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Title of Report:	Educational Attainment and Health Outcomes for Children from Vulnerable Families
Report to be considered by:	The Health and Wellbeing Board
Date of Meeting:	24 November 2016

Purpose of Report: To respond to the Board's request for more information following the Annual Report by the Director of Public Health.

Recommended Action: To consider the recommendations outlined in section 5.

When decisions of the Health and Wellbeing Board impact on the finances or general operation of the Council, recommendations of the Board must be referred up to the Executive for final determination and decision.

Will the recommendation require the matter to be referred to the Council's Executive for final determination?

Yes: ☐

No: ☒

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Executive Report

1. Introduction

Research evidence shows that education and health are closely linked, and overall there is considerable international evidence to indicate that education is strongly linked to health and to determinants of health ([DH, 2014](#), [Feinstein et al 2005](#)), including health behaviours, risky contexts and preventative service use. The complexity of the interrelationships however between relevant outcomes makes it difficult to draw firm conclusions about the causality. Importantly, improved understanding of the relationship between education and health will help to identify where intervention is most appropriate and effective in improving both individual and population health ([DH, 2014](#)).

Education is an important social determinant of health. Education can impact positively on levels of social engagement, an important factor in generating more cohesive, safer and healthier societies. At an individual level, the knowledge, personal and social skills provided through education can better equip individuals to access and use information and services to maintain and improve their own and their family's health. Much international evidence suggests those with lower levels of education are more likely to die at a younger age and have higher risk of poorer health throughout life, compared to those with higher levels of education.

2. Inequalities in education and health

Many of the root causes of inequalities in education mirror those of health inequalities. There can be no doubt that poverty matters when it comes to health and educational achievement. Inequality begins at birth and grows with the child. Wide developmental gaps of nine months between advantaged and disadvantaged 3-year-olds double to 18 months for 4-year-olds. Children from high income families are exposed to a much richer array of words than children from low income families. The range of cultural and leisure experiences which advantaged children enjoy are little more than a mirage for their poorer peers who lead, in comparison, lives much more likely to be marked, and marred, by parental stress, family dysfunction, poor housing and bad diet. *From: [State of the nation 2015: social mobility and child poverty in Great Britain](#)*

Improving educational outcomes amongst the most disadvantaged groups has the potential to make a positive impact on health inequalities.

2.1 The intergenerational cycle of disadvantage

Parental socioeconomic position is strongly associated with child educational attainment, with those from a lower socioeconomic background less likely to perform well academically. The socioeconomic background of a child can even negate their natural academic ability. This has been demonstrated in a UK report which showed that by the age of seven, bright children from poor homes will be overtaken academically at school by less gifted pupils with wealthier parents.

It is important to note that the attainment of children in care is higher than that for children in need who stay with their birth parents. The longer a child is in care, the better the outcomes.

2.2 Parental education and child health

The educational level of parents can influence child and family health related behaviours. Studies have also shown that the education level of mothers is likely to have a greater impact than that of fathers. An association has been found between higher parental education level and increased likelihood of consuming a healthy diet. Adolescents in families with low maternal education may also be more likely to use illegal drugs.

3. The link between pupil health and wellbeing and attainment.

3.1 Early years provision and school readiness.

Evidence suggest positive effects on both educational and health outcomes of good pre-school and early years provision. The continuing development and evaluation of coordinated, good quality pre-school and early years provision is essential. Schemes for this age group that target disadvantage are particularly important to redress current inequality and bestow protective benefits.

While it is encouraging that outcomes for children from disadvantaged backgrounds are rising in line with the peers, there is no sign of the gap narrowing in any substantial way. Early education can make a fundamental difference to life chances, but only if the child receives high quality early education at a young enough age. Around 113,000 two-year-olds were eligible for 15 hours of free early education but did not take up their place. This represents 42% of all eligible children. In West Berkshire Family Hubs and Health Visitors hold the key to promoting take-up from age two to families; the universal one-year check on children is the opportunity to do this, [Ofsted, 2015](#).

