



### **WE BELIEVE**

**EVERY CHILD** 

SHOULD HAVE A

HEALTHY,

HAPPY AND SAFE

CHILDHOOD SO THAT ALL
CHILDREN ARE WELL

PREPARED FOR LIFE,

BREAKING THE CYCLE OF POVERTY.

# SHZ U U SHZ O O O

- 01. Introduction
- 03. Key Findings
- 05. Methodology
- 06. Chapter 1: Pupil Premium,
  Non-Pupil Premium, School
  Engagement
- 17. Chapter 2: Mental Health and Wellbeing
- 25. Chapter 3: Physical Health
- 30. Chapter 4: Home Environment and Stability
- 36. Conclusion
- 39. References
- 42. Appendix

### Introduction

Child poverty is a significant issue in the UK, with stark consequences for educational outcomes. Current data indicates that 4.3 million children in the UK are living in poverty, representing approximately 30% of all children (CPAG,2023). Children from the poorest families are almost 13 times more likely to experience poor health and educational outcomes by the age of 17, compared to their more affluent peers. (University of York, 2023a; 2023b).

Yet, child poverty in London presents a more severe picture compared to the national average. Children growing up in poverty in London face numerous challenges that impede their academic success, including lower attendance rates, higher exclusion rates, and poorer mental health (Trust for London, 2024). In some boroughs, such as Tower Hamlets, children are four times more likely to live in poverty compared to other parts of the city.

Mental health plays a crucial role in a child's ability to succeed academically. Studies have consistently indicated that children with poorer mental health often struggle with concentration, motivation and overall school engagement (Johnston et al., 2014; Golberstein et al., 2019; Victorino & Gonzales, 2009). Other studies found that psychiatric conditions negatively impact educational outcomes, with externalising conditions characterised by disruptive behaviors, impulsivity, and difficulties in self-control and emotion regulation, being particularly detrimental (Hoffman et al., 2021). Given that mental health issues, such as depression and anxiety, are more prevalent among children from low-income families (Johnson et al., 2014; Patalay & Fitzsimons, 2017), a holistic approach is needed to address mental health within the educational context.

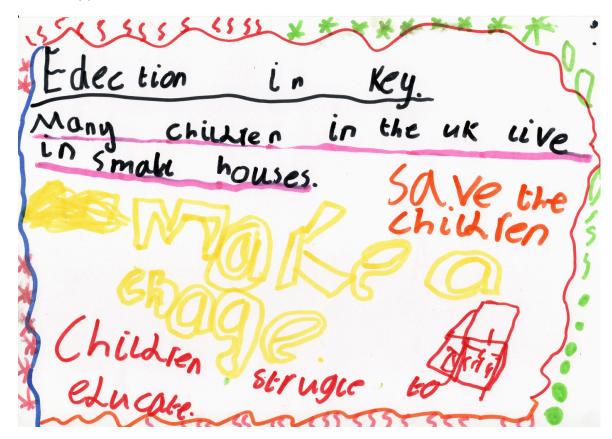
The need for a more holistic approach is marked further by the importance of physical health factors. Children living in poverty often face numerous health challenges, including malnutrition, chronic illnesses, and inadequate access to healthcare (Asha et al., 2020). These health issues can significantly impair a child's ability to attend school regularly and engage effectively in learning activities, decreasing their academic performance (OECD, 2021).

The home environment is also crucial for a child's educational success. Children from low-income households are more likely to face long-term educational disengagement and psychosocial challenges due to their home environment (Tomaszewski et al., 2020). Studies also show that poverty indirectly affects children's cognitive development through the quality of the home environment (Saitadze, 2021; Khan et al., 2019).

The intersectionality of mental health, physical health and home environment factors creates a complex web of challenges which children living in poverty must navigate. Each reflect a significant barrier against children's educational trajectories, and their combined effects are more profound. By the end of secondary school, pupils living in poverty are on average 19 months behind their peers in terms of academic achievement (Third Space Learning, 2024). This represents a clear attainment gap between children living in poverty vs. their more affluent peers. Policies such as Pupil Premium Funding aim to address this issue by providing schools with additional resources to support disadvantaged pupils (ibid).

Despite these efforts, challenges remain. Since COVID-19, while the attainment gap of all school pupils was impacted by the pandemic, the impact was greater for those from disadvantaged backgrounds – putting to question the effect of Pupil Premium and highlighting an ongoing need for greater support for children living in poverty (ibid).

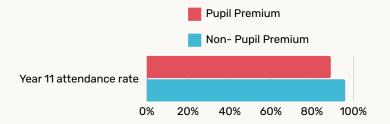
The Childhood Trust commissioned this research to investigate how such intersectionality impacts children living in poverty by including the voices of children directly, as well as taking an evidence-informed approach through the perspectives of the Trust's delivery partner charities that support children living in poverty. The research also includes an analysis of wide-scale data from 1400 UK schools comparing Pupil-Premium students vs. Non-Pupil Premium students against mental wellbeing, attendance and exclusion scores across primary and secondary schools, helping to saturate data collection methods further and highlight the need for a holistic approach.



# **Key Findings**

### **Attendance Disparity**

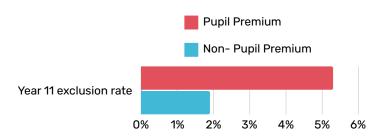
Pupil Premium students have lower attendance rates compared to their non-Pupil Premium peers, with the gap widening as they progress through secondary school:



This is the equivalent to an attendance gap of approximately 45,300 fewer Pupil Premium students attending school regularly in the UK.

### **Exclusion Disparity**

Pupil Premium students face higher exclusion rates:



This is equivalent to an exclusion gap of approximately 31,620 more Pupil Premium students being excluded in the UK.



**68**%

of charities, supporting 310,877 children, report that poverty significantly limits children's ability to make the most of their educational opportunities.



of charities stated that the cost of living crisis hindered their ability to provide adequate support.

### **Mental Wellbeing Gap**

Pupil Premium students start secondary school with mental wellbeing scores approximately...



### **Impact of Poor Physical Health**

of charities reported inadequate nutrition among the children they support, leading to physical health issues such as malnutrition, obesity, and chronic illnesses. These health challenges result in frequent absences and lower academic performance, reflecting the critical need for comprehensive health support to improve educational outcomes for children living in poverty.

### **Children's Voices on School Engagement**

Children expressed feelings of disconnection and alienation from the school environment. Quotes such as...

66

"I don't think anyone belongs in school... out of the 12 years in secondary school I could've been home for 5 years."

"I gave up going to school at 14,"

66

"I frequently face anxiety issues due to my school performance and this doesn't help my asthma at all." 66

"You might always be worried about what might be happening in the future, and you're not always focused in the present, so your grades might not be good, and then your life goes downhill. This thought makes me scared."

...underscore the profound sense of disengagement and the impact of external stressors on children's academic experiences and complete withdrawal from the educational system at a critical age.

## Methodology

This research utilises three distinct quantitative and qualitative methods to explore the various ways in which the intersectionality between mental health, physical health and home environment impacts the educational outcomes and overall wellbeing of children living in poverty. Given the complex nature of these effects, a comprehensive approach using a diverse set of methods is essential to provide a holistic and nuanced understanding of the multifaceted impacts of poverty on children. All fieldwork was conducted between April and May 2024. To ensure the safeguarding of participants, all names have been anonymised. The following sections of this chapter detail each method employed in the study.

### Attendance, Exclusions and Wellbeing by Pupil Premium status:

The Childhood Trust, in partnership with ImpactEd, provide an analysis of attendance, exclusions and wellbeing rates by Pupil Premium status among students through ImpactEd's School Impact Platform (SIP) database.

Please see the appendix for a definition on Pupil Premium and for the full analysis of this data by ImpactEd.

The sample is based on young people with at least one wellbeing measure collected by ImpactEd between September 2020 and April 2024. The exact number of observations included varies across the analyses depending on the data available for the measure at the relevant time point. The wellbeing scale is based on the Short Warwick Edinburgh Mental Wellbeing Scale and The Stirling Children's Wellbeing Scale. The former is used more with older children and the latter with younger.

Both are validated scales which have been shown to have reliable psychometric properties (e.g. test-retest reliability, high degree of internal consistency) but also are linked in the literature to have been predictors of health outcomes, educational achievement and other desirable outcomes.

ImpactEd Evaluation is a social enterprise supporting over 1,400 schools and 80 education organisations, attended by 580,000 pupils aged between 3-18, each year to evaluate and learn from their impact to help them focus on what works to benefit children and young people.

#### **Charity Survey:**

The Childhood Trust utilised its network of charity delivery partners operating across London that support children living in poverty to gather additional data. Our sample of charities provide 1) mental health support, 2) physical health support, 3) home and community environment support, and 4) employment, training and educational support to children living in poverty.

Our survey reached 62 charities. 310,877 children are supported by this sample of charities.

#### **Workshops with Children:**

The research additionally utilised a peer-to-peer research methodology to conduct a series of workshops with children supported by one charity partner and two secondary schools in London. We were able to ensure that the children's experiences remained at the heart of this research. Each workshop lasted 1-2 hours and supported debate, openness and reflection. 31 children participated in the workshops.



