Agenda – Children, Young People and Education Committee

Meeting Venue:
Video Conference via Zoom
Meeting date: 23 June 2022
Meeting time: 09.15

For further information contact:
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Private pre-meeting

(09.00 – 09.15)

1 Introductions, apologies, substitutions and declarations of interest

(09.15)

2 Pupil absence – evidence session 4

(09.15 – 10.15) (Pages 1 – 38)

Mary van den Heuvel, Senior Policy Officer, National Education Union (NEU)
Hannah O'Neill, District Secretary for Blaenau Gwent, and National Education Union (NEU) Executive member for Wales
Llinos Jones, Headteacher of Ysgol Bro Myrddin, Undeb Cenedlaethol Athrawon Cymru (UCAC)
Neil Butler, National Official (Wales), NASUWT
Menai Jones, Policy and Casework Official, NASUWT

Attached Documents:
Research Brief
NEU Cymru – CYPE(6)-14-22 – Paper 1
NASUWT – CYPE(6)-14-22 – Paper 2

Break

(10.15 - 10.20)

3 Pupil absence - evidence session 5

(10.20 -11.20) (Pages 39 - 49)

Catherine Evans, Assistant Director, Estyn

Liz Miles, Assistant Director, Estyn

Mark Campion, HM Inspector, Estyn

Attached Documents:

Estyn - CYPE(6)-14-22 - Paper 3

Break

(11.20 - 11.30)

4 Pupil absence - evidence session 6

(11.30 - 12.10) (Pages 50 - 61)

Professor Ann John, Professor, Health Data Science, Swansea University

Attached Documents:

Professor Ann John - CYPE(6)-14-22 - Paper 4

5 Papers to note

(12.10)

5.1 Peer on peer sexual harassment among learners

(Page 62)

Attached Documents:

Additional information from the National Association of Head Teachers - CYPE(6)-14-22 - Paper to note 1

5.2 Peer on peer sexual harassment among learners

(Pages 63 – 65)

Attached Documents:
Additional information from Estyn – CYPE(6)-14-22 – Paper to note 2

5.3 Peer on peer sexual harassment among learners

(Pages 66 – 68)

Attached Documents:
Letter from the Chris Philp MP, Minister for Tech and the Digital – CYPE(6)-14-22 – Paper to note 3

5.4 Cross-Party Group on Medical Research

(Pages 69 – 74)

Attached Documents:
Letter from the Minister for Economy to Russell George MS, Chair of the Cross Party Group on Medical Research – CYPE(6)-14-22 – Paper to note 4

6 Motion under Standing Order 17.42(ix) to resolve to exclude the public from the remainder of this meeting

(12.20)

7 Pupil absence – consideration of the evidence

(12.10 – 12.20)

8 Peer on peer sexual harassment among learners – consideration of the draft report

(12.10 – 13.10) (Pages 75 – 182)

Attached Documents:
Draft Report – CYPE(6)-14-22 – Private Paper

Agenda Item 2

Document is Restricted

CYPE(6)-14-22 – Paper 1

CYPE Committee inquiry into absenteeism

NEU Cymru response

NEU Cymru welcomes the opportunity to respond to this inquiry, ahead of our oral evidence session. We have highlighted a series of issues below, structured around the terms of reference.

- Reasons for and levels of persistent absenteeism

COVID-19

NEU Cymru notes that the level of school absenteeism has increased since the start of Covid-19, and is particularly high in years 11 and 13[1]. The reasons why these year groups have the highest levels are addressed below.

Some of the high levels of absence is due to the prevalence of Covid-19 itself, which at the time of writing is higher than both England and Northern Ireland[2], according to the Office of National Statistics, at 1 in 55 of people.

One member commented that she had her whole class in for the first time since September in May this year – this is not a unique situation.

Whilst not everyone gets very ill from the disease, it is highly infectious, and if young people come to school with it, this can spread to other children and vulnerable family members, and education professionals, causing greater disruption, so rightly they are still asked to stay home, in line with Welsh Government Guidance.

For some children, there has been significant levels of disruption in the last two years – from bereavement, to a change in family circumstances, and illness. For those children who are clinically vulnerable or seriously clinically vulnerable to Covid-19, there has likely been longer periods

[1] https://gov.wales/attendance-pupils-maintained-schools

[2] https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/articles/coronaviruscovid19/latestinsights

when they were not in school. The virus was an unknown two years ago, when the schools were 'closed'.

However, it is important to remember that schools were never closed to all children. Those children whose parents were key workers have always had a place in school, whilst those classed as "vulnerable" were quickly added. Whilst the first period of lock down causes immense disruption for everyone in society, including those education professionals who had never taught online before, and struggled to ensure all children had access to their free school meals provision, school laptops and appropriate resources, everyone in society, and education, has of course learnt an awful lot since March 2020.

Currently, children as young as 5 can receive a vaccination. But for younger children who live with vulnerable people, or have a serious health condition which makes them more at risk to the virus, some families will still be cautious about children attending school or nurseries. This may have also caused more children to be educated at home.

Individual school risk assessments, and those for vulnerable staff remain a significant measure. We have welcomed the roll-out of CO2 monitors, but it is important their use is monitored, as they provide a proxy measure for ventilation. Guidance on ventilation has been available from the HSE before the pandemic, and must be followed rigorously. WG has a roll to play here in ensuring this is closely monitored, to ensure the health of everyone in the education system is not impacted unnecessarily.

Register

We believe it is time that Welsh Government to implement plans[3], delayed during the pandemic, to ensure all children are on a register, or 'database' – to ensure that the local authority knows if a child is being home educated. These plans were first drawn up in light of the case of Dylan Seabridge[4], who's existence was hidden from the authorities. To get a true picture of children in Wales, the register would enable local authorities to provide and plan provision, and should capture key information, such as whether children are disabled, have an additional learning need, or come from a specific background – to ensure Wales is capturing which children are less likely to attend maintained school settings.

[3] https://gov.wales/local-authority-education-databases

[4] https://www.theguardian.com/society/2016/jan/22/concerns-raised-about-boy-who-died-of-scurvy-a-year-before-his-death-leaked-report

School environment

NEU's research[5] into the school environment has found that creating a sense of belonging in the whole school encourages lower levels of absenteeism in school. We are concerned that the reemphasis on Fixed Penalty Notices (FPNs) is unhelpful. FPNs should be an absolute last resort. At a time when families are struggling for money this is absolutely not helpful, and a focus should be on enabling schools to connect with families.

Schools can be a challenging environment for some young people, and whilst Wales does not have SATs, our members are clear that any form of testing, including online adaptive assessments, don't tell teachers any information they don't already know.

- Whether and if so, why, non-covid related absenteeism is higher than prior to the COVID 19 pandemic

WG measures of absence and Meilyr Rowlands Report, mentioned above, would confirm this is the case. We have set out a series of reasons for absenteeism above. However, there are also some additional reasons:

Exams

We are particularly concerned by the high levels of absenteeism amongst those young people in Years 11 and 13, which cannot be entirely attributed to high levels of Covid-19 in this age group. It would seem that young people are particularly concerned about taking their exams this year, having seen exams be cancelled for the last two years. These young people have faced an enormous amount of disruption, and are not used to taking exams.

They are now aware of the influence the unfair algorithm has over the exams, exposed by the difficult qualifications situation in 2020. This year, Qualifications Wales (QW) announced that students will receive lower grades than the cohort last year – unveiling to students that no matter how hard they work, their results will not be as high as last year's cohort. This will likely be adding to anxiety and causing some to avoid school.

[5] https://www.neu.org.uk/place-belonging

Other reasons
In answer to the questions below we address a range of reasons for children more likely to be absent from school, including ALN, poverty and mental health difficulties.

Since we do not have a register of children with each local authority, the numbers of children remains unknown.

- Whether and if so, reasons why persistent absenteeism is more prevalent among particular groups of pupils (those with Additional Leaning Needs, eligible for free school meals, boys and girls, specific age groups, ethnicity)

ALN
As Meilyr Rowlands report[6] sets out, some children are more likely to miss school than others, including those with additional learning, or special, needs. As the report states, this group were more likely to be absent before the pandemic.

Some children may have found working at home more supportive for their specific conditions. But we know from members that young people need more support in school. The Additional Learning Needs and Tribunals (Wales) Act was meant to ensure that everyone with an additional need received the support they needed.

Data shows us that many (nearly 20,000[7]) young people are no longer being counted as having additional needs, and have not moved onto the new additional learning needs system.

Members still tell us more money is needed to support children with additional learning needs, and that the school environment can be a challenge for some learners. We are concerned that the way in which the ALNET Act works discourages schools from providing specific support for children which identifies them as having additional learning needs. More support is needed for schools, with easily accessible funding for ensuring schools can access experts for diagnosis and specific interventions.

Poverty

[6] https://gov.wales/sites/default/files/publications/2022-04/attendance-review-implications-of-the-covid-19-pandemic-for-school-attendance.pdf
[7] https://gov.wales/schools-census-results-february-2022-provisional

We also know that students living in poverty are more likely for many reasons to miss more time out of school (eg caring responsibilities, uniform issues, hunger, not having school equipment etc). This is reflected in the high levels of absence in children eligible for FSM in Meilyr Rowland's recent report.

Schools and LAs which work closely with Traveller families and ensure their inclusion may also require greater flexibility as families travel and students may miss periods of schooling too, again reflected in the recent report.

- The short term and longer-term risks and consequences for learners for example in terms of mental health and well-being

NEU Cymru believes there are risks to learners' wellbeing when not in school, and have welcomed the Whole-school approach to mental health. Attending school involves following the curriculum, but also involves learning to mix with other children and making friends, which are important skills for life.

The last two years have caused anxiety for nearly everyone in society, and it is understandable that children have increased incidents of mental ill health. Schools can support wellbeing, but they cannot do this alone. Access to CAHMs and other services is totally critical.

- The impact on pupils' learning and attainment

The pandemic has exposed that children have different experiences of learning from home, and that not all homes are suitable spaces for children to learn. Access to resources, IT equipment, space and food can all be obtained through attending school, and can support children in their learning.

- Whether absenteeism has resulted in a higher level of pupil de-registration and any cross-over with elective home education

As we have already stated, NEU Cymru believes there needs to be a register, or database, of children, held by each local authority. We do not know how many children are learning at home at the moment in Wales, which is critical information in terms of children's learning and safeguarding.

- Effectiveness of existing Welsh Government policies and guidance

Funding
The issue of inadequate funding in local authorities to enable them to support schools effectively in tackling poor attendance also fails to be addressed adequately in the consultation. The government must make a commitment to fund local authorities sufficiently to enable them to work with schools and families collaboratively, and with appropriate professionals, on attendance issues.

Schools cannot tackle these issues alone. WG needs to ensure that support services, including social services and CAMHS, has sufficient funding to support schools, proactively offering support to schools to support whole school wellbeing.

Fixed penalty notices
NEU Cymru is concerned by the recent WG letter to effectively encourage the use of Fixed Penalty Notices (FPN). We also question the evidence to support that enforcement of fines and prosecuting parents/families has any measurable effect on improving student attendance. Schools need time and expertise to work collaboratively with families and young people on the underlying causes of absence relating both to issues in school and outside school, not simply fine families. Since we know that these children are more likely to be eligible for free school meals, causing greater financial hardship at a time of such economic instability cannot be justified.

Senedd Cymru	Welsh Parliament
Y Pwyllgor Plant, Pobl Ifanc ac Addysg	**Children, Young People and Education Committee**
Absenoldeb Disgyblion	**Pupil absence**
Ymateb gan NASUWT Cymru	Evidence from NASUWT Cymru

Record your views against the inquiry's terms of reference, which have been grouped into 5 themes.

1. Reasons

1. The NASUWT Big Question survey was conducted between March and May 2022 and asked teachers in Wales who had provided distance learning to pupils over the preceding 12 months to provide the reasons for that remote learning. Each respondent was able to indicate a number of reasons for remote learning and the following list gives the percentage of members who indicated each particular reason:

Pupils who have tested positive for COVID-19	81%
Pupils who are school phobic	34%
Pupils with mental health needs (e.g. anxiety)	43%
Pupils with SEND/ASN/ALN who struggle with the social aspects of school	20%
Pupils who have been suspended	41%
Pupils who are in seclusion/isolation	30%
Pupils who have challenging behaviour	20%
Pupils with SEND/ASN/ALN whose needs are not being met by the school	9%
Other	12%

2. Absence due to COVID was the main reason given (as is to be expected given the period covered by the survey). From school statistical returns it is clear that COVID absences are still an issue. The other reasons given by teachers are indicative of potential reasons for ongoing learner absences. The reasons

for persistent absence are complicated and can mask a multi-faceted situation which may be different for each individual learner affected.

3. 'Non-covid related absenteeism' is a difficult concept to define and isolate. Aside from absences as a direct result of testing positive for COVID and / or diagnosis of Long COVID, other apparently unrelated reasons for absences may have developed or been exacerbated because of the impact of the pandemic and related lockdowns.

4. Potential causal factors for higher rates of such absence now are as follows:

    - Schools and other services which traditionally assist learners in ways that may support attendance (e.g. Child and Adolescent Mental Health Services, GP Surgeries, Youth Services etc) have been impacted by COVID and therefore may be less able to provide support, thus impacting on their ability to support learners' ability to manage regular school attendance.

    - The mental health impacts of the pandemic on young people have been well evidenced and therefore the number of young people potentially in need of support have increased.[1]

      90% of teachers who responded to the NASUWT Big Question Survey considered that rates of adverse emotional, personal or social issues among pupils they taught had increased over the last 12 months and 97% of respondents said that they taught pupils with mental health challenges.

    - There is a strong correlation between high rates of school absence and pupils from disadvantaged backgrounds. The pandemic (and the ways this has been managed) and the current economic downturn have meant that more young people are impacted by the effects of economic disadvantage.[2]

[1] https://www.mentalhealth.org.uk/news/teenagers-mental-health-pandemic

[2] Converted document (suttontrust.com)

- As a result of lockdowns young people have changed their routines and there has been broader cultural acceptance of non-attendance at school.[3]

- Public Health Wales indicates that 10% of those who experience a COVID infection are likely to experience Long Covid.[4] Cases of Long-COVID may not have been identified as such and may account for some apparent non-COVID absences.

5. Evidence suggests some groups of pupils were at more risk of poor school attendance prior to the pandemic. Absences rates have been consistently higher for the following groups:

    - Pupils with ALN
    - Pupils eligible for free school meals
    - Pupils from Gypsy and Traveller families

    Absence rates have increased for these groups, and this has been analysed in some detail in the Education Minister's commissioned report.

6. Potential reasons for the comparatively higher absence rates for the above groups were identified by Estyn and others as:

    - Issues with access to IT resources which may have impacted learning in lock-down;
    - Difficulties engaging with online learning as a medium even if they did have access;
    - Parents and carers who were less able to support learning and engagement (this may be for a number of reasons – economic, educational, cultural); and / or
    - Lack of an appropriate environment for study during lockdown which may have impacted on engagement

7. The mental health issues and disengagement with school experienced across all learners are also likely to have impacted these distinct groups.

[3] Ofsted: Covid and anxiety driving higher school absence | Tes
SoW-Briefing-March-22-How-Covid-Changed-Wales.pdf (bevanfoundation.org)
[4] Long COVID (Post COVID-19 Syndrome) - Public Health Wales (nhs.wales)

8. The data suggests that the average rate of absences for all learners have risen post pandemic. The groups indicated above have not necessarily been disproportionately impacted by the pandemic but, as their absences were generally higher pre-COVID, their attendance issues do require particular attention.

9. Asian learners also appear to have greater absence levels post pandemic when absence rates in this group were lower than average pre-pandemic. It is unclear what the reasons for this may be and this requires further analysis. Potential trends in absence among other groups with protected characteristics under the Equality Act would benefit from further analysis to determine if other groups have been disproportionately impacted.

Write your views here…

5.2 Risks and consequences

- Short term and longer-term risks and consequences for learners

10. The Welsh Government *Framework on embedding a whole-school approach to emotional and mental well-being* (269/2021) advises that non-attendance at school can lead to: a lack of contact with teachers and friends who are important attachment figures; changes to routine and anxiety about returning to school.

11. The Education Minister's Commissioned Report also addresses the fact that deteriorating attendance can be a precursor to and a predictor of a range of behavioural and emotional problems for learners which if not addressed may lead to exclusion from schools. This has longer term consequences for the individual learner in terms of educational attainment and socialisation and for their communities.[5]

[5] Long-Term School Absenteeism – Issues and Implications – The Karyawan

12. NASUWT members have already reported significant behavioural impacts on all learners following the return to school after the national lockdowns such as the inability to follow simple rules and instructions. It is clearly a risk that such issues will continue to impact those who continue to be absent.