Schools also have a part to play as one of the reasons some children start school at a disadvantage is because the school does not have a good enough relationship with its feeder nurseries, pre-schools or childminders to make sure each child has a smooth transition into school. Ofsted's Early years Annual Report, July 2015 suggests that schools must do more to support transition and remove any disincentives that might work against this. Problems with transition can also be avoided if children attend school nurseries where they can progress directly to Reception without having to move provider. Fewer than 5,000 schools nationally take two-year-olds, but, of those that do, the two-year-olds attending are disproportionately from better off families.

3.2 Schools

Maintained schools have statutory duties to promote children and young people's wellbeing and statutory responsibilities to provide a curriculum that is broadly based, balanced and meets the needs of all pupils.

Promoting the health and wellbeing of pupils and students within schools and colleges has the potential to improve their educational as well as health and wellbeing outcomes. Consequently schools are key places for shaping general wellbeing, more so as the health and wellbeing of children and young people contributes to their ability to benefit from good quality teaching and to achieve their full academic potential.

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Some key examples of initiatives that are already operating in West Berkshire Schools include a team of School Nurses across the district who work to deliver the Healthy Child Programme [Healthy Child Programme \(0-19\)](#), A full time Health in Schools Co-ordinator who works with all staff, pupils and parents to improve health and wellbeing in schools including healthy eating, emotional health and well being, physical activity, sexual health and alcohol and drug misuse, the Emotional Health Academy that is supporting children with lower level emotional wellbeing issues,

3.3 School culture

The culture, ethos and environment of a school impacts on the health and wellbeing of its pupils, and their readiness to learn. The Department for Education (DfE) recognises that: "in order to help their pupils succeed; schools have a role to play in supporting them to be resilient and mentally healthy". Ofsted has highlighted that children and young people themselves say they want to learn more about how to keep themselves emotionally healthy. Moreover schools have a duty to promote the wellbeing of students. The West Berkshire Emotional Health Academy plays a very important role in the work of addressing the emotional needs of young people [emotional health academy](#) through one to one sessions, group sessions and signposting to other therapies.

3.4 Academic success

Academic success has a strong positive impact on children's subjective sense of life satisfaction and is linked to higher levels of wellbeing in adulthood. In turn children's overall level of wellbeing impacts on their behaviour and engagement in school and their ability to acquire academic competence to begin with.

3.5 Physical activity and attainment

Children and young people who are aerobically fit have higher academic scores. The intensity and duration of exercise are both linked to improved academic performance, including GCSE results at age 16 and notably girls' results in science.

Physical activity has been linked to improved classroom behaviour across the whole school. Notable among the benefits are improved pro-social behaviour and peer relationships, with resulting reductions in disruptive classroom behaviour. Participation in extra-curricular activities also has a positive effect on attainment.

The Women's Sport and Fitness Foundation report 2012 found that only 12% of girls aged 14 do enough physical activity to benefit their health.

An Active Travel Co-ordinator is employed who supports primary schools to increase the percentage of children walking, scooting or cycling to school, plus a variety of physical activity initiatives to help all children increase their daily levels of activity.

Active Movement is a pilot programme which promotes non sedentary behaviour and low level activity currently running in Winchcombe and Park House School, due to be launched in Calcot.

3.6 How Personal, Social, Emotional education supports the attainment and achievement of pupils

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Personal, Social, Health and Economic (PSHE) education is the subject in which pupils learn how to keep safe, stay physically and emotionally healthy, and develop key skills and attributes for work and life. [PSHE 2015](#)

While PSHE education is a non-statutory subject, section 2.5 of the National Curriculum framework document states that:

‘All schools should make provision for PSHE, drawing on good practice.’

Along with the National Curriculum framework, the DfE also published guidance on PSHE education, which states that the subject is *‘an important and necessary part of all pupils’ education’* and that:

‘Schools should seek to use PSHE education to build, where appropriate, on the statutory content already outlined in the national curriculum, the basic school curriculum and in statutory guidance on: drug education, financial education, sex and relationship education (SRE) and the importance of physical activity and diet for a healthy lifestyle.’

