



University of the  
West of England

**BRISTOL**

Bird, E., Oliver, B., Beardmore, A. and Powell, J. (2018) *Facts4Life: Phase II evaluation of the school-based resource. Executive summary.* Project Report. UWE Bristol. Available from: <http://eprints.uwe.ac.uk/36935>

We recommend you cite the published version.

The publisher's URL is:

<http://eprints.uwe.ac.uk/36935/>

Refereed: No

(no note)

Disclaimer

UWE has obtained warranties from all depositors as to their title in the material deposited and as to their right to deposit such material.

UWE makes no representation or warranties of commercial utility, title, or fitness for a particular purpose or any other warranty, express or implied in respect of any material deposited.

UWE makes no representation that the use of the materials will not infringe any patent, copyright, trademark or other property or proprietary rights.

UWE accepts no liability for any infringement of intellectual property rights in any material deposited but will remove such material from public view pending investigation in the event of an allegation of any such infringement.

PLEASE SCROLL DOWN FOR TEXT.



# Facts4Life: Phase II Evaluation of the School-Based Resource

Executive Summary

2015-2018



# Facts4Life: Phase II Evaluation of the School-Based Resource

## Executive Summary

2015-2018

**September 2018**

This executive summary was produced by Emma Bird, Billie Oliver, Amy Beardmore and Jane Powell from the Centre for Public Health and Wellbeing at the University of the West of England, Bristol (UWE Bristol). The full final evaluation report can be found on the UWE website. Search *Facts4Life: Phase II Evaluation of the School-Based Resource*.

We would like to acknowledge and thank all pupils and teachers that participated in this evaluation. We also acknowledge and thank members of the Facts4Life team and Gloucestershire Healthy Living and Learning for their support in undertaking this evaluation. We thank Leigh Taylor for transcribing the qualitative data. Finally, we acknowledge and thank Gloucestershire Clinical Commissioning Group and Gloucestershire County Council for funding this evaluation.

For further enquiries about this report contact

**Emma Bird** [emma.bird@uwe.ac.uk](mailto:emma.bird@uwe.ac.uk) / 0117 32 88449

Centre for Public Health and Wellbeing

University of the West of England (UWE Bristol)

Bristol BS16 1QY

Suggested citation for this report:

Bird EL, Oliver B, Beardmore A, & Powell J (2018). *Facts4Life: Phase II Evaluation of the School-Based Resource: Executive Summary*. UWE Bristol. ISBN 9781860435454.

## Overview

In 2012 Gloucestershire Clinical Commissioning Group and local authority partners in Gloucestershire funded the development, implementation and evaluation of a primary school-based health education intervention called Facts4Life (2012-2015). The intervention aims to explore health and illness, promote responsibility for health, and develop children's and young people's strategies for health and wellbeing ([www.facts4life.org](http://www.facts4life.org)).

Facts4Life is based on three key concepts:

- (i) 'Riding the ups and downs'—as we move through life, our health status is constantly in flux;
- (ii) 'Keeping balanced'—we are faced with many illnesses which our bodies can often respond naturally to, to maintain balance and health;
- (iii) 'Smoothing the path'—the bodily response to many illness challenges can be enhanced through making informed choices to engage in a variety of healthy lifestyle behaviours.

Ultimately, Facts4Life aims to help children to understand that mental wellbeing and physical health and illness are inextricably linked, they don't always need medicine in order to get better, and good health and wellbeing is very much linked to their environment. The intervention was designed for primary school children, aged seven to eleven years, with resources tailored according to age (7-9 (Years 3 and 4) and 9-11 (Years 5 and 6)). It follows a pupil-centred approach to learning, in which pupils themselves are responsible for researching health and wellbeing-related topics of particular interest and/or importance to them. Facts4Life teaching materials are designed to be cross-curricular and directly linked to the National Curriculum. The resource aims are closely aligned with UK policy drivers in attempting to address health and wellbeing at an early age before ideas about how health is delivered and who is responsible become fixed in young minds.

