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| Project Title | <i>Implementing health promotion and illness prevention programmes in schools: a mixed methods systematic review of research and experience in the United Kingdom</i> |
| Project code: | SPHR-PEN-PH1-SHP |
| Lead Researcher | Rob Anderson, University of Exeter Medical School (formerly Peninsula) |
| SPHR Collaborators | Co-investigators: Mark Pearson, Roy Chilton, Charles Abraham, Katrina Wyatt, Tamsin Ford - (UEMS, Peninsula/Exeter) Helen Buckley Woods (ScHARR, Sheffield) |
| External Partners / Collaborators? | The following people from collaborating SPHR centres have provided comments and advice to the project by telephone and e-mail: Rona Campbell (Bristol), Liddy Goyder (Sheffield). So also has Chris Bonell (University of Oxford) Representatives from the following organisations or projects attended or commented as part of our Review Advisory Group: Devon PCT, Cornwall Healthy Schools Programme, Isca College of Media and Arts (secondary school), Public Health Wales (and the 'PROMISE' & 'PACES' NIHR-funded trials to evaluate group CBT in schools to prevent low mood and depression) |
| Start Date | 1 April 2012 |
| End Date | 30 April 2013 |
| Outline | <p>REVIEW OBJECTIVE To use a theory-driven evidence synthesis to identify what influences the successful implementation of health promotion in UK schools. The review will have two phases:</p> <p>Phase 1 will identify programme theories about implementation (ideas about what enables or inhibits effective health promotion to be delivered in a school-setting) from a range of published and other sources.</p> <p>Phase 2 will test these programme theories, using published and unpublished empirical evidence, through the process of reasoning detailed under 'Data synthesis'.</p> <p>REVIEW QUESTIONS</p> <p>a) What are the main factors or mechanisms that are thought to explain the success or failure of the implementation of health promotion in schools? b) Is there an association between these factors and mechanisms and the successful implementation of health promotion in schools? c) For what public health problems and in what circumstances do schools provide a feasible and sustainable setting for effective health promotion in the UK?</p> <p>In addition, to inform Phase 1 and 2 of the realist systematic review, we conducted a rapid review of systematic reviews to identify some of the key dimensions on which school-based health promotion programmes differ and identify some initial programme theories (ideas about how programmes aim to achieve their goals). This also enabled a preliminary assessment of the amount of relevant published research from UK school settings.</p> <p>This systematic review is registered on the PROSPERO database (registration number: CRD42012002640)</p> |
| Findings | The review of reviews retrieved 28 systematic reviews in full-text (two per health topic area). Information from these studies was used to construct a diagram summarising the key dimensions of variation of school-based health promotion programmes, gauge the |



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quantity of UK-based primary studies across different health problems, and derive some initial candidate theories of successful programme implementation in schools. Of the primary studies identified in these reviews, 65 (8%) were UK-based. Of these, most evaluated programmes aimed at improving nutrition (23) or diet (8).

The main review was conducted in two stages – theory-building (Phase 1) and theory-testing (Phase 2).

Twenty-two sources from UK and international settings were used in the theory-building stage to develop a provisional conceptual framework about the implementation of health promotion programmes in schools. Using this framework, a key review paper, and feedback from the review advisory group, we developed four programme theories that were tested in the second phase of the review:

1. Preparing for implementation

Preparation for the introduction of a health promotion programme to a school is more likely to be successful when systematically planned in conjunction with other school responsibilities. This involves:

- identification of a potential health benefit for pupils at a local level
- consultation with stakeholders (head-teacher, school staff, pupils, parents, governors)
- consideration of the concordance of the programme with current practice and interests
- identifying clear aims and priorities, including intended outcomes
- taking into account the current situation and competencies in a school and the implications of these for programme refinement

2. Introducing a programme within a school

The introduction of a health promotion programme to a school is more likely to be successful when it is incorporated into school activities through:

- being integrated into school policy (e.g. a School Improvement Plan) and supported by governors and senior staff to whom monitoring and progress reports are made
- school staff using their leadership skills to co-ordinate activities or resources for programme delivery
- providing adequate opportunity and/or training for the personal and professional development of those who will deliver the programme and engaging with their interests
- modes of delivery that appeal to and engage pupils and provide cognitive and/or emotional rewards
- providing support materials that are appealing and appropriate to pupils' age, interests and culture