Academic success: social and emotional skills programmes run through PSHE education are shown to improve attitudes and behaviour and raise academic achievement by 11%. The Education Endowment Foundation recommends such programmes to improve the attainment of disadvantaged pupils. There is a strong correlation between quality PSHE education and outstanding Ofsted ratings.

3.7 Healthy eating and attainment

Statutory school food standards apply to local authority maintained schools, academies that opened prior to 2010 and academies and free schools in England entering into a funding agreement from June 2014. This includes maintained nurseries and nursery units attached to primary schools, pupil referral units and sixth forms that are part of secondary schools. These school food standards are to ensure that food provided to pupils in school is nutritious and of high quality; to promote good nutritional health in all pupils; protect those who are nutritionally vulnerable and to promote good eating behaviour.

Since September 2014 every child in reception, year 1 and year 2 in state-funded schools is entitled to a free school lunch.

Breakfast consumption has been consistently associated with health outcomes and cognitive functioning in schoolchildren. Evidence of direct links with educational outcomes remains equivocal. Journal of Public Health Nutrition Association study (HJ Littlecott et al 2015) between breakfast consumption and educational outcomes in 9–11-year-old children finds that children who eat breakfast, and who eat a better quality breakfast, achieve higher academic outcomes.

Education for primary school children around healthy eating and physical activity, a healthy lifestyle after school course – Lets Get Going which is targeted at schools in more deprived areas and schools that have a higher percentage of overweight children as measured through the National Childhood Measurement Programme (NCMP). 10 week multi-component group programme aimed to inspire, engage & enable children & families make healthy lifestyle choices in the long term.

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Phunky Foods is a programme in schools delivering key healthy eating and physical activity messages for children aged 4-11. Offering a lively cross-curricular approach through art, music, history, drama and hands on food activities, delivered via the curriculum, clubs, assemblies, pupil workshops and parent workshops to provide a whole school approach.

Healthy Eating workshops delivered by West Berkshire Trading Standards Team educating children on the healthy eating messages.

Healthy Lunchbox Cards are being distributed to all primary schools and will help to guide parents on how to provide a nutritionally balanced, age specific, healthy lunchbox for their children.

3.8 Sexual health

It is estimated that between one-quarter and one-third of all young people have sex before they reach age 16. Among those leaving school at 16 with no qualifications, 60% of boys and 47% of girls had sex before they were 16 (Wellings et al. 2001).

Access to contraceptive services may be problematic for people in disadvantaged communities. There is a 6-fold difference in teenage conception and birth rates between the poorest areas in England and the most affluent. There is a clear link between poor sexual health, deprivation and social exclusion; unintended pregnancies can have a long-term impact on people's lives.

Public Health funds a comprehensive sexual health service that provides GUM services (genitor-urinary medicine) and contraceptive services for all young people. This service is based at the Royal Berkshire Hospital. In West Berkshire additional services are provided at West Berkshire Community Hospital on Saturday mornings and on two evenings per week. There are also outreach clinics running at Newbury College and the Waterside. A local C-card scheme runs locally which provides free condoms and sexual health advice to young people. A new sexual health website is available [Safesex Berkshire](#) which has access to free screening for gonorrhoea and Chlamydia screening and advice and information about all aspects of sexual health. To help prevent teenage pregnancy PH also commissions free emergency hormonal contraception (EHC) – the morning after pill from most community pharmacies in the district.

4. Improving educational attainment and health outcomes of disadvantaged children

Improving outcomes for disadvantaged children is a national and local educational priority. The Pupil Premium is part of an overarching government strategy to improve support for children, young people and families, focusing on the disadvantaged. It takes the form of additional funding allocated to publicly funded schools in England to raise the attainment of disadvantaged pupils and close the gap between them and their peers.

The main difference between the premium and previous funding for disadvantaged pupils is that the premium is linked to individual pupils. Schools make the decisions as to how to best spend the funding to ensure that it makes a difference.

