Position Paper submitted to the Independent Review of Education

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The Mental Health Champion for Northern Ireland (NI) welcomes the opportunity to provide a response to the Independent Review of Education. In this response I will focus on two areas related to my academic expertise and relevant to mental health, these are aspects of the current system which impact upon the population's mental health and wellbeing:

1. The role of education in mental health and wellbeing
2. Academic selection and the Transfer Test

SECTION ONE

The role of education in mental health and wellbeing

The mental health of children and young people

The most recent study of the mental health of children and young people in NI (Bunting et al., 2020) demonstrates that one in eight young people in NI have a mood or anxiety disorder; almost one in ten have self harmed; one in eight have thought about, or attempted, suicide; and one in six have engaged in disordered eating. Rates of mental health problems in NI's young people are 25% higher than neighbouring regions. These mental health difficulties prevent our children from fulfilling their potential and contribute to the cost of mental illness in NI (conservatively estimated to be £3.4 billion annually, McDaid & Park, 2022). This is partly driven by our unique social and political context, the high rates of poverty and inequalities, and the lack of places in local universities. This may lead to a "scarcity mindset" that promotes unhealthy competitiveness, and anxiety about never being good enough. The proportion of young people with poor mental health increases throughout the post-primary school years, and our studies show that, in the year prior to University, a third of students had seriously considered suicide, and one in five made a plan for suicide (O'Neill et al., 2018).

Mental Health and the purpose of education

My view is that the purpose of education should be fostering growth and facilitating young people to set and achieve goals to live a meaningful and fulfilled life. The education system should promote participation in society and the creation of a better society by nurturing creativity, supporting interpersonal skills and a sense of social responsibility. Education should support the development of a society in which people are aware of their rights and duties and have the ability to live authentically and creatively solve the huge problems of our time. This requires some level of knowledge of our natural and engineered environments and how people live in the world. However much of this knowledge is available to us at the touch of a button. More importantly, education needs to promote the development of critical thinking, how to learn, how to make, and evaluate arguments, and how to make decisions based on evidence. One important element of this is emotional intelligence, understanding how our own minds and brains work, and learning how to

manage our feelings, emotional responses and behaviours. Emotional intelligence and the self-awareness that comes with it, is fundamental to mental health and wellbeing, and learning. It is a basis upon which people can form relationships and set and achieve goals, including educational goals. The change that education brings in relation to this needs to be measured and data presented in a way that gives parents real choice. This is the definition upon which "achievement" and "success" should be based, this outcome should be measured (with adjustment for socio economic status and adversities), and this is the data that schools should be evaluated against.

Whilst the Terms of Reference for the current Review state *"the mental health and wellbeing of pupils is an area of increasing concern for schools who are finding themselves under significant pressure with the variety and complexity of issues presented by pupils"* (p.4). There is a failure to recognise within the Terms of Reference that education, and mental health and wellbeing, are intrinsically linked. Raising standards in educational outcomes necessitates a focus on mental health and wellbeing; and a focus on mental health and wellbeing will lead to improved educational outcomes. Education is part of the broader social environment that influences mental health and wellbeing and education, and school communities are relational networks which have a strong influence on the mental health of those within them. From a biological perspective it is impossible for children to learn and retain knowledge when they are in a state of dysregulation as a result of acute stress, anxiety or poor mental health (Hill, 2019). This invariably affects academic grades, and one of the largest ever studies of adolescent mental health showed that depression is associated with lower levels of attainment. The researchers recommended school-based mental health interventions as a way of improving grades (Lopez-Lopez et al., 2019), and there is very strong evidence showing that such school-based interventions are also cost effective in reducing the economic burden of mental illness (McDaid & Park, 2022).

I have set out my view of the purpose of education, and the implications of this definition. However, for education reform to have the necessary support from the population, that population needs to have ownership of the vision for the system we are endeavouring to create. One of the main recommendations for this Review should be further work towards the creation of a definition of the purpose of education in NI specifically. This definition should be co-designed with young people, parents, and employers; and my view is that it would emphasise emotional literacy, growth, knowledge, self-awareness and critical thinking.

What causes mental illness?

The "stress-diathesis" model of mental illness is a helpful way of understanding how mental illness develops and the role of the environment. Mental health is influenced by stress, pressure and trauma; the environment within which a person lives; and resilience, the person's ability to cope and self-regulate. Whilst the cause of stress may be psychological in that it emerges from a perceived threat, the response is physical or physiological, it is the body's natural reaction to adapt to the stress to allow the organism to survive. Stress results in the activation of the hypothalamic pituitary axis, known as the "fight or flight" response. A certain level of arousal is in the school setting is conducive to focus, being alert and the retention of information. However, mental illness can result from an accumulation of stress that the person feels unable to control. When the amount of stress and pressure exceeds a person's ability to cope, the psychological stress response systems

experience overload and this results in dysregulation. Dysregulation causes the thoughts, feelings and behaviours that comprise mental illness (Lupien et al., 2018). Psychiatric classification systems define mental illnesses based on role impairment resulting from clusters of symptoms lasting for extended periods of time (APA, 2013; WHO, 2019).

