The link between pupil health and well-being and attainment

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The Link Between Pupil Health and Well-Being & Attainment
12th November 2015
Dr Jo Harris
Loughborough University
What do we know about young people’s health and well-being?
Childhood/Adolescence Health

• Healthy life stage but approx 2,000 die/year (from RTAs, cancer, suicide) and 15% have long-term chronic conditions or disabilities.

• Approx 800,000 have asthma, 63,000 have epilepsy, 35,000 have diabetes.

• 1 in 10 are obese.
Social determinants of health

- 1 in 10 in low income households; 1 in 8 in workless households
- Approx 15% FSM
- 1 in 5 NEET (19-24 yrs)
- LAC; Youth Custody; Refugees
Young people’s mental health

- Most young people report high life satisfaction.
- However, 13% boys and 10% girls aged 11-15 years have diagnosed mental health problems (anxiety & depression, eating disorders and hyperactivity & attention deficit disorders).
Mental health: ‘troubled’ children

- The most common problems relate to conduct (boys) and emotional difficulties (girls).
- In 2014, there were nearly 42,000 hospitalisations for self-harm among 10-24 year olds in England.
- Half of all lifetime cases of psychiatric disorders start by age 14.
Mental health champion for schools

- DfE’s first ever mental health champion for schools is Natasha Devon MBE.
- She founded Self-Esteem Team and Body Gossip education programme.
- Natasha will help to raise awareness and reduce the stigma around young people’s mental health.
- £1.25 billion to be invested in YP’s mental health over next 5 years.
What do we know about the link between pupil HWB and attainment?

- Education and health are closely linked.
- Promoting the HWB of pupils has the potential to improve HWB and educational outcomes (e.g. progress, achievement, attainment).
Social/emotional skills: belonging; engagement; relationships

- Pupils with better HWB achieve better academically.
- 11% boost in achievement linked to school programmes to improve pupils’ social and emotional learning.
- Ofsted: strong correlation between high grades for PSHE and being graded ‘outstanding’ for overall effectiveness.
- Whole school approaches to social and emotional learning strongly correlate with higher attainment.
What do we know about the link between PA/PE/sport and pupil HWB?
Health benefits of physical activity

Physical health: improved cardiovascular health and fitness; improved bone health and stronger muscles; reduced body fat and maintaining a healthy weight

Social health: improved social skills (e.g. communication; relationships; co-operation)

Emotional/mental/psychological health: improved self confidence; reduced symptoms of anxiety and depression
What is known about the link between PE/Sport/PA and attainment?

- Positive association between academic attainment and PA levels.
- Amount of PA pupils engaged in age 11 had +ve effect on academic performance in English, maths and science at age 11, 13 and final GCSE exam results.
PA behaviour and attainment

- % girls spent in PA at age 11 predicted increased science scores at 11 and 16 years.
- Pupils engaging in self-development activities (including PA) achieved 10-20% higher GCSEs.
What works in schools to increase PA?
(HM Government, 2015)
7 principles for practice

- Develop/deliver multi-component interventions
- Ensure skilled workforce
- Engage student voice
- Create active environments
- Offer choice and variety
- Embed in curriculum, teaching and learning
- Promote active travel.
High Quality PE

• HQPE: is about ‘Learning to Move’ & ‘Moving to Learn’ (i.e. broader outcomes).

• HQPE: educates and motivates pupils to become competent and confident movers and sociable, responsible, healthy individuals.
PE’s impact on HWB

• AfPE recommends that pupils are moving for 50-80% of the available learning time (excluding changing & travelling to venue time).

• A well designed and taught PE curriculum will have a positive impact on the health and emotional well-being of pupils.
How active are pupils?

- 84% girls and 79% boys (aged 5-15) do NOT meet the PA for health guideline of 1 hour a day.
- For the majority of pupils (esp. girls), PE is their ONLY source of PA...as can’t/won’t access XC/community PA; only 16% girls compete in a non-school context.
- 75% pupils enjoy school PE and over 40% would like to do more PA than they do.
The potential of PA/PE/SS to transform lives

- Do you know of a child whose life has been turned around/transformed through his/her involvement in PE/sport/PA?
- Have you ever successfully employed strategies of involving pupils in PE/sport/PA to help them engage with school/learning?
What do we know about the status/state of PE in Leics?

- Primary school case studies: actions/impact.
- Secondary school audit.
- Particular focus on sustainability and inclusion.
Primary Case Studies: Positives

- Sustainability explicitly addressed in terms of actions/impact re teachers’ K&U, competence, confidence (CPD)
- Using PE as a tool for broader outcomes/whole school improvement (e.g. literacy, numeracy, behaviour)
- Quality PE focus (e.g. afPE Quality Mark)
Primary Case Studies: More +ves

- Focus on inclusion (e.g. intra-house activities; more variety/access)
- Targeted interventions (e.g. KS1; girls; less active)
- Leadership opportunities
- Pupil voice (e.g. School Council)
- Lifestyle orientation (e.g. activity diaries)
Primary Case Studies: limited, short-term effect?

- Coaches teaching PE and no reference to teachers’ learning from coaches and vice versa
- Sole/major focus on more competition and/or on X-curricular programme
- More equipment, resources, kit
Secondary: Audit of PE Provision

- **KS3:** most have 2 hrs PE (ranges from 1.5 to 4 hrs)
- **Tendency towards less time in Yrs 8/9 (or both), in some cases to 1 hour**
- **KS4:** some (8) have reduced to 1 hour or reduced (no) time in Yr11
- **KS5:** no PE
Secondary Case Studies

• School X has reduced its PE provision to 1.5hrs at KS3 and at KS4
• School Y has 2 hrs PE in Y7, 1.5hrs in Y8/9 and 1 hr at KS4
• School Z has no PE in Y11
Secondary Audit

- Reductions happening on our doorstep...reductions in time are rarely reversed
- All of this, despite increasing evidence for benefits of PA to health and role of PESS as a tool for whole school improvement
What needs to be done?

- Increased awareness of health benefits (especially mental health) of PA and of PESS’s contribution to whole school improvement.

- Greater emphasis on PE in primary ITTE and continued Government investment until 2020 in primary PE to ensure sustainability and HQ PE.

- Challenge reductions to PE time at national and local level.
And finally...

- Call for PE to be a core subject with SMSC and health and wellbeing expectations (e.g. fairness, respect, self-esteem, active lifestyles).
- HQ PE – raise expectations of the potential of this subject in terms of self-improvement and school improvement.
Thank you for your attention!