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Since its launch in April 2011, the amount provided has grown over the years to total £1,320 per primary pupil in the current financial year and £935 for secondary pupils. A total of £2.5 billion a year is now spent on the premium, over 6% of the £38.8 billion schools budget. The premium is paid for pupils who have been eligible for free school meals over the previous six years or who have been in care. Schools also receive £1,900 for pupils who have been in care but are now adopted or left care under certain guardianship orders. A separate grant of £300 is paid to schools to enable them to support the emotional and social well-being of service children.

More recently, an Early Years' Premium has been introduced for disadvantaged three and four-olds receiving free pre-school education. It will complement the government-funded early education entitlement by providing nurseries, schools, and other providers with up to an additional £300 a year for each eligible child.

Pupil premium funding is available to local-authority-maintained schools, including special schools and [pupil referral units \(PRUs\)](#). This includes voluntary-sector [alternative provision \(AP\)](#), with local authority agreement, special schools not maintained by the local authority (NMSS), academies and free schools, including special and AP academies. It is not available to pupils educated in the independent sector.

4.1 What do we know?

Recent research by the Sutton Trust and Education Endowment Foundation (The Pupil Premium: Next Steps July 2015) suggest that the pupil premium has enabled schools – including many in areas not traditionally seen as facing disadvantage – to do more to improve the results of their less advantaged pupils. Equally, the report also suggests that whilst many schools have closed the gap there is still much to do. The headline national gap between the percentage of pupils gaining five good GCSEs, including English and Mathematics, for non-pupil premium and pupil premium is barely closing (it was 26.4% and 26.2% in 2011 and 2014). However, the report suggests that this is a relatively poor measure for monitoring the gap since it ignores many improvements.

This is also the case in West Berkshire where, on the face of it, improvements may be seen to have stalled. The report points out that this threshold measure for 16 year olds cannot take account of pupils who move from an E grade to a D grade or a B grade to an A grade. The report also suggest that, going forward in the new accountability measures, more emphasis should be given to improving outcomes across a range of subjects and increasing rates of progress. (Attainment 8 and Progress 8)

As a result of the [School Improvement Strategy 2015-17 – “Every school at least a good school”](#) and the high profile Pupil Premium Strategy, work has focused on this area In West Berkshire resulting in a seismic shift in the attention now paid to pupil premium pupils. The PP pupils form only a very small proportion of the cohort (only 294 pupils in the year 11 cohort in 2015). Each school now has a pupil premium co-ordinator; all teachers can identify who their PP pupils are and the need to raise expectations of their performance; schools collaborate and share good PP practice through pupil premium networks.

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- The Local Authority has issued briefings to heads on LA and national data and the outcomes for vulnerable groups, including issues that schools should examine in their own data sets if appropriate. In addition there have been LA briefings at Leadership forums to schools heads and Chairs of Governing Boards on outcomes for vulnerable pupils including Pupil Premium spend and impact.
- All schools have received information, advice and guidance on requirements to publish information about Pupil Premium spend and its impact on an annual basis allowing analysis of individual school data, making LA and national comparisons possible for all relevant sub groups linked to School Improvement Adviser core visits.
- Follow up on impact of work each term to LA maintained schools and academies who purchase support.
- Support is given to heads and governors on the use of pupil outcome targets in performance management for school staff .
- Schools have a Pupil Premium lead to champion the needs of vulnerable pupils and all staff in schools are made aware of the vulnerable pupils that they teach.
- Governance Boards have a lead Pupil Premium governor.
- Pupil Premium training is provided for Governors – both introductory and advice for Lead Governors

In the July 2014 Ofsted report "The pupil premium: an update" West Berkshire was cited as "one of the most improved LAs" in closing the gap between disadvantaged pupils and their peers.

Additional activity that addresses

- Pupil Progress Meetings held in schools on a termly to discuss individual pupils and their progress; identification of any barriers to learning; impact of current interventions and identification of further needs.
- Collaborative working between School Improvement/Education Welfare Service/Educational Psychologist/Looked After Children's Education Service and Special Educational Needs and Disability teams on provision. Education has a Vulnerable Children's Group including these teams plus social is led by Head of Service for Education.
- Training for Newly Qualified Teachers and other school staff on meeting needs of vulnerable groups
- Pupil Premium Audits of practice in schools led by a School Improvement Adviser.
- Pupil Premium network for primary schools.
- Pupil Premium network for secondary schools.
- Cross LA working on good practice sharing.
- Family hub work including ECAT and a focus on targeted work with specific families to enhance life chances, links with Adult Community Learning to support parental education and aspirations.
- Family Hubs have links with health colleagues including speech and language support. Hub programmes include a range of support for families including Home Learning Environment, School Readiness, (also provided in preschool settings) as well as Book Start, Rhyme Challenge etc which are local and national initiatives.

