

Health Education: Access for All

Dr Maísa Edwards

Dr Maíra Fedatto



**Lifelong
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The Lifelong Education Institute (LEI) would like to sincerely thank Dr Maíra Fedatto (KidsOR) for her contributions to this LEI Thinks.

Dr Maíra Fedatto, Director of Research, Advocacy and Education, **Kids Operating Room**

Maíra holds a Bachelor of Arts in Journalism and a Master of Science in International Development, which provided her with a deeper understanding of global developmental challenges. Her Master's thesis was a pioneering investigation into the Brazilian Cooperation in Health in Portuguese-speaking African countries. With a Joint PhD from King's College London and the University of São Paulo, her thesis explored global health governance challenges with a specific focus on the World Health Organization (WHO). Currently, Dr Fedatto serves as the Director of Research, Advocacy, and Education at Kids Operating Room. In this capacity, she leads initiatives to drive research, shape advocacy strategies, and support educational programmes.

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EXECUTIVE SUMMARY

Increasing learners' and workers' understanding of the importance of health education is critical to assisting and supporting them in making decisions about their own health and well-being. This is especially true for physical and mental health, diet, sex and relationships, and other issues that have traditionally fallen under the purview of PSHE (Personal, Social, Health, and Economic Education) in schools, the National Health Service (NHS), and part of often limited guidance provided at universities and workplaces. Health education that is universally accessible and delivered to a high standard should be regarded as an essential component of schools' curricula and fundamental to ensuring best practices in the workplace, society and beyond.

In this thinkpiece, Dr Máisa Edwards (LEI) and Dr Maíra Fedatto (KidsOR) explore the significance of implementing health education in British primary and secondary schools, universities, as well as in workplaces and throughout society as a whole. Highlighting the need for continued advances in providing greater and more developed health education in the UK, they stress the importance of health education being universally accessible, clearly delivered and focused on key areas such as physical and mental health, diet, sex and human relationships. This thinkpiece also puts forward ways in which health education can become a part of lifelong learning, from early years learning, in the workplace, and across all ages. It closes with key reflections and recommendations on how health education should truly be accessible for all.

Recommendations

1. Implement a **National Health Curriculum** of robust school wellness policies that promote a healthy school environment, including provisions for nutrition, physical activity, and mental health support, ensuring adherence across educational institutions.
2. Integrate a **core public health curriculum component** into all curriculum development processes, mirroring the incorporation of subjects such as Equality, Diversity, and Inclusion (EDI) or sustainability, to ensure comprehensive education on health-related topics across all academic disciplines.
3. Establish **partnerships between schools and nearby healthcare providers, community organisations, and public health agencies** to enrich practical learning opportunities and strengthen the dissemination of health education messages.
4. Develop a **'Healthy Body, Healthy Mind' public campaign to enhance health literacy**, emphasising the importance of understanding health information for making informed decisions and promoting self-advocacy.

5. Establish a **dedicated fund** within the Department of Health and Social Care (DHSC), such as an Early Intervention Fund, to support targeted programmes addressing health issues such as **obesity, mental health and substance abuse**.
6. Promote collaboration between the Government, NHS England, British Medical Council (BMC), Institute for Apprenticeships and Technical Education (IfATE), and prominent UK public health schools to devise a **tiered standard for modular content ranging from Level 1 to Level 8**, delivering current and precise health information tailored to each qualification level.
7. Establish a **Best Practice Exchange Forum**, meeting quarterly, where NHS England, NHS Scotland, NHS Wales, Health and Social Care Northern Ireland, Department of Health and Social Care, Department of Education, and relevant ministries from devolved nations convene to facilitate mutual learning and cooperation. This forum would promote a cohesive approach to addressing health education challenges across the UK, fostering collaboration and sharing of best practices among the four devolved nations.
8. Develop mechanisms for **continuous evaluation of health education programmes**, using feedback to adapt and improve school curricula in response to emerging health challenges and changing societal needs.
9. Incorporate a '**Paracelsus year**' for **overseas industry placements**, inspired by a medical Erasmus model, within medical degree programmes and vocational pathways for doctor qualifications, thereby facilitating exposure to international best practices and enriching the medical lifelong learning pathway.
10. Introduce an **education or curriculum co-design function into the current NHS patient-doctor feedback forums**, to allow direct input from patients and healthcare providers in shaping educational programmes and curricula. This initiative will help ensure alignment between healthcare education and patient needs, fostering continuous improvement and relevance within the healthcare system.

