Facts4Life is on a mission to redefine health education for children.

The organisation’s directors, Dr Hugh van’t Hoff and John Davis, discuss Facts4Life’s innovative approach to improving child health literacy in the UK.

To promote student health and wellbeing, the organisation trains teachers, educational practitioners, and family support workers to use their resources in schools and early years settings.

Talking about the benefits of their research-backed approach, the directors reveal the obstacles they have overcome in this area of public health.

Facts4Life is now looking to partner with researchers and organisations to expand the proven benefits of their unique health education curriculum.

Facts4Life have trained more than 2,000 professionals to deliver their innovative curriculum, and host events, talks, and workshops to promote health education nationwide.

Research Features was thrilled to speak with Facts4Life, an organisation addressing health inequality head-on through an innovative approach to health education for children. Improving health literacy is vital for successful long term public health strategies, so Dr Hugh van’t Hoff and John Davis, co-directors of Facts4Life, discuss how we can put this into practice.

Facts4Life provides teachers, educational practitioners, and family support workers with the training and resources they need to deliver a robust and holistic health education curriculum in schools. It’s one of the few organisations educating children about their health in early years and primary settings. They’re keen to connect with other health and education organisations, as well as researchers, to expand their empowering impact. We find out more about the fascinating field of child health literacy, and what’s in the pipeline at Facts4Life.
As a student, learning languages gave me insight into a new way of thinking and interpreting the world. In a related way, we help children and young people to learn a language to make sense of their experience of mental and physical health – and build strategies to manage life’s ups and downs. I’ve worked with many children whose own state of health and wellbeing has limited their capacity to learn. The self-understanding we are facilitating can remove some of these blocks.

We are a unique partnership between medicine and education. Together with our expert teachers, Kelly Greig and Pete Kirby, we have translated medical insights into a practical health curriculum that endorses the child’s experience of illness. We’re the first health education provider to acknowledge illness (physical and mental) as a normal part of life, which children have agency over.

As a society, we must find ways to help people to help themselves. In my daily practice as a GP, I am very aware of the increases in mental health problems in children – and witness the ever-reducing age at which children are diagnosed with type 2 diabetes, a weathervane for our increasing inactivity. As a result, we train family support workers who can provide direct support to families in greatest need.

Hugh: Facts4Life firmly believes that medical ideas can, and should, be made accessible to children and young people.

John: Facts4Life is on the way to providing all children with the necessary learning resources to promote health education equity.
Facts4Life aims to disseminate useful teaching resources for educators working with students at various stages in their educational journey.

We’ve successfully devised a holistic approach to health education that makes medical ideas accessible to children and young people.

Children described Facts4Life’s positive impact in the UWE research, saying our projects are empowering and teach important life skills. In fact, children enjoyed learning about their health: ‘we all really looked forward to those lessons each week.’

Hugh: ‘Yes – and their teachers echoed this feedback on our beneficial impact. For example, one teacher in the UWE evaluation said that ‘the children I spoke to afterwards could give me strategies that they could use if things were getting on top of them. They talked really confidently compared to other classes who hadn’t done Facts4Life lessons – and that made me want to have a go with all the classes.’

So, we feel we’ve come a long way in winning over hearts and minds and overcoming barriers, allowing us to implement vital health literacy outreach for children.

John: On a practical and organisational level, the medical and educational sectors are siloed when they could be working in harmony. Facts4Life represents a way of bringing health and education together to address the social determinants of health. We can’t change children’s housing and parental income, but we can help give them agency and meaningful responsibility.

How can academics and funders support efforts to improve health education for children?

John: We launched our charitable branch of Facts4Life this year. Our non-profit CIC delivers our outreach at cost to help the most vulnerable and socioeconomically disadvantaged children. We’re looking to partner with charitable trusts and organisations committed to health and education. On a regional level, we are looking to connect with NHS Integrated Care Boards.

Hugh: We are also committed to building dialogue with interested academics and exploring research projects together. For example, we are currently in discussion with independent research conducted by the University of the West of England (UWE). Pupils enjoyed our health education curriculum, which increased their health literacy. UWE’s evaluation identified a significant improvement in child resilience for older primary school pupils. Younger pupils also learned new strategies for promoting mental health, had a decreased need for unnecessary medication when feeling unwell, and found learning about illness useful. You can read the fantastic results here.

What barriers and challenges have you encountered when leading Facts4Life’s efforts?

John: We are well aware of how challenging it is for teachers and early years practitioners to manage day-to-day pressures inherent in their work and to meet the academic performance indicators they are held to account for. It requires commitment to take on longer-term preventative support for children, and the need for this work is clear – the NHS Mental Health of Children and Young People in England Survey found that 17.4% of children aged six to 16 had a probable mental disorder in 2021.

What’s more, we don’t have a history of teaching medical ideas in schools. However, we’ve shown that medical insights can easily be incorporated in a cross-curricular way in the primary setting. Initially, there may have been a concern that in addressing illness we would cause distress. Our approach doesn’t generate more health anxiety – quite the opposite.

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