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SCHOOL HEALTH
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Health and Educational Attainment: complementary or competing school priorities?

School Health & Wellbeing Research Brief, March 2018

Education stakeholders may not prioritise school health improvement activity because they perceive there to be a 'zero sum game' at play, whereby health improvement and educational attainment are seen as competing rather than complementary goals, i.e. gains in health come at a cost to attainment. Schools can positively influence young people's health and their educational attainment, but can they do both together?

What we already know...

Educational attainment is influenced by many factors beyond the classroom, including the makeup of schools' student intake, parenting styles and neighbourhood effects.

Some evidence suggests that school health improvement activity may also influence attainment, for example through improved cognition, increased school connectedness and increased attendance.

Healthy settings approaches, such as Healthy School Schemes, advocate alignment of health and 'core business' agendas and therefore emphasise the need for joint approaches to health and education in schools.



What we did...

- We used data from our 2016 School Environment Questionnaire, completed by 97 secondary schools.
- Schools gave information about their policies and practices that mapped on to the Healthy School framework: Leadership and Communication (health and wellbeing policies), Curriculum (health education), Ethos and Environment (student involvement) and Family and Community Involvement (parental involvement and community partnerships).
- This information was used to create a measure (ranging from 0 to 3) for each school on overall embeddedness of health in the school.
- 'Organizational commitment to health' was measured using information on senior management team priorities.
- We collected publicly available data on educational attainment and student attendance for each school and investigated whether these were related to health embeddedness.

In a nutshell

- **This study found no support for the 'zero sum game' hypothesis (that increased health improvement activity compromises educational attainment).**
- **Schools with greater overall health embeddedness tended to do better educationally at Key Stage 3.**
- **At Key Stage 4 there was no evidence for any detrimental effect of greater health embeddedness on attainment.**
- **Parental and student involvement were associated with whole school attendance.**



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What we found...

Health embeddedness

- Health embeddedness varied between schools with the measure ranging from 0.31 to 2.43 (out of 3).
- Health embeddedness was not related to school level free school meal entitlement (FSM), but it was related to organizational commitment to health.

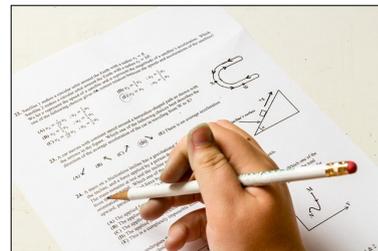
Educational attainment

- School level FSM entitlement was strongly associated with attainment at Key Stages 3 and 4.
- After taking account of this in the analysis, there was significant improvement in attainment at **Key Stage 3** as overall embeddedness of health increased.
- 60% of the variation between schools' attainment at Key Stage 3 was explained by differences in school level FSM entitlement, but health embeddedness explained a further **7%** of the variation.

- At **Key Stage 4**, there was no significant association, positive or negative, between embeddedness and attainment.
- Associations between individual elements of the embeddedness measure and attainment were nearly all positive, but did not reach statistical significance.
- We therefore found no evidence that health embeddedness was detrimental to educational attainment at Key Stage 4.

Attendance

- Health embeddedness was not associated with attendance, but two of its individual elements were: parental involvement and student involvement.



Issues to consider

Nearly half of all secondary schools in Wales took part in the study and they were representative of secondary schools in Wales with respect to their size, level of FSM entitlement and attainment at Key Stage 3.

Information on school health policies and practices was self-reported by schools and measured quantity rather than quality. Furthermore, some practices may not have been captured by the questionnaire.

The lack of association between health improvement policies and practices and attainment at Key Stage 4 could be explained by a declining influence of schools on students' lives as they get older or by the use of a different assessment method at Key Stage 4.

What does this mean for my school?

- **This study found no support for the hypothesis that increased health improvement activity compromises educational attainment (the 'zero-sum game' hypothesis).**
- **At Key Stage 3 there was evidence for the opposite: schools with greater overall health embeddedness, measured by adherence to the principles of a Healthy School approach, tended to do better educationally.**
- **At Key Stage 4 there was no evidence for any detrimental effect of greater health embeddedness on attainment.**
- **Greater embeddedness of health improvement policies and practices may represent a means of improving educational outcomes and is not likely to negatively impact on educational attainment.**

Read the research paper in full. Download for free here:

<http://journals.sagepub.com/doi/abs/10.1177/1090198117747659>

Littlecott H et al (2018) Health Improvement and Educational Attainment in Secondary Schools: Complementary or Competing Priorities? Exploratory Analyses From the School Health Research Network in Wales. Health Education and Behavior DOI: 10.1177/1090198117747659