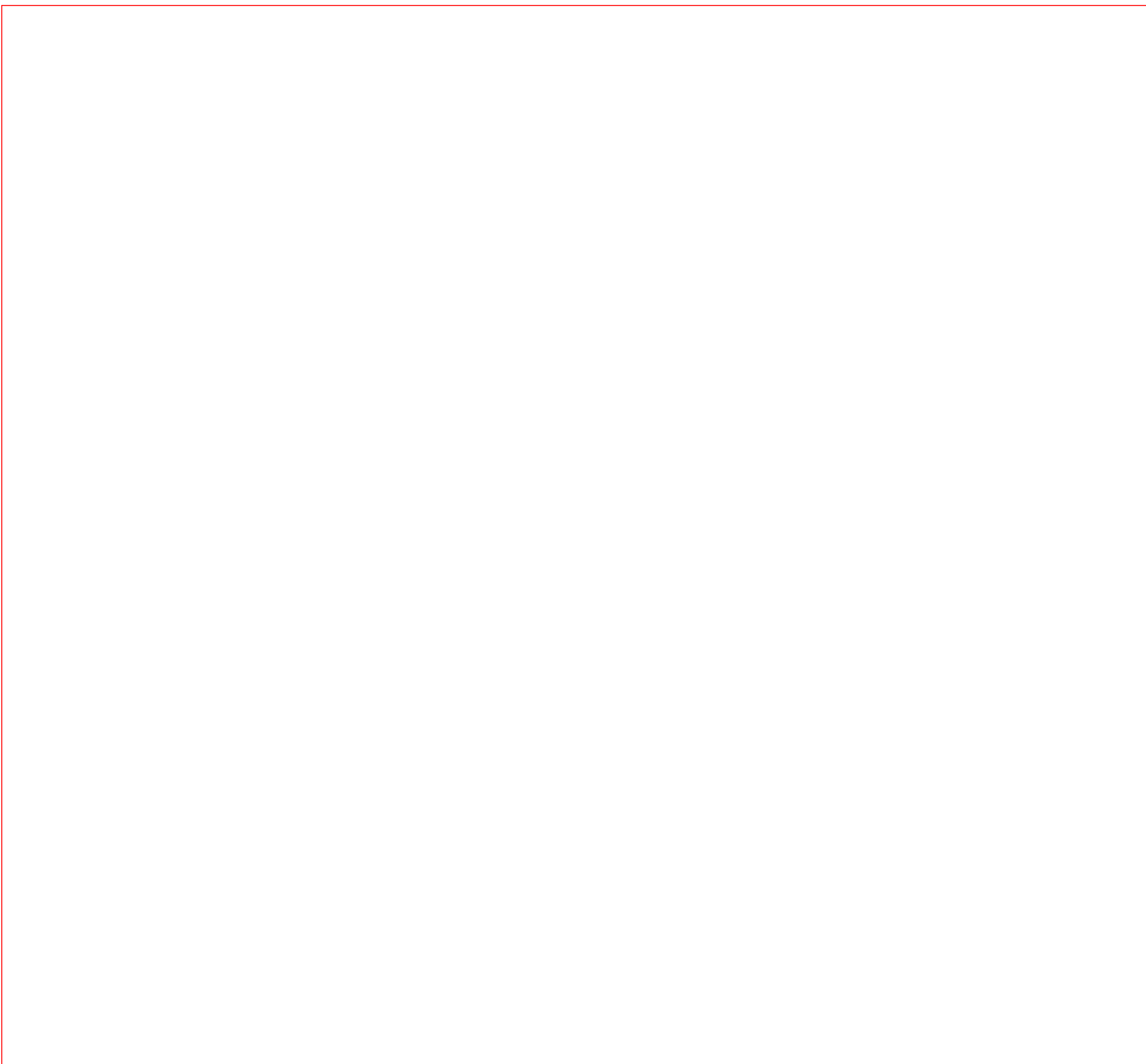
SHARE Trainer:

Design of SHARE programme

Integrated SHARE into Healthy Respect

Present during discussions at HEBS regarding ‘roll out’ of SHARE

B.3 Invitation Letter



Jni

Dear

How has evidence on effective sex education impacted on sex education policy in Scotland since the creation of the Scottish Parliament? PhD research project

I am conducting an MRC funded study of the development of sex education policy in Scotland and how research evidence is used during this process. The study will be primarily comprised of interviews with those involved in the development of Scottish sex education policy.

