

EDITORIALS

Why schools should promote students' health and wellbeing

Education policy shouldn't focus solely on academic attainment

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Education policy in England increasingly encourages schools to maximise students' academic attainment and ignore their broader wellbeing, personal development, and health.¹ Schools are now monitored on attainment in a narrow range of academic subjects. Participation in the National Healthy Schools Programme no longer benefits from governmental targets or funding. Ofsted reports no longer focus specifically on how well schools promote students' health or personal development.² Personal, social, and health education (PSHE) remains a non-statutory subject, and schools spend less and less time teaching it because of pressure to focus on academic subjects.³ The government recently proposed making the early years foundation stage profile—which offers a holistic view of the child including his or her personal, social, and emotional development—non-statutory. At the same time, it wants to introduce mandatory academic tests in the first year of primary school.⁴

Two ideas apparently underpin these developments. Firstly, that promoting attainment, on the one hand, and health and personal development, on the other, is a “zero-sum game”—with more time spent on health and wellbeing resulting in less time for academic learning and therefore lower attainment. Secondly, that improving attainment is singularly crucial to increasing economic competitiveness.⁵ Both these ideas are deeply flawed. Counter to the first idea, research suggests that education and health are synergistic. Those who are well educated have better health and wellbeing.⁶ Students in better health have higher academic attainment.⁷ Research on “developmental cascades” suggests that students' progress in accomplishing distinct, seemingly disparate, educational and developmental milestones influence one another over time.⁸ Multi-level studies suggest that schools where students do better academically than might

be expected from their social profile also do better in terms of health.⁹

Students' broader development and wellbeing receive more attention in several countries with better academic attainment than in England. Schools in Finland, Sweden, Australia, and Singapore vary in whether provision occurs in specific lessons or is integrated into subject learning, but they all place greater emphasis than schools in England do on students' overall development, and social and emotional learning.¹⁰ This suggests that academic and broader development is not a zero-sum game.

The clinching evidence comes from experimental studies, which suggest that programmes to promote students' broader wellbeing and development also benefit their academic learning. A systematic review of coordinated school health programmes, which aim to promote health through both explicit teaching in the curriculum and broader work to produce a healthier school environment, suggests that these programmes have positive effects on attainment.¹¹ Alongside evidence that they save money in the long run,¹² meta-analyses of experimental studies suggest that social and emotional skills and mental health programmes in schools both boost attainment.^{13 14}

And counter to the second idea, that promoting cognitive development and academic attainment is all that matters economically, there is evidence that an effective labour force does not merely require cognitive skills gained from academic learning. Non-cognitive skills, such as resilience and team working skills, are also needed,¹⁵ and productivity increases as workers' health status improves.¹⁶

Some schools not only neglect students' health but may actively harm it. A systematic review of all qualitative research in this area suggests that in school systems that focus on narrow

academic metrics, such as those in England and the United States, some schools respond by focusing on the more able students, and not engaging other students or recognising their efforts. This is associated with many students, especially those from disadvantaged backgrounds, disengaging from school and instead investing in “anti-school” peer groups and risk behaviours, such as smoking, taking drugs, and violence. Furthermore, research suggests that “teaching to the test,” which commonly occurs in school systems with a narrow focus on attainment, can harm students’ mental health.¹⁷

This all suggests that schools need to teach students not only academic knowledge and cognitive skills, but also the knowledge and skills they will need to promote their own mental and physical health, and successfully navigate the world of work. But how? There is now a strong evidence base not only for curriculum interventions suitable for PSHE, but also for health promoting interventions in school that combine health curriculums with whole school activities to make schools healthy settings.¹⁸ Health education can be integrated into academic subjects and not taught only in PSHE lessons. Emerging findings from an ongoing synthesis of evidence by one of us (RA) suggest that this can make health education more feasible in busy schools.¹⁹ Education policy could support health interventions by making PSHE a statutory subject, by mandating school inspectors to report specifically on health and personal development, and requiring schools to deploy evidence based PSHE and health promoting interventions to achieve “outstanding” status overall.

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