13. Not only can absences lead to wellbeing issues, it can also mean that mental health and safeguarding issues are not addressed. Schools are a significant filter point for identifying and addressing such issues given the regular contact with professionals who know the learner well. Learner absences from schools therefore risk such issues going unidentified and unaddressed.[6]

5.3 Impact

- The impact on pupils' learning and attainment
- Whether absenteeism has resulted in a higher level of pupil de-registration and any cross-over with elective home education

14. The overwhelming majority of respondents to the NASUWT Big Question Survey felt that some their pupils had lost ground academically over the preceding 12 months, as a result of COVID-related disruption to their schooling. 26% felt all of their learners had lost ground whereas only 2% of respondents felt that none of their pupils had lost ground and this is supported by the findings reported by Estyn. It therefore seems likely that continued absences post-pandemic will cause further issues with learning and attainment.

15. The Sutton Trust's recent review of social mobility found that learning losses in the UK due to the pandemic are high when compared with other nations and these deficits are most stark among the least economically advantaged. The review indicates that the reason for the greater learning losses in the UK may be related to the fact that there is greater economic inequality in the UK than in the other countries considered.[7] Irregular attendance patterns were

[6] Risks and protective factors : Mentally Healthy Schools
[7] Converted document (suttontrust.com)

one of the most cited classroom behavioural issues which concern NASUWT member.

16. The NASUWT has not seen data to support a premise that absenteeism has led to schools de-registering pupils. However, given that teachers report that pupils with regular absences are likely to cause disruption when they do attend, this is a risk.

17. There has been a substantial increase in elective home education during the pandemic and it therefore seems likely that there is some connection. Lockdown home learning may have been a positive experience for some families who may otherwise not have considered it. Following on from compulsory home working, some parents and carers may now have more flexibility in the way they work which may have enabled the home education of their children. It is obviously a concern however that some may have de-registered their children because of perceived barriers to learning at school. The NASUWT considers that school is the best place for learners to engage in education and it is therefore essential to consider the reasons given by parents and carers for de-registering children so that these can be addressed.

5.4 Effectiveness of policies

- Effectiveness of existing Welsh Government policies and guidance
- Level and effectiveness of action and support from schools, local government and the Welsh Government
- How effectively parents are engaged and supported

18. **Maximising full time attendance at School -** The current education structure in Wales is based on the expectation of the vast majority of pupils attending schools. Given that this has not been enforced over the preceding two years, schools, local and national government need to give a clear message to learners and carers that full time school attendance is the expectation. This needs to be done with sensitivity and should be accompanied by sign-posting to appropriate services if parents, carers and learners are struggling to maintain this. Part of this approach must focus on

identifying and addressing the causes of absence and the barriers to attendance. To penalise learners and carers without this support would be counter-productive.

19. The evidence from the Minister's commissioned report notes that it is possible that schools have not yet enforced absence management expectations and policies as they would have before the pandemic, and this may be a factor in the increased number of non-covid absences. The report indicates that this was mainly because of staff capacity limitations resulting from workload demands and staff absences as a result of the pandemic. It is imperative that such services are adequately staffed and resourced to manage this reinstatement of expectations. The Minister's report's recommendation to disseminate best practice is insufficient if there is inadequate staffing in place to carry out this practice.

20. During 2020-21 the average amount of school reserves carried forward at the end of the financial year increased exponentially across Wales.[8] This increase in reserves can be attributed to increased COVID-catch up funding from the Welsh Government in addition to savings accumulated from the temporary / partial closure of some schools, savings on exam fees etc. In contrast however, the secondary schools in the case studies of the Minister's commissioned report all carried deficit reserves in 2020-21. This difference from the average suggests that schools that were pro-active in addressing the causes of absence may have achieved this by ensuring prompt investment to address pupil welfare and learning issues. This would benefit from further analysis. Schools that continue to carry over funds whilst experiencing issues of absenteeism should be encouraged to commit resources to supporting those learners by the engagement of additional staff and / or other targeted resources.

21. The Welsh Government *Framework on embedding a whole-school approach to emotional and mental well-being (269/2021)* outlines the type of actions and responses needed to support learners with mental health and emotional issues:

[8] Level of school reserves carried forward by school (£ thousand) (gov.wales)
CHART: Level of school reserves carried forward (£ thousand) (gov.wales)

"Approximately 1 in 10 children between the ages of 5 and 16 have a mental health problem and many more have behavioural issues. Approximately 50 per cent of people with enduring mental health problems will have symptoms by the time they are 14, and many at a much younger age16. However, this belies the scale of poor mental well-being among children and young people and most of the emotional issues young people and school staff will encounter are not clinical in nature and do not require specialist interventions. Rather, it is about supporting the young person, building their resilience and fostering a sense that there is someone they can trust.

Developing these trusting relationships is central to the whole-school approach. Developing positive relationships between a teacher and learner is a fundamental aspect of quality learning and teaching. The effects of teacher–learner relationships have been researched extensively and point to how positive relationships can have good social and academic outcomes. Being taught by highly trained, highly motivated, trauma-informed teachers who are aware of the impact they have on the young person's overall development, inside and outside the classroom, is central to promoting emotional and mental well-being."

22. The NASUWT welcomed the Children, Young People and Education Committee's recommendation that such a whole-school approach needs to be adequately resourced. In its consultation response to that *Framework* the NASUWT expressed its concerns that the framework was not accompanied by any increased investment or workload impact assessment. Given that the *Framework* recognises that a whole-school approach to well-being requires the well-being of teachers, the lack of such an assessment is inconsistent with the concept of the whole-school approach.

23. Whilst the additional Covid Renew and Reform money allocated is welcome, this is short-term funding, and no financial commitment has yet been made to increase long term capacity in the teaching workforce.[9]

[9] Renew and reform: supporting learners' wellbeing and progression: update for September 2021 [HTML] | GOV.WALES

24. **Blended learning -** The Welsh Government *Framework on embedding a whole-school approach to emotional and mental well-being (269/2021)* appears to indicate a policy of at least some pupils in maintained schools continuing with a blended learning approach:

> "Some groups of learners will have benefited greatly from a blended learning approach, such as those who fall into the category of 'frequent school absences' or those with long term sickness. With appropriate support and protocols in place, developing blended approaches for some learners with specific needs could be useful for the long-term. Support and resources for blended learning are available on Hwb."

25. In his response to the Children, Young People and Education Committee the Minister also proposes a strategic approach to digital teaching and learning for those who cannot be present in schools.

26. It needs to be recognised that schools in Wales are not staffed to provide both classroom teaching to learners and distance learning. If the Welsh Government continues with this policy of blended learning, it needs to review the way in which this provision is managed. Teachers have struggled to maintain blended learning in a time of national emergency, but it is not a sustainable model without a full review of staffing and expectations.

27. The NASUWT Big Question Survey revealed that 27% of respondents were expected to simultaneously provide remote education and traditional classroom teaching whilst other teachers were expected to provide additional resources for those who were learning remotely. 86% of respondents providing remote learning were expected to do this with no adjustment to their pre-existing workload.

28. 87% of respondents said their workload in the previous 12 months had increased, with 58% saying it had increased significantly. 82% of respondents reported that their job adversely affected their mental health, with workload being the most common reason.

29. **Core Staffing Levels** - In its evidence to the Independent Pay Review Body Wales, the NASUWT has highlighted that whilst Pupil numbers have been

generally increasing over the past decade teacher numbers have been reducing considerably. The number of full-time equivalent (FTE) qualified teachers working in schools and other educational institutions in 2020/21 was 23,985, a decrease of almost 10% from the 26,363 figure reached in 2006. This trend has had a significantly detrimental impact on pupil-teacher ratios.

30. This combination of increasing pupil numbers and constraints on teacher recruitment and retention requires effective action and policies to secure and sustain adequate rates of teacher recruitment and retention. Dissatisfaction with levels of pay is a key issue but other barriers to securing adequate numbers of teacher include: unnecessary and excessive workload burdens, inadequate support for teacher and school leader wellbeing, diminished levels of job satisfaction, a lack of an effective entitlement to professional training and development opportunities, and debilitating working environments and cultures. Further detail regarding this can be found in the NASUWT's 2022 submission to the Independent Pay Review Body.

31. The Minister's report on pupil absence identifies that the learning experience whilst in school is an important factor in terms of pupil achievement and attendance. It also highlights that in addition to a long-standing trend of falling teacher numbers, schools' current responses to absence are hampered by high levels of absence among those staff who remain.

32. The Sutton Trust literature review suggest that the most effective ways to raise learner achievement would be one-to-one or small group tutoring, frequent teacher feedback, high expectations, increased instructional time, high dosage tutoring and the use of data to guide instruction. All of these require more teacher input per pupil and more staff-to-staff communication in relation to pupils and therefore more teachers.[10] Currently however inadequate staffing levels pre-Covid have been further impacted by work related stress and other COVID-related health issues. Schools cannot hope to take a strategic approach to this issue unless they have a long-term commitment to resource greater teacher: pupil ratios.

33. **Supply teachers -** Supply teachers are vital members of the teaching workforce in Wales and an important component in educational provision.

[10] Converted document (suttontrust.com)

The NASUWT welcomes the undertakings in the Cooperation Agreement with Plaid Cymru to remove the market approach to supply teacher provision. The Union fully supports the Welsh Government policy of a directly employed supply cluster model in areas of Wales and recommends that this is rolled out across Wales and adopted on a permanent basis in order to enable long term strategic management of this service.

34. The commercial agency supply model which is currently most prevalent in Wales works against the interests of learner engagement, against the Whole School Well-being Framework, against the ethical supply framework and against the concept of Community Schools. The NASUWT receives regular accounts of commercial teaching supply agencies intentionally fore-shortening placements in schools in order to avoid legal protections for workers under the Agency Worker Regulations. This results in a lack of consistency of staffing in schools which impacts on the strength of learner-teacher relationships and the ability of supply teachers to support the ethos, curriculum and policies of the school.

35. The Minister's report highlights the difficulties experienced by schools in spending the Recruit Recover and Raise Standards money. Given the historic under-valuing of supply teachers many experienced teachers have left the industry to secure fair terms and conditions. However, schools claims require further analysis: are these schools offering supply teachers fair rates of pay and conditions for their skills and experience or are they continuing to try to secure teachers through commercial supply agencies who pay rates of less than £138 a day.

36. **Multi-organisational responsibility** - The research literature outlined in the Education Minister's report suggests that unauthorised absences are not necessarily a direct causal factor for lower achievement. Unauthorised absences are often an indicator of other issues in a learner's life which need to be addressed if their well-being and achievement is to be effectively supported. Whilst schools have a vital role in addressing this it is important that the Welsh Government acknowledges that the role of schools here remains relative to the role that other organisations must play. The NASUWT is concerned that many learners are struggling to access external services

that are also impacted by the pandemic. This needs to be addressed in Government policy and expectations.

37. The Welsh Government have made a commitment to the development of the Community Schools Model and the Minister considers that this will also address the issue of absenteeism. If well managed this may provide scope to support the sort of multi-organisational working required to assist young people. The NASUWT awaits consultation on this issue however. Indications so far suggest that this Community Schools approach will require significant additional resourcing from the Welsh Government and the Union maintains that such a significant change in the way school premises are used will need to be strategically managed via a return to Local Authority control of schools.

38. **New Initiatives** - The Education Minister's report suggests that even though consultees argued for no new initiatives they supported the introduction of the New Curriculum. This attitude is not reflected by the actions of Headteachers across Wales however. Following NASUWT's campaign to highlight that most schools in Wales were simply unequipped to introduce the New Curriculum in 2022, the Education Minister offered secondary schools the opportunity to delay the introduction until 2023. Over half of the secondary schools in Wales seized this opportunity to delay the role out of the New Curriculum.[11] The Auditor General's findings that the Welsh Government had failed to adequately assess the costs of the development of the New Curriculum provides some explanation for their decision. It is therefore a concern that the Education Minister's plans for improving learning experiences of disaffected pupils rest on the New Curriculum and the introduction of the ALN framework. These will only be effective in this regard if they are rolled out in a well-planned and resourced manner. An exhausted and stressed teaching staff will not be able to do this effectively.

39. The importance of engaging families of learners has been well documented and this is of particular importance with vulnerable groups of learners. It is also a core requirement of the New Curriculum, the ALN guidance and the Welsh Government's *Whole-school approach to emotional and mental well-being (269/2021)*.

[11] Half of secondary schools opt out of teaching Wales' new curriculum from September (msn.com)

40. It is important to recognise that there are restrictions on this type of engagement for class teachers as (other than bi-annual parents' evenings), class teachers tend to be fully timetabled to teach or undertake other duties and time is rarely allocated to them for such engagements.

41. Support for those struggling to attend school would generally be provided by senior leaders who may not be involved in teaching the pupil or by designated support staff. The extent of engagement however varies between schools and local authorities. The Minister suggests that a Community Schools Model may enhance this engagement. It would be helpful to have more information on the detail of this approach. Teaching staff will only have the time to take on this engagement if the staffing of schools is increased to release them to do so.

5.5 Other

Please record any other views you have below.

Write your views here…

CYPE(6)-14-22 - Paper 3

Arolygiaeth Ei Mawrhydi dros Addysg a Hyfforddiant yng Nghymru
Her Majesty's Inspectorate for Education and Training in Wales

Ymateb i Ymgynghoriad / Consultation Response

Background information about Estyn

Estyn is the Office of Her Majesty's Inspectorate for Education and Training in Wales. As a Crown body, Estyn is independent of the Welsh Government.

Estyn's principal aim is to raise the standards and quality education and training in Wales. This is primarily set out in the Learning and Skills Act 2000 and the Education Act 2005. In exercising its functions, Estyn must give regard to the:

- Quality of education and training in Wales;
- Extent to which education and training meets the needs of learners;
- Educational standards achieved by education and training providers in Wales;
- Quality of leadership and management of those education and training providers;
- Spiritual, moral, social and cultural development of learners; and,
- Contribution made to the well-being of learners.

Estyn's remit includes (but is not exclusive to) nurseries and non-maintained settings, primary schools, secondary schools, independent schools, pupil referrals units, further education, adult community learning, local government education services, work-based learning, and teacher education and training.

Estyn may give advice to the Welsh Parliament on any matter connected to education and training in Wales. To achieve excellence for learners, Estyn has set three strategic objectives:

- Provide accountability to service users on the quality and standards of education and training in Wales;
- Inform the development of national policy by the Welsh Government;
- Build capacity for improvement of the education and training system in Wales.

This response is not confidential.

Response

Introduction

Although it is difficult to measure precisely the impact of the pandemic on absenteeism, our response highlights some important points that could inform the development of policy and the use of resources.

The pandemic has disproportionately affected the attendance (and, due to known correlations, the well-being, learning and attainment) of specific groups of learners, for example:

- Learners younger than statutory school age
- Learners in older year groups in secondary education
- Learners from socio-economically disadvantaged backgrounds
- Learners with additional learning needs

Almost twice as many learners are in elective home education now than prior to the pandemic, and the number of learners electively home educated across Wales is now approximately the size of the total school population in a small local authority. Statutory guidance for local authorities on home education was delayed by the pandemic but is necessary as a matter of urgency to ensure that learners who are home educated receive a suitable education and support for their learning and well-being needs.

Far more learners received U grades for GCSEs in English, Welsh and mathematics in 2021 compared to the previous year, and these learners are at greater risk of becoming NEET in the years ahead.

Learner well-being continues to be a concern and a likely contributing factor behind higher levels of absenteeism than before the pandemic after discounting absence due to Covid-19. While funding for counselling services increased to meet the rising demand, the services actually counselled fewer learners in 2020-2021 than in the year before the pandemic. Furthermore, for learners with significant mental health issues, waiting times for specialist CAMHS have increased over the last two years. Since June 2021, more than half of those referred to CAMHS have been waiting more than the target 4 weeks for their first appointment.