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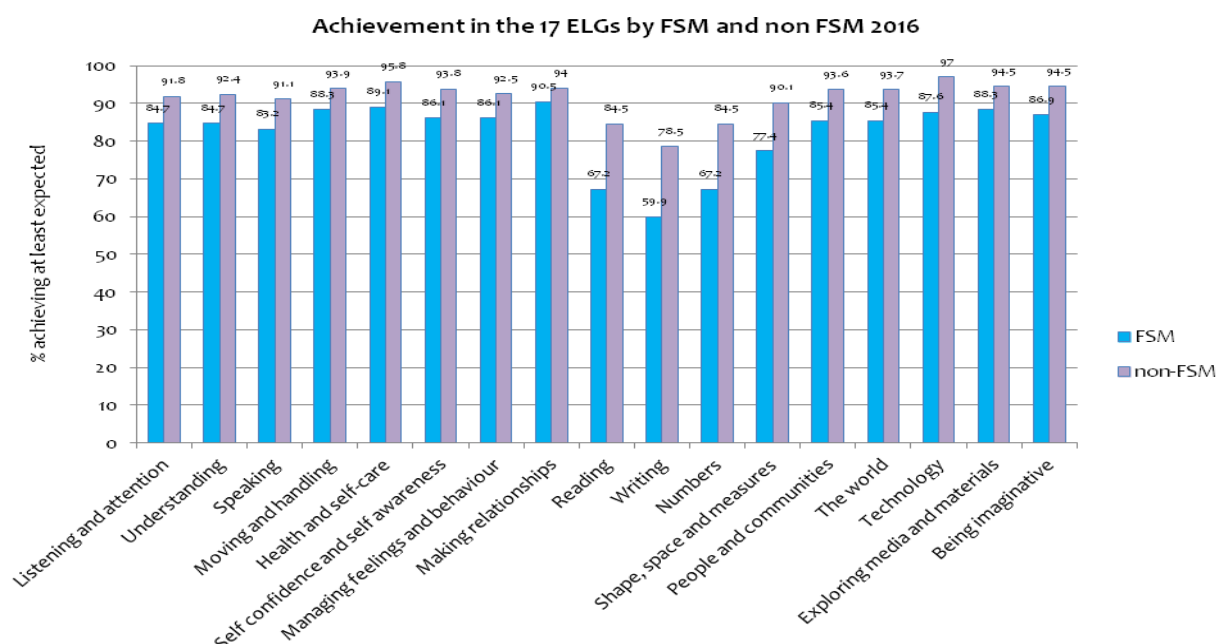
- Post 16 tracking into education, employment and training.
- Link between Education and the LA Elevate project to improve outcomes for 19-25 year olds
- E- learning safety and safeguarding audits are supported by education colleagues

EYFS Activity

West Berkshire's EYFS FSM gap continued to be a concern last year so we put in place a series of measures to try to address the issue. These included:

