

The SDG Accord

The University and College Sector's Collective Response to the Global Goals

UNIVERSITY OF THE
WEST of SCOTLAND
UWS



Integration of SDGs in

- Institutional governance/strategic level
- SDGs in research
- SDGs in campus operations
- SDGs in curriculum development
- SDGs in student engagement activities
- SDGs into community activities
- SDGs at a whole-institution level

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Focus on

- Goal 1 - No poverty
- Goal 2 - Zero hunger
- Goal 3 - Good health and wellbeing
- Goal 4 - Quality education
- Goal 5 - Gender equality
- Goal 6 - Clean water and sanitation
- Goal 7 - Affordable and clean energy
- Goal 8 - Decent work and economic growth
- Goal 9 - Industry, innovation and infrastructure
- Goal 10 - Reduced inequalities
- Goal 11 - Sustainable cities and communities
- Goal 12 - Responsible consumption and production
- Goal 13 - Climate action
- Goal 14 - Life below water
- Goal 15 - Life on land
- Goal 16 - Peace, justice and strong institutions
- Goal 17 - Partnerships for the goals

Summary:

UWS School of Health and Life Sciences (HLS) was commissioned by NHS Lanarkshire's Child Healthy Weight team (LCHW) to evaluate Healthy Schools – a novel curriculum approach supporting primary teachers to deliver health and wellbeing education. This followed previous research conducted with LCHW looking at the impact of their preventative services on children's weight, concluding that a sustainable, long-term curriculum-based approach was required.

The Healthy Schools evaluation saw the UWS team engaged in the initial recruitment of schools and pupils, and the subsequent delivery and evaluation of the teacher-led initiatives designed to influence 24-hour health behaviours. A total of 267 pupils and 9 teachers participated.

Collaborating closely with teachers and head teachers, the team developed a range of resources and helped to introduce various in-school and home-based programmes, including:

- The Daily Mile – school-based walks for pupils delivered to five schools and 100 children.
- Happy Homework – delivered to 40 children and parents with low socio-economic status and designed to increase exercise and improve diet at home.

Researchers evaluated the effectiveness of the programme resources by interviewing the teachers on their use and their direct impact on teaching. The evaluation revealed that the programme was well-received by participating teachers and pupils, with the activities and resources helping to increase physical activity and reduce sedentary behaviour.

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The programme aligns with the SDG themes of research, curriculum development and student engagement. The team's research has helped inform the development and integration of classroom resources designed to deliver the health and wellbeing experiences and outcomes outlined in the curriculum. The resource now supports teaching practice in almost 250 schools across Lanarkshire, providing greater opportunity for pupils to engage with the key themes of healthy lifestyles and physical education.

Outline the 3 key benefits of integrating this theme:

- 1.** The project has allowed us to integrate **Goal 4 Quality Education**, into schools, the university and beyond.

Our work has helped in the development of resources for teachers across three key curriculum themes (Food and Health, Healthy Lifestyles and Physical Education, and Physical Activity and Sport). This has improved the quality of health education delivered in the classroom, creating a better experience for pupils across Lanarkshire. The range of themes covered has also provided a greater breadth of learning for pupils and enabled them to make the linkages between diet, exercise, and improved health.

The focus on embedding resources within the curriculum and delivering activities and learning over time, has demonstrated the positive impact of long-term sustained interventions on behavioural change. The research findings from the programme have been widely disseminated across academia and the healthcare sector to help promote and inform future interventions on curriculum-based health education. For example, the team have produced research articles for five major academic publications, including the International Journal of Health Promotion and Education. Healthy Schools is now an exemplar project and going forward, will help inform similar initiatives across Scotland, improving the quality of health and wellbeing education delivery.

- 2.** The project has enabled teachers and head teachers to integrate **Goal 3 Good Health and Wellbeing**, into their schools.

The research team worked closely with schools to create and pilot a range of activities and resources which would enhance the delivery of health and wellbeing education in the classroom. As a result of this close collaboration, and the subsequent evaluation of the programme, the Healthy Schools resource provides primary teachers across Lanarkshire with the tools they need to engage pupils. The resource itself is non-prescriptive and emphasises the flexibility of use so that teachers can draw upon their professional competencies and adapt curriculum guidance to meet the needs of learners. Our evaluation found that teachers find that the Healthy Schools resource is easy to navigate and contains helpful planning, lesson activities and evaluation tools.

We have evidence from teachers that when they use the Healthy Schools resource, they note improvements in the consistency and quality of health and wellbeing lessons they deliver. This has had a positive impact on pupils with teachers noting greater levels of engagement with and interest in health and wellbeing activities. Moreover, the use of the resource has grown over time with researchers finding that approximately 80% of primary

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schools within North Lanarkshire and 68% within South Lanarkshire currently were using Healthy Schools as their core delivery model for health and wellbeing in the curriculum.