3. Embedding a programme into routine practice

The introduction and routine delivery ('embedding') of a programme takes time and motivation. It is likely to involve changes in the school environment and the development of new relationships between stakeholders that require pro-active management so that:

- different stakeholders' goals are reconciled
- organisational decisions in other areas of school life are made taking into account how they impact on programme delivery
- school staff's existing relationships with children are built upon
- stakeholders' enthusiasm, knowledge and experience are harnessed
- knowledge of 'core' and 'peripheral' elements and minimum resources, skills and informational content is retained



- responsibility for programme delivery becomes rooted in the school

The longer-term sustainability of programmes and the extent to which health promoting messages and activities permeate other aspects of school life, is dependent on continuing feedback, encouragement, and expectations about implementation. Over time, this may originate less from outside the school and more from inside.

4. Programme adaptation

The preparation for, introduction, initial delivery, and ongoing sustainability of a health promotion programme in a school is more likely to be successful when there is:

- specificity about 'core' (essential) and 'peripheral' (optional/adaptable) programme elements, including the minimum levels of resources and/or skills necessary to support these elements (to inform decision-making about how to deliver a programme in the context of a particular school)
- scope for 'mutual adaptation' between the programme and the people delivering it, including the evolution and updating of programme content and mode of delivery over time

Phase 2 appraised and synthesised evidence from evaluations of 20 health promotion programmes in UK schools (reported in 41 papers) in order to test the programme theories about implementation. The depth and rigour of available evidence about implementation issues varied considerably. However, through careful application of a realist approach we have been able to critically appraise and synthesise evidence about mechanisms that contribute to explaining the success or failure of efforts to implement health promotion programmes in schools. These mechanisms relate to all stages of programme delivery (pre-delivery to pupils, introduction to schools, and embedding) and the overarching activity of programme adaptation. A conceptual framework about the implementation of health promotion programmes in schools, revised on the basis of the tested programme theories, is a key output of the review.

In summary, this is the first review of implementation of health promotion programmes in schools to have been conducted using a recognised (and fully-documented) review method. The use of realist review was novel in this field and through its application we have been able to improve understanding of transferable mechanisms rather than simply identifying de-contextualised implementation processes. Our review has consolidated and refined existing conceptual frameworks and used evaluations in UK schools of a range of health promotion topic areas to specify key context-mechanism-outcome configurations. These configurations are presented in a narrative designed to facilitate decision-makers' and practitioners' use of the findings through sense-making of their local contexts. In this way, we have extended the work of Greenberg et al (2005) and Samdal & Rowling (2011) by moving beyond statements about the principles of good implementation practice and towards a more refined understanding of the complexity of implementation within educational, public health, and social systems that are constrained in multiple ways.

Our findings have identified key transferable mechanisms (e.g. reciprocity) that impact on implementation and which apply to both teachers and pupils. We have also been able to specify how an accepted principle of implementation, such as congruence between existing school activities and proposed health promotion activities, can operate differently (but beneficially) according to context - for example, by meeting unmet needs, complementing existing activities, or driving change so that congruence is achieved. Our findings have also identified where the mechanisms that underpin implementation differ between primary and secondary schools, and between health promotion topics. By exploring context-mechanism-outcome configurations we have also been able to go beyond generic statements. For example, we have been able to specify the actions that