Chapter 1: Pupil Premium, Non-Pupil Premium, School Engagement

### **Attendance Rates**

Figure 1 illustrates school attendance rates among secondary school pupils based on whether they receive Pupil Premium funding or not:

Not Pupil Premium Pupil Premium

96

96.36

94.15

94.39

93.52

93.38

93.19

90

89.44

88.38

87.44

Figure 1: School Attendance Among Secondary School Pupils by Pupil Premium Status

This data is drawn from September 2020 – April 2024. The data is based on 30,000 surveyed secondary school children. Of this, 9,000 were eligible for Pupil Premium at each time point. This is equivalent to approximately 172,800 Pupil Premium eligible secondary school children living in London, and 930,000 Pupil Premium eligible secondary school children living in the UK.

#### 1.1 Initial Attendance Rates

At the start of secondary school, students who receive Pupil Premium funding have slightly lower attendance rates compared to their peers who do not receive this funding. Specifically, Pupil Premium students attend school about 94% of the time, while non-Pupil Premium students attend about 96% of the time. This initial difference, although modest, indicates that students from disadvantaged backgrounds are already facing barriers to regular school attendance right from the start of their secondary education.

#### 1.2 Widening Attendance Gap Over Time

As students progress through secondary school, the gap in attendance rates between Pupil Premium and non-Pupil Premium students grows wider.

For example, by Year 9, Pupil Premium students' attendance drops to around 89%, whereas their peers maintain a higher attendance rate of about 94%. This widening gap suggests that as children get older, those from disadvantaged backgrounds face increasing challenges that prevent them from attending school regularly. By Year 11, the final year of secondary school, this gap has grown to six percentage points, with Pupil Premium students attending school less frequently than their non-Pupil Premium peers.

The data shows a consistent decline in attendance rates for Pupil Premium students from Year 7 to Year 11. While all students experience some fluctuations in attendance as they move through secondary school, the gap between Pupil Premium students and their peers widens significantly over time.

Figure 2 paints a similar picture to figure 1 but for primary school pupils from Year 2 to Year 6, comparing those who receive Pupil Premium funding with those who do not:

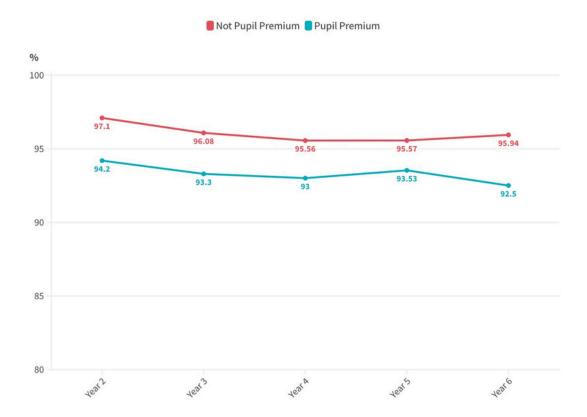


Figure 2: School Attendance Among Primary School Pupils by Pupil Premium Status

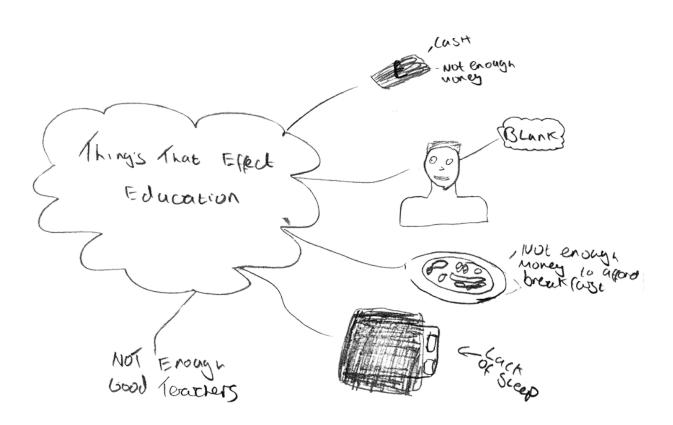
This data is drawn from September 2020 – April 2024. The data is based on 3,000 surveyed primary school children. Of this, 2,000 were eligible for Pupil Premium at each time point. This is equivalent to approximately 466,690 Pupil Premium eligible primary school children living in London, and 3,066,820 Pupil Premium eligible primary school children living in the UK.

### 1.3 Consistent Attendance Gap:

From Year 2 onwards, there is a clear and consistent difference in school attendance rates between pupils who receive Pupil Premium funding and those who do not. Throughout the primary school years, Pupil Premium students attend school less frequently than their peers. This gap remains relatively stable, indicating that disadvantaged students face ongoing challenges that affect their ability to attend school regularly.

The difference in attendance rates between Pupil Premium and non-Pupil Premium students is, on average, around three percentage points. For example, if non-Pupil Premium students have an attendance rate of 95%, Pupil Premium students would have an attendance rate of about 93%. While this may seem like a small difference, it can add up to a significant amount of missed school over the course of a year, impacting the learning and progress of disadvantaged students.

Regular school attendance is crucial for children's academic success and social development. The consistent attendance gaps observed in Figure 1 and Figure 2 suggests that Pupil Premium students are at a disadvantage, as they miss more school days compared to their peers. This can lead to gaps in their learning, lower academic achievement, and fewer opportunities for social interaction and development.



#### 1.4 Exclusion Rates

Table 1 below highlights school exclusion rates among secondary school pupils during the 2022/23 academic year, comparing those who receive Pupil Premium funding with those who do not:

**Table 1. School Exclusion Rate by Pupil Premium Status Among Secondary School Pupils** 

Year Group	Not Pupil Premium	Pupil Premium	Gap
7	1.7%	5.6%	3.9%
8	2.6%	8.4%	5.8%
9	3.2%	9.0%	5.9%
10	3.5%	8.9%	5.4%
11	1.9%	5.3%	3.4%

From the beginning of secondary school, there is a significant difference in exclusion rates between Pupil Premium students and their peers. In Year 7, about 5.6% of Pupil Premium students face exclusion, compared to only 1.7% of non-Pupil Premium students. This means that students from disadvantaged backgrounds are more than three times as likely to be excluded from school in their first year.

As students progress through secondary school, the exclusion rates for Pupil Premium students remain significantly higher than for their non-Pupil Premium peers. By Year 9, nearly 9% of Pupil Premium students are excluded at least once, compared to just over 3% of non-Pupil Premium students. Children from disadvantaged backgrounds continue to face higher rates of exclusion.

Although by Year 11 the exclusion rates for both groups of students decrease, Pupil Premium students still face higher rates of exclusion compared to their peers. In their final year of secondary school, 5.3% of Pupil Premium students are excluded, compared to 1.9% of non-Pupil Premium students.

This reduction might be due to the increased focus on important examinations like GCSEs, which might lead to fewer exclusions to ensure students can complete their studies.

In one workshop, all students agreed to one child's remark of "everyone has" to the question of whether someone has ever been victimised in school. As Arturo mentioned:



"When my shoes used to rip off, I'd be put in isolation and miss classes."

Arturo describes being punished and isolated for having worn-out shoes, with soles that flapped loose which led to him missing classes, highlighting the punitive measures taken against students for their appearance and economic situation.

Similar feelings of frustration were felt by Jackson:

"When you feel tired, they don't allow you to go out for a break, you can't go out to the toilets, they don't realise how you might feel in the present moment and that's how you become a distraction in the class."



Jackson expressed frustration about the lack of understanding and flexibility from teachers when students feel tired, leading to increased distractions in class.



"Even the same with lateness... doesn't matter about the reason even if genuine, they'd rather send you back home than let you in school... it just puts anyone really off."

Devin highlights the rigid policies on lateness, explaining that even genuine reasons are not considered, resulting in students being sent home, which discourages them from attending school.

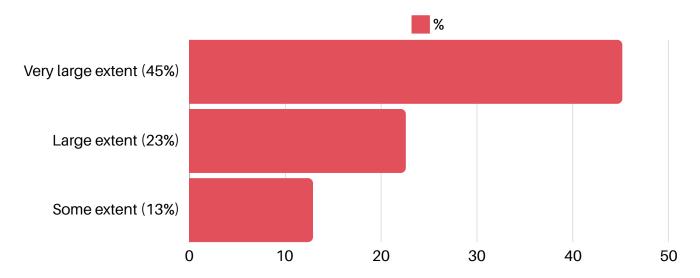
These experiences point to a broader issue of schools failing to create an inclusive and supportive environment for all students, particularly those from disadvantaged backgrounds.

### 1.5 Charity Support and Educational Challenges

According to the charity survey, 48% (28 out of 58 respondents) of charities provide employment, training, and educational support. Additionally, 68% (30 out of 44 respondents) liaise or collaborate with schools and communities to address attendance and engagement issues among children they support.

Despite these efforts, 68% (21 out of 31 respondents) of charities agreed that poverty is limiting children's ability to make the most of their educational opportunities to a large extent, with 45% reporting it to a very large extent:

Table 2: Charity Delivery Partners Level of Agreement on Poverty Limiting Children's Abilities at School



Furthermore, the cost-of-living crisis has exacerbated these challenges, with 41% (12 out of 29 respondents) of charities stating that it has prevented their organisation from providing adequate practical and emotional support to children. This highlights the significant impact of economic factors on the ability of charities to support children's education and overall wellbeing.