The exposure to school-based health interventions has seen measurable improvements in physical health outcomes for pupils in Lanarkshire, with our research showing that they are nearly three times more likely to engage in health-enhancing levels of physical activity.

- 3.** The project has enabled LCHW to integrate **SDG Goal 10 Reduced Inequalities**, into the delivery of its work.

The research programme was centred on schools in Lanarkshire where there was a high percentage of pupils from areas of multiple deprivation at risk of poor health outcomes. As a result, there was a drive to influence children's 24-hour health behaviours both in school and at home, with a particular focus on health inequalities. The team designed and delivered the Happy Homework initiative to 40 children and parents – many with low socio-economic status – which focussed on improving 24-hour movement, behaviours and diet in a way which was accessible to all families. The evaluation revealed that the programme was well-received by teachers, children and families of all backgrounds offering multiple potential health and familial benefits, particularly for those in low-income households.

Additionally, our research findings have provided evidence to the LCHW team of the effectiveness of their preventative services within schools. These have helped validate their approach of adopting a more holistic strategy to tackling the health and wellbeing of children within education settings, moving away from short-term, externally led interventions. This long-term sustained approach, with the Healthy Schools resource at its centre, will ensure health and wellbeing remains a key focus of teaching in schools. The aim is that the resulting behavioural changes will see improved health outcomes for all primary age children across Lanarkshire, particularly those in low-income households (18.8% of children live in low-income households in North Lanarkshire, and 22% in South Lanarkshire) helping to reduce health inequalities across the region.

Outline the barriers or challenges encountered in integrating this theme and how you overcame these:

LCHW, teachers and parents were broadly supportive of the key research aims and the SDG themes of providing good quality education, enhancing health and wellbeing, and reducing inequalities. However, we encountered some barriers and challenges during the implementation of the programme in schools. These included:

- 1. Engaging with head teachers and teachers and obtaining parental consent**
– Head teachers and teachers were extremely busy with heavy demands on their time. This made it difficult to gain buy-in as there was a perception that participation in the research programme would add to the existing workload. Some of the schools initially selected also declined participation as annual class plans had already been developed.

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Gaining parental consent was also problematic as some schools had better communication channels with parents than others e.g., a regularly updated school website.

These difficulties were overcome by recognising early in the process that teachers would not have time to complete logs of the resources used, and switching instead to using telephone and face-to-face interviews as they were more likely to participate in these.

We also worked closely with the schools to ensure they were fully informed of the messaging to be communicated to parents. We created information sheets that were sent to parents via the schools to ensure the correct and consistent information was being provided to parents. We also provided contact details so that parents could ask the research team any questions they had, prior to providing consent. Finally, members of the research team were also in attendance during parent evenings which allowed parents to hear more about the proposed research project. All of these measures helped to foster a relationship of trust with the parents and encourage involvement with the proposed project.

2. **Collaborating with participants not from non-research backgrounds** – There were some issues with participants not being familiar with the nature of the research environment and the conditions in which the study was required to be conducted. For example, in one school, a teacher in the control group encouraged their pupils to become more active and introduced additional physical activity because they felt they were potentially missing out.

As the intervention had already begun, we had to remove this class from the final analysis to avoid skewing the results. We have learned from this experience however, and now while working on similar projects, we ensure that teachers are made aware of the importance of control groups and the need to adhere to the project requirements in the initial stages. We have documented our learnings and recommendations in published research articles and in our reporting to LCHW to help inform future curriculum-based health interventions.

Please outline your conclusions and recommendations to others (Max 200 words):

Our findings show the use of classroom-based educational resources can positively influence the health of children and reduce health inequalities, contributing to the UN SDGs. Evidence shows that pupils exposed to school-based health interventions are more engaged and are nearly three times more likely to participate in health enhancing levels of physical activity.

Our conclusions and recommendations are:

- Our initial research found short-term health interventions don't work and that impact was lost when they were withdrawn. Programmes need to have a clear starting point and be implemented sustainably over time. This allows viable behavioural change to take place leading to better health outcomes and reduced health inequalities.

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- School-based programmes are more likely to be successful if they are designed collaboratively with teachers and reflect their teaching needs. For example, all teachers who used the Healthy Schools resource reported health and wellbeing topics were delivered more regularly in class. Moreover, post-intervention feedback suggested the resource provided clear and relevant curriculum guidance, saved planning time, and generated deeper engagement with pupils because of the varied content.
- Developing collaborative partnerships with health boards and local authorities can help foster lasting relationships. This enables interventions to be delivered over time and have greater impact.