LONDON SCHOOL of HYGIENE &TROPICAL MEDICINE

NIHR CLAHRC NORTH THAMES

Collaboration for Leadership in Applied Health Research and Care North Thames

Healthy Schools London Evaluation Summary Report September 2016

Introduction

The Healthy Schools London (HSL) programme was launched in April 2013, co-ordinated by the Greater London Authority (GLA). The aim of HSL is to encourage schools to improve their health-promoting environments, support pupils to develop healthy behaviours, reduce health inequalities, and improve educational achievement. The programme seeks to help schools develop their health and wellbeing policies and procedures, and recognise and reward health promoting activities through a system of awards.

About the evaluation

This evaluation of the HSL programme was conducted through the National Institute for Health Research (NIHR) Collaboration for Leadership in Applied Health Research and Care (CLAHRC), North Thames. It was funded jointly by the GLA and the CLAHRC, and was conducted between 2014 and 2016 by Dr Harry Rutter and Dr Andrew Barnfield from the London School of Hygiene and Tropical Medicine (LSHTM).

We conducted literature reviews, focus groups in twenty schools, interviews with six directors of public health and directors of children's services, focus groups with borough leads, interviews with the GLA core team and borough leads, and two assessment visits to special schools. We also conducted an online survey across all participating schools, with a total of over 450 responses.

We used the *American School Health Association* definition of the healthiness of a school within this evaluation: *'all the strategies, activities, and services offered by, in, or in association with schools that are designed to promote students' physical, emotional, and social development. When a school works with students, their families, and their community to provide these strategies, activities, and services in a coordinated, planned way. This includes: a healthful environment, nutritious and appealing school meals, opportunities for physical activity that include physical education, health education that covers a range of developmentally appropriate topics taught by knowledgeable teachers, programmes that promote the health of school faculty and staff, and counseling, psychological and social services that promote healthy social and emotional development and remove barriers to students' learning.'*[1]

Aim

The aim of the evaluation was to assess the contribution of the Healthy Schools London (HSL) programme to improving health, well-being, and educational achievement among school children in London.

Objectives

1. To assess the potential for the HSL programme to promote healthy lifestyle behaviours, reduce health inequalities, and influence educational achievement in London
2. To explore the extent to which becoming a Healthy School is associated with changes in school-level policies and activities
3. To assess the nature and level of engagement with the HSL programme by schools, including any differential uptake by socio-economic factors, and to understand the drivers and barriers to becoming a Healthy School
4. To inform the ongoing development of the HSL programme

The evaluation examined the hypothesis that a greater level of engagement with the HSL programme (as demonstrated by the award level of the school) would be correlated with a healthier school environment.

The research question was: to what extent are the different levels of engagement (Gold, Silver, Bronze, and registered but with no award) within the Healthy Schools London programme associated with differences in the health promoting environment in each school?

The evaluation addressed lifestyle behaviours and educational achievement among children in schools involved in the HSL programme, and the accreditation process for the awarding of Bronze, Silver, and Gold healthy school status.

Evaluation Methods

The quantitative part of the evaluation measured the impact of HSL on health related behaviour, knowledge and policy of schools and their environment. Although we had initially hoped to be able to examine the impact of the HSL programme on educational achievement this turned out not to be possible given the time, resources and data available.

We conducted an online survey to assess the impact of HSL on school policies in health related areas. It was developed, tested, and finalised during summer 2015, and email invitations were sent to 1,621 schools in November 2015 (all schools enrolled in the programme at the time). The survey was open between 15 November 2015 and 13 February 2016. There were 451 responses, of which 344 were fully completed and the remaining 107 partially completed. The survey was open to all school staff with no limit to the number of staff from each school who could participate. The schools were given a code that corresponded with their HSL award so that the answers could be analysed at school award level. Schools that were enrolled in the programme but had not achieved a Bronze award were used as internal controls to provide a baseline.

The qualitative fieldwork sought to examine the knowledge school staff had of HSL and its aims; the organisational changes that resulted from adopting HSL; and the range of activities, policies, and procedures that the school had undertaken to achieve its HSL award status. It explored the role of the HSL award model and associated structures and the ways in which they had contributed to any changes in school level policies; facilitators and barriers that enabled or inhibited change in either the school or pupil's health related behaviour; changes in pupils' health-related attitudes, knowledge and behaviour; and the reflections of school staff and pupils on HSL and recommendations for the future of the programme. The focus groups and interviews measured the health related attitudes, knowledge, and behaviour of pupils, and the perceptions of staff of the impact HSL had on these. The interviews with the GLA core team, and senior management at borough level, sought to examine the ways in which the HSL programme is co-ordinated, how it operates within boroughs, and how it helps schools to meet health and wellbeing priorities.

The qualitative component of the study used a multiple case design approach so that the process of change could be captured across the different sites, settings, and interventions of HSL schools. The questions for the focus groups with school staff and pupils were developed and refined in a pilot study conducted during autumn 2014. The main qualitative fieldwork was conducted during autumn and winter 2015/16. There were three stages of fieldwork for the qualitative evaluation:

- Stage 1: Semi-structured focus groups were conducted with pupils and staff at twenty schools enrolled in HSL. The schools were a mixture of school type and award status. The groups lasted thirty minutes for pupils and forty-five minutes for staff. Each group consisted of six participants, with pupils drawn from the school council.
- Stage 2: interviews were conducted with six members of senior borough management (Director of Public Health or Director of Children's Services), five individual interviews with borough leads, and three individual interviews with GLA core team members. The interviews lasted between twenty-five and forty-five minutes.