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| | <p>senior school figures should take in order to provide support the implementation of a health promotion programme.</p> |
| <p>Lay summary</p> | <p>We conducted a review of evidence to identify what influences the successful implementation of health promotion in UK schools. The review aimed to answer the following questions:</p> <p>a) What are the main factors that are thought to explain the success or failure of the implementation of health promotion in schools?</p> <p>b) Is there an association between these factors and the successful implementation of health promotion in schools?</p> <p>c) For what public health problems and in what circumstances do schools provide a feasible and sustainable setting for effective health promotion in the UK?</p> <p>This is the first review of implementation of health promotion programmes in schools to have been conducted using a recognised and fully-documented review method. We have been able to improve understanding of transferable mechanisms rather than simply identifying generic implementation processes. Our review has refined existing conceptual frameworks and used evaluations in UK schools of a range of health promotion topic areas to specify particular mechanisms operate in certain contexts to produce outcomes. Our findings have identified key transferable mechanisms (e.g. reciprocity) that impact on implementation and which apply to both teachers and pupils. We have also been able to specify how an accepted principle of implementation, such as congruence between existing school activities and proposed health promotion activities, can operate differently (but beneficially) according to context - for example, by meeting unmet needs, complementing existing activities, or driving change so that congruence is achieved. Our findings have also identified where the mechanisms that underpin implementation differ between primary and secondary schools, and between health promotion topics. For example, we have been able to specify the actions that senior school figures should take in order to provide support the implementation of a health promotion programme.</p> |
| <p>Publications</p> | <p>Published: Pearson M, Chilton R, Buckley Woods H, Wyatt K, Ford T, Abraham C, Anderson R, Implementing health promotion in schools: protocol for a realist systematic review of research and experience in the United Kingdom (UK). <i>Systematic Reviews</i>. 2012, 1:48. DOI: 10.1186/2046-4053-1-48 Full text at: http://www.systematicreviewsjournal.com/content/1/1/48</p> <p>Accepted: Health promotion in schools: a scoping review of systematic reviews. Chilton R., Pearson M., Anderson R. Accepted for publication in a Special Issue of <i>Health Education on Health Promoting Schools</i></p> <p>Drafted awaiting final approval by authors: (The main findings of Phase 1 and Phase 2 of the project): Pearson M, Chilton R, Buckley Woods H, Wyatt K, Ford T, Abraham C, Anderson R Implementing health promotion programmes in schools: A realist systematic review of research and experience in the United Kingdom</p> <p>Conference presentation (long presentation at the Australasian Evaluation Society conference, Brisbane, 2-6 Sept 2013): Understanding programme implementation though evidence synthesis: reflections from a realist review of introducing, adapting, and embedding health promotion in schools</p> |



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| <p>Impact</p> | <p>Evidence into Practice meeting hosted by Public Health England (13th December 2013): One of four presentations of evidence related to promoting health with or in schools, or through changing the school environment. (Including attendees from Public Health England, NICE, Institute of Education, PSHE Association, UCLPartners, Mentor UK)</p> <p>Led to the following action points (see e-mail from Claire Robson, PHE, 18th December 2013):</p> <ol style="list-style-type: none"> 1. For a recommendation to go from the group to NIHR and the Education Endowment Foundation that school based interventions should generally be evaluated for both their health and education impacts on students, and that this should be built into future research proposals 2. For representatives from the academic institutions to draft an editorial to the BMJ and Education equivalent (TES?) highlighting research concerning the link between education and health outcomes. The group should also consider the CMO and the Head of Ofsted being approached to be authors or advocates of this.** 3. Claire Robson and Fiona Brooks to distil key messages from the range of evidence presented and test back with the authors of the research and for this to form the basis of a briefing for i) Headteachers and strategic commissioners ii) implementers & programme deliverers (including teachers) 4. PHE to establish a process to facilitate ongoing discussion between research and practitioners regarding the translation of evidence into practice <p>** This became the following Editorial: Bonell, C., Humphrey, N., Fletcher, A., Moore, L., Anderson, R., Campbell, R. Why schools should promote students' health and wellbeing. <i>British Medical Journal</i>. 2014; 348:g3078.</p> <p>Promoting Health in Schools: Reviewing the Evidence, Setting the Agenda: Symposium, hosted by DeCIPHER (London, 28th April, 2014)</p> <p>Rob Anderson and Mark Pearson ran an afternoon workshop on: 'Feasible and sustainable school health promotion: what are the essentials?'</p> <p>With input from relevant collaborators and contacts we ran an exercise to elicit view on which of our review findings were highest priority/most actionable, and for whom/which audience, to develop:</p> <ol style="list-style-type: none"> a. A summary for Developers and Deliverers of HP programmes in schools b. A summary for Headteachers and others who work in schools c. A summary for Service Commissioners (health and education) |
| <p>Funding</p> | <p>£83,746</p> |
| <p>Further information</p> | <p>Contact: Dr Rob Anderson: R.Anderson@exeter.ac.uk 01392 726085</p> |



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