



# Research and analysis

## Education, schooling and health summary

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### Introduction

This brief paper aims to summarise the existing evidence of the health and wellbeing benefits of school-age education, including:

- the wider impacts on mental and physical health and wellbeing of being in school
- the observed impacts of the loss of education in the last 18 months

In doing this it is important to note the distinctions between:

- the health benefits of being in or attending school
- the health benefits of being educated
- the opportunities to access specific health-related interventions that schools offer – this includes personal, social, health and economic education (PHSE), nutrition and exercise-focussed interventions and the wider healthy schools programme

### Methods

This paper does not reflect a systematic review of the literature on the benefits of school and education. Rather, it identifies relatively well-known literature that addresses these issues and presents the outcomes of some limited literature searches on specific elements.

The bibliography documents all the sources that have been used and the findings are largely illustrative of the evidence that exists rather than being a definitive summary of that evidence.

The sources include pre and intra-COVID-19 periods. The latter largely focus on the harms of missing education or school, while the former are more to do with the benefits of attending school and of being educated. They include:

- academic journals
- government policy and guidance
- third sector publications and research

This paper does not explore any disbenefits of school attendance.

### Findings

#### School attendance and impacts of the COVID pandemic

Children from the most deprived backgrounds have experienced the most adverse impact of the pandemic. It is likely that they will require further support on return to school. (Moss, G., Alice Bradbury, A., Sinéad Harmey, S., Rosie Mansfield, R., Candy, B., France, R. and Vigurs, C., 2021).

#### School attendance and improved health outcomes

Some specific examples include:

- school closure is associated with fewer admissions to hospital and ED presentations, and has the potential to impact on routine vaccination coverage (Viner et al. 2021)
- school closure is associated with reduced access to universal services such as school nursing, and specialist therapy services such as educational psychology and play therapy to children with special educational needs and disability (SEND) (Care Quality Commission and Ofsted, 2020)
- 4 more years of schooling is associated with reduced mortality and reduced risk of heart disease and diabetes (Lleras-Muney and Cutler 2006)
- people with less education are more likely to be obese, to smoke, and to experience alcohol-related harm (Department of Health 2008)
- schools provide opportunities for physical activity, the benefits of which for mental and physical health are well established. Active children are more likely to become active adults (PHE, 2020, Vinert et al. 2021).
- sleep patterns and diets have been shown to be worse when children are out of schools (The Delve initiative, 2020). Children in receipt of free school meals are disproportionately impacted
- adults with tertiary education are likely to live longer than those without, and are half as likely to be obese as those with only below upper secondary education
- adults with a tertiary education are 16% less likely to smoke, on average, than those with below upper secondary education (Organisation for Economic Co-operation and Development, 2013)
- higher levels of education are associated with a range of health benefits, including improved educational attainment, greater social mobility, fewer co-morbidities and longer life expectancy (Strategic Review of Health Inequalities in England post-2010 (SRHIE), 2010 and Viner, R., Ozer E., Denny S., Marmot M., Resnick M., Fatusi A., and Currie C., 2012)
- as well as improved individual health outcomes, school attendance provides inter-personal, social and occupational opportunities essential to health and development (Feinstein, L., Sabates, R., Anderson, T., Sorhaindo, A., Hammond, C. 2006; The Health Foundation, 2018)
- educational attainment is a key determinant of health throughout the life course. As such, "it is important that no child is left behind at the beginning of their school life" (Public Health England, 2015)

#### School attendance for social development

Schools provide a wealth of opportunities for essential social and interpersonal development.

Schools are essential to the development of effective speech and language skills. An EEF survey identified that 97% of participating primary schools' (n=58) staff had concerns about children's speech and language skills as a result of the pandemic (EEF, 2020).

School attendance promotes social integration, civic engagement, and widens social networks (Feinstein L, Sabates R, Anderson TM, Sorhaindo A, Hammond C, Anderson, 2006).

School attendance therefore has a wider impact on skills for future employment (The Health Foundation, 2018).

#### School attendance, mental health and resilience

School attendance can impact on children's mental health. Schools play an important role in supporting the mental health and wellbeing of children (Department for Education (DfE), 2018), and are well-placed to provide interventions to build resilience in children, which is essential to mental health, learning and development (PHE, 2014).

NHS data suggests rates of probable mental health disorders in 5 to 16 year olds have increased, rising from 1 in 9 in 2017 to 1 in 6 in July 2020 (DfE and Spi-B 2020).

National child mortality database for England reports deaths by suicide in young people (under 18 years) increased by about 40% during lockdown. There are caveats around this data with the sample size too small to reach statistical significance (DfE and Spi-B 2020).

During school closure:

- pre-adolescent children showed greater deterioration in mental health (Waite et al., 2021)
- girls were more likely to experience mental health problems than boys (Raw et al., preprint)
- young people from low-income families and those with SEND faced particular challenges with mental health and wellbeing (Pearcey et al., 2020)
- it has also been identified that young people who identify as LGBTQ+ and those who were experiencing anxiety before the lockdown may need extra support on return to school (Widnall et al., 2020)
- schools are well placed to provide interventions to build resilience in children, which is essential to mental health, learning and development (PHE, 2014)

#### The lifelong and generational impact of education

Better education for parents improves health outcomes for children. The 1970s education reforms which increased school leaving age for girls led to a reduction in overweight boys (Nakamura 2012, accessed via Kings Fund).

School attendance provides a host of opportunities for children to develop essential life skills. These include:

- developing supportive social connections
- accessing good work
- developing an aptitude for life-long learning and problem-solving
- feeling empowered and valued

(Health Foundation, 2018)

#### Schools and specific school-based interventions

Schools offer the opportunity to engage with specific health-oriented interventions and programmes on nutrition, exercise and physical activity, PHSE and mental health. A systematic review on the effectiveness of school-based interventions on adolescent mental health (Clarke et al., 2020) showed that:

- universal social and emotional learning (SEL) interventions have good evidence of enhancing young people's social and emotional skills and reducing symptoms of depression and anxiety in the short term
- there is good evidence that universal and targeted cognitive behavioural therapy (CBT) interventions are effective in reducing internalising symptoms in young people
- there is limited evidence on the effectiveness of school-based interventions designed to prevent suicide and self-harm
- violence prevention interventions have been shown to have a small but positive effect on aggressive behaviour in the short term
- there is promising evidence on the effectiveness of interventions designed to reduce sexual violence and harassment when delivered to young people at risk of experiencing sexual violence
- the impact of depression and anxiety prevention interventions and violence prevention interventions tends to be stronger when they are targeted at young people with elevated but subclinical symptoms.<sup>[footnote 1]</sup>

#### Vulnerability

School closures reduce the visibility of vulnerable children to protective services – there are fewer 'eyes on the child' when they are not at school.

Throughout the last 18 months, all school closures have resulted in reductions in the number of referrals to children's social care. In the first few weeks of March 2021, referrals were 11% lower than the 3-year average for the same time period (DfE, Vulnerable children and young people survey, 2021).

There has been an increase in the number of referrals linked to domestic abuse and increased complexity of cases.

There are concerns about increased exploitation of vulnerable children, child sexual exploitation, online abuse and increased participation in county lines as a result of school closures (NSPCC, 2021).

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1. Statements taken directly from Clarke et al. (2021) Adolescent mental health: A systematic review on the effectiveness of school-based interventions (Copyright EIF, 2021). ↩

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