Consultation questions

Reasons
Reasons for and levels of persistent absenteeism.
Whether and, if so, why, non-covid related absenteeism is higher than prior to the COVID 19 pandemic.
Whether and, if so, reasons why persistent absenteeism is more prevalent among particular groups of pupils

Persistent absenteeism

The attendance of far more pupils meets the definition of persistent absence (less than 80% attendance) this year than is usually the case. This is primarily a direct result of

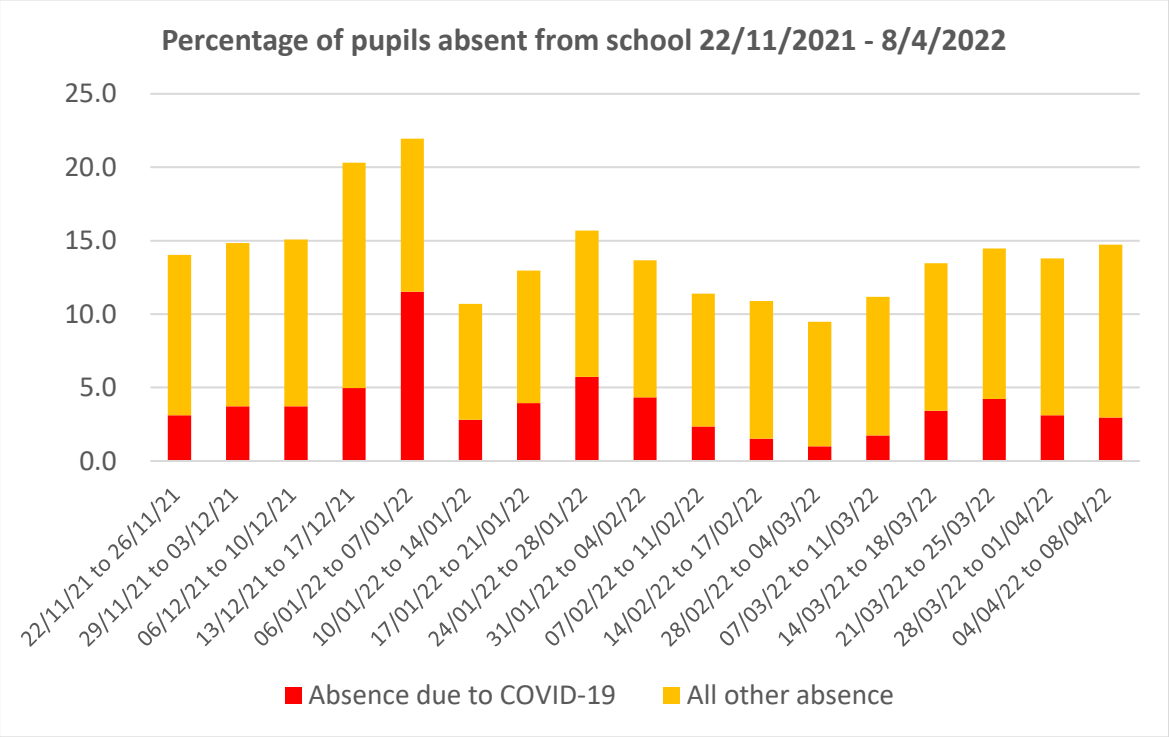
Covid-19 related absence – either because Covid-19 absence itself is enough to take a pupil below 80% attendance or because of Covid-19 absences combined with absences for other reasons (e.g. other illness).

For a small number of pupils, their emotional well-being or mental health has been affected long-term as a result of the pandemic to the extent that it has caused them to be persistently absent. This would include pupils, for example, that struggled to get back into the routine of school and pupils with high levels of anxiety. Such absence is unlikely to be recorded as 'illness due to Covid-19' so will go some way to explaining why non-covid related absenteeism is higher than prior to the pandemic.

We have a growing concern about the number of reduced timetables that are being used with young people. Where used well, reduced timetables, supported by a pastoral support plan, can be an effective tool to support young people, for example during a phased return to school after absence. However, in a few cases recently, we have identified young people on reduced timetables for too long and without appropriate reviews which means that they miss out on valuable time in their school or PRU. Local authorities are not always monitoring the use of reduced timetables closely enough, or challenging inappropriate use of them.

Attendance remains notably lower than pre-pandemic levels, even if you discount absence due to Covid-19

The chart below shows the percentage of pupils absent from school during the period 22/11/2021 - 8/4/2022. Data for absences due to Covid-19 was collected differently prior to 22/11/2021 and is not comparable.



School attendance was below 90% every week during this period, whereas average attendance during the last full year of schooling pre-pandemic, in 2018-2019, was just below 95%.

Nearly 30,000 pupils have missed more than 2 weeks of school this year due to Covid-19

Overall, almost three-quarters of pupils (74.1%) have been absent at some stage this year due to Covid-19. In this academic year to date (6/9/21 to 6/5/22):

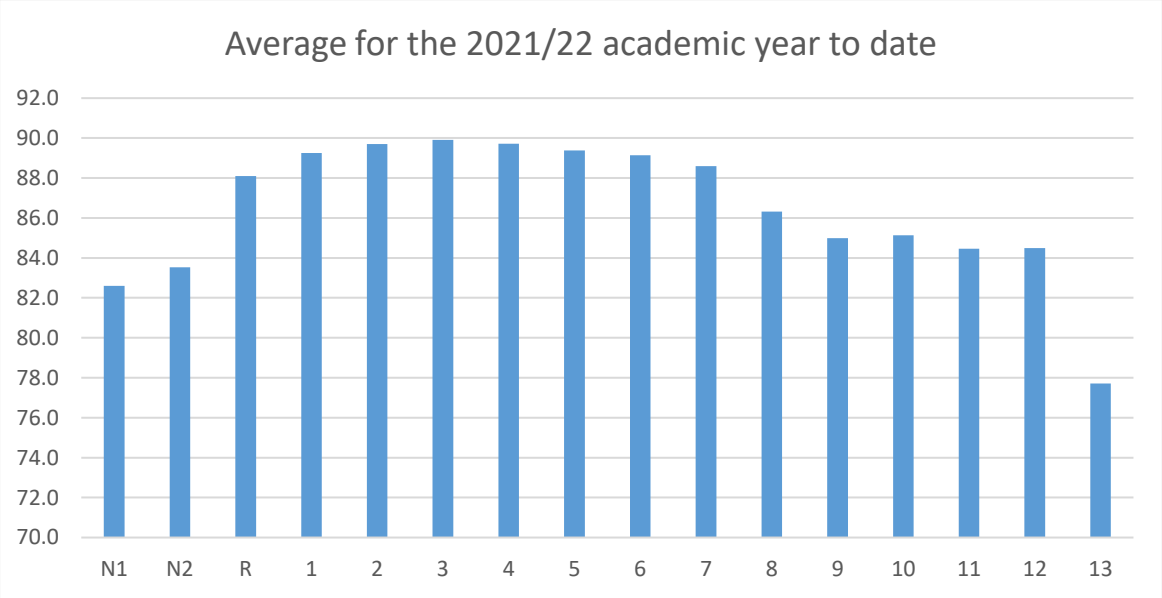
- 203,219 pupils (46.8%) have been absent due to Covid-19 for between 0.5-5 days
- 88,877 pupils (20.5%) have been absent due to Covid-19 for between 5.5-10 days
- 29,516 pupils (6.8%) have been absent due to Covid-19 for more than 10 days

Attendance of pupils eligible for free school meals has been affected more than for pupils not eligible for free school meals

During this academic year to date, the gap between the attendance of those pupils eligible for free school meals (82.5%) and those not entitled (88.9%) is 6.4%pts (compared to a gap of 5.2%pts pre pandemic and 5.8%pts last year).

The average pupil in Year 11 has missed more than 4 weeks of school this year

The chart below shows the average attendance for the year to date. Attendance at non-statutory nursery is low compared to attendance for Reception. Attendance is 88%-90% for primary Year groups through to Year 7, but it then drops off through the secondary Year groups, with attendance for those in the main examination years being lowest.



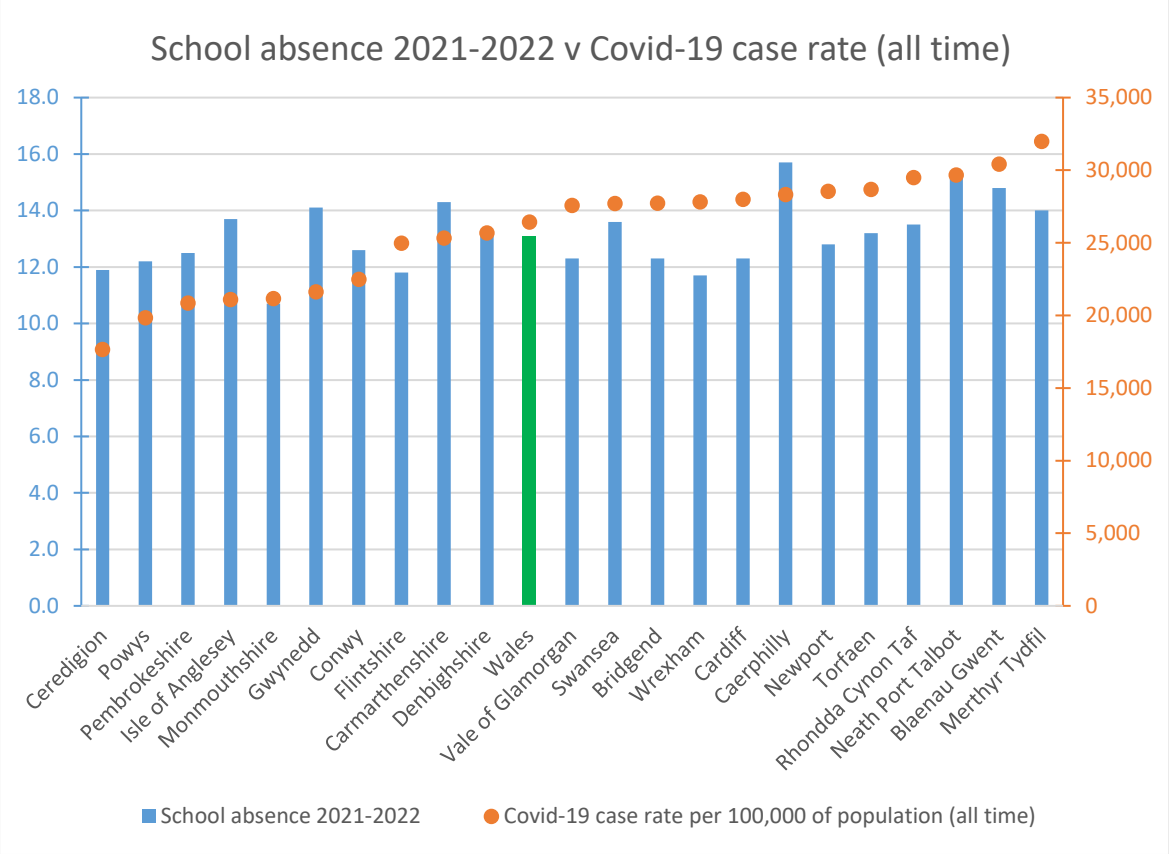
For the last week of the autumn term and the first week of the spring term, average attendance in all Years 10-13 was less than 75%.

The average pupil in Year 11 has missed more than 4 weeks of school this year.

For older pupils working towards qualifications in secondary schools, they may choose not to attend school if they know that a specialist subject teacher is off work and that a non-specialist supply teacher will be standing in. They may decide that they are better placed to work at home with learning resources they have.

School absence broadly correlates with Covid-19 case rates

There is a broad correlation between school absence in 2021-2022 and the Covid-19 case rate in the general population by local authority area, as illustrated in the chart below.



Some local authorities have a notably lower rate of absence (i.e higher attendance) than might be expected given the case rate (e.g. Monmouthshire, Wrexham, Merthyr Tydfil) and some have a notably higher rate of absence than might be expected (e.g. Anglesey, Gwynedd, Carmarthenshire, Caerphilly). (source, source)

Further analysis of attendance may be useful

The way that attendance data is published currently does not allow further analyses that may be useful. For example, analysing the use of attendance codes broken down by local authority or groups of learners such as those eligible for free school meals, or analysing the number of learners who are persistently absent without having had any absence for Covid-19 illness. Cross-analysing more data sources may support Welsh Government and local authorities in identifying where there may be attendance issues that require national or local support. We still see inconsistent use of different attendance codes across individual schools.

Risks and consequences
Short term and longer-term risks and consequences for learners.

Greater consequences for learners with additional learning needs

In HMCI's Annual Report 2020-2021, we reported that the disruption caused by the pandemic led to particular challenges for those learners with additional learning needs. Many were used to receiving support from a teacher or teaching assistant in the classroom, and this was often not available due to a shortage of adult support or was not possible in the same way when learners worked from home. Providers continued to look for different and often innovative ways to help these learners continue with their learning, although learners with ALN often found it difficult to engage in online, remote learning. Disruptions also led to delays in some learners being assessed for their additional learning needs. While nearly all special schools and PRUs remained open throughout the pandemic, continuing support for these vulnerable learners' emotional, physical and education needs will form an important element of addressing the long-term impact of the pandemic on learners in Wales. (source)

Number of learners educated other than at school (EOTAS) remains at pre-pandemic level

The number of learners educated other than at school (EOTAS) in 2020-2021 (2,186) was very similar to the average over the 3 years before the pandemic (2,149) (source).

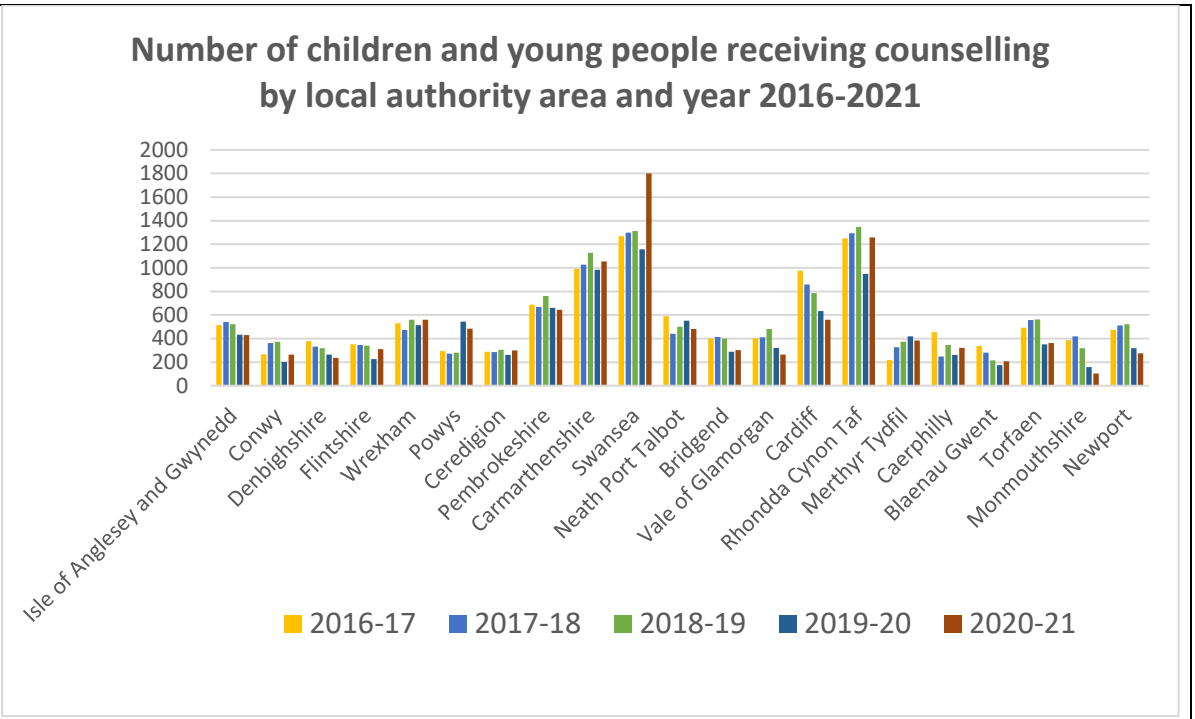
Impact on skills needed to learn

HMCI's annual report also noted that it is difficult to identify the full impact of the disruptions on learners, and to understand the longer-term effects in areas such as learners' communication, independence, and social skills. Continuing to monitor and support these areas will remain a vital element of practitioners' work into the future. (source)

Despite additional funding for services, fewer learners received counselling last year than in the years before the pandemic

Some learners' emotional well-being and mental health has been significantly adversely affected by Covid-19. Face-to-face counselling services to support learners' emotional well-being and mental health are available in all local authority areas through schools for learners in Year 6 upwards, and also through online and telephone services and face-to-face in community locations (these vary by area). During periods of lockdown and, to varying extents, during periods where restrictions were in place due to Covid-19, counselling services were generally only available online or by telephone.