1 INTRODUCTION

Developing learners' and workers' knowledge on the importance of health education is central to supporting and aiding them to make decisions about their own health and wellbeing. This is especially pertinent regarding physical and mental health, diet, sex and relationships, and other issues which have generally been under the remit of PSHE (Personal, Social, Health and Economic Education) in schools, the National Health Service (NHS), and via often still limited avenues of guidance at universities and in the workplace. Health education, which is universally accessible and clearly delivered, should be viewed as a central part of schools' curricula and as an integral part of ensuring best practices in the workplace, society, and beyond. Members of the public need to better understand the connection between physical and mental health with guidance that can be straightforwardly reached should problems arise. Up-to-date and well-thought-out health education will aid in their gaining the help and information they need, from the right places, and as soon as possible.

Dr Maísa Edwards (Lifelong Education Institute) and Dr Maíra Fedatto (KidsOR) explore the significance of health education in British primary and secondary schools, colleges and universities, evaluating the current areas explored in PSHE, and the current legislation in the UK in promoting this subject. Highlighting the essential role that greater and more developed health education should have in the UK, they emphasise the importance of this education being universally accessible. It should also be clearly delivered by teachers with the support and involvement of health professionals and be focused on key areas such as physical and mental health, exercise, diet, sex, and human relations, and the dangers of drugs and alcohol. This thinkpiece will also put forward ways in which health education can become a part of innovative strategies encompassing lifelong learning, in the workplace and across all ages, so that health education can truly be accessible for all. It concludes with key reflections and recommendations on how valuable health education is to the UK public and will help to further greater health and social care, knowledge and ultimately improve lives.

2 HEALTH EDUCATION: ACCESS FOR ALL

This section provides an overview of the current areas explored in PSHE (Personal, Social, Health and Economic Education) curricula across the UK. It also highlights opportunities which are available to expand knowledge of health education currently in place in England, Scotland, Wales and Northern Ireland, such as via the NHS and at universities. It makes clear the importance of increasing access to health education for all, so that it can be more universally reached and target pressing areas of concern in the UK.

2.1 Health Education in the UK

Health education in the UK should be implemented via effective teaching. It should seek to educate learners and workers, i.e., the citizens of the UK, about key issues that affect their lives in substantial ways as well as give them opportunities to contribute to the health development of British society. This includes incentivising knowledge development on physical and mental wellbeing, diet, sex, and relationships. It should furthermore aim to reduce the stigma often associated with health issues, particularly those related to mental health. Schools should foster an environment that promotes openness and tolerance, and allows students to safely ask questions and be informed.

Health education should also extend beyond secondary schooling, encompassing university-level instruction and workplace training. This evolution of health education should aim to address relevant health issues pertinent to adult life, such as mental health management in high-pressure academic environments or promoting practices to prevent workplace injuries. This ensures ongoing learning and skill development to navigate various health contexts effectively throughout one's educational and professional journey. This will not only give students the confidence to check their understanding and seek any necessary help and advice whilst at school, but also continue their learning on how to promote good health and wellbeing throughout their lives.

PSHE

Most PSHE education and learning as a subject became compulsory in the UK in September 2020, following the implementation of the Children and Social Work Act. This Act mandated compulsory Relationships Education in primary schools (Key Stage 1 – 2) and Relationships and Sex Education in secondary schools (Key Stage 3 – 4). From Key Stages 1 to 4, health education (both mental and physical) therefore became a mandatory requirement, bringing all schools into line with private schools, which were already required to teach PSHE. In England, the majority of PSHE education is covered by this statutory content, which is now more commonly referred to in schools as

Relationships, Sex and Health Education (RSHE). In previous years, primary schools had been encouraged, but not required, to cover appropriate PSHE topics as part of the national curriculum. Secondary schools, however, were mandated by the UK Government to incorporate comprehensive teaching on religious education, sex and relationships education, drugs, and careers education into their curriculum. This directive was deemed pivotal in equipping young individuals with the knowledge and skills necessary to navigate life safely and maintain their well-being.