According to charities, the cost-of-living crisis has had several specific impacts on charity operations:



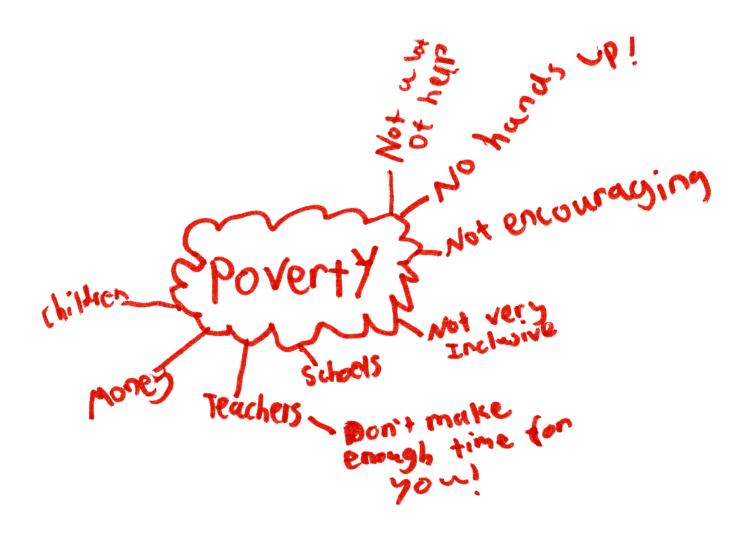
**Need for Childcare:** Charities expressed a need to offer childcare services so mothers can participate in support work sessions. Expanding these services requires additional funding, which charities are not getting.



**Budget Constraints:** Many charities are limited by their own budgets, which restricts their ability to expand their teams and meet the demand from schools for their programmes.



**Record Support Levels:** In 2023, charities supported a record number of children and families. Despite this, the demand for help caused by the cost-of-living crisis and other socioeconomic factors still outstripped their capacity to respond. Charities received a request for help every 45 seconds in 2023.



### 1.6 Children's Voices on School Engagement

The workshop findings provide qualitative insights into the experiences and perspectives of children living in poverty regarding their school engagement. These voices highlight various challenges and feelings of disconnection, complementing the quantitative data presented earlier.

One child expressed how "sometimes you gotta' act out to get attention. Some kids get let off in school and I don't think it's because they're bad, they just don't talk enough with teachers." This points to a lack of engagement and support for disadvantaged students, who may resort to acting out due to being ignored or misunderstood.

Another child expressed how "those bad kids are the same ones that get labelled in front of others by teachers. They say, if you behave like this this, is what you will become." This form of negative labelling by teachers perpetuates stereotypes and can reinforce feelings of inferiority and exclusion among disadvantaged students.

Ray, another participant in our workshop, explained how "teachers who label don't understand that, if they label students positively, that student will perform well. But they just don't get this". Ray's experience suggests that positive reinforcement can significantly impact student performance, yet this is often lacking for disadvantaged students.

On the other hand, children expressed a sense of not belonging in the school environment: Devin's reflection underscores a profound sense of alienation as he questions the value of the school system:



Other students, such as Stefan, expressed how they gave up going to school at 14-15 years old, indicating a complete disengagement from the educational system at an early age.

A recurrent theme among children was the impact of external stressors, some of which include financial difficulties, future uncertainties and problems at home. These factors have affected children's school engagement and mental wellbeing:



"You might always be worried about what might be happening in the future, and you're not always focused in the present... so your grades might not be good, and then your life goes downhill. This thought makes me scared."

Despite this, some children expressed critical views on the education system's ability to prepare them for future challenges:

"The education system is failing us, leaving us ill-prepared.

Once leaving, we enter into realities, like babies... left to
figure things out ourselves."

Sigrid's critique reflects a broader concern about the relevance and effectiveness of current educational practices in equipping students for life beyond school.

Experiences of victimisation and isolation further inflame such pessimistic views of school. In one workshop, participants unanimously responded "Everyone has" to the question of who has been victimised in school. On the other hand, participants frequently articulated how socioeconomic inequalities influence their educational experiences:

"The government is to blame for [inequality]. The way society is designed. It makes people who are already wealthy richer, and you can clearly see it – rich people have the best education, can buy the best lawyers, have the best resources, more money, it's clearly designed to be unfair to those who have less."



Steven's perspective highlights a critical understanding of structural inequalities that perpetuate educational disparities. This observation reflects a deep awareness among students about the broader socioeconomic factors that influence their educational opportunities and outcomes.





### Pupil Premium vs Non-Pupil Premium

Figure 3 shows the mental wellbeing of secondary school pupils, comparing those who receive Pupil Premium funding with those who do not.

The wellbeing scale is based on the Short Warwick Edinburgh Mental Wellbeing Scale for older children and the Stirling Children's Wellbeing Scale for younger children. Both are validated, reliable scales with strong psychometric properties, and are linked to predicting health outcomes, educational achievement, and other desirable outcomes:



Figure 3: The Wellbeing of Secondary School Pupils by Pupil Premium Funding Status

This data is drawn from September 2020 – April 2024. The data is based on 10,000 surveyed secondary school children. Of this, 2,000 were eligible for Pupil Premium at each time point. This is equivalent to approximately 115,200 Pupil Premium eligible secondary school children living in London, and 640,000 Pupil Premium eligible secondary school children living in the UK.

### 2.1 Lower Wellbeing at the Start

When children first start secondary school in Year 7, those who receive Pupil Premium funding already have lower levels of mental wellbeing compared to their peers who do not receive this funding. This means that disadvantaged students begin secondary school with poorer mental health, which puts them at a disadvantage right from the start.

### 2.2 Decline in Wellbeing Over Time

As students progress through secondary school, the mental wellbeing of both Pupil Premium and non-Pupil Premium students declines. For example, Pupil Premium students start Year 7 with a mental wellbeing score just slightly above average. However, by Year 11, their wellbeing score has dropped significantly, indicating a notable decline in their mental health. This translates to a drop from about 1% above average, to approximately 13% below average in wellbeing scores.

Throughout secondary school, the difference in mental wellbeing between Pupil Premium students and their peers remains relatively consistent. This means that while both groups experience a decline in wellbeing, the gap between them does not significantly change. This highlights the need for continuous support for disadvantaged students to help address and mitigate the factors that contribute to their lower levels of mental wellbeing.

The consistent difference in mental wellbeing between Pupil Premium students and their peers throughout secondary school may be feeding into higher rates of exclusions and lower attainment for children living in poverty. Lower levels of mental wellbeing can lead to behavioural issues and emotional difficulties, which increase the likelihood of exclusions. Additionally, poor mental health can negatively impact concentration, motivation, and overall engagement in academic activities, resulting in lower academic performance and attainment. (Johnston et al., 2014; Golberstein et al., 2019; Victorino & Gonzales, 2009). This underscores the importance of providing continuous support to address and mitigate these wellbeing disparities, ultimately aiming to reduce exclusions and improve educational outcomes for Pupil Premium students.

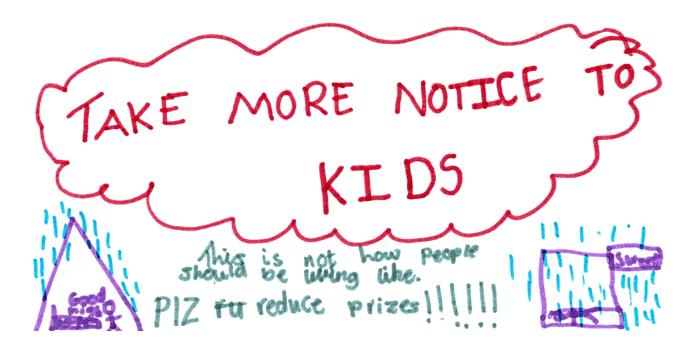


Figure 4 does the same thing as figure 3, but for primary school pupils from Year 2 to Year 6:

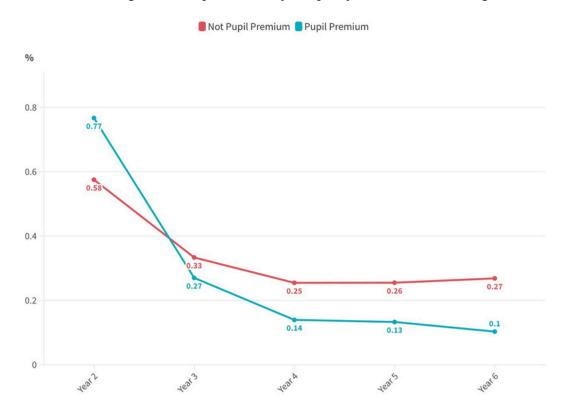


Figure 4: The Wellbeing of Primary School Pupils by Pupil Premium Funding Status

This data is drawn from September 2020 – April 2024. The data is based on 3,000 surveyed primary school children. Of this, 900 were eligible for Pupil Premium at each time point. The sample size for Year 2 is 1,200, with no available information on Pupil Premium eligibility. This is equivalent to approximately 210,000 Pupil Premium eligible primary school children living in London, and 1,410,000 Pupil Premium eligible primary school children living in the UK (Years 3 to 6).

### 2.3 Emerging Wellbeing Gap in Later Primary Years:

In the early years of primary school, specifically in Year 2 and Year 3, there is very little difference in the wellbeing of pupils who receive Pupil Premium and those who do not. Children from disadvantaged backgrounds have similar levels of mental wellbeing as their more advantaged peers.

As children progress through primary school, a gap in wellbeing starts to emerge. By the time students reach Year 6, those who receive Pupil Premium funding have slightly lower levels of mental wellbeing compared to their peers. This gap translates to about 8% lower on the wellbeing scale. As children get older, the challenges faced by disadvantaged students begin to impact their mental wellbeing more noticeably.