- Stage 3: focus groups were conducted with borough leads, who work as a link between HSL schools and the GLA core team. The two focus groups lasted sixty minutes, consisted of four and six participants, and were semi structured.

Sampling

The schools that participated in the evaluation were all enrolled in the HSL programme. In the qualitative part of the evaluation the sample was selected to include schools of different types, sizes, and with different levels of HSL award. We used a random sampling strategy with the inclusion of controls for inner and outer London Boroughs. We visited five gold, six silver, eight bronze, and two schools without an award. The interviews with borough officials were a random sample of three inner and three outer London boroughs.

Evaluation Data

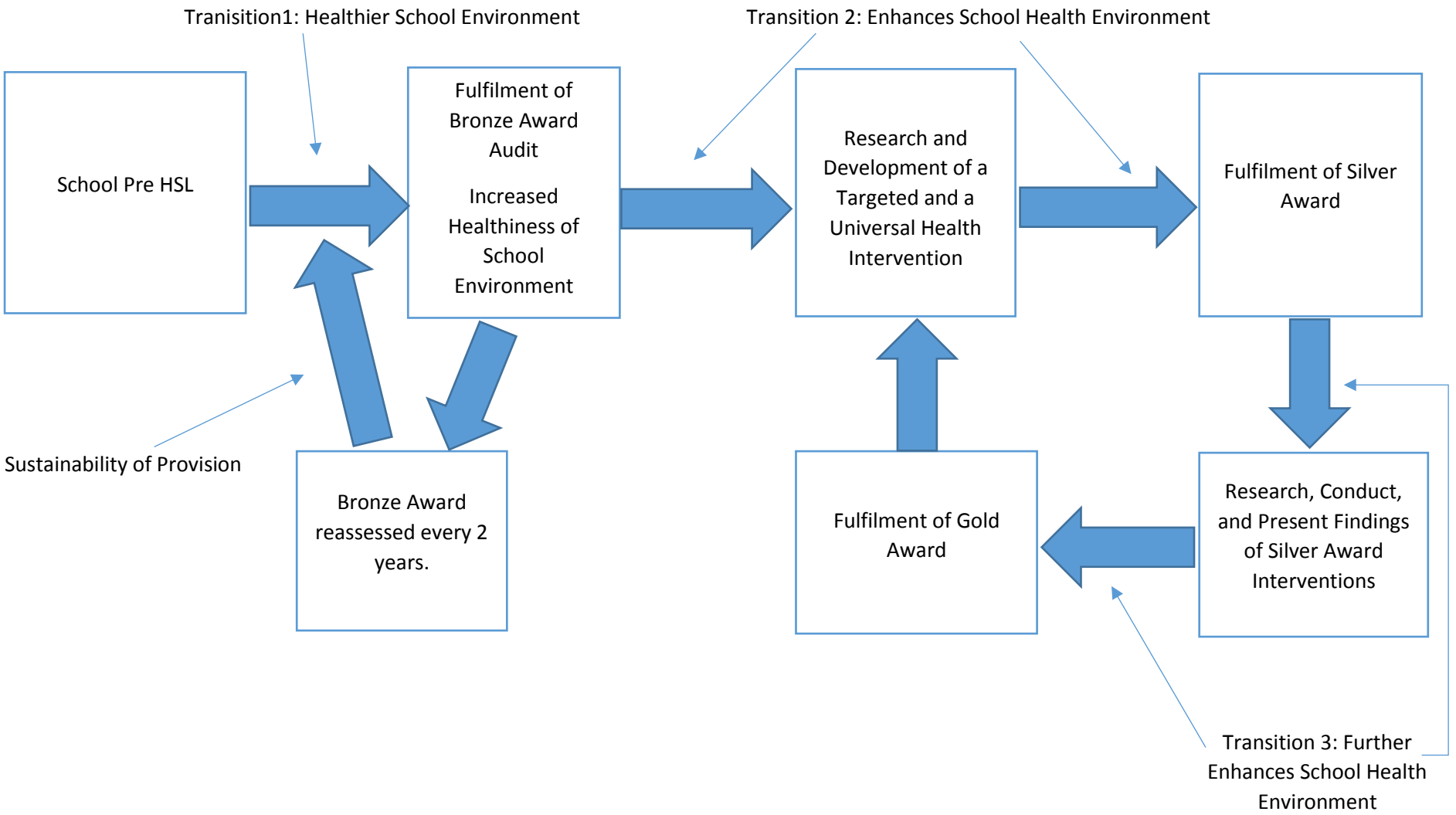
All data have been fully anonymised in this evaluation in accordance with the requirements of the ethics committee approval and the participant agreements. We have removed all markers of age, gender, ethnicity, and location throughout the report. Due to anonymity offered to all participants we are only able to give a brief indication of the types of schools, numbers of pupils, and a very general location of interview participants.