Recent statutory learning areas for primary and secondary levels of education have been focused on teaching students about physical and mental health. This includes vital self-care techniques, the multiple benefits of physical exercise, healthy nutrition, and the need for sufficient sleep. They are also addressing issues that have had a significant impact on students since the advent of the Internet, such as online safety and cyberbullying. This has therefore opened up a broad spectrum of learning for children, spanning from ages 5 to 16. From simple personal hygiene, mental health and wellbeing problem prevention, and basic first aid, students are now learning essential skills that will serve them well in their development and also personal lives.

Figure 1: Key areas of learning in health education in the UK for primary school children (aged 5 – 11 years old)

Physical Health	Mental Health	Other Issues
Physical health and wellbeing is a normal part of daily life.	Mental health and wellbeing is a normal part of daily life.	Basic first aid and how to contact emergency services.
Building regular routines of exercise (e.g., daily and weekly).	Recognising and talking about one’s emotions.	Menstrual health and wellbeing and self-care.
Recognising risks linked to obesity and poor diet.	Where and how to seek support.	Introduction to key facts around puberty and adolescence.
Personal hygiene and early signs of physical illness.	The importance of hobbies, time outdoors and with friends and family for mental health.	Facts around allergies, vaccines and how bacteria and viruses spread.

Figure 2: Key areas of learning in health education in the UK for secondary school children (aged 11 – 16 years old)

Physical Health	Mental Health	Other Issues
Importance of exercise and activities to promote physical health.	How to talk about their emotions accurately	Key facts about puberty, adolescence and menstruation.

	and sensitively, using appropriate vocabulary.	
Guidance on health lifestyles and maintaining a healthy weight.	How to recognise common types of mental ill health (i.e., anxiety and depression).	Safe sex and methods of contraception.
The harmful effects of smoking tobacco and illicit drugs on health.	Where to find support and help for mental health difficulties (i.e. counselling and therapy).	LGBTQIA+ education and inclusivity.
Personal and dental hygiene.	The effects of drugs and alcohol on mental health.	Basic treatment for common injuries and first aid such as Cardiopulmonary Resuscitation (CPR).
The benefits of self-examination and screening, vaccines and immunisation.	The risks linked to addiction, including social media, gaming, gambling etc.	Identifying harmful behaviours online and how to report and find support if affected.

England

In England, health education is also under the purview of the National Health Service (NHS) England. This publicly funded approach includes Health Education England (HEE), which exists to support the delivery of healthcare and health improvement to the patients and public of England, as well as Step Into The NHS, which provides learning materials for children at both primary school and secondary schools and gives career guidance. Step Into The NHS additionally opens the doors to learners seeking to gain access to traineeships and also undertake apprenticeships, from intermediate level to degree level. These are offered in important areas such as nursing; pharmacy support; health and social care; healthcare sciences, such as medical physics and clinical engineering; and other subjects such as business administration and management. This is an approach which actively introduces opportunities to learn about and work in health services. These initiatives contribute to the training and development of young people and also provide them with career options and prospects to further their learning on health. Universities in England are also working to offer free and private counselling services, and individual and group therapies in a safe and supportive environments in which students and staff can explore and share their problems and experiences. This approach, especially since the isolation and

feelings of anxiety provoked by the multiple lockdowns during the COVID-19 pandemic, is a significant step to helping students feel supported.

Scotland

Similarly to England, the NHS in Scotland is a principal actor in delivering health education to its citizens. NHS Education for Scotland (NES) is its national health board and an education and training body within NHS Scotland. They have the responsibility of developing and delivering healthcare education and training for the NHS, the health and social care sector, and other government agencies. They also seek to play a role in undergraduate and postgraduate learning and continuing professional development across Scotland. Health and wellbeing is also taught in schools as part of their PSHE, and it is organised into specific areas designed to further children's education. Topics explored include mental, emotional, social, and physical wellbeing; planning for choices and changes; physical education; physical activity and sport; food and health; substance misuse; relationships; sexual health and parenthood. Scotland also incentivises teaching on LGBT inclusive education, anti-bullying and how to address racism, all of which are important social issues.