School teachers are offered training in Facts4Life and provided with a teaching booklet and access to additional online resources. They are encouraged to take a facilitative role in initiating classroom discussions and activities, and to support children to ask

questions and explore possible solutions. In the original intervention iteration, lessons were centred on three themes: 'Introduction to Homeostasis'; 'Healthy Me'; and, 'The Family'.

### **Funding extension and revised intervention**

In 2015 Facts4Life funding was extended to March 2018, enabling the development of a revised resource for children aged 7-11 years (Key Stage 2) and creation of newly developed resources for children in Key Stage 1 (aged 4-7 years) and Key Stage 3 (aged 11-14 years). The central concepts of the original intervention and many of the original activities remain, but the revised intervention includes new resources focused on promoting good mental health and positive relationships and sex education that are tailored to age group. Between 2015 and 2018 Facts4Life teacher training has been delivered in 100 sessions to more than 1,000 Gloucestershire-based teachers.

### **Formative evaluation by Centre for Public Health and Wellbeing**

In 2012 researchers from the Centre for Public Health and Wellbeing at UWE Bristol (then Public Health and Wellbeing Research Group) were commissioned to lead an independent pilot evaluation of Facts4Life (2012-2015). Findings from the pilot evaluation were recently published (Bird & Oliver, 2017) and indicated improvements in some of the health and illness attitudes specifically targeted by the Facts4Life intervention. Focus groups and interviews with pupils and teachers receiving Facts4Life highlighted a number of positive aspects of Facts4Life including: perceived changes in pupils' attitudes and beliefs surrounding health and illness and in some cases perceived changes in health-related behaviours. Qualitative findings also identified that pupils enjoyed intervention content and enhanced their health- and illness-related knowledge and skills. It was acknowledged that Facts4Life is closely linked with National Curriculum objectives, a feature welcomed by teachers. Overall, findings suggested that Facts4Life showed promise as a school-based intervention.

### **The current evaluation**

In April 2015 the UWE Bristol team was commissioned to undertake an evaluation of the revised Facts4Life intervention, known as 'Facts4Life: Phase II' (April 2015 to March

2018). The broad aim of the evaluation was to better understand the impact of Facts4Life on Gloucestershire-based pupils and their teachers, and to determine the costs associated with Facts4Life implementation in a school setting.

To reflect changes in the target age group for Facts4Life resources, the current evaluation includes an assessment of the impact of Facts4Life on secondary school pupils, in addition to those in primary school. The approach was also developed to assess the impact of Facts4Life, incorporating quantitative and quantitative research methods, and economic costing methods. Finally, changes in attitudes were assessed over a longer time period than the pilot evaluation.

## **Methods**

We conducted a mixed methods study. First, a quantitative quasi-experimental (or non-randomised) study was conducted to assess whether pupils who received the revised Facts4Life intervention experienced improvements in health and illness attitudes and resilience outcomes. We then conducted a qualitative process and outcome evaluation using focus group and interview data, to complement quantitative findings and to examine the wider context, implementation and mechanisms of Facts4Life in a school setting. Ethical approval was obtained from the University of the West of England, Research Ethics Committee in March 2016 (Ref: HAS/16/02/111).

### **Primary school evaluation methods**

- A total of 370 pupils from twelve Gloucestershire schools provided baseline and post-intervention data. Six schools received the Facts4Life intervention, while six schools acted as the controls. A total of 303 pupils from eleven schools completed six month follow-up measures. Changes in health and illness attitudes and resilience were assessed.
- A qualitative evaluation involving qualitative focus groups and semi-structured interviews was conducted with 43 pupils and four teachers from intervention schools. The qualitative methods were designed to elicit in-depth feedback on Facts4Life resources, to better understand the impact of Facts4Life on attitudes, and to identify considerations for wider dissemination of resources post-evaluation.