I am approaching various individuals who are connected with aspects of school-based sex education in Scotland. I have enclosed an information sheet giving more information about the interviews, and would be very grateful if you would be happy to take part. Your involvement in the project would be entirely voluntary. If you agreed to participate, the interviews would be conducted either in your home or your workplace. Interviews will be approximately one hour in length and will focus on your involvement in any of the following areas; sex education guidelines, policy initiatives and research on school - based sex education in Scotland.

All interviewee responses will be anonymised. The interviews will be used ONLY for academic research purposes. As your role is integral to the development of policy in this area I would greatly appreciate your co-operation.

If you require further details about the project, please contact Helen Harper directly on 0141 357 7545.

Yours sincerely,

B.4 Information Sheet

How has evidence on effective sex education impacted on sex education policy in Scotland since the creation of the Scottish Parliament? PhD research project

The main aims of this project are to understand:

- **How is research evidence used in the formulation of policy?**
- **How do the organisations where sex education policy is developed relate to centres of research?**

This project offers a unique opportunity to understand the role research plays in formulating policy. To complete this project successfully, I am interviewing individuals from a variety of organisations that influence the formulation of sex education policy in Scotland.

If you agree to take part, I will telephone you to arrange a convenient time and place for the interview. During the interview you will be asked about your involvement in the development of sex education in Scotland including any contact you may have had with researchers in this area.

Your input into the study is extremely important, and the data collected will be used **ONLY for academic purposes** and anonymity will be preserved. If, in exceptional circumstances, your views can only be understood by knowing your specific job title, you will be given the extract to review and only with your permission will your post be identified. Where possible the interviews will be tape-recorded; only members of the research team will have access to the tapes. The MRC requires us to keep all research documents in a secure cabinet for at least ten years, for quality assurance purposes, but your name and identifying details will remain anonymous.

If you would like more details please phone

Medical Research Council Social and
University of Glasgow, 4 Lilybank Gardens



B.5 Consent Form

MRC

The role of evidence in formulating sex education policy in Scotland: A research project

CONSENT FORM

Please tick if appropriate

- ☐ I agree to be interviewed as part of the above project with the understanding that my name and personal details will not be disclosed without my prior consent. I understand that interview data will be used **ONLY for academic research purposes** (including research publications and reports).

If the researcher feels that it is important to identify my specific post in order to explain her analysis, this would only be done with my permission. I would be shown the relevant extract to review and identifying details would only be retained with my permission.

I understand that I do NOT need to answer all the questions if I do not wish to and that I may withdraw from the interview at any time. I am aware that any information I provide will be anonymised. All data collected as part of this project remains the intellectual property of the Medical Research Council.

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Appendix C Timeline: developments in research and policy for school sex education

	1999												2000		2001		2002	
	1993	1994	1995	1996	1997	1998	Feb	May	Oct	Dec	Feb	June	July	Oct				
Health							PSP Applies to SEHD for Funding	PSP Receives £ from SEHD	LH Submits HR Bid Proposal		PSP Monitoring & Evaluation Group	★ HR Begins Group for NDP's		★ AET begin HR Evaluation	SHS Group			
Education						"Targeting Excellence"			Announcement to repeal Section 21a)		"Keep the Clause Campaign" McCabe Committee	★ McCabe Report		★ Sex Education Guidance Consultation	★ Sex Education Guidance Published			
SHARE ★	'idea' for SHARE	SHARE programme designed	SHARE Pilot stage funded by HEBS	SHARE RCT Begins									Interim results of SHARE trial available to HEBS and HR		HEBS discuss roll out of SHARE programme	BMJ Publish results of SHARE trial		
General		Kirby et al			UNAIDS NHS Effective Health Care Bulletin	Meyrick and Swann							★ 'Evidence into Action' (Burtney)					