Limitations

The data collected were limited by the duration of the evaluation, the need to make the online survey accessible and not too time consuming in order to encourage participation, and the resources available for the evaluation. The ongoing development and progression of HSL makes it extremely difficult to provide robust conclusions on the impact of the programme. Certain impacts that we had intended to study cannot be reported, for reasons of accuracy, practicality, or because they fall outside the short duration of this evaluation. Aside from time, practical, and accurate data collection methods, the evaluation was also constrained by the participation of schools. Despite extensive efforts made to conduct research with multiple different schools, and at each stage of the award process, it is likely to be the case that the schools which participated are the most engaged ones. Notwithstanding these constraints we believe that we have been able to construct a valid picture of the main impacts and features of the HSL programme.

The logic model for the HSL programme is shown in Fig 1 below.

Figure 1: Logic model for HSL programme



Qualitative findings

This report provides a summary of the findings of the evaluation; more details will be provided in academic papers that will be submitted for publication in the public health literature.

The structure, network, and award tools of the HSL programme

The three levels of award are each based on different criteria. The Bronze award requires a comprehensive audit of actions and policies across the school, Silver requires a description of a plan for health-related interventions within the school, and Gold is a report on the interventions described in the previous application for Silver. Bronze encourages schools to complete a universal review of school policy and requires schools to meet national guidelines and standards where they exist. The challenge of the Bronze award rests on a delicate balance between encouraging schools to examine and enhance their health promoting environments, and widening participation among schools. The Bronze award is currently the main tool through which the HSL programme operates as it covers all the topics that schools must consider, it has to be completed every two years, and it has the widest uptake across schools.

At the time of writing, 1772 London schools (76%) have registered to take part in Healthy Schools London. Of these, 946 have achieved a Bronze award, 323 a Silver award, and 62 a Gold award.

The borough leads' group and the HSL network have been designed to foster the inclusion of local issues in the programme and maximise its ownership by local borough and schools. The participants in the qualitative fieldwork perceived this as an essential part of the programme, and a major strength. Schools and borough leads expressed the importance of being able to shape the health interventions to suit the specific local challenges that schools face. In addition, the HSL awards were seen as a useful tool for both boroughs and schools. The boroughs use the programme as a single point of contact for a wide range of health information, while the schools use HSL to enable them to identify and work towards meeting specific health challenges.

The majority of participants in the qualitative fieldwork stressed that they believed HSL helps to make schools healthier places. In particular, school staff perceived HSL as a useful mechanism to engage schools in improving health and wellbeing.

The impact of HSL on school policy and school level changes

HSL has encouraged schools to examine their provision of health and wellbeing support. School staff expressed a belief that HSL encourages a suite of measures that they felt were likely to improve class behaviour and preparedness for lessons. It was not possible to demonstrate an association between involvement in the HSL and educational achievement as a result of unavoidable limitations in the methodological approach, duration and scale of the evaluation.

There were suggestions from both quantitative and qualitative fieldwork that that the health of staff within schools is under-recognised within HSL, and is an area for potential improvement.

The schools in the HSL programme implemented a range of interventions, some of which were evidence-based and some of which were not. Participation in HSL did not appear to have an impact on the use of evidence-based health improvement interventions within the school setting, highlighting an important area for potential improvement.

Healthy Eating

The programme has been used by schools to review school food guidelines for pupils, including packed lunch guidance. The qualitative fieldwork of school staff and borough leads found that HSL

had helped school staff to consider ways to target interventions around the design of eating spaces, dining halls, and lunch rooms.

Cooking clubs for pupils and their parents or carers have been popular among primary schools. This has been seen as a success for some schools where it was felt that they have helped to promote healthy eating to whole families. However, not all schools are able to provide these sorts of activities.

HSL was seen as an important factor in helping schools to identify unhealthy treats and snacks as a problem for their pupils. The use of fruit vouchers and the banning of cakes or sweets has been used by schools to promote reductions in pupils' sugar intake during the school day, and was found at the majority of schools we visited.

The Bronze award requires schools to guarantee that they follow national standards and have controls in place in their eating environments. Schools have used the awards to assess their eating spaces and the types of food offered at snack shops and as in-class treats. These measures, along with increased availability of drinking water in class, were felt by some respondents to have helped reduce the sugar intake of pupils and alter their views on sweets and snack foods.

Physical Activity

The Bronze award requires schools to have policies in place to encourage physical activity across the school day including active transport, and to meet a minimum amount of time spent teaching physical education (at least 90 minutes per week). Beyond this, the direct impact of HSL on physical activity largely depends on the particular policies and interventions introduced by schools through their Silver and Gold award plans.

The qualitative fieldwork demonstrated that schools offer a range of sports and other activities in their curriculum. A number of after-school clubs, including sports and drama amongst others, encourage pupils to be physically active. The staff survey showed that schools in the HSL programme offer pupils a variety of different activities, and in a number of cases provide a supportive environment for pupils who are reluctant to participate in physical activity through competitive sport.

School staff reported that physical activity was encouraged throughout their schools and not only in PE lessons or other forms of sporting activity. Active travel to and from school presents different challenges for primary and secondary schools, as a result of factors including school catchment size and pupil age.