## **Secondary school evaluation methods**

- The delivery of Facts4Life in a secondary school setting is a relatively new development, and this was the first small-scale study to explore pupils' and teachers' experiences of the intervention.
- A qualitative evaluation involving qualitative focus groups and semi-structured interviews was conducted with 35 pupils and seven teachers from four secondary schools involved with secondary school delivery of Facts4Life.

## **Key findings**

### **Primary schools**

- Findings from qualitative focus groups and interventions indicated that the revised Facts4Life resource continues to show promise in improving health and illness attitudes among primary school children.
- Facts4Life was well-received by primary school pupils and their teachers, and the inclusion of new resources (e.g. mental health) was perceived to be age-appropriate and including content that is highly relevant for primary school aged children.
- Pupils were able to articulate changes in their health and illness attitudes and behaviours had changed since receiving Facts4Life. Examples often explicitly referred to perceptions of increased responsibility for health, and strategy development for promoting personal health and wellbeing.
- Mental health was identified as a relevant concern, and pupils highlighted examples of newly developed coping strategies resulting from Facts4Life. Previous evaluations of interventions designed to promote children's and young people's mental health have been criticised for failing to adequately consider the mental health priorities of the children and young people themselves. It is possible that the positive outcomes observed in this study may be, in part, attributable to the explicit student-led delivery of Facts4Life, and this is something that future mental health-focused interventions could explore.

- Teachers' engagement with the Facts4Life resource has positive implications for its sustainability within a primary school setting. Feedback indicated a change in philosophy around the teaching of health and illness, and also indicated that this will be present for subsequent pupils entering each school.
- Teachers reported a disconnect in pupils' awareness and understanding of the links between physical and mental health, with Facts4Life perceived to be a useful tool to 'bridge the gap' between the two.
- Quantitative results were also encouraging, with younger pupils from Years 3 and 4 reporting improvements in three health and illness attitudes targeted by the intervention immediately after completing the intervention. These improvements concerned concepts central to Facts4Life key messages: the need for medication when feeling unwell, strategies for promoting mental health, and perceived utility of learning about illness.
- Improvements in these attitudes, regarding need for medical intervention and strategies for mental health, were observed at six month follow-up as well as an increase in reported time spent talking about health and illness at home. Notably, however, improvements in two of these attitudes were also observed among the control group.
- A key objective for Facts4Life is to provide pupils with a deeper awareness and understanding of illness, a concept that is traditionally overlooked in the existing school curriculum. Younger pupils reported an increase in talking about illness in an open and honest manner, and it was also noted by teachers that Facts4Life provides an opportunity to discuss the concept of illness in a new and meaningful way.
- Despite positive feedback from qualitative focus groups and interviews, there were no quantifiable changes in health and illness attitudes identified among pupils from Years 5 and 6. This finding differs from findings from the Phase I evaluation, in which positive changes were identified in response to two of six items assessed. Although not found to statistically differ from control group responses, there was a



positive trend in mean intervention group responses to the majority of health and illness items. Notably, the loss of one school at six month follow-up disproportionately affected the year 5 and 6 sample size, and it may be that there was insufficient power to detect effects. The small sample at follow-up is problematic and it would be desirable to replicate the research with a larger sample.

- There was no evidence that Facts4Life had an impact upon the resilience of year 3 and 4 pupils in the intervention group. This is perhaps unsurprising given the high baseline responses. In other words, pupils scored highly on resilience indicators before taking part in the intervention, so it could be argued that there was little scope for observing small changes in these scores in the short term; a finding that has been reported elsewhere in relation to school-based interventions with 'healthy' school populations.
- This evaluation did identify a significant improvement in resilience at six month follow-up among intervention group pupils in years 5 and 6. This has positive implications for Facts4Life as building young people's resilience is a key objective of the resource. Caution is required when interpreting the finding as the six month follow-up sample was relatively small. However, the finding is supported by qualitative feedback provided by teachers and pupils, in which the development of personal autonomy and responsibility emerged as a key theme from the data.

