Believe in children
Barnardo's Scotland

Barnardo's Scotland response to Scottish Government: National Improvement Framework consultation on measuring the attainment gap and milestones towards closing it

Key points

- **Health and wellbeing should have parity of esteem with literacy and numeracy in practice. The starting point for this is how and what we are measuring.**
- **There must be a focus on children's broader achievement and not just attainment when seeking to close the gap.**
- **We would like to see a key measure in relation to the health and wellbeing strand of the curriculum.**
- **We would like to see an additional sub-measure in relation to engagement, both family and parental engagement and engagement of children in their own learning.**

The Scottish Government has set out the following principles to its approach to measuring the attainment gap

Use of SIMD

We understand why the Scottish Government is proposing to use existing and available data. However, we have some concerns that this approach may miss out some of our most vulnerable children and young people. As highlighted in the consultation, The Scottish Index of Multiple Deprivation (SIMD) is limited as it does not account for children and young people experiencing poverty who don't live in deprived neighbourhoods.

The proposed measures look specifically at poverty rather than experience in relation to children and young people; the wider impact of inequality and vulnerability is therefore not captured. For example, SIMD data does not take into account Looked After and Accommodated children (LAAC) such as those in residential or secure care, who we know can struggle with attainment and achievement through education. A recent research report looking at the amplification of social differences in child mental health in primary schools in Glasgow found that the strongest demographic indicator of mental health difficulties in their cohort was ever having Looked After Status. [1]

A lot of our work in schools has highlighted that children living in more affluent areas but who are vulnerable in other ways can often slip through the net. For example, for schools in

[1] http://jech.bmj.com/content/jech/early/2017/10/22/jech-2017-208995.full.pdf (6)

neighbourhoods with higher deprivation it is often accepted that children won't turn up with stationary, or they won't be asked to go on school trips that cost money. However, for those children living in more affluent areas, based on SIMD data, there may be an expectation that they can afford those additional extras, and that they are not struggling in other ways which may impact on their attainment. For example parents struggling with mental health issues, parents in in-work poverty, family imprisonment, young carers, children with additional support needs, addiction etc.

In just using SIMD data, there is a danger that we miss out the experiences of individual children and the challenges they face by focusing on geographical locations and groups. We support the view of Professor Lindsay Paterson that:

"What we properly need is a good quality survey of the kind that is done in many countries, including England and Wales, which tracks individual children over time, paying attention to their family circumstances, the support they get from their parents, the fact that some parents are too poor to provide support. That's the only credible social scientific way of measuring the effects of poverty." [2]

Avoidance of perverse incentives

Targets by their nature have a tendency to create perverse incentives. There is an assumption within the suggested key measures that attainment as a measure is related to academic subjects that can be assessed rather than a child's overall achievement throughout their learning journey.

There is therefore a danger that the key measures themselves create a perverse incentive towards 'closing the gap' in literacy and numeracy above any measures to close the gap in health and wellbeing. There is a tendency to value what we measure rather than measuring what we value and we don't want to see a culture of 'what gets measured gets done'. This is not in line with the principles and ethos of the Curriculum for Excellence which seeks to place health and wellbeing on an equal footing to literacy and numeracy.

At least one key measure in relation to health and wellbeing would go some way to hopefully preventing this from happening.

We are piloting some of these measurements through our attainment work in schools. In some areas we are developing a matrix which looks to link children's engagement in their own learning with levels of attainment. This process is teacher lead and based around where the teacher feels that child is at in terms of their own individual capacity rather than what they are expected to achieve academically.

Our PATHS work [3] also looks at measuring children's engagement in learning and much of our work in schools is built around support for the whole family and seeks to build meaningful parental engagement in a child's learning.

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[2] https://www.itv.com/news/border/2017-11-09/mind-the-gap-academic-warns-attainment-gap-measurements-let-down-poorer-pupils/
[3] http://www.pathseducation.co.uk/

Key measures

Whilst we appreciate the rationale behind the key measures, we are worried that there is a conflation between achievement and attainment being borne out. In particular the lack of any key measures in relation to health and wellbeing is concerning. The consultation document states that additional measures may increase complexity and make measuring the gap more difficult.

The key measures as they stand are only related to attainment in a strict academic sense, i.e. literacy, numeracy, and academic qualifications. Whilst we understand the difficulty in defining and measuring elements of health and wellbeing, if health and wellbeing is truly to have parity of esteem with literacy and numeracy it must be included in some way in the key measures.

This consultation process provides an opportunity to look at what data sets are currently available and seek to improve them, including measuring things that are often deemed too difficult to count or measure.

The consultation states that:

"Sub-measures have not been included in the key measures to ensure that we have a manageable number, and because measures such as attendance (etc.) are not direct measures of attainment" (page 6)

However a Participation Measure has been included as 1 of the 8 key measures despite the consultation stating that *'this is not an explicit measure of attainment' (22.)*

We would question therefore whether it is achievement or attainment which is being considered. The two are not necessarily interchangeable terms, and we would favour a wider achievement focus which is much broader and not confined to academic subjects. Evidence, and our work in schools shows that life skills and social and emotional learning are more important building blocks in terms of life chances. There are measurements out there currently which focus more broadly on children's social and emotional development, health and wellbeing, achievement and engagement in their own learning.