At university level, valuable services are also becoming available to protect and support students and staff mental and physical health. This comprises access to specialised counsellors and sports facilities, as well as to facilities which help to tackle gender-based violence, anxiety, depression, and bereavement. The University of Strathclyde, for example, has established an Early Intervention Counselling Team. This works to offer same-day triage appointments to all students seeking mental health and wellbeing support and ensures that any student in crisis and requiring immediate mental health support can have access to appropriate professional help.

Wales

Wales has a developed framework for the teaching of personal and social education (PSE) for 7 to 19 years, which is set out by the Senedd (Welsh Assembly). PSE has the aim to prepare students to be personally and socially effective, by providing them with learning experiences that allow them to develop and apply critical skills, explore their personal attitudes and values, and acquire relevant knowledge and understanding to live safe and healthy lives. The areas explored include active citizenship; health and emotional well-being; moral and spiritual development; preparing for lifelong learning; sustainable development and global citizenship. In their classes on health and emotional wellbeing, students learn about issues such as personal hygiene, the value of proper nutrition and sufficient exercise, and the significance of responsible and healthy personal relationships.

Health Education and Improvement Wales (HEIW) also plays a key role in educating, training, and developing Wales' healthcare workforce. They hold the responsibility for the planning and delivery of undergraduate and postgraduate education and training for a wide range of health professions, as well as the provision of healthcare apprenticeship in clinical roles, corporate services, and estates and facilities. Various health boards and trusts, such as Cardiff and Vale University Health Board and Digital Health and Care Wales, also provide detailed guidance on how to be involved in the health profession.

Northern Ireland

The Children and Young People's Emotional Health and Wellbeing in Education Framework, jointly published by the Departments of Education and Health, was launched in February 2021. This Framework's main focus is to support educational settings which promote universal emotional health and wellbeing through a holistic and multi-disciplinary approach. It also seeks to enable children and young people in Northern Ireland to cope with challenges in life, and provide early and enhanced support for those who may be at risk or showing signs of needing additional help.

The Department of Education has also worked to establish several initiatives which provide young people, aged 11 to 19, with support regarding health education. These include Text-a-Nurse, the Regional Integrated Support for Education (RISE) NI and Being Well Doing Well (BWDW). Text-a-Nurse is a secure and confidential text messaging service that connects children to a school nurse for advice and support. This is a service which also has a wider scope by being available to parents/caregivers and school staff who have concerns about a young person, an action made possible using separate dedicated text numbers. RISE is part of an expansion of multi-professional health-led early intervention teams (up to primary 7). These teams likewise provide support for children and young people who have special needs, including those related to speech, language, and communication needs, as well as sensory, motor, and perceptual difficulties. BWDW works to assist all schools in developing a whole school approach to the promotion of good emotional health and wellbeing. Their approach provides participating schools with a framework for evaluating current policies and practices, as well as giving them training to help equip their staff with the knowledge, skills, and confidence to understand and promote these skills in their school setting.

2.2 Increasing Access for All

Health education stands as a pivotal element in increasing access to healthcare for all, addressing one of the most pressing challenges of our time. Informed individuals can

make better health decisions, leading to improved health outcomes and reduced disparities in healthcare access. By empowering communities with knowledge about preventive measures, disease management, and the importance of seeking timely medical attention, health education bridges the gap between healthcare services and the public. It fosters an environment where people are more aware of their health needs and rights and can actively engage in maintaining their well-being. This approach not only improves individual health but also alleviates the burden on healthcare systems, making it a sustainable and far-reaching solution to enhance global health accessibility. It also aligns with international goals, exemplified by the Sustainable Development Goals (SDGs), contributing to broader efforts aimed at achieving comprehensive health improvements worldwide.

