

From crisis to opportunity: parents and schools can come together to prioritise student health and well-being

Christopher Bonell ¹, Neisha Sundaram,¹ Russell M Viner ²

PARENTS VALUE AND TRUST SCHOOLS

School closures have vividly demonstrated the multiple ways in which schools benefit students and parents. The COVID-19 pandemic has resulted in the greatest disruption to education in recent history, affecting 1.6 billion students in 190 countries. Schools have been continuously closed for nearly a year for around one-tenth of these students. In countries such as the UK where school closures have not been so extended, parents supported school closures but reported that loss of education for their children was a major concern.¹ Parents strongly supported the return to school in spring 2021 citing concerns about their children's loss of learning and well-being while not in school.² In US research, parents commented on their concerns for students' social and emotional development while not in school.³ Research in other settings has found that school closures directly impacted parental stress and well-being.⁴ In our own qualitative research conducted as part of a national study of COVID-19 transmission and prevention in English primary and secondary schools, parents report an enhanced appreciation of the key role schools play in their children's health and social development, as well as in supporting their own well-being. Parents also reported that their children had an increased enthusiasm for attending school when these reopened.

School closures have often enhanced relationships between home and school, increasing parental involvement. Various studies report increasing trust on the part of parents in teachers and on the part of teachers in parents.^{5,6} Research in Norway found that parents developed more involvement with and greater insights into their children's learning.⁶ These are important attributes and more generally

there is evidence that school-based interventions which involve parents are effective in addressing multiple areas of student learning and health.

SCHOOLS CAN INNOVATE INFORMED BY EVIDENCE

School closures and reopenings have also dramatically demonstrated that schools can depart from traditional models to innovate when required, for example, first by supporting remote learning and then by reopening while implementing multiple prevention measures to limit transmission.

In terms of moves to remote learning, these were informed by rapid evidence assessments drawing on studies from non-pandemic contexts, finding that: teaching quality is more important than mode of delivery; access to technology is key; peer interactions provide motivation and improve learning; and students can be supported to work independently and this can improve learning outcomes.⁷ Research in Norway demonstrated that moving to remote learning could be implemented in such a way that this encouraged greater student independence, used more creative learning methods, provided more tailored feedback and increased student independence.⁶

In terms of school reopenings, again guided by emerging evidence and scientific guidance, schools implemented multiple infection prevention and control measures. These have varied across countries but have included keeping students in consistent groups, distancing, face mask wearing, ventilation, one-way systems, enhanced cleaning regimens, handwashing and testing, to name just a few. Our national study of school-based prevention suggests that schools have successfully and rapidly enacted a large number of preventive measures informed by multiple sources of evidence about which are most important, which is line with other emerging evidence. Broader evidence suggests that schools can enact and sustain health innovations when there is leadership from school managers, buy-in from staff, parents and students, and clear

benefits for students. In our own qualitative research, parents report their appreciation of the excellent work schools and their staff have done in using innovations to prevent transmissions. Schools in turn have appreciated parental compliance and support, which has further built trust.

FROM CRISIS TO OPPORTUNITY

Rahm Emanuel, President Obama's first chief of staff is quoted as saying 'you never want a serious crisis go to waste ... as an opportunity to do things you think you could not do before'. Schools and their staff and students have experienced huge hardships, with the enormous challenge of recouping student learning and social development ongoing. But with a new level of trust and involvement from parents, and increased confidence in their own ability to innovate based on evidence, schools can use this as an opportunity to increase their focus on children's well-being while maintaining standards of academic learning.

Over 80% of English parents surveyed in March 2020 supported schools prioritising catching up on student well-being, a much higher percentage than support for policies to increase the school day or term lengths.² Schools should be encouraged and adequately resourced by government to capitalise on this newfound parental support to enact policies and interventions to support students' mental and physical health, while engaging parents as key stakeholders. There is evidence that delivering health interventions in schools can contribute towards rather than undermine schools' mission to improve student learning and attainment.

Existing evidence suggests that schools play a key role in student mental health, health behaviours and social development. Systematic reviews suggest that the most effective means for schools to address a range of health issues is by delivering 'health-promoting schools' interventions which combine: classroom learning; school-level policies and actions to make schools health-promoting environments; and ensuring parents engage with such work.

The pandemic has increased parental trust in schools and involvement in their children's education, as well as school staff's confidence in innovating using evidence. These attributes should now be harnessed to increase schools' delivery of evidence-based health-promoting schools interventions which will promote student well-being as well as their educational attainment. This requires that government

¹Faculty of Public Health and Policy, London School of Hygiene and Tropical Medicine, London, UK

²Population, Policy and Practice Department, UCL Institute of Child Health, London, UK

Correspondence to Dr Christopher Bonell, Public Health and Policy, London School of Hygiene and Tropical Medicine, London WC1H 9SH, UK; chris.bonell@shtm.ac.uk

provides incentives and adequate resourcing to enable schools to do this.

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ORCID iDs

Christopher Bonell <http://orcid.org/0000-0002-6253-6498>

Russell M Viner <http://orcid.org/0000-0003-3047-2247>

REFERENCES

- 1 Lorenz A, Kesten JM, Kidger J, *et al*. Reducing COVID-19 risk in schools: a qualitative examination of secondary school staff and family views and concerns in the South

West of England. *BMJ Paediatr Open* 2021;5:e00098:e000987.

- 2 Farquharson C, Krutikova S, Phimister A. *The return to school and catch-up policies. IFS Briefing note BN318*. London: Institute for Fiscal Studies, 2020.
- 3 Garbe A, Ogurlu U, Logan N. COVID-19 and remote learning: experiences of parents with children during the pandemic. *AM J Qualitative Res* 2020;4:45–65.
- 4 Calvano C, Engelke L, Di Bella J. Families in the COVID-19 pandemic: parental stress, parent mental health and the occurrence of adverse childhood experiences-results of a representative survey in Germany. *Eur Child Adolesc Psychiatry* 2021:1–13.
- 5 Kim LE, Asbury K. 'Like a rug had been pulled from under you': the impact of COVID-19 on teachers in England during the first six weeks of the UK lockdown. *Br J Educ Psychol* 2020;90:1062–83.
- 6 Bubb S, Jones M-A. Learning from the COVID-19 home-schooling experience: listening to pupils, parents/carers and teachers. *Improving Schools* 2020;23:209–22.
- 7 Education Endowment Foundation. *Remote learning rapid evidence assessment*. London: Education Endowment Foundation, 2020.