- Writing to each individual school with the information about FSM children on transition to year one.
- Each individual school was also made aware of all children entering foundation stage who were funded as 2 year olds.
- There were briefings for schools as part of the moderation process to make them aware of the free school meals children and the gap in West Berkshire.
- Each School Improvement Adviser linked to a school was provide with the same information so they could challenge individual schools during their visits.
- At the end of the year a separate moderation session was provided for school to look at the profile data and evidence for their free school meals children. Individual schools with larger cohorts were specifically targeted for these sessions.
- Tracking of uptake of vulnerable funding for 2,3,4 year old children.
- West Berkshire EYFS moderators visited 24 out of the 59 schools (40%) during May/June 2016.
- Practitioners who had FSM children also attended a specific workshop to discuss the outcomes for these children and the actions they have put in place over the past year. The gap between FSM and non FSM children has reduced by 8.8% between 2015 & 2016.
- 56.9% of FSM children achieved a GLD compared with 76.5% of non FSM children. This is a gap of 19.6%. The chart below shows that FSM children performed best in the Making Relationships and Health & Self-Care ELGs. The performance of FSM children was the lowest in Writing (59.9% achieved) as was non FSM children (78.5% achieved at least the expected level). In terms of FSM gaps, significant gaps were in Writing, Reading and Number at 18.6, 17.3 and 17.3 percentage points respectively. In contrast, the FSM gaps in Making Relationships, Moving & Handling and Exploring Media and Materials were narrow at 3.5, 5.6 and 6.2 percentage points respectively.

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There is still work to do and we are planning further work during the next cycle of moderation. This will include:

- Repeating activities from last cycle including the extra moderation for the schools where FSM children do least well and adding an early awareness training session highlighting some of the best practice in schools. Using the practitioners to share “what works well.”
- Presentation at Head Forum
- A Sharing full analysis of YEFS data with all schools
- Briefing school improvement team in detail at school level with a focus upon the schools causing most concern.

However, the gap is still too wide and these pupils improve their outcomes to match their non-PP peers. This remains a priority improvement area and we link and work closely with other LAs with similar issues. The gap in performance between disadvantaged and non – disadvantaged in high performing educational authorities, especially in the South East of England e.g. West Berkshire, Wokingham, Buckinghamshire, Windsor and Maidenhead-is typically greater than national although the percentage of disadvantaged pupils is smaller.

The government is also currently taking more note of a new group of disadvantaged pupils who are in “Families just about managing” and are consulting nationally about how better to identify and support those just falling behind the eligibility threshold. (Schools that Work for Everyone DfE September 2016). Free School meals captures a relatively small number of pupils whose parents have been in receipt of income related benefits, linked to the local labour market in the past six years. This effectively means that if you earn more than £16,190, you will not qualify for Free School Meals. In January this year, 14.3% of pupils were eligible for Free School Meals

4.2 Facts, Figures, Trends

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Achievement Data to 2015: (2016 data will not be validated until late 2016. N.B. In previous years PP targets were set against national results rather than non-PP)

Council Targets. The table below shows 2015 performance against key priority council target areas of raising achievement and closing the gap between Pupil Premium/Disadvantaged pupils and the National Results.

PP = Pupils entitled to Pupil Premium	Target 2015	Actual Results 2015	National Results 2015
All KS2 L4+ Read Write Maths	82% Met	82%	80%
PP KS2 L4+ Read Write Maths	63% Exceeded	67%	70%
KS2 Gap between PP pupils and their peers (aim is lower) 2012 gap 29% 2013 gap 25.1% 2014 gap 24%%	22% Exceeded	18%	15%
GCSE 5A*-C incl E&M	61% Exceeded	62%	56.3%
PP KS4 5A*-C incl E&M	33% Met	33%	37%
KS4 Gap between PP pupils and their peers (aim is lower) 2012 gap 36.6% 2013 gap 34.3% 2014 gap 33.4%	30% Not Met	34.7%	28.3%
FSM Early Years Foundation Stage Good Level of Development (aim is higher) 2014 FSM 36%	40% Exceeded	45%	45%

KS5 data:

NB this is FSM data, not Pupil Premium

	2013	2014	2015
West Berks	32.0	28.2	28.0
National	35.3	35.7	36.4

% Attendance data:

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	Dis	Not Dis	Gap	Equiv no of days
All through Primary schools	94.1	96.9	2.8	5.3
Infant only schools	92.4	96.5	4.1	7.8
Secondary schools	91.0	96.0	5.0	9.5

If pupils are not in school they are not increasing their chances of successful attainment. Schools all measure data for these groups, but this will be an area of greater focus for LA support next year.