Community-based programmes and multilingual resources

Local community centres and organisations play a vital role in disseminating health information. These programmes often target specific demographics or communities with tailored content, making the information more relevant and accessible to diverse populations. Likewise, by recognising the diversity of the population, it is key to provide health education materials in multiple languages. This ensures that language barriers do not hinder access to essential health information, especially among communities where English may not be the first language.

Public awareness campaigns

Public awareness campaigns play a pivotal role in promoting health education, as these campaigns are designed to inform and engage the public on various health-related issues, encouraging positive behaviour and advancing a culture of well-being. They are also instrumental in disseminating information about preventive measures and early detection of diseases. By educating the public about the importance of vaccinations, screenings, and regular health check-ups, these campaigns contribute to reducing the incidence of preventable illnesses.

Health-focused campaigns frequently tackle sensitive subjects such as mental health, sexual health, substance abuse, and infectious diseases. Amid the COVID-19 pandemic, campaigns like 'Protect the NHS' and 'Wear a Mask' emerged as crucial components of public health messaging, emphasising the importance of preventive measures to curb the spread of the virus and alleviate strain on healthcare systems. These campaigns underscore the significance of collective action in safeguarding both individual and community health, highlighting the need for ongoing education and efforts to address evolving health challenges effectively. By raising awareness and encouraging open conversations, these campaigns work to reduce stigma and break taboos surrounding these issues, incentivising individuals to seek help without fear of

judgment. Likewise, by promoting healthy behaviours such as balanced nutrition, regular exercise, and smoking cessation, these campaigns aim to prevent lifestyle-related diseases and improve overall well-being. Considering many individuals may be unaware of the healthcare resources and services available to them, public awareness campaigns also serve to inform the public about healthcare facilities, support services, and where to seek help when needed, ensuring that people are aware of and can access the assistance they require. Moreover, continuous exposure to health messages contributes to the creation of a health-conscious society.

Figure 3: How to run a successful awareness campaign.

Component	Description	Example(s)
Objective	Clear measurable goal(s) of the campaign.	Increase flu vaccination rates by 25%.
Target Audience	Specific demographic the campaign is designed to reach.	School-aged children and adolescents, vulnerable communities.
Key Messages	Concise, impactful statements designed to motivate the target audience.	Non-communicable diseases (NCD) prevention: 'Early detection, better protection: Schedule your health screening today.'
Communication Channels	Platforms and media used to disseminate the campaign messages.	Social media, community newsletters, local radio, health fairs.
Multilingual Resources	Materials provided in multiple languages to ensure accessibility.	Flyers, websites, and hotline services in English, Spanish, Mandarin, etc.
Community Engagement	Strategies for involving local communities and stakeholders.	Partnering with local schools, churches, and community centres for information sessions and workshops.
Monitoring and Engagement	Methods for tracking the campaign's progress and assessing its impact.	Surveys, feedback forms.

Involvement of health professionals

In the UK, the landscape of health education in schools is worrisome with a notable trend being the increased involvement of teachers in delivering health-related topics. This change comes amid a broader educational policy debate, where there is a push to prioritise core academic subjects like Mathematics at the expense of Personal, Social, Health, and Economic (PSHE) education. While the emphasis on core subjects like Maths is driven by a desire to enhance academic proficiency and competitiveness, this realignment raises concerns about the long-term implications for student well-being and overall development. The same concern can be seen in workplaces which do not often have proper health education and support policies in place, although it is recognised that these are critical components for fostering a safe, healthy, and productive work environment. By embracing health and safety working regulations, organisations can ensure the well-being of their employees while simultaneously enhancing overall performance and efficiency.

Part of health education is teaching employees how to identify and manage potential hazards in the workplace. This proactive approach involves regular risk assessments, followed by the implementation of strategies to mitigate identified risks. It empowers employees to recognise danger and take appropriate action, reducing the likelihood of accidents or health-related incidents. By investing in comprehensive health education programmes, businesses not only comply with legal requirements but also contribute to the creation of a healthier, more productive, and more engaged workforce.