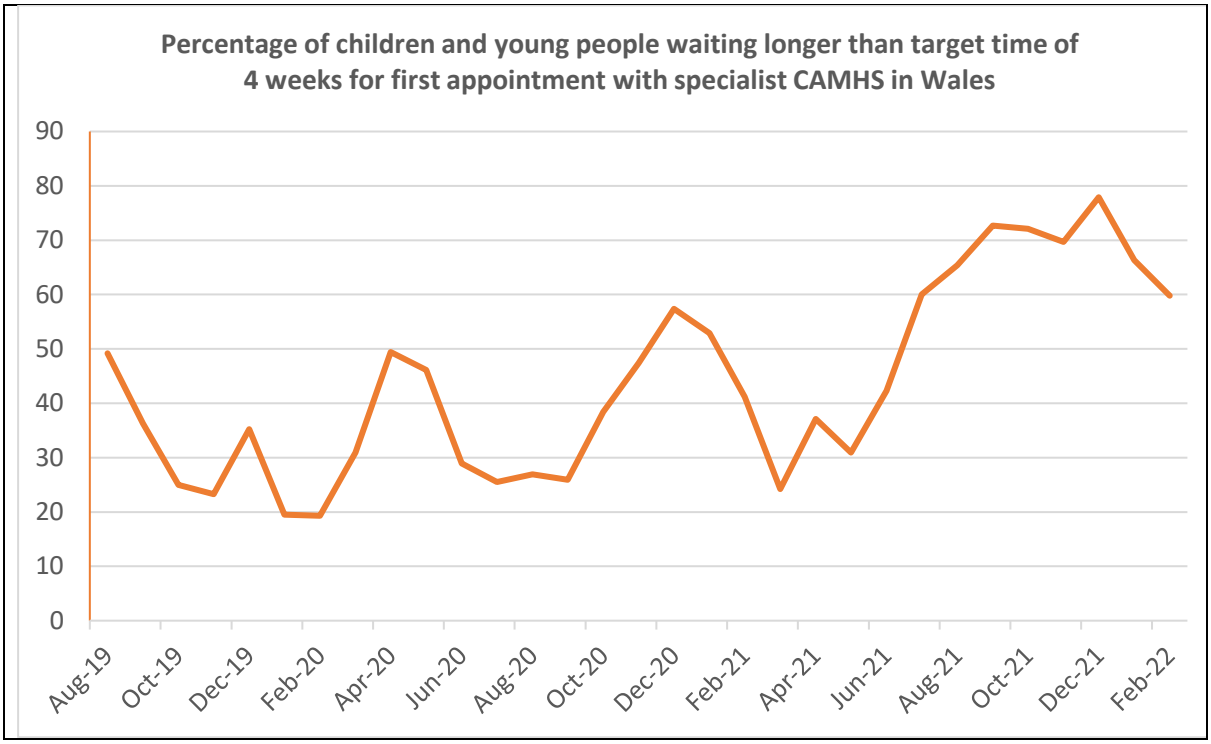
The chart below shows the numbers of learners receiving counselling by local authority area each year over the last 5 years. Despite Welsh Government providing an additional £1.25m funding for services in 2020-2021, services in half of local authority areas (11 out of 22) saw a drop in numbers accessing services that year compared to 2019-2020 (partially disrupted by Covid-19), and services in 17/22 areas counselled fewer learners than in 2018-2019 (pre-pandemic). Services in only 1 local authority (Swansea) worked with a notably higher number of learners in 2020-2021 compared to the year pre-pandemic. (source)



The 2020-2021 figures for the number of learners receiving counselling does not necessarily reflect the demand. Information from services suggests that demand was higher, but services struggled to meet the demand due to the impact of Covid-19 on counsellor availability and operating restrictions.

Children and young people are waiting too long for a first appointment with specialist CAMHS

Waiting times for children and young people referred to specialist Child and Adolescent Mental Health Services (CAMHS) have increased over the last two years. The chart below shows the percentage on a rolling monthly basis who have waited longer than the target time of 4 weeks for their first appointment. Since June 2021, more than half of those referred to CAMHS have been waiting more than 4 weeks for their first appointment. (source)



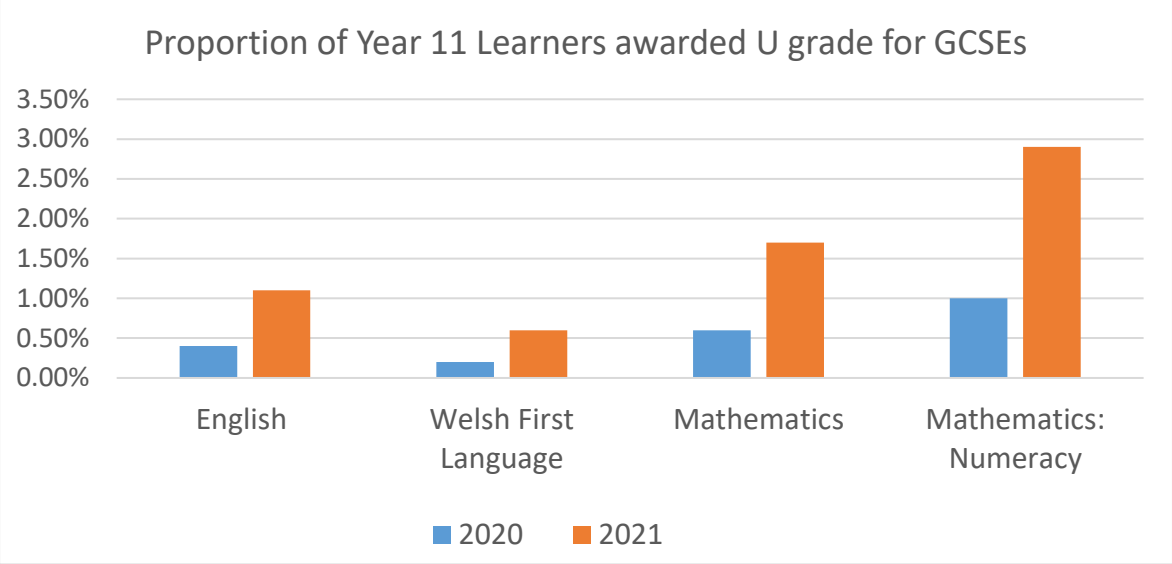
Accessing CAMHS in the Cardiff & Vale University Health Board area is proving particularly challenging. In January 2022, 68% of young people waiting for CAMHS in Wales come under this health board, which only serves 2 of the 22 local authorities, and 91% of young people waiting in Cardiff & Vale UHB have been waiting for more than 4 weeks. (source)

Impact
The impact on pupils' learning and attainment.
Whether absenteeism has resulted in a higher level of pupil de-registration and any cross-over with elective home education

The impact on attainment is difficult to measure

External assessments and examinations continue to be affected by the pandemic and data relating to qualifications awarded is not comparable with pre-pandemic data. It is therefore not possible to measure accurately the impact of the pandemic on attainment. However, the correlation between school attendance and attainment has historically been strong.

In the years prior to the pandemic, Estyn would consider the proportion of learners leaving school in Year 11 without a formal qualification - this data has not been published for 2021. From data that is available, it is worth noting the proportion of U grades awarded for pupils entered for GCSEs in English and Mathematics in Wales in 2021, which increased significantly compared to the previous year as shown in the chart below:



To give a sense of how many learners were affected, just over 800 learners were awarded a U grade for GCSE Mathematics: Numeracy in 2021. (source)

The number of learners in elective home education almost doubled during the pandemic and is the size of the total school population in a small local authority

The number of learners in elective home education in Wales was steadily rising prior to the pandemic. The average number of pupils in elective home education between 2016-2019 was 2,068 (the data for 2019-2020 is not comparable as it only includes 14 out of the 22 local authorities due to problems collecting information during the pandemic). In 2020-2021, there were 4,022 learners in elective home education – almost twice as many as the 3-year average prior to the pandemic. Ceredigion continues to have the highest rate of learners in elective home education, while Carmarthenshire continues to have the highest number of learners, both of which were consistently the case before the pandemic. Anglesey and Torfaen, both with historically low rates, have seen the rate of learners in home education more than double since the year before the pandemic. (source)

Welsh Government does not publish a breakdown of the learners that have moved to elective home education, so it is not possible to cross-analyse the data further, for example by age group, additional learning needs or free school meal eligibility. Such analysis could identify areas for local or national support. Anecdotally, reasons why parents moved their children to home education recently include concerns about their own or their child's physical health as a direct result of Covid-19, concerns about their child's anxiety about returning to school, concerns about their child's needs not being met at school, or a simply a decision that, having been forced to try it during lockdowns, home learning worked well for the family and they wish to continue their education at home.

It is worth highlighting that the total number of pupils in elective home education across Wales is now greater than the number of learners in Blaenau Gwent and nearly as many as in Merthyr Tydfil and Anglesey. (source)

Due to workload pressures caused by the pandemic, Welsh Government delayed its plan to introduce new statutory guidance for local authorities on home education. Currently local authorities have very limited responsibilities and powers with respect to elective home education.

No clear impact currently on the proportion of learners who are NEET

A potential impact of the pandemic is that more learners will end up not in education, employment or training (NEET). However, the proportion of learners who become NEET after Year 11 in 2021 was slightly lower than it was in the previous two years. The percentage of pupils whose destination was unknown rose a little (to 1.1% from 0.9% in 2020). The survey is based on the Careers Wales destinations survey which records pupils' last known activity on 31 October 2021. (source)

Not all learners sustain their initial destination and the actual proportion of young people who are NEET in Wales is estimated to be considerably higher than the destination survey suggests. The annual population survey estimated that 9.4% of 16-18 year olds were NEET at 31 March 2021, and 15.3% of 19-24 year olds. These figures are broadly similar with estimates in the preceding years. (source)

Services for persistent absentees are overstretched

Before the pandemic, local authority support services – through officers often known as education welfare officers – worked with families and schools when a pupil's attendance dropped below 80%. During the pandemic, and to date, there are so many more pupils with attendance below 80% that local authority services have had to change the thresholds for engagement. This means that officers are working with those with the lowest attendance, but they are unable to support in all cases where attendance is below 80%. Schools are not usually able to make up for the lack of capacity in local authority services. Inevitably this means that there are cases not being picked up by local authorities that they historically would have done, or a dilution of the service as a result of taking on considerably more cases than was the case historically. Between local authority and school services, there is less capacity to engage with families with a persistently absent pupils at a time when there needs to be a concerted effort to re-establish good attendance habits with these families.

Effectiveness of policies
Effectiveness of existing Welsh Government policies and guidance.
Level of effectiveness of action and support from schools, local government and the Welsh Government.
How effectively parents are engaged and supported.

Recent inspections highlight schools with current good practice

Some inspection report excerpts from schools inspected since February 2021 that highlight schools with effective support for good attendance:

St Joseph's Cathedral Primary School, Swansea: 'Procedures for monitoring pupils' attendance are comprehensive and rigorous. The school offers pastoral support for vulnerable pupils who miss school, and persistent absenteeism is challenged.' (source)

Pontnewydd Primary School, Torfaen: 'The school keeps good-quality records for attendance and absence from school and addresses persistent absenteeism well. Systems to support and challenge low attendance are effective and applied by leaders and staff consistently. The school works well with outside agencies to address issues of poor attendance.' (source)

Ysgol Gymraeg Ystalyfera - Bro Dur, Neath Port Talbot: 'The school has robust systems to monitor and promote good attendance. The school works effectively with the local

education authority to support pupils to reintegrate successfully after the pandemic.' (source)

Stanwell School, Vale of Glamorgan: 'The school has strong procedures for promoting pupils' attendance which include close monitoring, communication with parents and celebrations of success.' (source)

Additional funding for counselling services failed to increase the number of learners receiving services

As indicated in response to a previous section, despite Welsh Government providing an additional £1.25m funding for counselling services in 2020-2021 to deal with an anticipated increase in demand since the start of the pandemic, services in half of local authority areas (11 out of 22) actually saw a drop in numbers accessing services that year compared to 2019-2020 (partially disrupted by Covid-19), and services in 17/22 areas counselled fewer learners than in 2018-2019 (pre-pandemic). Services in only 1 local authority (Swansea) worked with a notably higher number of learners in 2020-2021 compared to the year pre-pandemic. (source)

The 2020-2021 figures for the number of learners receiving counselling does not necessarily reflect the demand. Information from services suggests that demand was higher but services struggled to meet the demand due to the impact of Covid-19 on counsellor availability and operating restrictions.

Statutory guidance for local authorities on home education

As previously covered, the number of learners in elective home education has virtually doubled during the pandemic and is now the size of the total school population in a small local authority. The lack of statutory guidance for local authorities is a matter that the Welsh Government may wish to consider with urgency, to ensure the learners affected are receiving a suitable quality of education and support for any additional learning needs and have access to services to support their wellbeing, in line with the rights of all children and young people in Wales.

Other
Please record any other views you have below.

Please choose one of the following options to confirm whether you have agreement from any third parties referred to in your evidence that you can share information that may be used to identify them and that they understand that it may be published.

- I confirm that any third party I have referred to in my evidence has agreed that I can share information that may be used to identify them, and that they understand that it may be published.
- I do not have the agreement of one or more of the third parties I have referred to in my evidence.
- I have not referred to any third parties in my evidence.

Association of school absence and exclusion with recorded neurodevelopmental disorders, mental disorders, or self-harm: a nationwide, retrospective, electronic cohort study of children and young people in Wales, UK

Ann John, Yasmin Friedmann, Marcos DelPozo-Banos, Aura Frizzati, Tamsin Ford, Anita Thapar

Summary

Background Poor attendance at school, whether due to absenteeism or exclusion, leads to multiple social, educational, and lifelong socioeconomic disadvantages. We aimed to measure the association between a broad range of diagnosed neurodevelopmental and mental disorders and recorded self-harm by the age of 24 years and school attendance and exclusion.

Methods In this nationwide, retrospective, electronic cohort study, we drew a cohort from the Welsh Demographic Service Dataset, which included individuals aged 7–16 years (16 years being the school leaving age in the UK) enrolled in state-funded schools in Wales in the academic years 2012/13–2015/16 (between Sept 1, 2012, and Aug 31, 2016). Using the Adolescent Mental Health Data Platform, we linked attendance and exclusion data to national demographic and primary and secondary health-care datasets. We identified all pupils with a recorded diagnosis of neurodevelopmental disorders (ADHD and autism spectrum disorder [ASD]), learning difficulties, conduct disorder, depression, anxiety, eating disorders, alcohol or drugs misuse, bipolar disorder, schizophrenia, other psychotic disorders, or recorded self-harm (our explanatory variables) before the age of 24 years. Outcomes were school absence and exclusion. Generalised estimating equations with exchangeable correlation structures using binomial distribution with the logit link function were used to calculate odds ratios (OR) for absenteeism and exclusion, adjusting for sex, age, and deprivation.

Findings School attendance, school exclusion, and health-care data were available for 414 637 pupils (201 789 [48·7%] girls and 212 848 [51·3%] boys; mean age 10·5 years [SD 3·8] on Sept 1, 2012; ethnicity data were not available). Individuals with a record of a neurodevelopmental disorder, mental disorder, or self-harm were more likely to be absent or excluded in any school year than were those without a record. Unadjusted ORs for absences ranged from 2·1 (95% CI 2·0–2·2) for those with neurodevelopmental disorders to 6·6 (4·9–8·3) for those with bipolar disorder. Adjusted ORs (aORs) for absences ranged from 2·0 (1·9–2·1) for those with neurodevelopmental disorders to 5·5 (4·2–7·2) for those with bipolar disorder. Unadjusted ORs for exclusion ranged from 1·7 (1·3–2·2) for those with eating disorders to 22·7 (20·8–24·7) for those with a record of drugs misuse. aORs for exclusion ranged from 1·8 (1·5–2·0) for those with learning difficulties to 11·0 (10·0–12·1) for those with a record of drugs misuse.

Interpretation Children and young people up to the age of 24 years with a record of a neurodevelopmental or mental disorder or self-harm before the age of 24 years were more likely to miss school than those without a record. Exclusion or persistent absence are potential indicators of current or future poor mental health that are routinely collected and could be used to target assessment and early intervention. Integrated school-based and health-care strategies to support young peoples' engagement with school life are required.

Funding The Medical Research Council, MQ Mental Health Research, and the Economic and Social Research Council.

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For the Welsh translation of the abstract see Online for appendix 1

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Introduction

Poor school attendance due to absence (authorised or unauthorised) from available sessions or exclusion (where a headteacher forbids a student to attend for a fixed number of sessions or permanently) leads to multiple immediate and long-term socioeconomic disadvantages. It is associated with a range of negative outcomes across the life course, including poor educational attainment, unemployment, and poverty.[1–5] Several small-scale studies in the UK, USA, and Australia, with sample sizes ranging from less than 100 to 13 000, suggest that absence from school is more common in children with a mental disorder, specifically depression, anxiety, and disruptive behaviour disorders, through school refusal, truancy, or the condition itself.[6–11] Studies from the UK[12,13] and the USA[14] report an association between

Research in context

Evidence before this study

We searched PubMed for papers published in English between database inception and July, 20, 2021, using the search terms ((children) OR (adolescents)) AND ((school attendance) OR (school absence) OR (exclu*) OR (truan*) or (school disengagement) OR (School Refusal)) AND ((depression) or (anxiety) or (adhd) or (autism) or (learning difficulty) or (schizophrenia) or (bipolar) or (self-harm) or (eating disorder) or (drugs) or (alcohol) or (conduct disorder)). We found 13 small-scale cross-sectional surveys that used questionnaires to assess mental disorders and one national electronic cohort study linking education and secondary health-care datasets. School absence and exclusion were found to be associated with neurodevelopmental disorders, depression, anxiety, disruptive behaviour, substance misuse, or self-harm, but current evidence is sparse and based on small numbers.