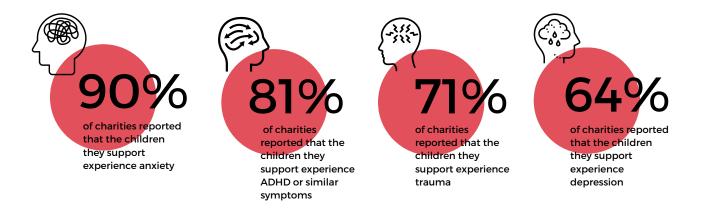
By year 6, Pupil Premium students are slightly less likely to report high levels of wellbeing compared to non-Pupil Premium students. Although the difference is not large, it is consistent enough to be a concern and suggests that disadvantaged children may start to feel the effects of their circumstances more as they approach the transition to secondary school.

### 2.4 Mental Health Support by Charities and Related Challenges

The charity survey also reveals significant insights into the mental health support provided by charities. 50% (29 out of 58 respondents) of charities provide mental health support. It's important to note that over 95% of the children supported by the charities are from disadvantaged backgrounds. This means that the survey results pertain to the most vulnerable children, who are more likely to face severe challenges affecting their mental wellbeing.

### 2.4 Mental Health Support by Charities and Related Challenges

This support is crucial given the prevalence of mental health issues among the children they serve:

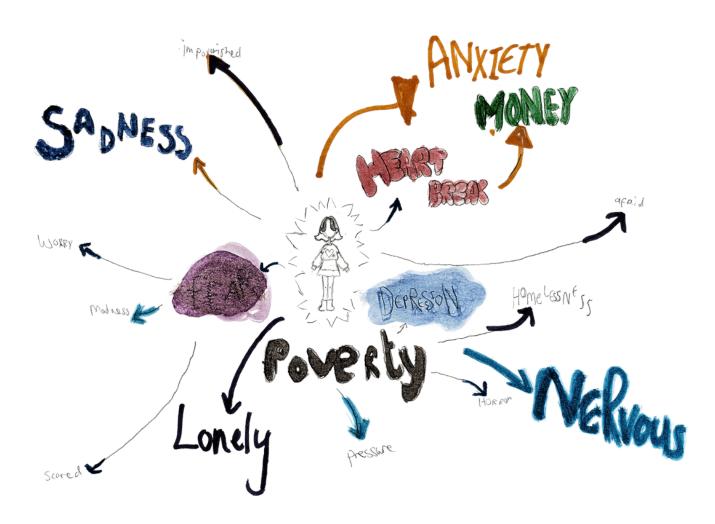


Some of these mental health issues significantly interfere with children's ability to engage in academic tasks. 20% (6 out of 30 respondents) of charities reported that children's feelings of anxiety or worry always interfere with their ability to engage in any academic-related task. 27% (8 out of 30 respondents) of charities said it usually interferes, and 38% (11 out of 30 respondents) said it sometimes interferes. When asked if charities notice any challenges among children that they support in maintain focus and attention in programme activities due to depress or low mood, 73% said yes (22 out of 30 respondents).

According to the charities that said yes, many children are distracted by phones and devices, struggling with comparisons among peers about possessions, which their families often cannot afford. Additionally, children from families facing prolonged asylum and housing decisions are acutely aware of the stress and uncertainty their parents face, which impacts their own wellbeing. This stress is compounded by witnessing their parents go without essentials like food.

Charities have also observed increased rates of exclusion, suspension, and negative educational outcomes linked to mental health issues. Visible signs of a lack of motivation, apathy, and low self-esteem hamper children's willingness to try new things. The mood of the children often leads to an absent state of mind, resulting in poor concentration and understanding. Some children are struggling with sleep issues, and responsibilities beyond their age, such as looking after siblings, further detract from their ability to focus on school activities.

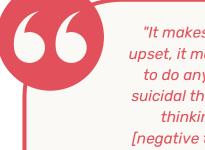
Charities are working to support these children in making decisions, building relationships, and improving their ability to thrive both at school and at home, despite these significant challenges.



### 2.5 Experiences of Mental Health Issues by Children

Despite ongoing efforts by charities to scaffold the mental health of children they support to improve their educational experiences; our workshops reflect a broader pattern of mental health issues affecting children's education.

Several children spoke about experiencing depression and anxiety due to financial hardships and other stressors:



"It makes me depressed, upset, it makes me not want to do anything... you get suicidal thoughts. You keep thinking about that [negative things], you don't know what to do, your grades go down just because you keep thinking about the bad things."

"I frequently face anxiety issues due to my school performance and this doesn't help my asthma at all."

These experiences have a knock-on effect on school engagement and performance:

### 2.6 Effects of Poor Mental Health on School Engagement

These quote illustrates the severe impact of persistent negative thoughts on mental health and academic performance and underscores how mental health issues can exacerbate physical health conditions, further complicating his ability to engage in school.

"It makes it harder for you to ask questions and engage in class (..) it pulls you down, it makes you sad, no one is hearing you, your voice, you get sad (...) it makes me depressed, upset, it makes me not want to do anything..."

"You won't get good grades because you're less motivated and more stressed about other things than school... you won't go as far in life as you want... if you have a 1-1 convo' with your teacher you can't ask them for help; how do I improve, I'm stuck on this, these kinds of things."

### 2.7 Suicidal Thoughts and Self-Harm

The severity of mental health issues among children in poverty is further evidenced by discussions of suicidal thoughts and self-harm:



"From past experiences, it causes [me] huge mental health issues and I heard that there's a huge risk of suicide for other people."

This highlights the critical need for mental health support and interventions to prevent such outcomes.

These qualitative insights from the workshops underscore the profound impact of mental health challenges on children's educational experiences and overall wellbeing. The voices of the children highlight the need for more empathetic and supportive school environments that address both the academic and mental health needs of students.





Impact On Education

### Physical Health and Educational Outcomes

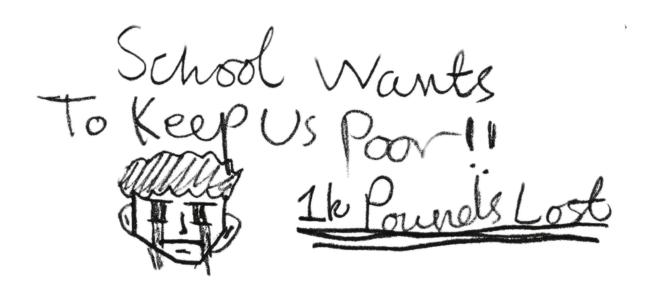
### 3.1 Lower Wellbeing at the Start

The importance of mental health cannot understate the effects of physical health, which has been shown to interact with mental health in myriad ways that impacts educational attainment. Poor physical health can cause stress and anxiety among children, which can lead to lower wellbeing scores and increased exclusions. (OECD, 2021)

As chapter 1 showed, pupil premium students have lower attendance rates (89% vs. 94% by Year 11) and higher exclusion rates (3.4% gap in exclusion rates by Year 11). The importance of these results is reflected against current evidence that highlights how poor physical health in childhood is often a marker for worse outcomes in educational attainment and social status in adulthood (Akister et al., 2016; OECD, 2021; Johnson et al., 2011; Chan et al., 2016).

Attending school regularly is crucial because it helps to ensure a consistent pattern of learning which can facilitate academic success; any frequent absences due to health issues can lead to gaps in knowledge and lower academic performance. Exclusions, whether temporary or permanent, are equally as important because they can disrupt a child's education by limiting their access to learning, which may increase the risk of academic failure.

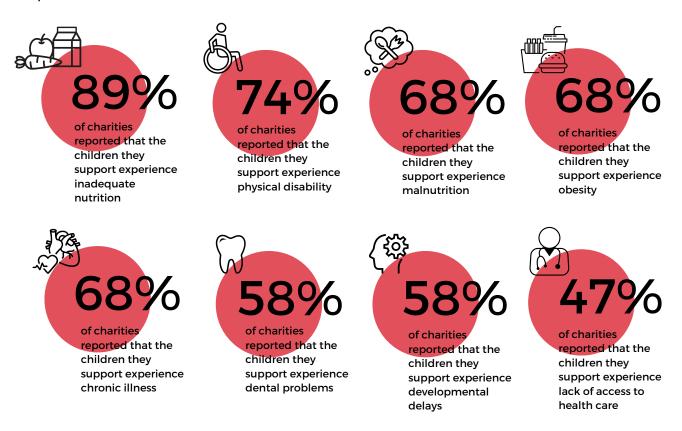
Additionally, health status, including conditions like type 1 diabetes, malnutrition, and obesity, is linked to lower educational outcomes (Bowden et al., 2024; Asha et al., 2020; Martin et al., 2018). These factors often relate to higher rates of absenteeism and exclusions, as these conditions can cause frequent absences and behavioural issues.



### 3.2 Physical Health Support and Charities

Given the evidence, support by charities is crucial for addressing the physical health issues that may affect the educational outcomes of children living in poverty. According to the charity survey, 40% of respondents (23 out of 58) provide physical health support.

The need for such support is evidenced by the scale of physical health concerns experienced by the children. Some of these include:



One charity noted that, because of the cost-of-living crisis, they are unable to provide adequate support to children experiencing food insecurity. They stressed how families are struggling to afford healthy food which forces them to rely on food banks. This situation has caused anxiety and embarrassment among children, who are becoming withdrawn and experiencing low self-esteem. As a result, they perform worse in school due to poor nutrition, stress, and a lack of focus. This evidence reflects existing research which links the problems of malnutrition and obesity to poorer cognitive and educational attainment (Asha et al., 2020; Martin et al., 2018).