Universal accessibility

Universal accessibility is key to any health education policy as it aligns with broader goals of global health and development. By ensuring that health education is accessible to all, irrespective of socio-economic or geographical barriers, individuals can take informed decisions when managing their health, which can significantly reduce the incidence of preventable diseases. This prevention-focused approach means fewer people requiring expensive medical treatments or emergency care, leading to important savings for public health systems. In the long run, this can free up resources that can be reinvested into further improving healthcare infrastructure and services.

To illustrate this, non-communicable diseases (NCDs) like heart disease, stroke, diabetes, and chronic respiratory diseases are the leading causes of mortality worldwide, accounting for a significant portion of the global burden of disease. By integrating strategies for NCD prevention into health education programmes, we can address critical risk factors such as poor diet, physical inactivity, tobacco use, and

excessive alcohol consumption. An inclusive health education not only promotes a wider understanding and adoption of healthy behaviours but also supports the equitable reduction of NCD prevalence worldwide. Consequently, by prioritising universal accessibility in health education, we can lay the foundation for a healthier global population, significantly contributing to the mitigation of NCDs and advancing public health objectives.

Furthermore, universal access to health education is intrinsically aligned with several of the United Nations Sustainable Development Goals (SDGs), particularly Goal 3: Good Health and Well-being, but also linked to goals related to education, gender equality, and reducing inequalities. Investing in internal expertise and resources in health education not only benefits the domestic population but also positions the country as a leader in global health. By developing and implementing effective health education strategies, sharing knowledge, and collaborating internationally, the UK can contribute significantly to global health advancements.

2.3 Developing Lifelong Learning Pathways

This section details how educational and societal success can become key components for furthering health education in the UK, making it more accessible and also targeted to address important areas of concern for British society. It puts forward ways in which health education should be viewed as an integral part of lifelong learning and how this could be achieved.

Educational success

Educational success can play a decisive role in shaping lifelong learning pathways, particularly in the realm of health education. A strong educational foundation equips individuals with essential knowledge and critical thinking skills, as well as encouraging them to take a greater interest in their physical and mental health, and general well-being. As our knowledge of health and pharmaceutical sciences continuously evolves, well-supported learners will be better positioned to adapt and understand new information. This, in turn, will ultimately help them to make more informed decisions about their health. For example, being up-to-date with one's vaccinations, screenings, and health check-ups, is essential in reducing the incidences of preventable illnesses. Moreover, as people become more prepared to critically evaluate health-related information, they will also be better placed to distinguish between evidence-based practices and misinformation. This is a skill which has become all the more important following the COVID-19 pandemic, where social media, conspiracy theories, and misleading narratives hindered public health communication and endangered lives.

Furthermore, educational success can open doors to advanced studies and specialised training. This will allow people the opportunity to delve deeper into specific health

disciplines, add to the NHS workforce, and pursue careers in medicine, nursing, physiotherapy, and other fields. This deeper understanding can therefore both enhance a person's professional capabilities but also allow them to contribute to the broader landscape of healthcare knowledge. Lifelong learning, such as via upskilling and further training, is also part of educational success. In evolving to become a clear and more-defined pathway, these methods would allow individuals to continuously refine their expertise, build further knowledge, and stay at the forefront of their chosen health-related fields. Continuous education also ensures that healthcare providers can deliver the highest quality of patient care and adapt to new challenges. Furthermore, efficient dissemination and application of knowledge would enable experienced medical professionals to re-enter training swiftly, updating their skills and knowledge more rapidly than relying solely on the progression of newly qualified and junior doctors through the system.

Lifelong learning, starting with one's educational foundation at school, can become a process that allows people to enhance their personal health literacy but also empower them to contribute meaningfully to community health initiatives and advocate for informed healthcare choices. Educational success in health education is therefore fundamental in shaping lifelong learning pathways which can positively impact individual well-being and contribute to a healthier society.

Societal success

Health education stands as a crucial element in enhancing overall knowledge and awareness regarding health, especially among youths. However, societal success transcends the boundaries of individual knowledge gain and behaviour modification; it encompasses a collective elevation in public health literacy, a reduction in healthcare disparities, and the fostering of environments that promote healthy living for all community members.