Personal, Social, Health and Economic Education - EMHWB

All schools in HSL that we surveyed had active anti-bullying policies in place, and incorporated social and emotional learning throughout pupils' education. However, staff in some schools expressed concerns about the provision of teaching about drugs, alcohol and tobacco age-appropriately to all pupils and about the difficulties of educating pupils about appropriate levels of screen time and healthy body image. Gold schools scored highest in all the questions on emotional health and wellbeing, broadly supporting our hypothesis that the level of engagement with the HSL programme would be associated with the healthiness of the school.

The Bronze award includes a requirement that schools incorporate a comprehensive range of policies and practices on emotional health and wellbeing in their curriculum. The HSL award is seen by school staff and borough level officials as a tool to help schools to identify aspects of this work that need to be developed. The network of borough leads use HSL to provide a focus for discussion around resources and new information. The establishment of a mechanism for professional development of borough leads and others was seen as a potential way to enhance the impact of these discussions.

Quantitative findings

Figures 1-5 below demonstrate a selection of the findings from the online survey that was sent to all schools enrolled in HSL. The awards have been analysed by HSL award type (Gold, Silver, Bronze, and no award). These findings need to be treated with caution as the sample size was relatively small, and the self-reported nature of the questions, and self-selection by the respondents, may be subject to a number of biases.

Figure 1 shows the overall extent of the impact of HSL as interpreted by school staff who responded to the survey. This finding is supportive of our hypothesis that a greater level of engagement with the HSL programme (as demonstrated by the award level of the school) would be correlated with higher scores for health-related factors in the survey, subject to the caveats about the reliability of the survey outlined above.

Figures 2 and 3 illustrate the potential of the HSL programme to help schools support pupils who are reluctant to participate in physical activity or healthy eating, with HSL Gold schools again scoring relatively highly. The final two figures (4 and 5) echo the qualitative findings in that they suggest that schools may under-value staff health and links with the local community.

Figure 1: Question 8.1. To what extent has the Healthy Schools London programme made this school a healthier place?

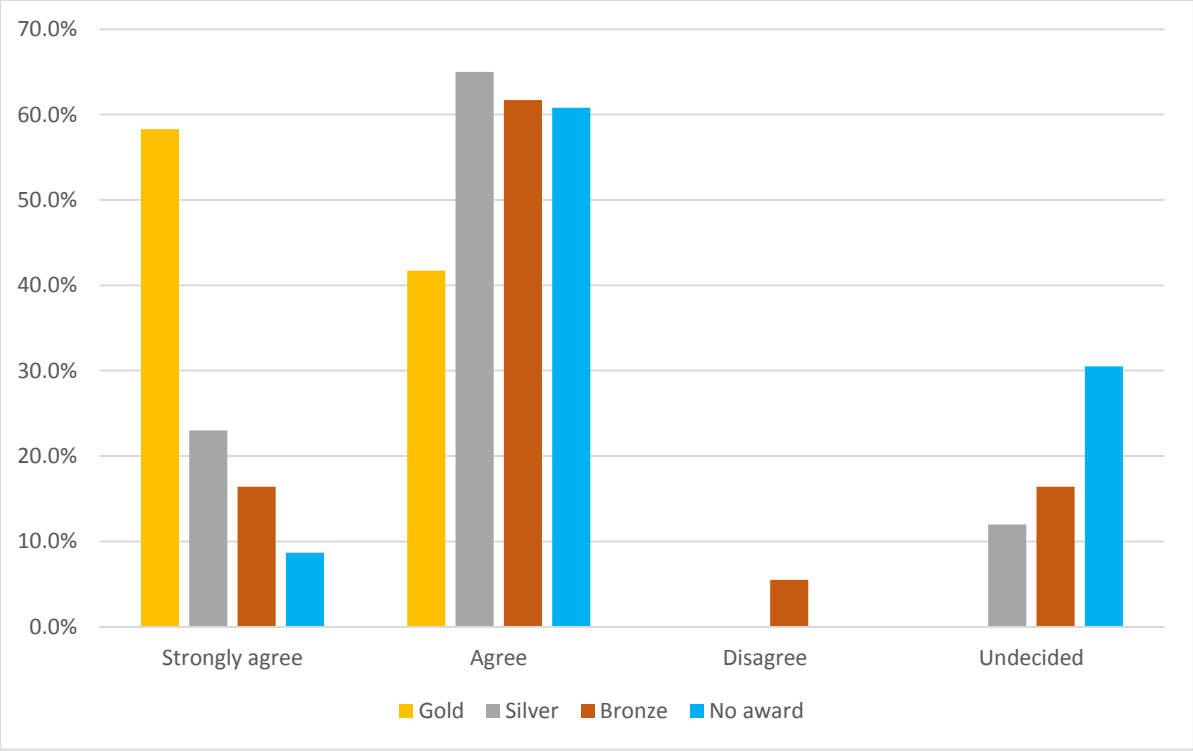


Figure 2: Question 12.2 this school provides a supportive environment for children who are reluctant to participate in healthy eating. Results shown for each award category.