In Autumn 2022, the Childhood Trust (2022) published a report on food insecurity impacting school-aged children living in London, which found that 40% of children experienced food insecurity in the month of October, a figure equivalent to 426,500 children at the time. The research pointed to high feelings of mental and physical health difficulties as a result of a lack of access to nutritious food. As the data shows, we continue to witness similar levels of distress.

### 3.3 The Cost-of-Living Crisis

The cost-of-living crisis and its impact on physical health and nutrition were recurring themes:



"Why is a bowl of grapes almost 2 pounds?"

These observations highlight the broader economic context affecting children's access to essential resources. Other students expressed how staff members do not care if students are hungry or tired, reflecting a lack of empathy and awareness among teachers regarding the physical needs of students.

#### 3.4 Physical Symptoms, School Policies and Physical Health

Children also described how physical symptoms and health issues affected their school experience:

"I vomit at home very often, at least one time a month."



Steven's recurring physical illness illustrates the ongoing health challenges faced by some students. On the other hand, one student expressed how there is a lack of flexibility in school policies to accommodate students' physical needs, leading to further disengagement:



"When you feel tired, they don't allow you to go out for a break, you can't go out to toilets, they don't realise how you might feel in the present moment and that's how you become a distraction in the class."

### 3.5 Peer Support and Coping Mechanisms

Children often relied on peer support to cope with physical health challenges:

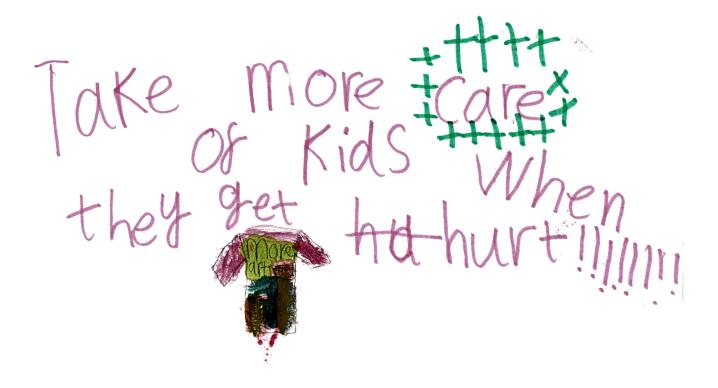


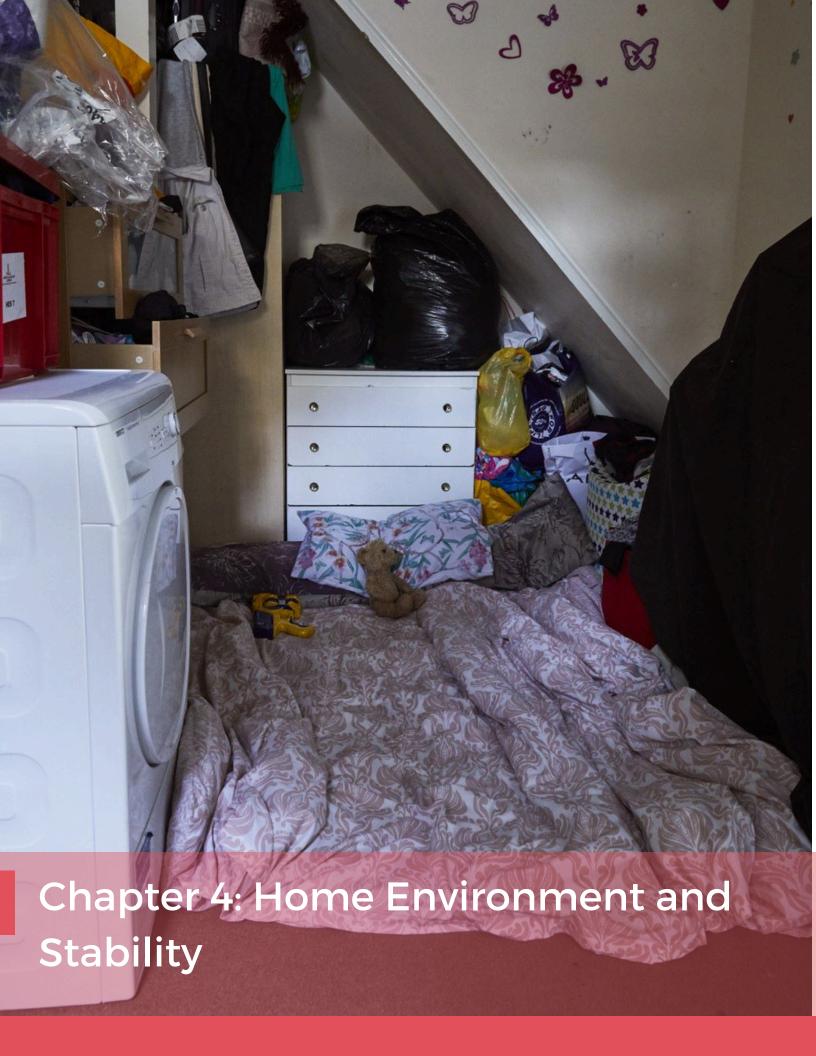
"Some of my friends have no money to buy food so I buy them pastries and other stuff."

"Schools should have an option where children can get something for free when they haven't got enough money."



These findings reflect a broader picture of solidarity among students in addressing food insecurity, in addition to highlighting potential policy solutions to address food insecurity in schools. They also point to a pervasive crisis of food insecurity that continues to affect so many school aged children to this day.





### **Home Environment and Stability**

The home environment is another pivotal determinant of children's educational outcomes. There is evident literature that documents this, particularly on the inequality between children living in poverty and their more affluent peers (CPAG, 2023). The incidence, depth, duration and timing of poverty not only influence educational attainment for children, but also exacerbate existing disparities (Ferguson et al., 2007; Lehrl et al., 2020).

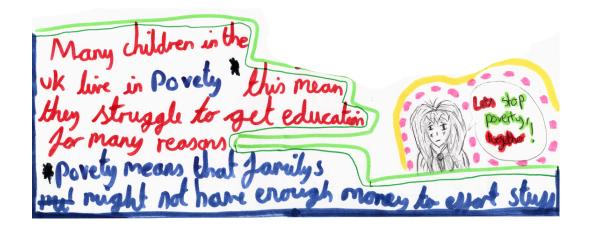
Substandard accommodation is known to contribute to chronic stress and anxiety, impacting cognitive and emotional development, and thus facilitating the likelihood of behavioural issues leading to exclusion among children living in poverty (Saitadze, 2021; OECD, 2021). Poor attendance is also often linked to health issues and familial responsibilities prevalent in low-income households, further likely impeding academic progress.



"I never studied at home; I get easily distracted a lot. I also live in a 7 people household it's kind of hard to do homework because of noise in the background."

"Homework that has to be online is unfair because some of my friends don't have the resources, or internet at home, to do work at home (...) and we tell the teachers about it they just say they can't do anything about it; they say you have to sort it out yourself."





### 4.1 Home Support by Charities

According to the charity survey, 29.31% of respondents (17 out of 58) provide support related to the home and community environment. This includes assistance with housing stability, improving living conditions, and addressing issues such as overcrowding and unsafe environments to help create a stable and supportive home life for children.

Charities, however, are having to face an unprecedented amount of need in this area of support:

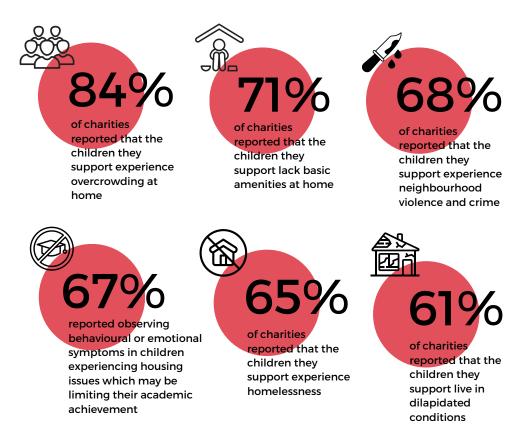
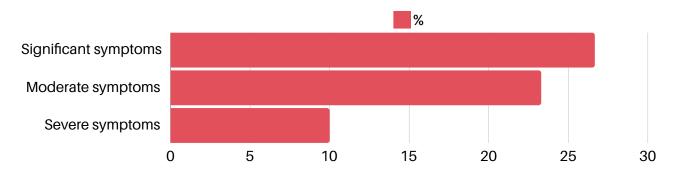


Table 3. Percentage of Charities Who Have Reported Behavioural or Emotional Symptoms in Children Experiencing Housing Issues, Thus Limiting Their Academic Achievements



In addition to this, we quantified the level of stress charities reported as present in the home environments of children living in poverty on a scale of 0-10, with 0 indicating no stress, and 10 indicating extreme stress. The average score was 6.

Charities provided many examples of how these stressors affect children's engagement with programme activities:



Overcrowded Conditions: Charities stressed how the children they support live in overcrowded homes, causing stress and limiting their ability to focus on schoolwork. Instances include several children sharing one room or sleeping in common areas, leading to sleep deprivation and a lack of personal space. This environment makes it difficult for children to find a quiet place to study and rest, affecting their overall academic performance and wellbeing.