4.3 What is the data telling us? (See Appendix A)

Typically, the number of pupils eligible for free school meals (FSM) in Early Years Foundation Stage is small i.e. in 2015 127 out of 1962 pupils which equates to 6%. This is a reduction from 9% in 2014. The gap between FSM and non FSM has reduced from 32% in 2014 to 28% in 2015. This has been a priority improvement area as the gap is too wide.

In 2015, there was further improvement in the key priority area of closing the educational gap for disadvantaged pupils with a reduction in the gap for 11 year olds in the Level 4 standard in all subjects from 29% in 2012, 25% in 2013, and 24% in 2014 to 18.7% in 2015.

Performance data also shows that there were 294 identified disadvantaged 11 year olds in the 2015 cohort. Disadvantaged pupils without a special need or disability (209 pupils) scored well achieving above the Level 4 standard in all subjects at 81.3%. Improving progress rates for pupils with SEND is therefore a priority in the primary phase.

In the key indicator of 5A*-C GCSEs including English and mathematics for 16 year olds, the gap has increased from 33.4% in 2014 to 34.7% in 2015. Improvements in closing the gap nationally have also stalled at 27%/28% and there has been no trend of national improvement since 2012. This continues to be an area which schools and the LA are working hard to make improvements.

Four out of 10 secondary schools had a gap which is close to or smaller than the national gap, though there has been very inconsistent performance year on year across the schools, partly due to the small numbers of pupils involved i.e. 277 pupils in total.

Analysis of performance information also shows that the key group of pupils who are entitled to Pupil Premium and who are underachieving are typically white working class boys. Schools need to raise aspirations for these pupils and to encourage their families to have greater ambitions for their children. Working effectively with parents to remove barriers to learning, from the earliest stages in education, will be key if further progress is to be made beyond the impact of improvements in the classroom.

5. Recommendations for consideration

- Better identification of pupil and family needs by Family Well Being Hubs and Schools.

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- Clearer understanding of the barriers impeding good educational/health outcomes.
- Ensure funding has a positive impact on outcomes in all Key Stages of a child's education including the Early Years and Sixth Form.
- Better understanding of the implications of multiple need and the effect that it has on educational outcomes.
- Commission a pilot project to support West Berkshire Schools to offer out of school activities with an emphasis on outdoor learning/activities, targeting Key Stage 1 vulnerable pupils. The aim of the pilot should be to evaluating whether such out of school activities are effective in narrowing the attainment gap in key stage 1. The pilot should build on recent evidence showing that sports clubs and 'other' (unspecified) club participation was positively associated with attainment outcomes at age 11, when controlling for prior attainment.
- Consider to what extent "Families Just About Managing" and who are falling just below FSM eligibility thresholds are being targeted for any intervention and support.
- To ensure that Early Years professionals such as Health Visitors and Family Wellbeing Hub workers are fully engaged in the school readiness agenda, particularly in relation to their role around promoting the uptake of early years pupil premium.
- Ensure that parents/carers are fully aware of the need to register for Free School Meals for schools to access pupil premium funding in KS1 where a universal meal is provide free of cost.To support schools and settings to identify where White British Boys are underachieving and to challenge school leaders and governors to address issues of closing gaps where they exist.
- To build positive relationships with other services/providers in raising awareness of the simple positive experiences that can support improving health and educational outcomes for vulnerable children.

6. Equalities

6.1 This item is provided for information only.

Appendices

Appendix A – Disadvantaged Attainment Gap 2012- 2015

References

Link between Pupil Health and Wellbeing ad Attainment: a briefing for Head Teachers, Governors and Staff in Educational Settings.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/370686/HT_briefing_layoutvFINALvii.pdf

Health Impacts of Education.

<http://www.publichealth.ie/files/file/Health%20Impacts%20of%20Education.pdf>

Link between sexual ill-health, deprivation and social exclusion.

<https://www.nice.org.uk/guidance/ph51/chapter/2-public-health-need-and-practice>

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The report of Her Majesty's Chief Inspector of Education, Children's Services and Skills 2015.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/445730/Early_years_report_2015.pdf

The Pupil Premium: Next Steps The Sutton Trust and Education Endowment Foundation July 2015.

Schools that Work for Everyone DfE September 2016