Added value of this study

Our population-based, electronic cohort study was larger than most previous studies, including more than 400 000 pupils, and linked routinely collected primary and secondary health-care data to educational data. Previous studies have been based on secondary care data only and probably missed disorders, such as anxiety, that are more commonly managed in primary care. Our study encompasses a wide range of clinically diagnosed and recorded mental and neurodevelopmental disorders up to the age of 24 years, and so includes conditions, such as bipolar disorder and schizophrenia, that are less frequently studied in this context are are more often diagnosed in late adolescence and early adulthood. Furthermore, the large size of this study allows for the inclusion of people with less common diagnoses, such as eating disorders. We found strong associations across all disorders and self-harm with absenteeism and exclusion from school. Odds ratios for both outcomes increased with the number of comorbidities and deprivation.

Implications of all the available evidence

Poor attendance affects the educational attainment of children and future social and developmental outcomes. Children with mental or neurodevelopmental disorders or who self-harm are more likely to miss school through absenteeism and exclusion than their peers. Exclusion or persistent absence are potential indicators for current or future poor mental health that are routinely collected and could be used to target assessment and early intervention.

neurodevelopmental disorders (ie, ADHD and autism spectrum disorder [ASD]) and self-harm with persistent absenteeism. Similarly, school exclusion appears to be strongly associated with ADHD, ASD, and mental disorders, particularly depression, in UK-based and international studies.[13,15] In these mostly cross-sectional studies, diagnoses were assessed by use of questionnaires or interviews. However, children and young people (≤24 years) with these disorders are more commonly from disadvantaged families and might be less likely to participate in research surveys.[16–18] They also have higher levels of attrition at follow-up[16–18] for reasons including impairments affecting the young person or their parent and impacting survey completion or a related absence when surveys are done in a school setting. Furthermore, birth cohort studies often include insufficient numbers of children with mental health conditions to support in-depth analysis of rarer conditions.

For the **SAIL Databank** see https://saildatabank.com/

In this study, we capitalised on electronic linkage between routinely collected primary and secondary health-care data on clinical diagnoses and data on school attendance and exclusions at a population level. Our hypothesis was that school absences and exclusions are associated with a broad range of diagnosed and recorded neurodevelopmental and mental disorders and self-harm by 24 years of age within our cohort of pupils, even after adjusting for sex, age at the start of the academic year, and deprivation. Once established (and previous literature is scarce), this hypothesis would lead to further questions for more detailed study.

Methods

Study design and participants

In this nationwide, retrospective, electronic cohort study, we drew our cohort from the 5 341 392 individuals in the Welsh Demographic Service Dataset to include individuals aged 7–16 years (16 years being the school leaving age in the UK) enrolled in state-funded schools in Wales in the academic years 2012/13–2015/16 (between Sept 1, 2012, and Aug 31, 2016) who had primary and secondary care linked data and no conflicting data in the education dataset that pointed to a many-to-one correspondence between the anonymised linkage field and the internal pupil identification number. Ethics approval was granted from the Secure Anonymised Information Linkage (SAIL) Information Governance Review Panel, an independent body consisting of a range of government, regulatory, and professional agencies, in line with ethical permissions already granted to the analysis of data in the SAIL Databank (approval number 0808).

Procedures

We linked data on an individual level via the Adolescent Mental Health Data Platform, an international data platform that supports mental health research in children and young people. For our study, the Adolescent Mental Health Data Platform used datasets from the SAIL Databank, a repository of routinely collected health and education datasets for the population of Wales.[19,20] All data are treated in accordance with the Data Protection Act 2018. Individuals within the datasets are assigned a

unique anonymised linkage field that replaces any identifiable information, such as names, and enables anonymised linkage across the different datasets.

The datasets in the SAIL Databank that we used were: the Welsh Demographic Service Dataset (a demographics register of people registered with general practitioner [GP] practices in Wales) on Nov 1, 2018; the Office for National Statistics deaths register on March 28, 2019; the Welsh Index of Multiple Deprivation 2011 (an official measure of small area [defined as containing approximately 1500 individuals] deprivation in Wales, based on employment opportunities, income, education, health, community safety, geographical access to services, housing, and the physical environment; quintile 5 represents the most deprived areas) on Nov 1, 2018; the Welsh Longitudinal General Practice Database (on Aug 20, 2018) and the Patient Episode Database for Wales (on Jan 31, 2019), which contain attendance and clinical information for all GP interactions and hospital inpatient and day case activity in Wales, respectively; and the Welsh Government Education Dataset (appendix 2 p 6). The Welsh Government Education Dataset includes records for all children registered at mainstream state schools in Wales or educated in settings other than school. It contains information on attendance, exclusions, eligibility for free school meals, and receipt of a statement of special educational needs (SEN). Attendance records were available from the academic year 2007–08 to the academic year 2015–16. Each school reported, per pupil, the number of authorised and unauthorised absences for that year out of a total number of possible sessions per year. Exclusion records (categorised as permanent, fixed, or lunchtime) were available from the academic year 2012–13 to the academic year 2015–16. A child might have SEN status if they have a learning difficulty or disability (including neurodevelopmental or mental disorders) that requires special education provisions to be made for them.[21]

We queried primary and secondary care datasets to extract recorded neurodevelopmental and mental disorders and self-harm using code lists from the ICD (version 10) for secondary care and read codes (version 2)[22] in primary care. The codes were collated from published articles and code lists or were compiled in collaboration with clinicians (appendix 2 p 7). Neurodevelopmental disorders (ie, ASD and ADHD), learning difficulties, and conduct disorder were extracted for our cohort of pupils from their birth until they reached 24 years of age because these conditions often arise early in development and are diagnosed at a young age. Other mental disorders (including depression, anxiety, eating disorders, bipolar disorder, schizophrenia, alcohol misuse, and drugs misuse) or self-harm were extracted for our cohort of pupils between the ages of 10 years and 24 years. We categorised all F ICD-10 codes and E read codes not included in other category code lists, such as those for mania, into the other psychotic disorders category. Each pupil had a flag per each disorder categorised as a binary variable (recorded present or absent). The age at first diagnosis was extracted for each pupil and disorder. Where a pupil could not be linked to primary or secondary care datasets, this was flagged as linked or unlinked.

We extracted SEN status for each pupil as a binary variable (present *vs* absent) to understand the extent to which it, in addition to a disorder, affected outcomes. We counted the number of morbidities per person to assess the effect of comorbidities (defined as two or more of the studied disorders recorded for the same individual, not necessarily concurrently).

Outcomes

We defined absenteeism as a binary variable, categorised as 1 when a pupil missed more than 10% of sessions in 1 year and categorised as 0 otherwise. The choice of 10% was based on a report from Estyn (the quality inspectorate of education in Wales), which described that, of pupils who were absent for more than 10% of sessions, fewer than 80% achieved the level expected of them by age 11 years in mathematics, science, and either English or Welsh as a first language and fewer than 40% achieved level 2 (equivalent to five GCSEs at grades A*–C) at 16 years of age.[23,24] 10% is the level used in England to define persistent absenteeism,[25] although the level used in Wales is 20%.[26] Exclusion (a record of any type of exclusion in a specific academic year) was also categorised as a binary variable (yes *vs* no).

See Online for appendix 2

Statistical analysis

Data were retrieved from the SAIL Databank by use of IBM DB2 9.7 SQL. Statistical analysis was done by use of R (version 3.3.3), accessed through RStudio (version 1.2). We analysed the association between the outcome variables (absenteeism and exclusion) and the existence of a record of each neurodevelopmental or mental disorder and self-harm, up to 24 years of age, using generalised estimating equations (R library geepack).[27] Generalised estimating equations with exchangeable correlation structures using binomial distribution with the logit link function were used to calculate odds ratios (OR) for absenteeism and exclusion, adjusting for sex, age at the beginning of the academic year, and deprivation. We used a long data format with one row per pupil and year. The experimental unit (id) was the pupil, and the repeated measurements were ordered by academic year (wave). 95% CIs for proportions and percentages were estimated by the Wilson score method with continuity correction. We did not explore causality; therefore, the time dependence of measurements per person (up to four measurements at different academic years) was modelled with a correlation function as a source of variance, which was marginalised over so that the variance of the estimated covariates were calculated efficiently.[28] We used an exchangeable correlation structure, in which any two measurements for the same pupil had the same correlation. We analysed each

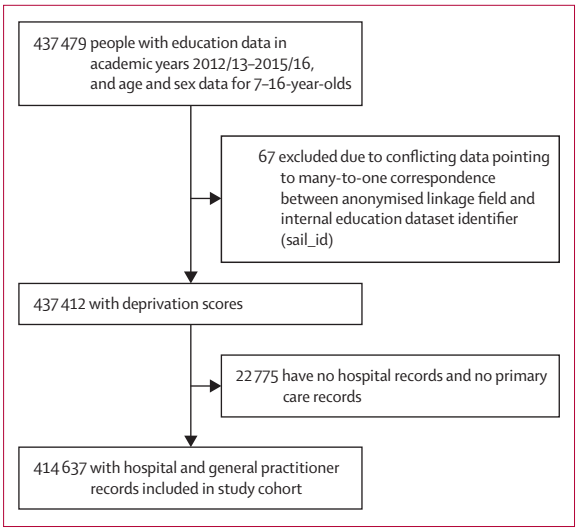

Figure 1: **Flow diagram of cohort selection**

recorded disorder separately using a sub-cohort consisting of those presenting with these disorders together with pupils in our cohort with no record of any of these disorders (our controls). We tested multiple models, sequentially adding age (week of birth), sex (male *vs* female), and deprivation quintile (quintile 5 representing the most deprived) as covariates.[29,30] We tested the goodness of fit for each of these models by calculating the Quasi-likelihood model information criteria.[31] We stratified the population by condition and analysed the association between the outcome variables and sex, age, and deprivation separately. For the main analysis, we pooled pupils with ADHD and ASD (under neurodevelopmental disorder) and pooled pupils with depression, anxiety, eating disorders, schizophrenia, bipolar disorder, and other psychotic disorders (under any mental disorder).

In the first sensitivity analysis, we ran the main analysis on both the subgroup that had linked health-care data and the full dataset. Neurodevelopmental and mental disorders typically show comorbidity over the life course. We assessed the sensitivity of our analysis to comorbidities by conducting three extra sensitivity analyses. First, we compared the model results between those with one morbidity and those without any of the morbidities studied. Second, we compared the model results between those with more than one morbidity and those without any of the morbidities studied. Finally, separately, we ran the model with the number of comorbidities as a covariate.

We conducted several other sensitivity analyses. For some children, certain types of mental disorders are an entry point for SEN status within the education system. We assessed sensitivity to SEN status by exploring the interaction between any of the disorders studied and SEN status. We also ran our models in the subpopulation of participants first diagnosed or with their first record before 17 years of age (ie, while of school age). Furthermore, we compared individual-level yearly rates of absences (number of sessions absent/total number of possible sessions per year) for those excluded versus for those not excluded and calculated the Pearson correlation coefficient between individual-level yearly rates of absences and individual-level yearly rates of exclusions.

Role of the funding source

The funders of the study had no role in study design, data collection, data analysis, data interpretation, or writing of the report.

Results

437 412 individuals had education and demographic data and were aged 7–16 years during the 2013–16 academic years, of whom 213 816 (48·9%) were female and 223 596 (51·1%) were male (figure 1). Of these 437 412 individuals, 22 775 (5·2%) had no linked hospital or primary care records. We considered health data for these individuals as missing at random because missingness was not based on health or education status.

In the group with health-care data, 212 848 (51·3%) of 414 637 pupils were boys and 201 789 (48·7%) were girls (appendix 2 p 1). In the group without health-care data, 10 748 (47·2%) of 22 775 pupils were boys and 12 027 (52·8%) were girls (appendix 2 p 1). Compared with those with health-care data, a higher proportion of individuals with missing health-care data resided in quintile 2 areas on the Welsh Index of Multiple Deprivation and a lower proportion resided in quintile 5 areas (appendix 2 p 1). We repeated the main analysis in the group with linked primary and secondary health-care data (n=414 637) and in the larger group (n=437 412). Results were equivalent (appendix 2 pp 25–26) so we removed those without linked health-care data from all main and other sensitivity analyses (list-wise deletion). Each pupil contributed 1–4 years of data. The distribution of morbidity, sex, and deprivation by number of years of data contributed is shown in appendix 2 (pp 2–4). Demographics and morbidity were not correlated with the number of years of data contributed so we also viewed this as missing at random.

Of the 414 637 pupils with primary and secondary care data comprising our study population, 201 789 (48·7%) were female and 212 848 (51·3%) were male. Their mean age on Sept 1, 2012, was 10·5 years (SD 3·8). Ethnicity data were not available. 57 930 (14·0%) pupils had at least one of the disorders studied (a neurodevelopmental or mental disorder or a record of self-harm) by the age of 24 years, and 42 734 (10·3%) while of school age. 356 707 (86·0%) of 414 637 individuals had no record of self-harm or any of the disorders studied. The numbers of diagnosed individuals, age at first diagnosis, and SEN status before 17 years of age are detailed in appendix 2 (p 7).

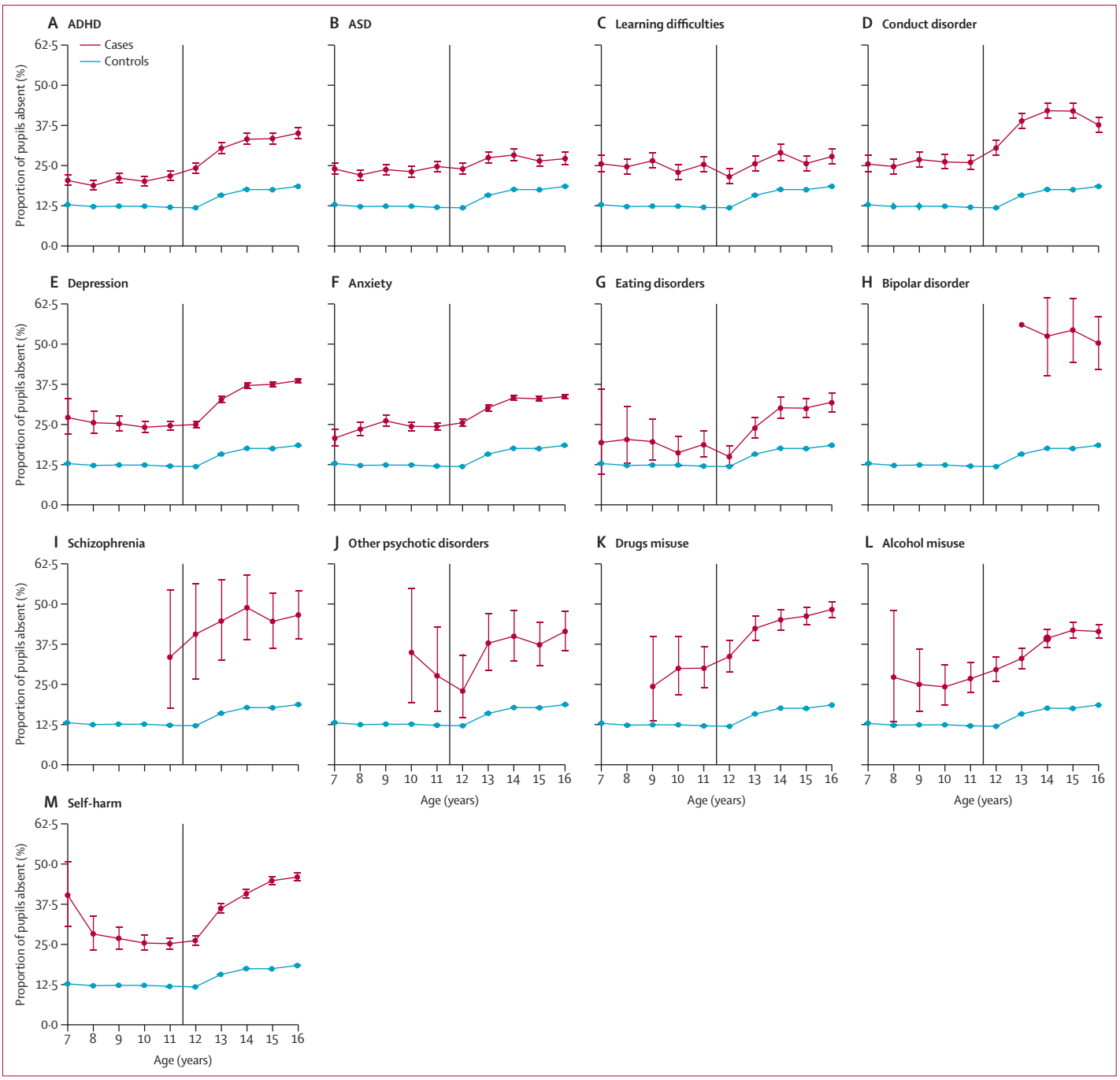

Figure 2: **Proportion of absenteeism stratified by diagnosis and age**
(A) ADHD. (B) ASD. (C) Learning difficulties. (D) Conduct disorder. (E) Depression. (F) Anxiety. (G) Eating disorders. (H) Bipolar disorder. (I) Schizophrenia. (J) Other psychotic disorders. (K) Drugs misuse. (L) Alcohol misuse. (M) Self-harm. Ages represent a birthday during a school year (16th birthday during the last academic year of school). The error bars represent 95% CIs for proportions. The vertical line marks the transition from primary school to secondary school. ASD=autism spectrum disorder.