Basic Needs and Resources: Children often lack essential resources like nutritious food, adequate sleep, and access to technology such as computers and Wi-Fi, leading to the inability of children to participate fully in educational activities.



Housing Instability and Safety Concerns: A prominent issue referenced by charities among families is the lack of stable housing situations, including risks of homelessness and exposure to domestic violence. This has created an unsafe and unstable environment for children. Charities are particularly concerned about children struggling to feel settled in at home, which is impacting their programme engagement and overall sense of security.



Emotional and Mental Distress: According to some charities, children have experienced family tensions, such as those stemming from financial struggles or absent parents, causing emotional distress. This can lead to difficulties in focusing on schoolwork and participating in programmes. Anxiety, depression, and feelings of loneliness or abandonment further hinder children's ability to engage and succeed academically.



**Health Issues:** Some charities reported that chronic health problems such as asthma, often exacerbated by poor living conditions like damp and mould, have caused frequent absence and interruptions to programme activities. These health challenges not only affect physical wellbeing but also contribute to emotional stress and lower academic engagement.

#### 4.2 Unstable and Unsafe Home Environments

Some of the stressors highlighted by charities were also reflect among children in our workshops. Several children described living in unsafe or unhealthy environments:



"Sometimes they might have drug addicted or alcohol addicted parents, so they grow up in a bad environment.

Being around the wrong people."

"I live in this area with so many alleys, and there are so many druggies and mentally unstable people which make me worried going home – young children walk around, and they see these kinds of things. These environments are not good.



The poor physical condition of homes, including issues with mould and inadequate repairs, was also a significant concern:



"There is mould growing in my bathroom and getting people to fix it always gets delayed... this is scary because what if you get really sick."

"At my old house, there was so much mould, it was the reason why I got asthma... it affected my lungs so badly."



#### 4.3 Challenges with Remote Learning

Children also spoke about the difficulties of studying at home due to a lack of resources and a conducive environment:



Isabella's observation highlights the digital divide that affects students' ability to complete assignments.

#### 4.4 Effects of Family Dynamics and Parental Support

The role of family dynamics and parental support in children's educational engagement was another recurring theme:

"There are some parents who don't care about you...
so in school you just do whatever you want, even if you
get bad grades."



Justin's observation points to a lack of parental involvement as a factor of educational disengagement.

In hindsight, the voices of children emphasise the need for a comprehensive support system that address the intersection of housing, family dynamics, and educational resources to improve outcomes for students living in poverty.

In hindsight, the voices of children emphasise the need for a comprehensive support system that address the intersection of housing, family dynamics, and educational resources to improve outcomes for students living in poverty.

# Conclusion

The aim of this research was to explore and document how the intersectionality of mental health, physical health, home environment impacts on educational outcomes for children living in poverty in London. This research has exposed a series of disparities which have been shown to hinder the educational opportunities of children living in poverty. It has done so through a comprehensive analysis of Pupil Premium students versus their non-Pupil Premium peers, supplemented by insights from charities across London, and workshops with children experiencing poverty.

Our findings reveal that Pupil Premium students consistently exhibit lower levels of mental wellbeing compared to their peers, starting secondary school with scores approximately 10% lower. This gap persists throughout their school years, underscoring the critical role mental health plays in academic success. Physical health also emerged as a significant factor, with children living in poverty exhibiting signs of chronic health conditions, inadequate nutrition, malnutrition and developmental delays. These findings align with previous research linking poorer mental health and physical health to worse educational outcomes.

The home environment, particularly in a high-cost city like London, adds another layer of complexity. Many families face overcrowded and unstable living conditions that contribute to high levels of stress and anxiety. Many charities have observed in the children they support displaying behavioural or emotional symptoms due to housing issues, which significantly limits their academic achievement.

In its entirety, the research underscores the importance of integrated support systems that address the interconnected needs of mental health, physical health, and home environment. Schools, policymakers, and community organisations must collaborate to provide comprehensive interventions that support children living in poverty. By understanding and addressing the intricate relationship between mental health, physical health, and home environment, we can develop more effective strategies to help all children achieve their full academic potential.

In line with the findings of this report, several policy recommendations are proposed that can address these issues in various contexts:



Early Childhood Education and Intervention: Expand access to high-quality early childhood education programmes and early intervention services for at-risk families. The benefits of early childhood education are well documented; they include better school readiness, higher academic achievement, and a reduced need for special educational services, making it a cost-effective strategy for improving educational outcomes (Barnett, 2008).



Integrated Health and Education Policies: Develop and implement policies that integrate health and education sectors, ensuring coordinated efforts to address the needs of children living in poverty. When health and educational services are coordinated, schools can create more supportive environments that address the physical, mental, and educational needs of students living in poverty (CDC, 2015).

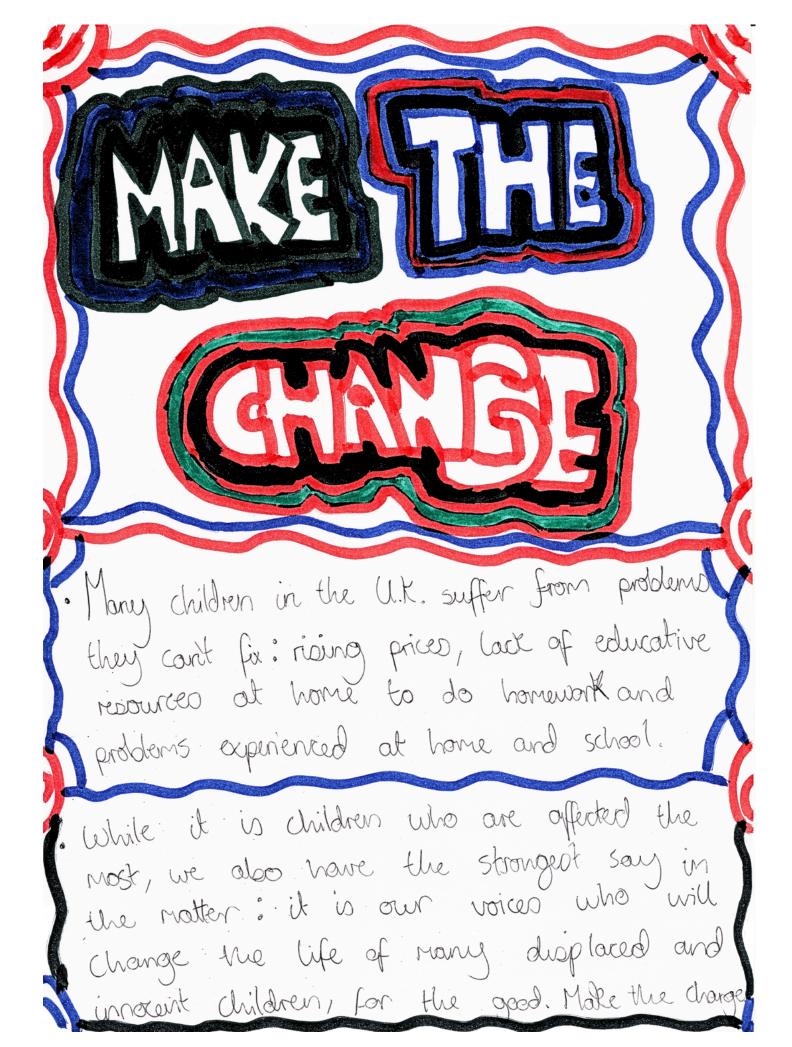


Safe and Healthy Housing Initiatives: Invest in safe and healthy housing initiatives, including improvements to existing housing conditions and increased access to affordable housing. Stable, affordable and suitable housing provides a conducive environment for learning, helping children prepare for academic success (Sandel et al., 2015).



Comprehensive School-Based Health Services: Implement comprehensive health services within schools, including mental health counselling, physical health check-ups, and family support services. Schools can serve as accessible hubs for health services, ensuring that children receive the necessary physical and mental health support without the barriers of transportation or financial constraints (Van Cura, 2010; Guo et al., 2005).





# References

Akister, J., Guest, H., & Burch, S. (2016). Can Activity Projects Improve Children's Wellbeing during the Transition to Secondary Education? *International Education Studies*, *9*(12), 1-. https://doi.org/10.5539/ies.v9n12p1

Asha, K. K., Mathew, S., Prasad, M. M., & Ravishankar, C. N. (2020). The undernutrition conundrum in India: Current scenario and the way forward. *Current Science (Bangalore)*, 119(4), 613–617. https://doi.org/10.18520/cs/v119/i4/613-617

Asha, K. K., Mathew, S., Prasad, M. M., & Ravishankar, C. N. (2020). The undernutrition conundrum in India: Current scenario and the way forward. *Current Science (Bangalore)*, 119(4), 613–617. https://doi.org/10.18520/cs/v119/i4/613-617

Barnett, W. S. (2008). *Preschool Education and Its Lasting Effects: Research and Policy Implications*. Boulder and Tempe: Education and the Public Interest Center & Education Policy Research Unit.