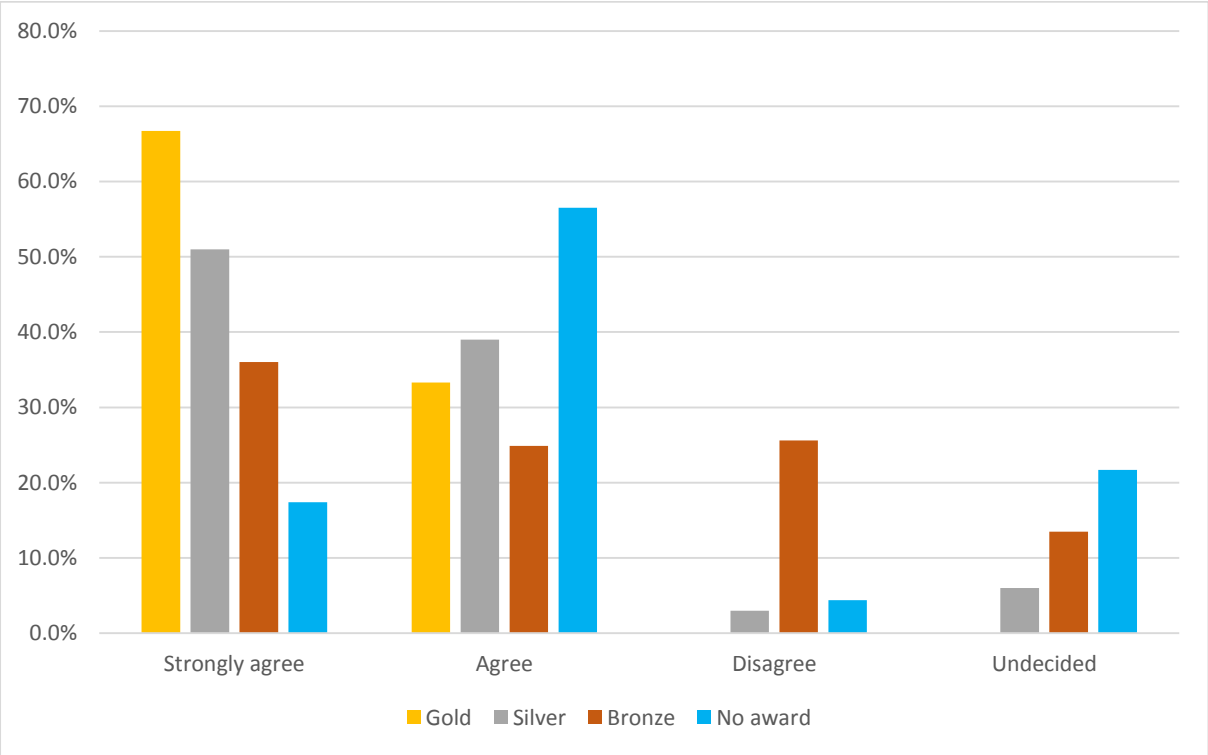


Figure 3: Question 11.2. This school provides opportunities for children who are reluctant to participate in sport to be physically active.

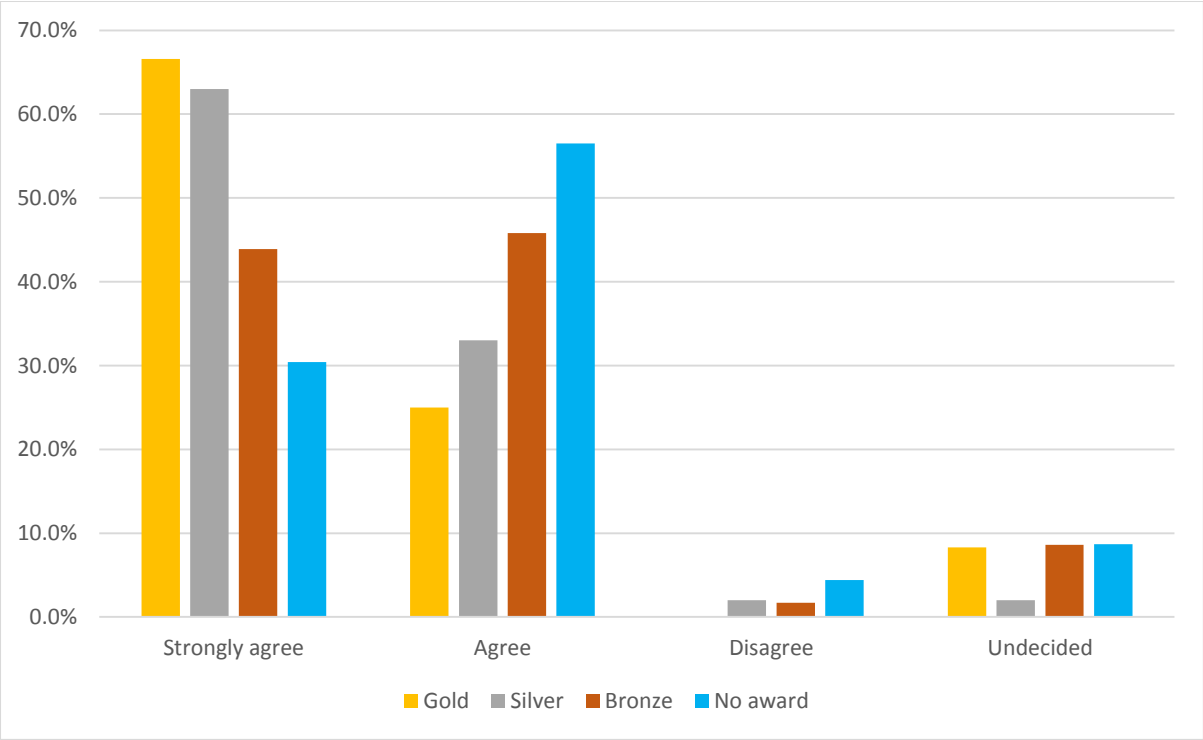


Figure 4: Question 14.6. This school engages with the local community on health initiatives