A recent study of the mental health gap in Glasgow primary schools used routinely collected data collated by Glasgow City Council Education Services. The outcome measure in the study was Goodman's Strengths and Difficulties Questionnaire (SDQ). They used teacher-rated versions of the SDQ at ages 4 and ages 7/8 to look at the mental health trajectories of primary aged children [4] The SDQ looks at conduct problems, hyperactivity/inattention, emotional symptoms, peer relationship problems and prosocial skills. Although the SDQ is not perfect, using it means results can be comparable across countries/projects and it is widely accepted as the standard.

The consultation states that the SDQ will be used in relation to sub-measures but we would like to see this being used as a key measure in relation to children's health and wellbeing. We are unsure whether this data is collected routinely across all Local Authority Education Services but

[4] http://jech.bmj.com/content/jech/early/2017/10/22/jech-2017-208995.full.pdf

we would suggest this would be an example of good practice which should be replicated on a national level to ensure all local authorities are collecting comparable data on children's health and wellbeing.

We would also highlight the importance of using teacher-rated SDQs for children aged between 4 and 12. SDQ is designed for the 11+ age group and in our experience younger children can struggle with understanding the complexities of the questions if they are asked to fill it in themselves.

Sub-measures

Sub-measures are important indicators to support understanding of the key measures.

However, there is no mention of using the SHANARRI outcomes web which many schools are using to allow children to self-report. We would suggest consideration of this as an additional sub-measure or some other form of self-reported health and wellbeing measures for children and young people at all ages.

We see a real opportunity here to link engagement with health and wellbeing. Both parental and family engagement, as well as a child's engagement in their own learning. Children cannot engage in the academic curriculum if they don't feel safe, nurtured, supported, happy, and healthy and this extends beyond the classroom, before and beyond the school gates, into a child's home environment.

Case Study

Jack kept hitting other children; his parents had told him that if he got hit or anyone upset him he could hit them back. His teacher was telling him that wasn't acceptable behaviour for school but he insisted that his parents had told him that was okay. The teacher approached a Barnardo's staff member to ask how to deal with Jack's behaviour, the Barnardo's staff member advised this wasn't behaviour that could be addressed in isolation with the child, and it was really important to involve Jack's parents.

As mentioned previously, we are working to develop a matrix in some schools which links children's engagement with levels of attainment and uses teacher's professional judgement about each child based on their capacity. Anecdotally we have found in our services that children are more responsive to learning the more engaged their parents are.

The consultation document states *that 'the choice of measures may be revised as national data collection evolves and develops'* – this is very welcome and we would like to see consideration given to measures that relate to children on an individual level taking into account the entirety of their learning experience including family circumstances.

One of the key things we have learned through our own partnership working with schools is that closing the gap in attainment requires support for families before and beyond the school gates. This means focusing on the importance of attachment before children start formal education when they are in primary school and practical family support with difficulties at home.

It has been suggested that the quality of schools in the UK in relation to children's development demonstrates little overall variation. Rutter suggested that only around 3% of the variance is explained by the school, in contrast to 11% at the class level and **86% at the individual level.** [5] Family and parental involvement and circumstance is crucial to the individual level, and we would like to see this reflected in the sub-measures.

Additional comments

We believe it is essential to develop robust and accurate measurements around health and wellbeing in order for schools to assess their individual level of need. The Pupil Equity Fund is extremely welcome, however it is essential for schools to know what it is they need to be measuring and what impact the funding should be having. Many schools are buying in counsellors or therapists because they know health and wellbeing is important, but they don't know what progress should be measured by; what their aims are; or what a successful outcome for those children and young people should be.

A clear framework for measuring progress on health and wellbeing alongside guidance such as the materials produced by NHS Health Scotland e.g. 'Tackling the attainment gap by preventing and responding to Adverse Childhood Experiences (ACEs) [6] is essential.

Schools having an understanding of the importance of health and wellbeing and of crucial elements such as nurture and trauma cannot be understated. Through our extensive work in partnership with schools we have seen the difference systemic change in the mind-set of a school around health and wellbeing can have. The case study below highlights why a key measurement around health and wellbeing is so important in helping to drive and facilitate this ethos in schools. Children simply won't be able to access the curriculum if their health and wellbeing is not being addressed.

Case study

Seth gets very distressed in a classroom setting during regular lessons. Whenever he feels stressed he takes himself off to his schools 'nurture room' which he finds to be a safe and calming space. However, whenever Seth goes to the nurture room his class teacher radios for someone to bring him straight back into the class again. A Barnardo's member of staff told the class teacher that Seth is unlikely to be able to learn or achieve academically in those classes if the issues around his health and wellbeing are not addressed.

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[5] Rutter M, Maughan B. School effectiveness findings 1979–2002. J School Psychol 2002;40:451–75
[6] http://www.healthscotland.scot/media/1517/tackling-the-attainment-gap-by-preventing-and-responding-to-adverse-childhood-experiences.pdf