Bowden, N., Dixon, R., Anderson, V., de Bock, M., Boucsein, A., Kewene-Edwards, M., Gibb, S., Kokaua, J., Palmer, O., Paul, R., Taylor, B., Vu, H., & Wheeler, B. J. (2024). Associations between type 1 diabetes and educational outcomes: An Aotearoa/New Zealand nationwide birth cohort study using the Integrated Data Infrastructure. *Diabetologia*, *67*(1), 62–73. https://doi.org/10.1007/s00125-023-06026-y

Centers for Disease Control and Prevention (CDC). (2015). Components of the Whole School, Whole Community, Whole Child (WSCC). Retrieved from https://www.cdc.gov/healthyschools/wscc/components.htm

Chan, E., Leong, P., Malouf, R., & Quigley, M. A. (2016). Long-term cognitive and school outcomes of late-preterm and early-term births: A systematic review. *Child: Care, Health & Development*, 42(3), 297–312. https://doi.org/10.1111/cch.12320

Child Poverty Action Group. (2023, September 19). 'There is only so much we can do' - school staff in England. https://cpag.org.uk/news/there-only-so-much-we-can-do-school- staff-england

CPAG. (2023). 'There is only so much we can do'—School staff in England | CPAG. https://cpag.org.uk/news/there-only-so-much-we-can-do-school-staff-england

Ferguson, H., Bovaird, S., & Mueller, M. (2007). The impact of poverty on educational outcomes for children. Paediatrics & Child Health, 12(8), 701–706. https://doi.org/10.1093/pch/12.8.701

Guo, J. J., Jang, R., Keller, K. N., McCracken, A. L., Pan, W., & Cluxton, R. J. (2005). Impact of School-Based Health Centers on Children with Asthma. Journal of Adolescent Health, 37(4), 266-274.

Golberstein, E., Gonzales, G., & Meara, E. (2019). How do economic downturns affect the mental health of children? Evidence from the National Health Interview Survey. Health Economics, 28(8), 955–970. https://doi.org/10.1002/hec.3885

Hoffmann, M., McDaid, D., Salum, G., Silva Ribeiro, W., Ziebold, C., King, D., Gadelha, A., Miguel, E., Mari, J., Rohde, L., Pan, P., Bressan, R. A., Mojtabai, R., & Evans-Lacko, S. (2021). The impact of child psychiatric conditions on future educational outcomes among a community cohort in Brazil. Epidemiology and Psychiatric Sciences, 30.https://www.cambridge.org/core/journals/epidemiology-and-psychiatric-sciences

ohnson, S., Wolke, D., Hennessy, E., & Marlow, N. (2011). Educational Outcomes in Extremely Preterm Children: Neuropsychological Correlates and Predictors of Attainment. *Developmental Neuropsychology*, *36*(1), 74–95.https://doi.org/10.1080/87565641.2011.540541

Johnston, D., Propper, C., Pudney, S. E., & Shields, M. (2014). Child mental health and educational attainment: Multiple observers and the measurement error problem. *Journal of Applied Econometrics (Chichester, England)*, 29(6), 880–900.https://doi.org/10.1002/jae.2359

Khan, F. N., Begum, M., & Imad, M. (2019). Relationship between Students' Home Environment and their Academic Achievement at Secondary School Level. *Pakistan Journal of Distance & Online Learning*, V(II), 223–234.

Lehrl, S., Evangelou, M., & Sammons, P. (2020). The home learning environment and its role in shaping children's educational development. *School Effectiveness and School Improvement*, *31*(1), 1–6. https://doi.org/10.1080/09243453.2020.1693487

Martin, A., Booth, J. N., Laird, Y., Sproule, J., Reilly, J. J., Saunders, D. H., & Martin, A. (2018). Physical activity, diet and other behavioural interventions for improving cognition and school achievement in children and adolescents with obesity or overweight. *Cochrane Database of Systematic*Reviews, 2018(3), CD009728-CD009728.https://doi.org/10.1002/14651858.CD009728.pub4

OECD. (2021). Measuring What Matters for Child Well-being and Policies. OECD Publishing.

Patalay, P., & Fitzsimons, E. (2017). Mental ill-health among children of the new century: Trends across childhood, with a focus on age 14. https://doi.org/10.13140/RG.2.2.23942.06721

Sandel, M., Sheward, R., & Sturtevant, L. (2015). Compounding Stress: The Timing and Duration Effects of Homelessness on Children's Health. Insights from Housing Policy Research.

Saitadze, I. (2021). Mediating effects of early childhood programs and high-quality home environments on the cognitive development of poor children involved in the child welfare system. Children and Youth Services Review, 120, 105736.https://doi.org/10.1016/j.childyouth.2020.105736

The Childhood Trust. (2022). Food insecurity 2022 report. https://www.childhoodtrust.org.uk/wp-content/uploads/2022/11/Food-Insecurity-2022-Report-1.pdf

Third Space Learning. (2024, April 18). Pupil Premium: A guide for school leaders on closing the attainment gap in your school (2023/2024). https://thirdspacelearning.com/blog/pupil-premium/

Tomaszewski, W., Perales, F., Xiang, N., & Xiang, W. (2020). Learning at home during COVID-19: Effects on vulnerable young Australians. National Centre for Student Equity in Higher Education. https://www.ncsehe.edu.au/wp-content/uploads/2020/04/NCSEHE\_V2\_Final\_literaturereview-learningathome-covid19-final\_30042020.pdf

Trust for London. (2024, January 16). *10 charts to help us understand poverty in London in 2024*. https://trustforlondon.org.uk/news/10-charts-to-help-us-understand-poverty-in-london-2024/

Trust for London. (n.d.-a). *People: Highest obtained qualification*. Retrieved May 20, 2024, from https://trustforlondon.org.uk/data/topics/people/?tab=highest-obtained-qualification

Trust for London. (n.d.-b). *Children in poverty by borough, before and after housing costs*. Retrieved May 20, 2024, from https://trustforlondon.org.uk/data/child-poverty-borough/

University of York. (2023, March 24). *Poorest children have worse health and educational outcomes in adolescence, new report highlights.* https://www.york.ac.uk/news-and-events/news/2023/research/health-children-genz-report/

University of York. (2023, September 11). *Report highlights link between child poverty and poor educational attainment*. https://www.york.ac.uk/healthsciences/news-and-events/news/news-2023/researchchildofnorth/

Victorino, C. C., & Gauthier, A. H. (2009). The social determinants of child health: Variations across health outcomes - a population-based cross-sectional analysis. *BMC Pediatrics*, *9*(1), 53–53. https://doi.org/10.1186/1471-2431-9-53

Van Cura, M. (2010). The Relationship Between School-Based Health Centers, Rates of Early Dismissal from School, and Loss of Seat Time. *Journal of School Health*, 80(8), 371-377.

# **Appendix**

We thank City Gateway, Solidarity Sports, The Baytree CenFuture Academies for facilitating our interactive workshops, and helping us to conduct workshops in safe and comfortable environments.

We thank all charity partners for submitting the charity survey.

We thank ImpactEd for providing us with data on attendance rates, exclusion rates and mental wellbeing scores for Pupil Premium vs. Non-Pupil Premium students in secondary and primary schools.

Lastly, and most importantly, we acknowledge and thank all children who shared their experiences with us to help with this research project.

#### Note on Equivalences

The equivalences made to make comparisons between our data sample of Pupil Premium vs. Non-Pupil Premium students draw on data from multiple official statistics:

- The total number of children in state-funded secondary schools in London for the academic year 2022/23 was approximately 576,000: https://explore-educationstatistics.service.gov.uk/find-statistics/national-pupil- projections#releaseHeadlinessummary
- The total number of children in state-funded primary schools in London for the academic year 2022/23 was approximately 700,000: https://explore-education-statistics.service.gov.uk/find-statistics/national-pupil-projections
- The total number of children in state-funded secondary schools in the UKfor the academic year 2022/23 was approximately 3.2 million: https://explore-educationstatistics.service.gov.uk/find-statistics/national-pupil- projections#releaseHeadlinestables
- The total number of children in state-funded nursery & primary schools in the UK for the academic year 2022/23 was approximately 4.6 million: https://explore- educationstatistics.service.gov.uk/find-statistics/national-pupil- projections#releaseHeadlinestables

The equivalences are not a direct measure but are intended to be an approximate estimate of the equivalence ratio.

### Note on Interpretation of Figures 3 and 4

The original data for figures 3 and 4 are interpreted through standard deviations. A standard deviation is a statistical measure that helps us understand how spread out or varied a set of values is around the average (mean) value. In simpler terms, it tells us how much the values in a dataset differ from the average value of that dataset.

In the report, the standard deviation was interpreted as a percentage in order to make the information easily digestible. In simple terms, a change of 1 standard deviation in a score typically moves it from the average (50th percentile) to either the 84th percentile (above average) or the 16th percentile (below average). This concept comes from the properties of the normal distribution (a bell curve). Here's a breakdown: https://builtin.com/data-science/empirical-rule. Furthermore:

- The 50th percentile is the average score
- 1 standard deviation above the mean is around the 84th percentile
- 1 standard deviation below the mean is around the 16th percentile

#### According to the empirical rule:

- About 68% of data falls within 1 standard deviation of the mean
- About 95% falls within 2 standard deviations
- About 99.7% falls within 3 standard deviations

#### For example:

- A change of 0.25 standard deviations moves the score from the 50th percentile to
- roughly the 60th or 40th percentile, indicating about a 10% shift
- A change of 0.32 standard deviations moves the score from the 50th percentile to
- roughly the 62nd or 38th percentile, indicating about a 13% shift

#### **Definition of Pupil Premium**

The Pupil Premium is additional funding provided to schools in England to support disadvantaged pupils and close the attainment gap between them and their peers. It allocates extra money to schools based on the number of pupils who have been eligible for free school meals at any point over the previous six years, as well as those who are looked after children and children from service families. In the 2022/23 academic year, schools receive £1,385 for every primary age pupil, and £985 for every secondary age pupil who meets the eligibility criteria.