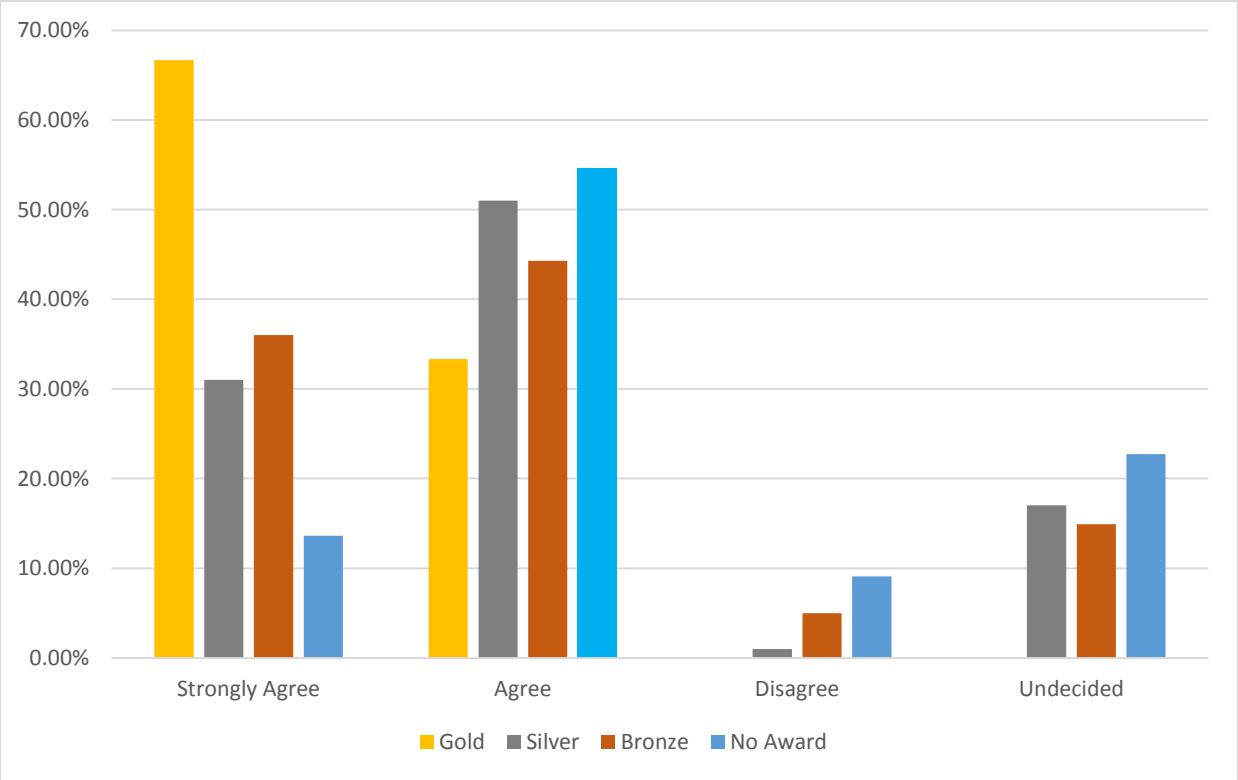
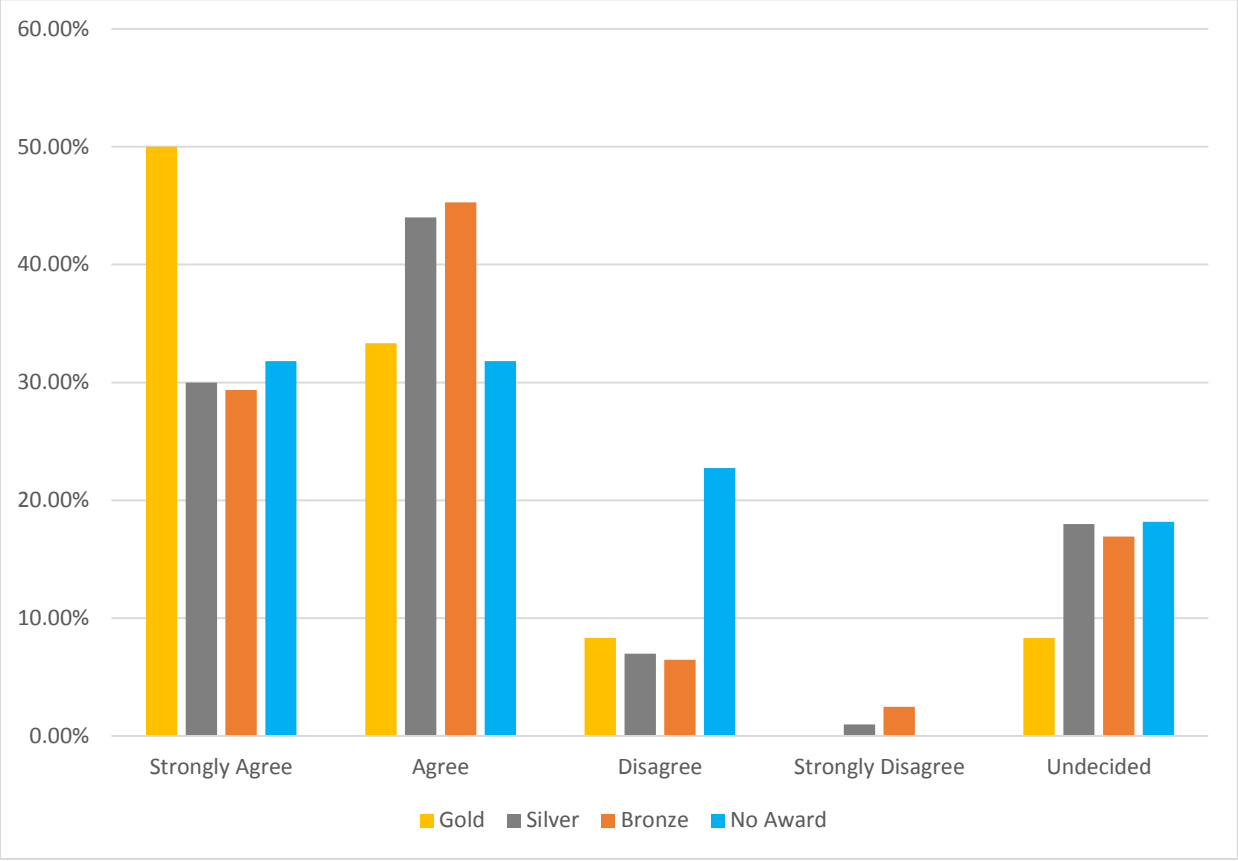


