



University of the  
West of England

# Facts4Life Primary School Resource: Pilot Evaluation Report

## Executive Summary

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# **Facts4Life Primary School Resource: Pilot Evaluation Report**

## **Executive Summary**

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## **Overview**

Facts4Life is an initiative which aims to help everyone take ownership of their health by exploring illness and developing strategies to build wellbeing.

Led by the Facts4Life team (<http://facts4life.org>) together with Gloucestershire Healthy Living and Learning (<http://www.ghll.org.uk>), initial funding was obtained in 2012 for three years from Gloucestershire Clinical Commissioning Group (CCG) to develop, implement and evaluate a school-based health education resource, Facts4Life, in primary schools across Gloucestershire.

In July 2013 the Facts4Life team commissioned the University of the West of England, Bristol to conduct a pilot evaluation the Facts4Life resource. The pilot evaluation aimed to explore the effects of Facts4Life on school children's health-related attitudes, knowledge and behaviours. Furthermore, it aimed to provide insight into how the resource was received and the factors that could facilitate the dissemination and implementation of the resource more widely.

The key findings from the pilot evaluation are presented in this summary report. The full technical report provides a detailed account of the evaluation methodology, methods, findings, interpretation and recommendations for future development of the resource.

## **Pilot evaluation context**

In recent years there has been increasing attention paid to the health and wellbeing of children in the UK, with obesity and overweight, physical inactivity, and mental health three areas of particular concern <sup>1, 2, 3</sup>.

There is evidence to suggest that attitudes, beliefs and behaviour established during childhood can continue on into adulthood <sup>4, 5</sup> and as such, it is important to promote good health and wellbeing at an early age. The school environment provides a unique opportunity to promote health and wellbeing. In recognition of the fact that children spend much of their time at school, schools are now being encouraged to actively promote health <sup>6</sup>.

Recent policy drivers have identified the important role that schools must play in encouraging active and engaged participation in promoting health <sup>3, 6, 7</sup>. Furthermore, there has been an emphasis on supporting people to build resilience <sup>3</sup> and manage their own health <sup>7</sup>.

## **The Facts4Life Primary School resource**

The Facts4Life resource was designed for use with primary school children aged 7-11 years. Facts4Life follows a pupil-centred approach to learning, in which children themselves are responsible for researching health and wellbeing-related topics of

particular interest and importance to them. Facts4Life teaching materials are designed to be cross-curricular and directly linked to the UK National Curriculum.

To support delivery of the Facts4Life intervention, a resource booklet (and accompanying compact disk) was created based on three themes: 'Introduction to Homeostasis'; 'Healthy Me'; and, 'The Family'. The booklet incorporates learning objectives, lesson outlines and suggested activities.

### **Pilot evaluation methodology and methods**

The pilot evaluation consisted of a controlled before-and-after study and a qualitative process evaluation.

#### **Controlled before-and after study**

Pupils (n = 324) from ten schools were asked to complete two questionnaires about their health-related attitudes, knowledge and behaviours before the Facts4Life intervention began (baseline) and again approximately one week after the intervention period had ended (follow-up). Findings from five schools adopting Facts4Life (intervention group) were compared with findings from five schools not adopting Facts4Life (control group) to determine whether Facts4Life was associated with any changes in health-related attitudes, knowledge and behaviour.

#### **Qualitative process evaluation**

The qualitative process evaluation involved analysis of programme implementation, delivery, engagement and areas for improvement. Pupils (n = 23) and teachers (n = 6) from schools adopting Facts4Life were asked to provide feedback.

### **Characteristics of schools participating in the pilot evaluation**

This pilot evaluation involved ten primary schools located in the Gloucestershire Local Education Authority (LEA). Four schools were community schools, two were voluntary-aided schools, two were voluntary-controlled schools, one school was a foundation school, and one was an academy.

Participating schools were broadly similar to the England average, although evaluation schools had, on average, fewer students and a smaller proportion of children eligible for free school meals.

Schools allocated to the intervention and control groups were similar, although schools in the intervention group had a statistically higher Ofsted rating and proportion of children eligible for free school meals compared with the control group.

## **Pilot evaluation findings and conclusions**

Questionnaire data suggest that the intervention may have led to small, yet significant, improvements in certain aspects of pupils' health-related attitudes, knowledge and behaviour. Areas for improvement relate specifically to questionnaire items on illness management and suggest a reduction in children's perceived reliance on medical intervention when feeling unwell. This is an interesting finding which supports the overarching aim of the project.

There were positive trends in some of the remaining questionnaire items, although these were not statistically significant. This means that in these cases the differences between intervention and control groups may conceivably be linked to the size of the sample and / or external social trends. It could also mean that a longer time period is needed for observable changes to occur.

Qualitative findings provided anecdotal evidence of perceived changes in personal responsibility for health and behaviour, and some examples of perceived changes in wider family behaviour. At this stage it is important to treat these findings with caution as they are representative of some, but not all pupils taking part in the intervention and are not based on quantifiable evidence.

The finding that there was some variation in quantitative and qualitative findings is interesting when trying to interpret the overall results of this pilot evaluation. The qualitative findings suggest that the resource may be having a larger impact upon pupils than the quantitative findings imply. It is possible that the tools used to measure changes in health-related attitudes, knowledge and behaviour were unable to capture the true experiences of pupils involved in this pilot evaluation.

The qualitative process evaluation revealed that the majority of pupils and teachers were positive about the resource. Pupils referred to its enjoyable and novel content, the opportunity to develop research skills, appreciation of group work activities, and enjoyment of interactive as opposed to didactic approaches to teaching and learning. Pupils expressed preferences within the range of activities undertaken, and alternatives were suggested. The findings support the view that the resource is most successful when adapted to the setting in which the resource is delivered.

Teachers identified that some of the health-related issues covered in the intervention are potentially sensitive and require careful consideration for use with each class. This supports the intention of Facts4Life that the approach allows teachers to address issues that they may have previously found difficult to tackle. Children reported positive responses to increasing personal responsibility, although teachers recognised that parents and guardians are ultimately responsible for their child's health. Facts4Life offered training to all teachers involved in the delivery of the resource and teachers recognised that it is important to maintain best practice.

The limitations of this pilot evaluation need to be considered. Participating schools were self-selecting and teachers expressed enthusiasm about the Facts4Life resource. Intervention delivery may have been enhanced by this enthusiasm and thus may have influenced some of the outcomes reported. The pilot evaluation involved the collection of self-reported questionnaire data and subjective evaluative feedback, opening up the possibility for socially desirable responses among those closely linked with Facts4Life.

## **Recommendations**

### **Future development of Facts4Life resource**

- Teaching materials should be reviewed and adapted in response to feedback to aid future delivery.
- Training should be developed in response to feedback and provided for all staff involved with the delivery of Facts4Life to ensure that the aims and objectives of the resource are understood and addressed in the classroom environment.
- Future development of Facts4Life should consider more holistic strategies for parental support, and increased dialogue between parents, teachers and children in the planning and delivery of health promoting policy and activity.
- The resource should continue to encourage group working activities as a strategy for developing pupils' sense of ownership over their learning.

### **Further evaluation of the Facts4Life resource**

- Future evaluation should aim to explore differences in health-related attitudes, knowledge and behaviour among pupils from different Year groups.
- Future evaluation should aim to explore differences in health-related attitudes, knowledge and behaviour among pupils from different socio-economic backgrounds.
- Future evaluation of Facts4Life should consider the use of adapted or alternative measurement tools.
- In line with NICE guidelines <sup>8</sup> future evaluation should involve assessment of the long-term outcomes for at least one year.

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