118 140 (28·5%) had recorded absenteeism during at least 1 school year, of whom 5901 (5·0%) had a neurodevelopmental disorder, 17 724 (15·0%) had a mental disorder, and 5164 (4·4%) had a record of self-harm. 20 507 (17·4%) of the 118 140 with recorded absenteeism were diagnosed while of school age, of whom 5762 (28·1%) had a neurodevelopmental disorder, 12 164 (59·3%) had a mental disorder, and 4450 (21·7%) had a record of self-harm.

The proportion of absentee pupils with no record of any of the disorders studied remained stable in primary school (7–11-year-olds) at around 12·5% and increased

in secondary school (11–16-year-olds) to around 18% for 16-year-olds (figure 2). For the raw counts used to create figure 2, please see the appendix (pp 16–20). Across all ages, a higher proportion of pupils with a neurodevelopmental disorder, mental disorder, or self-harm record were absent from school compared with pupils without a record (figure 2). In the last 2 years of primary school (10–11-year-olds), pupils with a subsequent diagnosis of schizophrenia or drugs misuse had the highest rate of absenteeism at around 30–33% (figure 2). In the last 2 years of secondary school (ages 15–16 years), pupils with a record of bipolar disorder, schizophrenia, alcohol misuse, drugs misuse, or self-harm had the highest rate of absenteeism at around 40–55% (figure 2).

Goodness-of-fit tests (appendix 2 p 27) showed that including sex, age, and deprivation as covariates sequentially improved the fit, so we present both unadjusted and adjusted results (table 1). Having a record of a neurodevelopmental disorder (OR 2·1, 95% CI 2·0–2·2), mental disorder (2·9, 2·8–2·9), or self-harm (4·0, 3·8–4·1) was associated with absenteeism (table 1). Adjusted ORs (aORs) ranged from 2·0 (95% CI 1·9–2·0) for pupils with a neurodevelopmental disorder to 4·2 (3·4–5·3) for those with schizophrenia and 5·5 (4·2–7·2) for those with bipolar disorder (table 1).

Of those with a record of neurodevelopmental disorders, learning difficulties, conduct disorder, depression, other psychotic disorders, or drugs or alcohol misuse, boys were less likely to be absent than were girls (appendix 2 p 9). For those with a record of anxiety, eating disorders, bipolar disorder, schizophrenia, or self-harm, sex was not significantly associated with absenteeism (appendix 2 p 9). For pupils with a record of neurodevelopmental disorders, conduct disorder, depression, anxiety, eating disorders, drugs or alcohol misuse, or self-harm, age was associated with absenteeism, with slight increases in ORs per year (appendix 2 p 9). The sample sizes for bipolar disorder and schizophrenia were too small to assess the association of deprivation quintile with absenteeism; however, the odds of being absent increased with increased deprivation (5th *vs* 1st quintile) for all other variables apart from other psychotic disorders, ranging from 1·5 (95% CI 1·3–1·9) for conduct disorder to 2·8 (2·2–3·6) for alcohol misuse (appendix 2 p 9).

15 199 (3·7%) of 414 637 pupils had been excluded from school at least once, 243 (0·1%) of whom were excluded permanently. 1979 (13·0%) of 15 199 had a neurodevelopmental disorder, 3161 (20·8%) had a mental disorder, and 1518 (10·0%) had a record of self-harm. 4568 (30·1%) were diagnosed while of school age, of whom 1925 (42·1%) had a neurodevelopmental disorder, 2048 (44·8%) had a mental disorder, and 1291 (28·3%) had a record of self-harm. Children aged 7–11 years with no record of the studied diagnoses or self-harm were very unlikely to be excluded (1174 [0·5%] of 233 191). They were more likely to be excluded if they had a record of ASD (211 [4·7%] of 4464) or conduct disorder (193 [8·0%] of 2415). Exclusions generally became more common among older children (figure 3). For those with no disorder or self-harm, the proportion of exclusions increased to 2·9% (2770 of 95 977) among those aged 15 years, before decreasing to 2·2% (2064 of 94 172) in the last year of secondary school (age 16 years). Notable increases in exclusion rates were seen among pupils aged 14 years with ADHD (374 [15·1%] of 2483), conduct disorder (207 [14·5%] of 1433), drugs misuse (205 [24·2%] of 848), alcohol misuse (150 [14·6%] of 1026), and self-harm (443 [10·7%] 4135), although exclusion rates tended to decrease in the final year of secondary school (figure 3). The proportion of pupils with severe mental illness who were excluded was also high, with 16 (17·4%) of 92 with bipolar disorder excluded at age 15 years and 16 (18·4%) of 87 with schizophrenia excluded at age 14 years (figure 3). For the raw counts used to create figure 3, please see the appendix (pp 21–24).

Goodness-of-fit tests (appendix 2 p 27) again showed that including sex, age, and deprivation as covariates sequentially improved model fit. Having a neurodevelopmental disorder, a mental disorder, or a record of self-harm were all associated with being excluded from school (table 2). After adjusting for sex, age, and deprivation, pupils with a record of drugs misuse had the highest odds of being excluded (table 2). To note, alcohol misuse, self-harm, schizophrenia, and bipolar disorder also had high aORs (table 2).

Across disorders, apart from bipolar disorder, boys were significantly more likely to be excluded than were girls (appendix 2 p 13). Boys with a record of learning difficulties, anxiety, eating disorders, schizophrenia, other psychotic disorders, or self-harm had an OR for being excluded between 2 and 3 (appendix 2 p 13). Being older was associated with a higher odds of exclusion for individuals with a record of most variables studied (OR range 1·09–1·19), except for bipolar disorder, schizophrenia, other psychotic disorders, drugs misuse, and alcohol misuse (appendix 2 p 13). The sample sizes for bipolar disorder and schizophrenia were too small to assess the association of deprivation quintile with exclusion; however, the odds of exclusion were higher in the most deprived areas than in the least deprived areas for all variables apart from other psychotic disorders, with the OR varying from 1·4 (95% CI 1·1–1·9) for those with conduct disorder to 3·3 (2·7–4·0) for those with anxiety (appendix 2 p 13).

Pupils in our cohort had up to eight morbidities in total. 41 018 had one morbidity, 12 096 had two, 3495 had three, and 1321 had four or more (appendix 2 p 10). Absenteeism was more likely in pupils with comorbidities than in pupils with one morbidity, except in the case of bipolar disorder (table 1). Pupils with a single diagnosis of an eating disorder, schizophrenia, or other psychotic disorder were not at higher risk of being absent compared with their healthy peers (table 1). When the number of comorbidities was modelled as a covariate, the OR of being absent was between 1·2 and 1·4 for each additional

	Main analysis		Sensitivity analyses		
	Full cohort (n=414 637; girls=201 789; boys=212 848)		People with one morbidity (n=41 018; girls=21 161; boys=19 857)	People with 2–8 morbidities (n=16 912; girls=9702; boys=7210)	First record at <17 years of age (n=42 734; girls=21 616; boys=21 118)
	OR (95% CI)	aOR (95% CI)*	aOR (95% CI)*	aOR (95% CI)*	aOR (95% CI)*
Neurodevelopmental disorders (ADHD and ASD; n=13 764; girls=2880; boys=10 884)	2·1 (2·0–2·2)	2·0 (1·9–2·0)	..	..	..
ADHD (n=8199; girls=1625; boys=6574)	2·2 (2·1–2·3)	2·0 (1·9–2·0)	1·6 (1·5–1·7)	2·4 (2·3–2·6)	1·9 (1·9–2·0)
ASD (n=7055; girls=1516; boys=5539)	2·2 (2·0–2·2)	2·0 (1·9–2·1)	1·6 (1·5–1·7)	2·5 (2·4–2·7)	1·9 (1·8–2·0)
Learning difficulties (n=3867; girls=1272; boys=2595)	2·1 (2·0–2·2)	2·0 (1·9–2·1)	1·7 (1·6–1·9)	2·3 (2·1–2·6)	1·9 (1·8–2·1)
Conduct disorder (n=4417; girls=1434; boys=2983)	3·0 (2·8–3·1)	2·6 (2·5–2·7)	2·1 (2·0–2·3)	3·1 (2·9–3·3)	2·6 (2·5–2·7)
Any mental disorder (n=37 246; girls=24 328; boys=12 918)	2·9 (2·8–2·9)	2·5 (2·5–2·6)	..	..	..
Depression (n=22 888; girls=15 198; boys=7690)	3·3 (3·2–3·4)	2·8 (2·8–2·9)	2·3 (2·2–2·4)	3·6 (3·5–3·7)	3·1 (3·0–3·2)
Anxiety (n=19 727; girls=13 118; boys=6609)	2·7 (2·6–2·8)	2·5 (2·4–2·5)	1·8 (1·8–1·9)	3·5 (3·4–3·7)	2·5 (2·4–2·5)
Eating disorders (n=1504; girls=1320; boys=184)	2·2 (2·0–2·4)	2·1 (1·9–2·3)	1·2 (1·0–1·4); p=0·064	3·0 (2·7–3·4)	2·2 (2·0–2·4)
Bipolar disorder (n=164; girls=132; boys=32)	6·6 (4·9–8·3)	5·5 (4·2–7·2)	6·1 (2·3–15·7)	5·4 (4·1–7·2)	6·5 (4·0–10·6)
Schizophrenia (n=217; girls=80; boys=137)	5·0 (3·9–6·1)	4·2 (3·4–5·3)	1·8 (0·7–5·0); p=0·25	4·5 (3·6–5·7)	3·9 (2·7–5·7)
Other psychotic disorders (n=327; girls=159; boys=168)	3·6 (3·0–4·4)	3·2 (2·6–3·8)	1·3 (0·7–2·7); p=0·44	3·5 (2·8–4·2)	3·2 (2·4–4·2)
Drugs misuse (n=1990; girls=774; boys=1216)	4·9 (4·6–5·3)	4·1 (3·8–4·4)	3·0 (2·6–3·6)	4·5 (4·1–4·9)	4·6 (4·1–5·1)
Alcohol misuse (n=2434; girls=1313; boys=1121)	3·8 (3·6–4·1)	3·2 (3·0–3·5)	2·2 (2·0–2·5)	4·3 (4·0–4·7)	3·7 (3·4–4·0)
Self-harm (n=8706; girls=6652; boys=2054)	4·0 (3·8–4·1)	3·4 (3·3–3·6)	2·7 (2·5–2·8)	3·9 (3·7–4·1)	3·5 (3·4–3·7)

All results are highly significant (p<0·0001), unless otherwise specified. Neurodevelopmental disorders comprise ADHD and ASD. The category of any mental disorders comprises depression, anxiety, eating disorders, schizophrenia, bipolar disorder, and other psychotic disorders. aOR=adjusted odds ratio. ASD=autism spectrum disorder. OR=odds ratio. *Adjusted for sex, age, and deprivation.

Table 1: **Main and sensitivity analyses of absenteeism by neurodevelopmental disorder, mental disorder, drugs or alcohol misuse, and self-harm**

comorbidity, except for bipolar disorder for which the OR was 1·0 (appendix 2 p 11). SEN status did not reduce the ORs for being absent in those with anxiety, eating disorders, schizophrenia, or alcohol misuse (appendix 2 p 12). For those with ADHD, ASD, learning difficulties, conduct disorder, depression, bipolar disorder, drugs misuse, other psychotic disorders, or a record of self-harm, having SEN status reduced the OR for absenteeism to 0·59–0·89 compared with not having SEN status (appendix 2 p 12). The results for pupils with a record before 17 years of age were similar to those of the main cohort, except for pupils with a record of alcohol or drugs misuse, bipolar disorder, or depression who had slightly higher odds of being absent, and for pupils with schizophrenia who had slightly lower odds (table 1).

In the group of pupils with more than one morbidity, aORs for being excluded were consistently higher than for those with one morbidity (table 2). When the number of comorbidities was modelled as a covariate, the OR of being excluded was between 1·2 and 1·8 per each additional comorbidity (appendix 2 p 14). SEN status was associated with decreasing ORs for being excluded for those with neurodevelopmental disorders, conduct disorder, depression, bipolar disorder, other psychotic disorders, drugs misuse, and self-harm (appendix 2 p 15). aORs for being excluded differed between the subpopulation diagnosed while at school and the main cohort, depending on the variable (table 2). Of note, there was little difference for neurodevelopmental disorders, the aOR for exclusion was lower for people with schizophrenia when diagnosed while at school, and the aORs for exclusion were somewhat higher for individuals with drugs or alcohol misuse recorded while of school age (table 2).

The individual-level yearly absence rate (number of sessions missed/total number of possible sessions per year) was higher in the group with a record of exclusion than in the group without a record of exclusion (appendix 2 p 5). The correlation between individual-level yearly absence rates and individual-level yearly exclusion rates was r=0·17 in the full cohort and r=0·35 for those with recorded exclusions.

Discussion

Our study, which involved more than 400 000 pupils, highlights that children and young people diagnosed with a neurodevelopmental disorder or mental disorder, or who have a record of self-harm, before 24 years of age are much more likely to miss school than their peers, even after adjusting for age, sex, and deprivation. Our data and study size enabled us to include disorders typically not included in studies of school-aged children, such as rare disorders and disorders that typically present after individuals have left school (eg, schizophrenia), that

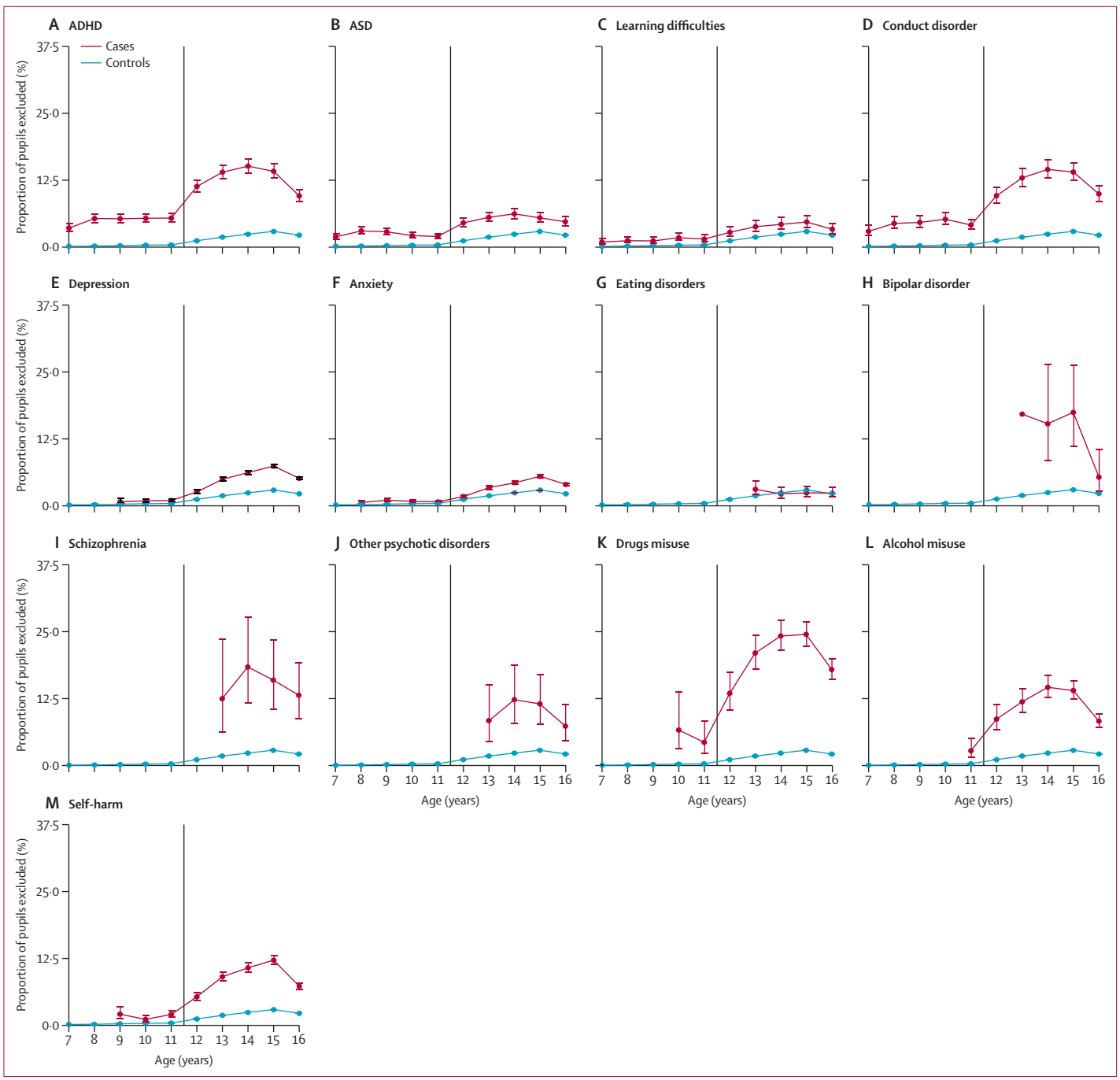

Figure 3: **Proportion of exclusions stratified by diagnosis and age**
(A) ADHD. (B) ASD. (C) Learning difficulties. (D) Conduct disorder. (E) Depression. (F) Anxiety. (G) Eating disorders. (H) Bipolar disorder. (I) Schizophrenia. (J) Other psychotic disorders. (K) Drugs misuse. (L) Alcohol misuse. (M) Self-harm. Ages represent a birthday during a school year (16th birthday during the last academic year of school). The error bars represent 95% CIs for proportions. The vertical line marks the transition from primary school to secondary school. ASD=autism spectrum disorder.