Figure 5: Question 14.7. This school identifies staff health and well-being needs



Discussion

This section summarises the evaluation findings and concludes with recommendations for the continued development of the HSL programme.

Objectives

The evaluation examined the hypothesis that a greater level of engagement would be correlated with higher scores for health-related factors in the survey, and evidence of increased influence on school policy and behaviour. This was underpinned by the research question: 'to what extent are the different levels of engagement (Gold, Silver, Bronze, and signed up but no award) with the Healthy Schools London programme associated with differences in the health promoting environment in each school?'. The four objectives of the evaluation are listed below:

Objective 1
To assess the potential for the HSL programme to influence educational achievement, promote healthy lifestyle behaviours, and reduce health inequalities in London.

This was the most challenging objective to meet. Attempts have been made elsewhere, over longer periods of research, to identify links between health and wellbeing and educational achievement, and evidence is beginning to emerge[2 3 4 5]. This evaluation identified that respondents to both the survey and the qualitative fieldwork believed that HSL contributes to the promotion of healthy lifestyle behaviours, but we were unable to demonstrate an association between the adoption of HSL and either improved academic achievement or reduced health inequalities. It was simply not possible to conduct research of the scale and complexity required to show these kinds of associations within the timescales and resources available.

Objective 2
To explore the extent to which becoming a Healthy School is associated with changes in school-level policies and activities.

Through the qualitative fieldwork and survey the evaluation found an association between engagement with the HSL programme and changes in school-level policies and activities. HSL was felt by respondents to have helped schools to examine their health related environment and provision. Gold award schools recorded higher scores in the survey, suggesting that there may be an enhanced effect from greater engagement with the HSL programme.

Objective 3
To assess the nature and level of engagement with the HSL programme by schools and any differential uptake by socio-economic factors, and to understand the drivers and barriers to becoming a Healthy School

The qualitative fieldwork highlighted the drivers and barriers that schools faced. This included: time demands, staffing issues, space challenges, and curriculum pressures. One of the biggest factors affecting schools was the limited influence staff felt they had on the choices pupils make outside school: HSL can support schools to be healthier places but schools are only one setting in which children spend their time, and are not able to have an influence on all aspects of children's lives. Analysis by colleagues at the GLA has shown that schools in areas with low socio-economic status (SES) are more likely to be enrolled in the programme than schools in high SES areas.

Objective 4
To inform the ongoing development of the HSL programme

The evaluation has informed the development of HSL throughout the duration of the project. As researchers we attended meetings of the HSL steering group and the borough leads' network, as well as smaller meetings to keep GLA colleagues updated with progress and interim findings. We contributed in a number of ways to ongoing changes to the programme. This created challenges for the evaluation, as the intervention changed during the course of the research, partly in response to our interim findings, but this collaborative development of the HSL programme was an important aspect of the project.

The influence and Impact of the HSL programme

The Healthy Schools London programme operates within a complex environment. The continuously evolving policy context, changes to national standards, and the OFSTED inspection guidelines are just some of the challenges the programme faces. The continued development of HSL and its award process presented a set of difficult methodological challenges for this evaluation to engage with: it was not possible, and would not have been desirable, merely to conduct a simple before and after assessment of a specified set of indicators. We have used both quantitative and qualitative methods to attempt to gain deeper insights into the ways in which the intervention operates, its strengths and weaknesses, and ways in which it might be improved.

