South West Healthy Schools Plus Evaluation
Summary of findings from school case studies (2010)

Scope of the SWHSP evaluation
This summary is based on the findings from case studies carried out in twelve schools who signed up to participate in the South West Healthy Schools Plus Programme (SWHSP) in 2009 -10. Fieldwork was carried out in May – July 2010, and involved depth interviews and group discussions with a mixture of key staff, pupils and parents from the selected schools. The aim of the case studies was to describe and explain the processes and challenges that schools faced in designing and delivering their activities for SWHSP.

The case studies are part of a wider evaluation which includes a quantitative assessment of the impact of SWHSP, and further qualitative research in SWHSP schools in Spring 2011.

Perceived benefits to schools of taking part
There were three main benefits described by school staff, which motivated them to take part in the SWHSP programme:

- the support and structure of the programme: being able to draw on written guidelines and one-to-one advice about how to set up appropriate activities and measure change;
- the opportunity to reinforce and reinvigorate the school’s Healthy Schools work with a new programme of work;
- the flexibility of SWHSP which meant schools could tailor their activities to fit with recognised needs and existing ideas or initiatives.

Managing and coordinating the programme in schools
A number of lessons can be drawn from the experience of school staff in delivering SWHSP in an effective way:

- the Healthy Schools Coordinator needs to play a central role in coordinating and managing the programme of activities;
- in order to do this, they need designated time and/or the flexibility to share the coordination and HS teaching workload with colleagues;
- they also need endorsement from senior staff and to be given the necessary authority to drive through the introduction of new activities and approaches.

Designing programme to fit local and school needs
There was a wide range of activities being delivered in case study schools, and staff had welcomed the opportunity to tailor the programme to fit with existing work or ideas, or to develop new areas.

- Where local area level or school level data was made available by SWHSP to the school, it had been helpful in identifying pupil needs, and in providing evidence for the selection of priority area or activity.
• When looking to address health inequalities through work with children in challenging circumstances, schools felt that an effective approach was to identify individual children (for example, with low self-esteem, exhibiting aggressive or disruptive behaviour) rather than trying to work with a recognised disadvantaged category of pupils (e.g. children in care).

• Within the priority area of healthy weight, schools had felt able to take on a number of ‘quick win’ activities. When looking to address more complex priority areas, such as emotional health and well-being, staff felt it was more effective to concentrate on a single main activity, and to recognise the time and sensitivity required to make an impact.

• Staff generally recognised the value of whole school consultation, but they also felt it was as important to consider the right level of involvement for staff, pupils and parents in different stages of the planning and delivery of the programme, as well as how much different groups wanted to be involved.

• Staff felt that the ability to sustain the programme would be helped where the SWHSP grant had been used to purchase reusable resources (for example, improving the dining area, purchasing a resource pack to deliver an activity) or to cover the set up costs of activities.

Measuring outcomes and looking at impacts
Measuring changes in healthy behaviour before and after the SWHSP activities was seen by staff as a valuable element of the programme, because it helped in providing credibility for the activities. However, it was felt that this aspect of the programme in particular required careful consideration and time, as well as support and advice, in order to do it as effectively as possible.

The case studies identified a number of ways to address the challenges of measuring change:

• making use of existing data on pupil health and well-being where possible and relevant
• referring to SWHSP information sheets, for example, in how to measure complex issues such as EHWB
• ensuring that targets are appropriate and realistic within the timeframe
• considering issues of data quality and validity (for example, whether survey of parents would achieve a high enough response rate to be meaningful)
• considering when is the most appropriate time to take a measure of outcome (particularly when looking at more complex issues).

The case studies also identified examples of where activities were said to have impacted on pupil attitudes and behaviour, and also on staff and parents (in terms of improved knowledge and awareness). These included:
• **healthy weight** - gardening clubs, cycle to school weeks, healthier choices in school meals;

• **EHWB** – programmes of learning through ‘rights and responsibilities’, learning to build positive and constructive working relationships with other pupils;

• **SRE** – increased awareness of access to SRE information and resources, increased understanding of inappropriate sexual behaviour for a group of pupils with SEN;

• **substance misuse** – among secondary school pupils, encouraging greater reflection about the negative outcomes of using drugs.

In developing successful activities, one of the main challenges to be overcome is engaging pupil interest in the activity, by gaining their ownership of the activities and designing an appropriate activity aimed at the right level.

**How did the programme make a difference?**

There are a number of ways in which the SWHSP programme can be seen to make a difference to schools’ approach and activities in relation to their Healthy Schools’ work:

• giving impetus to make a new or planned activity happen, and providing a framework and process within which the activity should take place (i.e. an evidence base, an action planning process, the measurement of outcomes)

• allowing schools to develop activities in a co-ordinated rather than isolated way which helped contribute to a wider healthier ‘ethos’ within the school.

• providing individual support and advice from the Local HS Programme Coordinator, particularly around challenges related to planning and measurement

• providing school-based funding, especially where this frees up staff time and/or allows staff to bring forward postponed activities

• setting up links between schools and local training providers, service providers of relevant activities, and other SWHSP schools.