The integration of health education into the learning experience goes beyond the mere dissemination of information about health risks and preventive measures. It encompasses a holistic approach that prepares students not only for their immediate educational and life choices but as a vital component of personal development and empowerment needed for daily living. Effective health education can therefore become a catalyst for students to develop a sense of responsibility towards their own health and that of others. It encourages the cultivation of healthy habits from a young age, which are likely to be carried into adulthood. Furthermore, such education empowers young people with the ability to critically assess health-related information and services, making them more adept at navigating complex health challenges. Achieving equity in health education is critical for addressing and reducing health disparities across different segments of the population.

A society achieves success in health education when its citizens possess not only the knowledge but also the competencies to understand, evaluate, and apply health information in ways that enhance their quality of life. This includes making informed decisions regarding healthcare, nutrition, exercise, and mental wellness, thereby contributing to a reduction in the incidence of non-communicable diseases and other health conditions.

3 CONCLUSIONS AND RECOMMENDATIONS

This thinkpiece has explored the significance of clearer and more accessible health education in the UK and the need to encourage greater individual empowerment, societal well-being, and the development of a healthier, more informed nation. The multifaceted importance of health education is emphasised by its impact across various educational levels, workplaces, and the broader fabric of society. At its core, health education can be a key facilitator in the fostering of a more proactive societal approach to physical and mental health, and well-being.

Receiving a strong educational foundation and being equipped with essential knowledge and critical thinking skills are key initial steps in helping people navigate the intricate landscape of health sciences. The emphasis on universal accessibility ensures that health education moves beyond our learning in schools, and reaches those in diverse workplaces, communities, and all age groups. This accessibility is pivotal in nurturing a society where individuals possess the necessary skills and information to make informed decisions about their health at all stages of life. The call for clear communication in health education, such as via public health campaigns and community-based efforts, resonates as being vital for success and advancement. By delivering health information in a concise and comprehensible manner, we can bridge gaps in health literacy, ensuring that all can comprehend and act upon essential information. This should be viewed as a societal imperative to increase and share health knowledge, thus promoting a more equitable distribution of health literacy.

Moreover, health education is a lifelong journey, extending far beyond the classroom. It is a dynamic process that adapts to the evolving nature of health sciences and new technologies. Educational success can become the compass guiding individuals through this continuous learning journey, enabling them to understand emerging information and actively contribute to personal and societal well-being. The recommendations put forth further solidify the importance of health education. They advocate for a holistic approach, such as establishing community partnerships, and incorporating early intervention programmes.

As the UK moves forward, investing in health education will emerge as a commitment to the improvement of the nation's collective well-being. It will be an investment in a society where individuals are not just recipients of healthcare, either via the NHS or privately, but active participants in their own health management. A nation which holds the knowledge and skills to navigate the complexities of modern health challenges and make informed decisions, is contributing to the creation of a healthier and more resilient society. In this thinkpiece, health education has been shown to be essential in the building a brighter, healthier future for individuals, communities and the entire United Kingdom.

Recommendations

1. Implement a **National Health Curriculum** of robust school wellness policies that promote a healthy school environment, including provisions for nutrition, physical activity, and mental health support, ensuring adherence across educational institutions.
2. Integrate a **core public health curriculum component** into all curriculum development processes, mirroring the incorporation of subjects such as Equality, Diversity, and Inclusion (EDI) or sustainability, to ensure comprehensive education on health-related topics across all academic disciplines.
3. Establish **partnerships between schools and nearby healthcare providers, community organisations, and public health agencies** to enrich practical learning opportunities and strengthen the dissemination of health education messages.
4. Develop a **'Healthy Body, Healthy Mind' public campaign to enhance health literacy**, emphasising the importance of understanding health information for making informed decisions and promoting self-advocacy.
5. Establish a **dedicated fund** within the Department of Health and Social Care (DHSC), such as an Early Intervention Fund, to support targeted programmes addressing health issues such as **obesity, mental health and substance abuse**.
6. Promote collaboration between the Government, NHS England, British Medical Council (BMC), Institute for Apprenticeships and Technical Education (IfATE), and prominent UK public health schools to devise a **tiered standard for modular content ranging from Level 1 to Level 8**, delivering current and precise health information tailored to each qualification level.
7. Establish a **Best Practice Exchange Forum**, meeting quarterly, where NHS England, NHS Scotland, NHS Wales, Health and Social Care Northern Ireland, Department of Health and Social Care, Department of Education, and relevant ministries from devolved nations convene to facilitate mutual learning and cooperation. This forum would promote a cohesive approach to addressing health education challenges across the UK, fostering collaboration and sharing of best practices among the four devolved nations.
8. Develop mechanisms for **continuous evaluation of health education programmes**, using feedback to adapt and improve school curricula in response to emerging health challenges and changing societal needs.
9. Incorporate a **'Paracelsus year' for overseas industry placements**, inspired by a medical Erasmus model, within medical degree programmes and vocational pathways for doctor qualifications, thereby facilitating exposure to international best practices and enriching the medical lifelong learning pathway.