The evidence that we have collected and analysed indicates that HSL provides a valued mechanism to encourage health promoting improvements at school level. The GLA core team, the borough leads, school staff, and others should be commended for the important and impressive roles they have played in establishing, leading and maintaining the programme.

The added value of HSL is twofold. First, the pan-London scope co-ordinated by a small team based in City Hall brings a coherent identity and scale to the programme that encourages schools to participate in a city-wide programme to improve the health and wellbeing of all children in the capital. The desire to achieve HSL award status has helped to drive enthusiasm in schools and increase the status of HSL among school leaders. Second, the structural design of HSL has encouraged schools and local boroughs to take ownership of the programme. The result has been a large number of schools enrolling in the programme, with the freedom to develop the areas of most concern to them. The impressive uptake of schools reaching Bronze award status (53% of schools registered) within 3 years of the start of the programme is remarkable.

The HSL awards cover a comprehensive package of policies and procedures. However, while HSL is not itself a direct health intervention the programme is used by schools as a means to help them to examine their provision and address a number of specific health issues. In addition, local boroughs see HSL as a useful instrument to gain access to schools to help address a wide range of health issues, concerns, and strategies. The HSL award structure of Bronze, Silver, and Gold provides a framework for auditing school practices and reviewing health related policies and procedures. As schools progress through the awards they are able to establish a range of targeted actions to improve the health and wellbeing of their pupils and staff. The HSL programme is greatly strengthened by the work of both the borough leads and the GLA core team.

The potential of the HSL programme to foster change occurs within the dynamic context of the school environment. The diverse range of different types of schools, along with the different challenges at primary and secondary level compound the complexity involved. In addition to constant change within schools in terms of pupils, staff, and leadership, the position of HSL within local boroughs is

also changing in terms of departmental outlook, the role of the public health teams, and relationships between departments of public health and children's services. The quantitative fieldwork of school staff found that respondents believed that HSL had made their schools healthier places. The qualitative fieldwork backed this up, and emphasised the potential of HSL to help schools focus on specific targets. Some schools reported that they would have acted to promote health anyway, even in the absence of the programme, but HSL helped to provide impetus to such decisions.

The evaluation identified provision for staff health as a concern among school staff in both the quantitative and qualitative fieldwork. The GLA healthy workplace charter is a mechanism which could be employed in association with HSL to improve the provision for staff health in schools across London. The programme would be further strengthened by encouraging schools to work more closely together. A mentoring programme could help to spread best practice between schools, and there is scope for stronger links between schools and local communities. The implementation of a programme to enhance health and wellbeing provision in early years settings could provide an additional mechanism for health improvement, and promote school preparedness among the capital's children.

We endorse continued support for the HSL programme, which has been highly successful at engaging schools and establishing a strong network of institutions and individuals working together to increase the healthiness of the school environment within London. The current network structure of a core team within the GLA, and leads within the boroughs, is an effective model that should be maintained.

There are a number of ways in which the programme could be improved, and we make some recommendations below for potential developments for and enhancements to the programme.

Recommendations

The recommendations below, drawn from our research, may help to shape future developments:

- The core function of the HSL programme could evolve from primarily one of recruitment to, and co-ordination of, an award process to providing a more explicit and direct emphasis on actions to enhance the healthfulness of the school environment
- The GLA team would thus shift its function to give a stronger focus on providing guidance and advice on effective approaches within and across schools
- The appointment of a senior member of staff within the GLA dedicated to the HSL programme to develop it, build relationships at senior level across and within organisations, drive the generation of support to schools through guidance and advice, and maximise operational sustainability could bring additional benefits
- The HSL programme does not currently require the implementation of evidence-based interventions within schools. The awards criteria should thus be enhanced to provide much clearer and stronger incentives to schools to establish evidence-based actions and policies
- A requirement to contribute to a peer-to-peer school support/mentoring component could be included within the Silver and Gold award criteria, and support for this kind of approach should be encouraged at all levels
- The programme should establish stronger connections to the GLA Healthy Workplace Charter alongside other mechanisms for improving staff health
- The GLA should investigate the establishment of a complementary early years programme
- Bronze is the core basis of being a London Healthy School but is currently seen by a number of schools as insufficiently challenging. It would benefit from requiring a more demanding set of actions and achievements

- Silver and Gold should then change to be much clearer advances in the healthfulness of the school environment, rather than demonstrations of meeting process targets, and should include requirements for evidence-based actions and interventions. Where evidence-based interventions are not used they should be robustly evaluated in order to identify whether or not they are effective at improving the healthfulness of the school environment
- Boroughs should take over the validation of awards at Bronze and Silver level. Gold awards should continue to be validated by the central team.

Conclusions

In conclusion, the HSL programme has been a highly successful mechanism for engaging schools in the important endeavor of creating a healthier environment for children and young people in London and has led to significant beneficial changes in the school health landscape in the city. It would now benefit from a shift in emphasis from a focus primarily on recruitment and engagement to providing more emphasis on supporting evidence-based interventions and actions within schools, while also maintaining the momentum that has led to its successes to date. We have made a number of specific recommendations that would help to achieve this.

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