### **Secondary schools**

- Feedback on Facts4Life from pupils and teachers was generally positive, particularly with regard to the concept of Facts4Life and its relevance for secondary school-aged children.
- Pupils and their teachers reported examples of changes in attitudes and perceived increases in autonomy and personal responsibility for health.
- There was strong appreciation for the mental health content of Facts4Life; this was seen to be the most novel and interesting aspect of the resource.

- In line with findings from primary schools, secondary school teachers reported a disconnect in pupils' awareness and understanding of the links between physical and mental health, with Facts4Life perceived to be a useful tool to 'bridge the gap' between the two.
- Teachers were impressed with the quality of Facts4Life training and the availability of ongoing support provided post-training. One suggested area for improving training was to incorporate further advice on Facts4Life delivery to include practical classroom demonstrations to show how materials are designed to be delivered in a real world setting.
- Feedback also identified areas for developing Facts4Life content and resources to appeal more to older pupils. There was agreement across schools that some Facts4Life activities were pitched at younger pupils and that future development of the resource may benefit from engagement with, and input from, secondary school pupils.

#### **Estimated costs associated with Facts4Life**

- Intervention cost and resource data collected by the Facts4Life team between April 2015 and March 2018 revealed an estimated annual implementation cost of £46,542.
- Research and infrastructure development costs were the main contributor to the total cost of Facts4Life over the three year funding period. The majority of these costs were associated with the development of Facts4Life as a resource, with funding allocated to the design and content of resource materials including the web-based presence. Funding to update source materials are likely to be required in coming years as the health and wellbeing landscape changes, but the majority of these costs are one-off.
- Training of teachers was the chief contributor to the mainstream delivery cost, which involved 100 training sessions with more than 1,000 teachers (£17,966 per year) and equated to 39% of the total cost. This cost is likely to reduce over time as

more teachers are trained in Facts4Life and peer-led training increases (i.e., one teacher training their colleagues in a school).

## **Conclusions**

The findings from this evaluation demonstrate that Facts4Life continues to have a positive impact on primary school children's health and illness attitudes and resilience, and findings also indicate that Facts4Life holds promise as a newly developed resource for secondary school pupils.

Across primary and secondary school audiences in Gloucestershire, Facts4Life was well received by pupils and teachers, and concepts covered through intervention activities and materials were considered to be highly relevant for children and young people as they grow into adulthood. In particular, Facts4Life was perceived to be a useful resource for developing an increased appreciation and understanding of the links between physical and mental health, and for developing strategies to deal with adverse physical and mental health events.

The findings of the evaluation suggest that Facts4Life has potential to be a sustainable school-based intervention, with feedback indicating a change in philosophy around the teaching of health and illness in schools that may be present for subsequent pupils entering each school.

Facts4Life should continue to advocate for promoting children's and young people's responsibility for health through health and illness knowledge generation and the development of strategies for promoting health and wellbeing. This should be supported by continued monitoring and evaluation to enhance understanding of the benefits of Facts4Life in a variety of settings and across the life course.



## **Centre for Public Health and Wellbeing, UWE Bristol**

The Centre for Public Health and Wellbeing is multidisciplinary and spans physical, health and social sciences. Our aim is to impact directly on population health and wellbeing, and to enable ethical and reflexive contributions to policy and practice. Our mission is to advance knowledge, inspire people and transform futures, addressing the grand challenges and wicked issues in public health locally, nationally and internationally.

We undertake research that makes a difference to practice. We want to influence policy. We want the public – society – to be involved in building assets in their communities, and to benefit from our work. We want to create change – we believe in social justice and equality of opportunity globally. Perhaps most of all, we want to help those in society that are most vulnerable and affected by structural inequalities across the life-course. Research in public health and wellbeing reflects systems thinking, partnership working and synergies between different professional and academic contributions to public health. Our research is translational and aspires to contribute to real world scenarios, therefore aiming to enable ethical and reflexive contributions to policy and practice.

If you would like to work with us please contact Centre Director Professor Jane Powell ([jane.powell@uwe.ac.uk](mailto:jane.powell@uwe.ac.uk)).



Follow us on Twitter: @publichealthuwe