might confer antecedent clinical vulnerabilities.[32] School absenteeism and exclusion rates were higher after 11 years of age for all children but disproportionally more so in those with a record of a disorder or self-harm, even if it was recorded during school age. This finding could reflect a reduced direct influence of parents on older children's attendance or the smaller size of primary schools compared with secondary schools. Generally, individuals with more than one recorded morbidity were more likely to be absent or excluded than were those with only one morbidity, which was exacerbated with each additional disorder. Within the diagnosed populations,

	Main analysis		Sensitivity analyses		
	Full cohort (n=414 637; girls=201 789; boys=212 848)		People with one morbidity (n=41 018; girls=21 161; boys=19 857)	People with 2–8 morbidities (n=16 912; girls=9702; boys=7210)	First record at <17 years of age (n=42 734; girls=21 616; boys=21 118)
	OR (95% CI)	aOR (95% CI)*	aOR (95% CI)*	aOR (95% CI)*	aOR (95% CI)*
Neurodevelopmental disorders (ADHD and ASD; n=13 764; girls=2880; boys=10 884)	6·3 (6·0–6·6)	4·4 (4·2–4·6)	..	..	..
ADHD (n=8199; girls=1625; boys=6574)	8·9 (8·4–9·5)	6·1 (5·7–6·4)	5·0 (4·6–5·5)	7·2 (6·7–7·8)	6·0 (5·7–6·4)
ASD (n=7055; girls=1516; boys=5539)	3·6 (3·3–3·9)	2·6 (2·4–2·9)	1·7 (1·4–1·9)	3·5 (3·2–4·0)	2·6 (2·4–2·9)
Learning difficulties (n=3867; girls=1272; boys=2595)	2·4 (2·1–2·7)	1·8 (1·5–2·0)	1·0 (0·8–1·3); p=0·95	2·7 (2·3–3·2)	1·7 (1·5–2·0)
Conduct disorder (n=4417; girls=1434; boys=2983)	8·6 (7·9–9·3)	6·0 (5·5–6·5)	4·1 (3·6–4·7)	7·7 (6·9–8·5)	6·0 (5·5–6·5)
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Anxiety (n=19 727; girls=13 118; boys=6609)	3·3 (3·1–3·5)	2·4 (2·3–2·6)	1·2 (1·1–1·3)	4·1 (3·8–4·4)	2·0 (1·8–2·2)
Eating disorders (n=1504; girls=1320; boys=184)	1·7 (1·3–2·2)	1·9 (1·5–2·4)	1·1 (0·6–1·8); p=0·78	2·5 (1·8–3·3)	2·2 (1·7–2·8)
Bipolar disorder (n=164; girls=132; boys=32)	10·5 (7·2–15·3)	7·3 (4·9–10·9)	5·1 (0·8–30·7); p=0·075	7·4 (4·9–11·2)	6·8 (3·4–13·8)
Schizophrenia (n=217; girls=80; boys=137)	14·3 (10·4–19·6)	6·5 (4·6–9·2)	4·7 (1·5–14·6); p=0·0068	6·7 (4·7–9·7)	3·1 (1·6–5·8)
Other psychotic disorders (n=327; girls=159; boys=168)	7·6 (5·5–10·6)	4·2 (3·0–5·9)	1·4 (0·4–4·5); p=0·56	4·6 (3·2–6·6)	2·9 (1·5–5·5)
Drugs misuse (n=1990; girls=774; boys=1216)	22·7 (20·8–24·7)	11·0 (10·0–12·1)	8·4 (7·0–10·2)	11·9 (10·7–13·2)	14·2 (12·5–16·1)
Alcohol misuse (n=2434; girls=1313; boys=1121)	11·1 (10·1–12·3)	6·3 (5·7–7·0)	3·3 (2·7–4·0)	9·3 (8·2–10·6)	8·1 (7·2–9·2)
Self-harm (n=8706; girls=6652; boys=2054)	8·2 (7·7–8·7)	6·7 (6·3–7·2)	4·8 (4·2–5·4)	7·7 (7·1–8·3)	7·3 (6·8–7·9)

All results are highly significant (p<0·0001), unless otherwise specified. Neurodevelopmental disorders comprise ADHD and ASD. The category of any mental disorders comprises depression, anxiety, eating disorders, schizophrenia, bipolar disorder, and other psychotic disorders. aOR=adjusted odds ratio. ASD=autism spectrum disorder. OR=odds ratio. *Adjusted for sex, age, and deprivation.

Table 2: **Main and sensitivity analyses of exclusion by neurodevelopmental disorder, mental disorder, drugs or alcohol misuse, and self-harm**

girls with neurodevelopmental disorders, learning difficulties, conduct disorder, depression, other psychotic disorders, or drugs or alcohol misuse were more likely to be absent than were boys, and boys were more likely to be excluded than were girls across all studied disorders apart from bipolar disorder. This finding aligns with the view that boys externalise mental distress through their behaviour, which in turn impacts the school environment and results in their exclusion, whereas girls, and especially those with emotional disorders or delayed diagnosis of neurodevelopmental disorders, tend to be more anxious and withdraw from social contact.[32] Age was found to be associated with both outcomes in relation to most disorders. We also found associations between both outcomes and deprivation within most disorders studied. Having SEN status reduced the likelihood of being absent or excluded, most notably for those with records of neurodevelopmental disorders or bipolar disorder, compared with those with a record but no SEN status, potentially highlighting the positive impact of recognition, diagnosis, and educational interventions.

Our findings strengthen those found previously in much smaller population-based studies. In the ALSPAC study[29] of a UK birth cohort, by 8 years of age, 19% of children with ADHD and 31% of those with conduct disorder were excluded from school compared with 1·9% and 2·8% of those without ADHD or conduct disorder, respectively. In another study of a UK cohort (BCAMHS),[30] psychiatric symptoms (assessed through validated questionnaires) were a significant predictor of exclusions.

Our study is based on routinely collected data encompassing a wide range of clinically diagnosed and recorded disorders. It benefits from well documented,

often validated, and curated lists of ICD-10 and read (version 2) codes to ascertain each of the disorders. Arguably, diagnoses made by clinicians for those in contact with services provide more complete case ascertainment than do surveys or cohort studies, which are susceptible to selection bias due to low recruitment and high attrition in populations with psychiatric disorders. However, a common feature of all database studies of routinely collected data is the underestimation of the number of disorders in the population as not all those affected consult their GP, or conditions might not be recognised or recorded.[33] Additionally, there is no validated measure of the clinical problems recorded, which prevents any estimation of severity, and administrative data are vulnerable to random errors in data entry.

This study's novelty lies in its linkage of education, health (including primary care), and deprivation datasets for a whole population (Wales) at an individual pupil level over 4 school years for a wide range of disorders. Linking health and education data on this scale allows us to gain valuable insights on the education of children with neurodevelopmental disorders, mental health disorders, or self-harm. Because many older adolescents with common mental disorders are managed in primary care, it is important to include this data source. A whole population dataset enabled us to include pupils with rarer conditions such as schizophrenia and bipolar disorder. Linking diagnoses up to the age of 24 years allowed for assessment of conditions more frequently diagnosed after school leaving age (eg, schizophrenia), for which their antecedents or premorbid presentation, such as cognitive or social deficits, apathy, or self-medication with drugs, might affect attendance and exclusion. We did not take physical comorbidities into account, although we note the strong association between poor mental and physical health,[34] because some absences would have been due to physical morbidity and medication rather than the mental or neurodevelopmental disorder, which would have complicated the interpretation of our findings.

Our estimates might underestimate the effect of mental health difficulties on exclusions and absenteeism. Younger children will have had less time for evidence of their diagnosis to be recorded, especially for those conditions that tend to appear later in adolescence, and some young people who are diagnosable will not present to services. There is some evidence[30] to suggest that, for each diagnosed child, there could be a number that have multiple symptoms but do not meet the criteria for a diagnosis. These children might well have issues at school that could lead to poor attendance or exclusion. Some children, especially those with ADHD, ASD, or learning difficulties, might not have been included in our dataset because they are in schools for children with special educational or behavioural needs or are home-schooled. Different pupils contributed different numbers of years to the analysis. We are satisfied that there were no demographic or mental health-related differences between these pupils. 5·2% of pupils with education data in the 2013–16 academic years did not have any linked health data and were removed from our analyses.

There are various processes through which school attendance might be associated with neurodevelopmental disorders, mental disorders, and self-harm. These processes include disruptive behaviours resulting in exclusion, physical comorbidities or somatic symptoms (eg, stomach pain and headaches) leading to authorised absence, symptoms associated with anxiety and depression leading to school refusal, family problems, and peer problems (eg, bullying). If absence from school results in social isolation and poorer academic performance, it could exacerbate mental health and attendance issues if the cycle is not disrupted. Our study cannot infer causal relationships and further research should focus on the direction of the association, which could be bidirectional for individual disorders and outcomes. Clinical record data might not be ideal to use in these future studies because the documentation in clinical records will not represent an accurate measure of the time of first onset of the symptoms or disorder. However, even without an understanding of the direction or mechanisms of the association, the demonstration of an association using real life outcomes and data is important.

Poor school attendance affects the educational attainment of children and future social, developmental, employment, and physical health outcomes. Many governments, including UK Governments, have recognised the importance of regular school attendance and have issued related guidelines, which include penalty notices for the carers or parents of persistently absent children and the use of incentives to encourage high attendance.[35] Exclusions from schools in England and Wales are intended to be used in serious breaches of behaviour policies—for violence, sexual abuse, the supply of illegal drugs, or the use of weapons.[36,37] Currently, rates of exclusion in England are rising, raising concerns about school-based policies to improve behaviour and support teachers. Similar initiatives are in place in the USA and elsewhere.[38]

Linking routinely collected health and education data has the potential to improve services for children[39] by identifying those in need, alongside gaps in provision. Our analysis clearly shows that children with neurodevelopmental disorders, mental disorders, and self-harm spend less time at school. As such, exclusion or persistent absence is a potential indicator for current or future poor mental health that is routinely collected by schools and local education authorities and could be used to target assessment and early intervention.[40] There is growing interest in school-based prevention and early intervention programmes that focus on improving the school climate for reducing adolescent mental health problems,[41,42] which has relevance now as children return to school following closures and blended learning in

response to the COVID-19 pandemic. Other interventions have included psychological interventions that focus primarily on anxiety and depression symptoms.[43] School-based mental health provision and integration with mental health services has been highlighted as a major strategic priority in the UK.[44] This approach could benefit young people, as supported by our finding that having a SEN status decreases the odds of being absent or excluded, even if it does not remove the risk completely. Attendance and exclusion data, which are already collected by schools, could provide useful information about where to focus sparse resources. School-based mental health prevention strategies might also help to build resilience, enabling pupils to develop strategies for managing and improving their mental health and wellbeing, and to understand when and how to seek additional help.

Future research could further explore whether improvements in school attendance over time serve to reduce the incidence of mental disorders and whether the timing of diagnosis is an important factor in the risk for absenteeism or exclusions. This can be done by looking at causal relationships between mental health and school outcomes using a longer follow-up period. Other avenues for research include evaluating the effect of physical comorbidities on school outcomes and the differential associations of pairs of disorders with school outcomes.

To conclude, people up to 24 years of age who have mental or neurodevelopmental disorders or self-harm have poorer attendance at school than their peers who do not have disorders or self-harm. Exclusion or persistent absence is a potential indicator of current or future poor mental health that is routinely collected by schools and local education authorities and could be used to target assessment and early intervention.

Contributors

AJ conceived the study. AJ, YF, AT, and TF designed the study. YF, AF, and MD-B accessed and verified the data. YF did the analysis under AJ's supervision. AJ and YF produced the first draft of the manuscript. All authors commented on the manuscript. All authors had full access to all the data in the study and had final responsibility for the decision to submit for publication.

Declaration of interests

AJ is a trustee of the Samaritans. All other authors declare no competing interests.

Data sharing

The data used in this study are available in the SAIL Databank at Swansea University (Swansea, UK) via the Adolescent Mental Health Data Platform, but, as restrictions apply, they are not publicly available. All proposals to use SAIL data are subject to review by an independent Information Governance Review Panel. Before any data can be accessed, approval must be given by the Information Governance Review Panel. The Information Governance Review Panel carefully considers each project to ensure proper and appropriate use of SAIL data. When access has been granted, it is gained through a privacy-protecting safe haven and remote access system referred to as the SAIL Gateway. SAIL have established an application process to be followed by anyone who would like to access data via SAIL, details of which can be found at https://www.saildatabank.com/application-process. Derived data supporting the findings of this study are available from the corresponding author (AJ) on request at a.john@swansea.ac.uk.

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CYPE(6)-14-22 – Paper to note 1

Additional information from the National Association of Head Teachers regarding the use of mobile phones in schools.

As far as you're aware, do schools generally have policies in place restricting access to/use of phones during lessons and/or breaktimes?
•Is there guidance to schools on this or is it left to schools' discretion?
•Does the union have a position on pupils' use of phones?
•Would you welcome a consistent national approach, such as for example a general restriction on pupils using mobile phones throughout the school day?

All schools have policies in place that ban the use of mobile phones in class. There may be varying degrees of restrictions in secondary, for example they may be allowed to be used at lunch but certainly not in lesson time.

Some LAs would have authority-wide policies adopted by schools or schools have developed their own policies - that's in line with most policies in schools, there is rarely one national policy. For example disciplinary policies - there's national guidance from WG of what the expectation is to be included, but its just guidance and schools and LAs develop their own policies to suit their own needs and settings.

NAHT's view is that of our members which is to say that mobile phones have no place in the classroom.

National guidance, if it was felt it was warranted would be useful in the same way WG guidance on a host of issues is useful but its guidance, its not enforceable and the biggest challenge for schools around mobile phones and social media is not what goes on in school or during school hours, its what happens outside schools, in our communities that has an impact on school life.

As a rights-respecting organisation it is not for our members or a school to advise parents on whether or not to buy children phones and allow them social media accounts, that is down to parent choice and the responsibility of parents to manage. However, those decisions have consequences for schools. School leaders tend to find themselves involved in very challenging situations when it comes to social media for example. If a child posts something about another child, outside of school, not related to school at all but both children attend the same school, its the school that has to deal with the parental complaints, even though the school is not directly involved. The school just has to deal with the consequences. Its that blurred line between what is a schools responsibility and what is not that is exacerbated by social media. That is incredibly challenging.

CYPE(6)-14-22 – Paper to note 2

Additional information from Estyn for inquiry into peer on peer sexual harassment among learners

We have a lot of discretion about how and what we inspect. There are certain requirements set out in legislation. So for schools, the Education Act 2005 says that for an inspection carried out under section 28 (the regular cycle of inspections) then we must report on:

a)the quality of the education provided in the school,

(b)how far the education provided in the school meets the needs of the range of pupils at the school,

(c)the educational standards achieved in the school,

(d)the quality of the leadership in and management of the school, including whether the financial resources made available to the school are managed effectively,

(e)the spiritual, moral, social and cultural development of the pupils at the school, and

(f)the contribution made by the school to the well-being of those pupils.