10. Introduce an **education or curriculum co-design function into the current NHS patient-doctor feedback forums**, to allow direct input from patients and healthcare providers in shaping educational programmes and curricula. This initiative will help ensure alignment between healthcare education and patient needs, fostering continuous improvement and relevance within the healthcare system.

ABOUT THE LIFELONG EDUCATION INSTITUTE

The **Lifelong Education Institute** (LEI) exists to promote learning and skills training for people at all ages and stages of their lives and careers. We believe that education should be available and accessible to everyone whenever and wherever they need it. Whether they are school leavers or university graduates, new recruits or long-serving employees, recent arrivals or long-term residents, working people or those who have entered retirement.

Our approach is based on four principles:

- Putting the lifelong learner first
- Building an integrated tertiary education system
- Bringing stakeholders together
- Looking to the four nations of the UK and beyond

Together, these principles underpin every part of our work, from research to advocacy, from convening to commentary. They are the bedrock on which we must build the 21st-century education system that the UK's learners urgently deserve.

The Lifelong Education Institute's Secretariat is hosted by the thinktank ResPublica. The Institute gets its strategic direction from its Advisory Board, which comprises prominent and forward-thinking figures in education and skills space. In addition, the Institute has asked political figures to form a Board of Patrons, who will advise on the current political environment, and help by progressing the Institute's positions in Whitehall.

ABOUT KIDS OPERATING ROOM

Kids Operating Room (KidsOR) is a global health organisation that seeks to realise “A world where every child can equitably access safe surgery”.

We purpose to realise this vision through a fourfold mission:

- Provide specialist facilities and equipment for children’s surgery in low-resource settings.
- Support the training of the surgical workforce to enhance safe surgery for children.
- Develop a global, multi-disease, multi-centre paediatric surgical database and build local research capacity.
- Advocate on the global plight of children denied access to safe surgery.

So far, we have installed over eighty (80) dedicated children’s surgery operating rooms in at least thirty countries, mainly in Africa, Latin America (Ecuador, Peru, Haiti), and South Asia (Afghanistan). We have supported countries to build capacity to realise timely, affordable, safe, and quality paediatric surgical care for over 100,000 children.

Developing sustainable surgical capacity and robust healthcare systems relies on both health education and a well-trained workforce. To contribute to this goal, KidsOR offers surgical scholarships and specialized training programs for paediatric surgeons, anaesthetists, nurses, and biomedical engineers.

By implementing a comprehensive data collection program, KidsOR is able to monitor and assess the effects of investments in paediatric surgical care, enabling effective dissemination of findings while also supporting research capacity building.

KidsOR champions the prioritization of paediatric surgery in Low- and Middle-Income Countries (LMICs) by influencing policy development and in High-Income Countries (HICs) through advocating for financial commitment. Additionally, it engages global stakeholders to acknowledge and support the surgical needs of children as a vital element of the global health agenda.

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Health Education: Access for All

This thinkpiece explores the significance of clearer and more accessible health education in the UK and the need to encourage greater individual empowerment, societal well-being, and the development of a healthier, more informed nation. The multifaceted importance of health education is emphasised by its impact across various educational levels, workplaces, and the broader fabric of society. At its core, health education can be a key facilitator in the fostering of a more proactive societal approach to physical and mental health, and well-being.



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