Please use the following link for more information: https://www.gov.uk/government/publications/pupil-premium/pupil-premium

# Analysis for The Childhood Trust Research Project: Full Report by ImpactEd

This analysis is based upon the ImpactEd School Impact Platform (SIP) database. The analytic sample is based on the young people with at least one wellbeing measure collected by ImpactEd between September 2020 and April 2024. The exact number of observations included varies across the analyses depending on the data available for the measure at the relevant time point.

#### Secondary School Data

Figure 1 begins by plotting average wellbeing scores for young people eligible for Pupil Premium funding (dashed blue line) compared to those that are not (solid green line). These scores have been standardised to mean zero and standard deviation 1 across all time points, with higher values indicating higher levels of mental wellbeing. All data are taken from measures taken during the first term of the academic year. The thin black line running through the centre of the lines illustrate the 95% confidence intervals.

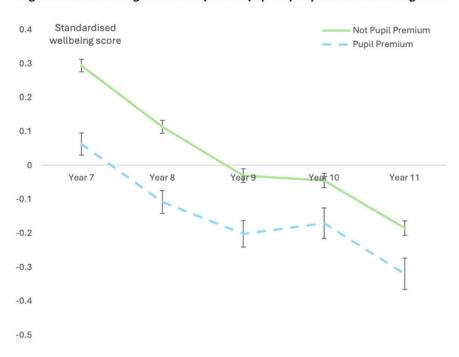


Figure 1. The wellbeing of secondary school pupils by Pupil Premium funding status

Notes: Data drawn from between September 2020 and April 2024. Thin line running through each bar refers to the estimated 95% confidence interval. Wellbeing scores have been standardised across all pupils at all time points. Higher values indicate better levels of wellbeing. All data have been collected during term 1 (September/October) of the academic year. Analysis based on responses of  $\approx 10,000$  (with  $\approx 2,000$  eligible for Pupil Premium) at each time point.

From Figure 1, there are three key points to note. First, even upon entry into secondary school, young people eligible for Pupil Premium funding have significantly lower levels of mental wellbeing than their more socio-economically advantaged peers (a gap equivalent to around 0.25 standard deviations). Second, for both groups, average wellbeing scores seem to decline during their time at secondary school. For instance, the average wellbeing score of young people eligible for the Pupil Premium declines from +0.06 standard deviations in Year 7 to - 0.32 standard deviations for those in Year 11. Some caution is needed when interpreting this finding, however, as it could be reflecting either age or cohort effects. Finally, the gap in wellbeing between young people that are and are not eligible for Pupil Premium funding remains of broadly similar magnitude during their time at secondary school. In other words, the two lines plotted in Figure 1 run parallel to one another, without any clear evidence of either convergence or divergence.

Figure 2 presents results from a similar analysis, but now focusing on attendance. All data are again drawn from term 1. The figures presented focuses on the percentage of sessions attended by Pupil Premium status.

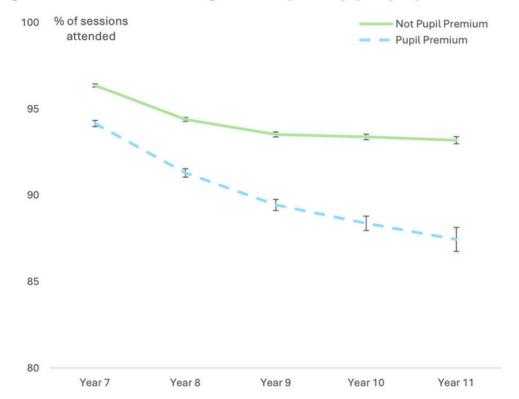


Figure 2. School attendance amongst secondary school pupils by Pupil Premium status

Notes: Data drawn from between September 2020 and April 2024. Thin line running through each bar refers to the estimated 95% confidence interval. All data have been collected during term 1 (September/October) of the academic year. Analysis based on responses of  $\approx$ 30,000 (with  $\approx$  9,000 eligible for Pupil Premium) at each time point.

At the start of secondary school, there is a modest gap in attendance rates according to Pupil Premium status (96% versus 94%). This gap grows wider during secondary school. By Year 9, the attendance rate for those eligible for Pupil Premium has fallen to 89%, compared to 94% for those that are ineligible. By Year 11, the gap has then grown to six percentage points. Together, this suggests that initial inequalities in school attendance at the start of secondary school gradually widen through to the end of Year 11.

Finally, Table 1 turns to exclusion rates, focusing on data from the 2022/23 academic year. Figures refer to the percent of pupils that received any external exclusion, encompassing permanent, fixed-term or suspensions.

Table 1. School exclusion rate by Pupil Premium status amongst secondary school pupils

	Not Pupil	Pupil	
Year group	Premium	Premium	Gap
7	1.7%	5.6%	3.9%
8	2.6%	8.4%	5.8%
9	3.2%	9.0%	5.9%
10	3.5%	8.9%	5.4%
11	1.9%	5.3%	3.4%

Notes: Analysis based on data from the 2022/23 academic year. Figures refer to the percentage of pupils that received any external exclusion, including suspensions, fixed term exclusions and permanent exclusions.

Even in Year 7, a substantial gap in school exclusion rates according to Pupil Premium status can be observed. One-in-twenty (5.6%) of those eligible for Pupil Premium in our analytic sample received an external exclusion during their first year at secondary school, compared to less than one-in-fifty (1.7%) of those not eligible for Pupil Premium funding. This difference continues to grow throughout Year 8,9 and 10. For instance, one-in-eleven (9%) young people eligible for Pupil Premium are excluded at least once during Year 9 – three times more than their more socio-economically advantaged peers. It is only during Year 11 – when young people sit their GCSE examinations – that the exclusion rate has returned back to the levels observed during Year 7.

#### **Primary School Pupils**

Figure 3 below presents the analogous results for pupil wellbeing amongst a sample of primary school pupils1. The main finding is that there is that there is relatively little difference in the wellbeing of primary school pupils in the sample of Year 2 and Year 3 pupils. A bigger difference can, however, be observed in the latter stages of primary school, reaching around 0.15 standard deviations by the end of Year 6. This is a relatively modest difference.

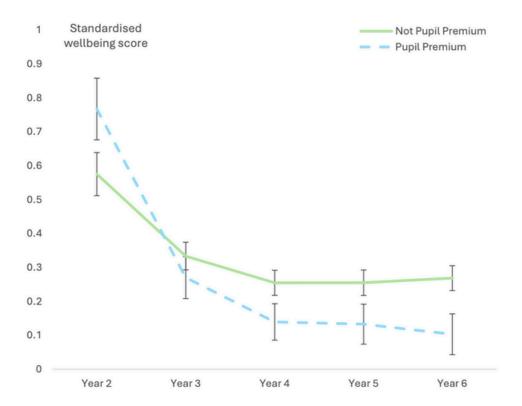
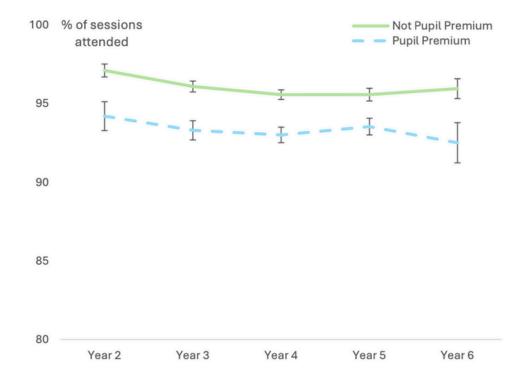


Figure 3. Wellbeing of primary school pupils by Pupil Premium funding status

Notes: Data drawn from between September 2020 and April 2024. Thin line running through each bar refers to the estimated 95% confidence interval. Wellbeing scores have been standardised across all pupils at all time points. Higher values indicate better levels of wellbeing. All data have been collected during term 1 (September/October) of the academic year. Analysis based on responses of  $\approx 3,000$  (with  $\approx 900$  eligible for Pupil Premium) at each time point. Sample sizes for Year 2 are smaller ( $\approx 1,200$ ) and should be treated with particular caution.

Figure 4 overleaf produces the analysis of school absences for primary school pupils. There are two key points to note. First, there is a clear and consistent difference in school attendance rates by Pupil Premium status. Second, the magnitude of this difference is reasonable consistent across the Year 2 to Year 6 samples. In particular, children eligible for Pupil Premium have around a three percentage point lower attendance rate during primary school than children not eligible for Pupil Premium.

Figure 4. School attendance amongst primary school pupils by Pupil Premium status



Notes: Data drawn from between September 2020 and April 2024. Thin line running through each bar refers to the estimated 95% confidence interval. All data have been collected during term 1 (September/October) of the academic year. Analysis based on responses of  $\approx$ 3,000 (with  $\approx$  2,000 eligible for Pupil Premium), though with some variation across timepoints.

# The Childhood Trust 2024 Research Report

Registered Company No. 07746081 Charity Registration No. 1154032

The Childhood Trust 18 Buckingham Palace Road London, SW1W 0QP **United Kingdom** 

**©** 0300 102 4417



https://www.childhoodtrust.org.uk/