So Welsh Government don't direct, but we would consult with them in developing our inspection guidance. And the guidance does evolve to reflect national priorities – so for example, we will be focusing on Curriculum for Wales and our expectations will change as implementation progresses.

We take safeguarding very seriously and we are committed to safeguarding pupils across all aspects of our work. This includes evaluating how well providers record and use data on incidents of bullying. We always consider a school's safeguarding arrangements when we inspect and if we identify any shortcomings, we will include a recommendation in our report and write to

them outlining our concern. We have further strengthened our approach to evaluating safeguarding in the providers we inspect. The changes are embedded in our new inspection framework and focus clearly on the provider's own self-evaluation, the safeguarding culture in schools and PRUs and its impact on learners, staff and visitors.

In the inspection areas for Attitudes to learning and Wellbeing inspectors evaluate to what extent pupils are developing the key attitudes and behaviours that will help them to learn throughout their lives.

Inspectors consider to what extent pupils are ready to learn at the start of lessons and whether they move between different lessons and activities in an appropriately mature and sensible fashion. They look at how well pupils are able to work in a range of ways, for example independently, in small groups and in whole-class settings.

When considering standards of behaviour, inspectors observe whether pupils are considerate and relate well to each other and adults. They consider the extent to which pupils demonstrate good standards of behaviour:

- in lessons and around the school
- during activities such as whole-school assemblies
- at lunchtime and breaks or playtimes

Where relevant, inspectors consider the extent to which pupils with a history of exclusion in their current or previous school demonstrate improved behaviour and attitudes to learning. We do not routinely report on the number of exclusions, but may decide to do so exceptionally, for example where it is notably higher than the proportion usually found.

As you know, in the 'Peer-on-Peer Sexual Harassment' we reported that in most schools, there are suitable systems and processes for staff to record bullying concerns and actions. Generally, staff use such systems regularly, and leaders respond swiftly to new information. Overall, schools use digital and online systems well to log incidences of bullying and harassment. Records generally outline the nature of the incident and a narrative of how

these issues have developed and are resolved. We would not use good record keeping to penalise schools for having a number of recorded incidents, and may actually use it to report positively on how they use that feedback to inform PSE inputs, assemblies etc. However, records may be used along with pupil and parental feedback, and the behaviours we see during the inspection, to identify where schools do not respond well to bullying incidents or manage behaviour appropriately.

Where schools operate a 'time out' or calming area, inspectors will ensure these meet requirements. In addition to core inspections, we conduct annual monitoring visits to independent schools and colleges that provide additional learning needs provision. These schools are required to comply with the Education Independent School Standards (Wales) Regulations 2003. Within these standards' compliance with safeguarding and the management of pupil behaviour are reviewed.

I've attached some more detailed information about how we look at some of these aspects on inspection which may be helpful.

In terms of doing a similar review in primary, we feel that it may be timely to look at the early impact of the new approaches to relationship and sexuality education in primary schools in response to this issue – perhaps during 2023-2024. We would need to take an age appropriate look at the issues which, unchecked, may lead to the peer on peer sexual harassment that young people in secondary school reported to us.

I hope that answers your various queries – let me know if you need more information about anything in particular.

CYPE(6)-14-22 – Paper to note 3

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13 June 2022

MC2022/08202/DC

Jayne Bryant MS
Chair of the Children, Young People and Education Committee
Welsh Parliament

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Dear Jayne,

I was concerned to read about the findings of your ongoing inquiry into peer on peer sexual harassment among learners. The impact of this harmful activity online can be particularly damaging for children and young people, and can impact on their mental health and wellbeing.

Your letter asks how the Online Safety Bill may address these concerns. Let me reassure you that the strongest protections in the forthcoming Online Safety Bill are for children and the legislation will make the UK the safest place to be a child online. All companies in scope will need to do far more to protect children from illegal content and activity on their services. In addition, services which are likely to be accessed by children will also need to introduce measures to protect children from content and activity which is legal but harmful to children, such as pornography, and bullying.

We expect companies to use age verification technologies designed to prevent children from accessing services which pose the highest risk of harm to children and age assurance technologies and other measures to provide children with an age appropriate experience on their service.

I have addressed each of the students' individual concerns in turn in further detail below.

Social media and social networking websites have made sharing explicit and inappropriate images more common among young people.

I know that self-generated explicit images can have a devastating impact on young people, putting them at risk of blackmail, coercion and abuse. That is why we are already working across government and with partners and industry to prevent and tackle this issue. Our response to COVID-19 has included amplifying messages to help teachers, parents and carers to help children to stay safe online. We also support the IWF and the NSPCC in developing their Report Remove initiative which will enable children to self-refer images and videos of themselves with the aim for it to be taken down. We believe this could be a really important tool in the fight against the spread of this imagery online.

The Online Safety Bill will also ensure that platforms take action to remove self-generated indecent imagery of children circulating. If they do not do this then they will face tough enforcement action by Ofcom, the independent regulator. This will not change existing law enforcement processes to help ensure that children are not criminalised for sending explicit images of themselves. Parents and children will be able to report self-generated explicit images to the platform, and should expect to see platforms take appropriate action in response to reports.

The companies responsible for social media platforms, websites containing pornographic material, gaming platforms and social networking websites have a duty of care to protect children and young people from inappropriate content. Largely, we have heard concerns that they are not discharging that duty of care effectively.

I agree with you and your students - social media companies must do more to keep their users safe online. Social media platforms, websites and gaming platforms which allow user-to-user interactions will all be in scope of the Online Safety Bill. They will all have responsibilities to remove and limit the spread of illegal content and, where they are likely to be accessed by children, provide safety measures for child users. In addition, all websites containing pornographic material will also have to prevent children from accessing this content.

We expect Ofcom to prioritise its enforcement action to ensure the strongest protections possible for children. They will have a range of robust enforcement powers to tackle companies which are not complying with their duties and putting children at risk of harm online. This includes fines for companies of up to £18m or 10% of qualifying annual global turnover (whichever is higher) and business disruption measures. Ofcom will also be required to set out in enforcement guidance how it will take into account any impact on children due to a company's failure to fulfil its duty of care.

Once the regime is in force, if a child does encounter harmful content and activity, parents and children will be able to report it easily and, where appropriate, receive support. Our new laws will raise the bar on how companies respond to complaints, as Ofcom will set clear expectations for user reporting mechanisms.

It is often not clear enough for children and parents when particular platforms, services or websites have minimum age limits. Where age limits are in place and are clear, they are not enforced effectively.

If a service says in its terms of service that it is for adults or for children over a certain age, then they will have to enforce those terms of service consistently under the Bill's requirements. The Bill will also prevent companies saying their service is for users aged 13+/16+, and doing nothing to prevent younger children accessing it. Ofcom will set out in its codes of practice the steps service providers need to take to deliver this objective.

Where children are likely to access a service, providers will have to set out in terms and conditions their approach to tackling harmful content to children, and ensure that these terms of service are easily accessible and consistently applied.

I hope that the above has reassured you that the protection of children and young people is at the heart of the Online Safety Bill. The Bill is currently undergoing passage in Parliament and has now passed second reading. I look forward to continuing to work with you as we progress this vital legislation.

My officials will be in touch separately in regards to arranging a technical briefing on the Bill and its provisions.

With best wishes,

Chris Philp MP
Minister for Tech and the Digital Economy

CYPE(6)-14-22 – Paper to note 4

Vaughan Gething AS/MS
Gweinidog yr Economi
Minister for Economy

Our ref: DC-VG-00424-22

Llywodraeth Cymru
Welsh Government

Russell George MS
Chair, the Cross Party Group on Medical Research

13 June 2022

Dear Russell

Thank you for your letter following the meeting of the Cross-Party Group on Medical Research on 27 April and for providing further questions, which are answered below.

Assurance that the Input-Output table will be made available for researchers to utilise in future studies.

High-quality, detailed and timely economic statistics are needed to support policy making in Wales and across the UK. This is particularly important given that the increased devolution of powers, EU exit and Covid-19 are changing the economic structure and linkages between different regions.

Supply Use Tables (SUT) are the backbone of National Accounts and bring together all available output, input, gross and value added, income and expenditure data in a consistent framework, presenting accounts of an area's economic activity and playing an important role in the quality of national accounts. Input Output Tables (IOTs) are derived from the SUT and facilitate estimation of impact assessments and economic models, which can be used to analyse the effects of national policies.

Cardiff University published analytical IOTs for Wales in 2007. Due to the age of this data and uncertainties around its validity, these statistics are no longer considered fit for purpose.

That is why the Minister for Finance recently approved up to £1.05m over the next three years for the improvement of Welsh economic statistics by establishing an in-house program of work to develop Input Output Tables for Wales.

Developing in-house IOTs will give Welsh Government greater control, influence and leadership over the development of this work, as well as the opportunity to develop in-house expertise. We plan to work closely with Cardiff University experts on this

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work program and we will consult with Welsh Government colleagues as well as external organisations to understand the user need for these statistics.

To improve the availability and quality of data required for SUTs and IOTs, we will also need to boost funds to existing surveys where the sample size for Wales is low.

However, development of IOTs is not a quick task. Due to the technical nature of the work, the need to collect additional data, and the time lag associated with these surveys, it is unlikely that IOTs would be published until 2024-25, although experimental data may be available earlier.

Commitment to write to Russell George MS as Chair of the CPG to draw upon the Group's insight and expertise to contribute to the consultation on its new cross-portfolio Innovation strategy and to provide a timetable concerning publication of the draft strategy for consultation.

We are currently working with Plaid Cymru Designated Members, in line with the cooperation agreement commitment to jointly develop a new Innovation Strategy. It is important that we complete our engagement and involvement activities and comply with the Co-operation Agreement and Assembly timetable to ensure a full cross governmental commitment on the best way forward.

Publication of a draft strategy for consultation is planned for this summer. I have asked my Innovation officials to contact you when we issue the draft for consultation. I hope to have a final strategy in place before the end of the year.

Whether the new strategy will come with a commitment to increased Welsh Government spending on medical research infrastructure

Health and Care Research Wales has secured a further recurrent funding agreement for 2022/23 of £5 million from the Minister for Health and Social Services, increasing its overall budget to £47m/annum.

This will support the Covid Evidence Centre to cover more general (non-covid) policy areas; implementation of the UK Strategy for Clinical Research to ensure the NHS becomes people-centred and digitally enabled its approach to research; establishing a Health and Care Research Wales faculty initiative, supporting research career pathways and developing new personal award schemes to address gaps in current pathways in Wales; Implementation of the Wales cancer research strategy, and new investments in social care research and development, to address traditionally low levels of research capacity.

More detailed briefing on the scope and content of meetings with the UK Government at which the Minister lobbied on behalf of research in Wales

While the content of meetings between Welsh Government Ministers and officials with their counterparts in UK Government and the devolved administrations remains sensitive and often commercially confidential, I can assure you that every opportunity is taken to promote Wales and work towards ensuring the best possible outcomes for our ambitions for the economy and people of Wales.

Lack of support for developing surgical innovation and details of Welsh Government support available to individuals to innovate in a clinical setting.

A range of Welsh government funded support platforms and interventions exist as part of our wider health and care innovation ecosystem, to support and develop innovation.

Our three main initiatives are (web links and descriptions provided below)

- The Life Sciences Hub Wales
- Accelerate Wales
- AgorIP

The Life Sciences Hub Wales | Life Sciences (lshubwales.com) exists to help transform the health and economic wellbeing of the nation through:

1. Accelerating the development and adoption of innovative solutions that support the health and social care needs of Wales.
2. Partnering with industry to advance economic development across the life sciences sector in Wales, driving business growth and creating jobs.

To help make this happen we support health and social care colleagues across Wales to understand the challenges and pressures an organisation may face. Once identified, we work with industry to source and support the development of innovative solutions to respond to these challenges.

Accelerate Wales | Life Sciences (lshubwales.com) is co-funded by the European Regional Development Fund, the Welsh European Funding Office, Welsh Government's Health and Social Services group, universities, Life Sciences Hub Wales and NHS Wales health boards.

Accelerate helps innovators in Wales to translate their ideas into solutions, enabling them to be adopted in health and care.

Accelerate is led by Life Sciences Hub Wales, in partnership with Cardiff University (CIA), Swansea University (HTC) and University of Wales Trinity Saint David (ATiC). Rather than providing funding or grants, this programme offers SME's and Enterprises in Wales the opportunity to tap into academic expertise, and the latest facilities needed by innovators and entrepreneurs to realise their ideas.

Accelerate can:

- Identify research and development collaborations.
- Connect this to experts in health technology, user experience, and clinical engagement.
- Help navigate the life sciences support ecosystem.

AgorIP is a new approach to innovation which can help bring ideas and innovation to life.

Thanks to EU and Welsh Government support, AgorIP can help you realise the potential of your idea, product or research. Our team of experts are here to help you take your “IP” to the marketplace and help make it a commercial success.

From a Business and Economy perspective, the route into Welsh Government support for an individual with a business idea is via Business Wales (gov.wales), which will consider a referral to Innovation or Entrepreneurship teams or other services, as most appropriate.

In terms of the support for health-related businesses, over the life of the current EU-funded SMART Cymru and our COVID RD&I schemes, Welsh Government has supported 89 businesses to deliver 123 projects, with total grant support of £9,012,404 and total project costs of £16,745,404.

Yours sincerely,

Vaughan Gething AS/MS
Gweinidog yr Economi
Minister for Economy

Cc.
Clerk, Health and Social Care Committee
Chair and Clerk, Children, Young People and Education Committee
Chair and Clerk, Climate Change, Environment, and Infrastructure Committee
Chair and Clerk, Economy, Trade and Rural Affairs Committee
Altaf Hussein MS

Vaughan Gething MS
Minister for Economy
Welsh Government

Dear Minister

I am writing first to offer my sincere thanks to you for speaking at the most recent meeting of the Cross Party Group on Medical Research. I am particularly thankful for your insights around the potential of Medical Research to contribute to Wales's economic recovery from the Covid-19 pandemic and hope that you will consider the contributions of the Fraser of Allander Institute and British Heart Foundation Cymru this in any future budget discussion.

I understand your time is valuable and we appreciate your attendance for the limited time you have available. I have included with this letter the minutes of the meeting for your perusal. As you will see from the minutes after your contribution to the meeting, there were several areas of discussion which I promised Members of the Group I would raise with you for your response.

1. Though the team were able to construct an appropriate model with accurate findings, James Black who worked on the Fraser of Allander Institute report explained how the methodology for the study was constrained in its ability to model and compare Wales against the other UK nations. The team were unable to access the Input-Output table from the Welsh Government, preventing them from constructing a high-quality model for Wales. James explained that this apparent lack of transparency is being reconsidered by the Welsh Government. Are you able to shine further light on the situation and reassure the CPG that the Input-Output table will be made available for researchers to utilise in future studies?

2. The news that the Welsh Government will in the not-too-distant future consult on its new cross-portfolio Research and Innovation strategy is welcome. The commitment you made to write to me as Chair of the CPG to draw upon the Group's insight and expertise is also welcome.

3. Due to the cross-cutting nature of the planned strategy the CPG will also send copies of this covering note and CPG minutes to relevant Senedd scrutiny committee Chairs and Clerks to ensure they are also aware of this critically important piece of work in terms of their forward work planning. Any timetable from the Welsh Government concerning publication of a draft strategy for consultation would be welcome.

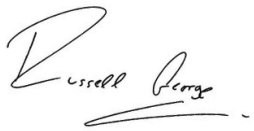
4. The CPG would also welcome your thoughts concerning whether the new strategy will come with a commitment to increased Welsh Government spending on medical research infrastructure which is desperately needed.

5. You shared with the CPG insight concerning the meetings you have had with the UK Government at which you lobbied on behalf of research in Wales. Can the Welsh Government furnish the CPG with a more detailed briefing on the content and scope of these meetings. This will assist the CPG in establishing recommendations which support an inter-Governmental approach.

6. Finally, my colleague Altaf Hussein MS described his own personal frustration developing a surgical innovation, and the lack of support for realising an idea. We would welcome your thoughts concerning the Welsh Government support available to individuals to innovate in a clinical setting.

Once again, your contribution was appreciated by all who attended the meeting of the CPG and we all look forward to your response.

Yours sincerely



Russell George MS

Chair, the Cross Party Group on Medical Research

Cc.

Clerk, Health and Social Care Committee
Chair and Clerk, Children, Young People and Education Committee
Chair and Clerk, Climate Change, Environment, and Infrastructure Committee
Chair and Clerk, Economy, Trade and Rural Affairs Committee
Altaf Hussein MS

Agenda Item 8

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