The thresholds for arousal and the activation of the stress response vary between individuals and are strongly influenced by the early environment. Specifically, caregiver attachments promote emotional regulation and the ability to self soothe in response to stress. Conversely, exposure to stress and trauma in the first few years of life, when the brain is developing, can impact on the stress response systems and promote dysregulation, thereby increasing the risk of mental illness. The single biggest risk factor for mental illness in NI and elsewhere, is childhood adversities (Adverse Childhood Experiences), and there is strong evidence that multiple adversities at time critical periods of development compromise emotional regulation, and increase the likelihood of poor mental health. Adversities are most toxic when experienced in the context of disrupted attachment patterns in the early years, however adversities throughout childhood and adolescence are predictive of mental health outcomes (McLafferty et al., 2018a; Deventer et al., 2013). It is important to note that adversities per se do not lead to mental illness and in fact that some adversity can promote resilience by supporting the development of coping skills (McLafferty et al., 2018b). However there is strong evidence that multiple adversities can have a lasting impact on the development of stress response pathways, and mental health across the lifespan (McLafferty et al., 2018b).

Childhood adversities and early years education

In the early years learning is through play and the early years curriculum is therefore play-based activities to enhance and promote the physical, sensory and social development of children. If implemented in a psychologically safe environment it is an excellent foundation for emotional intelligence good mental health. Registered childcare providers also provide the necessary portfolio of activities and skills to promote healthy social and emotional development. The difficulty is that too many families in NI are unable to afford this level of good quality childcare and free provision is minimal. This can result in the children who are exposed to the highest levels of adversities not being able to access the interventions which would have the most impact. The recommendations and commentary in the “A Fair Start” report (Expert Panel on Underachievement in NI, 2020) on this matter, are very strong, and the implementation of these recommendations is recommended. Furthermore, there is strong evidence to support the benefits of the “Sure Start” programmes in relation to hospital admissions for all reasons, including mental health (Cattan et al., 2021). Currently these programmes are not available in many parts of NI, as provision is restricted to particular areas. It is would be very cost effective to deliver this programme to the whole population, given that the existing structures are in place and may be easily scaled up. Childcare is early education and the lack of provision of affordable and free childcare is a key issue impacting on educational outcomes. Childcare also affects the child’s mental health indirectly by influencing the mental health of parents. A Childcare Strategy therefore needs to be a key recommendation from the Independent Review of Education.

Transgenerational trauma and trauma informed practice

A recognition of the role of adversities in mental health is central to trauma-informed practice. Childhood adversities may be understood as trauma which impact in brain development and influence the body and brains response to trauma across the lifespan. Transgenerational trauma is trauma in one generation that impacts a different generation; the children and grandchildren of the person who was originally exposed to the trauma. The response of the body and brain to trauma can influence parents' feelings and behaviour in a way that can lead to poor attachment, adversities and trauma for their children, and can influence how children's bodies respond to stress affecting the risk of mental illness. A whole generation of parents have higher rates of trauma exposure and a higher risk of mental illness and substance abuse as a consequence of the violence of the Troubles. This impacts on their children's risk of mental illness and has contributed to the poverty and inequalities that are associated with poor mental health (O'Neill et al., 2015).

In order to best meet the needs of children in NI, the education system to adopt a trauma informed approach. Indeed, being trauma informed should be a goal across society and this recognition led to the Scottish Government developing a national trauma training programme (NHS Education for Scotland, 2022). Given NI's history it is particularly important that we actively work to reduce the impact of parental trauma on children here, and increase awareness of the pathways to healing. Schools need to be supported to practice in a trauma informed way. The four Rs of trauma informed practice are the realisation about trauma and how it can affect people and groups, the recognition of the signs of trauma, developing systems which can respond to trauma, and resisting re-traumatization. At its core, trauma informed practice involves the recognition that stress is necessary and inevitable, differentiating between stress and mental illness, but understanding the connection between the two. It is also about recognising that prior experiences, particularly in the peak period of neuroplasticity in childhood, have an important influence over the physiological stress response pathways, the stage at which allostatic load is overwhelmed and the particular triggers that will activate the stress response. Trauma informed approaches promote a recognition of the signs and symptoms of trauma and dysregulation; and the way that children "communicate" pain and discomfort. It is important that those working in the education system recognise the role of adversities and trauma in behaviour and attention and learning, recognise the ways that trauma manifests.

The six principles of trauma informed practice are:

1. Safety; fostering psychological and physical safety
2. Trustworthiness and transparency; across all school systems to promote a sense of fairness.
3. Peer Support; pupils, parents and staff supporting one another.
4. Collaboration and Mutuality; a shared vision where everyone has a role to play.
5. Empowerment, Voice and Choice; pupils as key stakeholders influence key decisions.
6. The recognition of the cultural, historical, and gender issues (including sectarianism) which may serve as triggers.

(SAMSHA, 2018)

Effective “whole school” approaches to mental health are based on these principles, and when these principles are applied in the school setting, pupils’ voices are heard, boundaries are clear, and everyone benefits. Unfortunately, some practices in some schools may be experienced as “trauma inducing”. Many of the symptoms of dysregulation are currently labelled as bad behaviour and managed in a way that further traumatises the child consolidating the behaviour patterns and harm to that child’s mental health. It is absolutely vital that traumatising behaviour management strategies (shaming, the use of restraint, physical punishment, exclusion) are eliminated. The use of these techniques needs to be recorded, and staff in this setting should have training in trauma informed practice and alternative ways of managing behaviour.

Many schools across NI have made excellent progress in creating a trauma informed environment. However, the education system itself within which schools operate may also be described as “trauma inducing”, one example is the prioritisation of qualifications which discriminate against children with adversity exposure who may not be able to perform well when in a high pressure setting of a timed exam. It is important nonetheless to assess young people, but it is my view that the main purpose of this should be to assess their strengths so that we can help young people set goals and plan their future.

Trauma informed practice is a commitment to deep reflection, and the congoing examination of practices and policies within the school setting that might serve as triggers. In conjunction with strong leadership, the applications of the principles will create an environment that promotes mental health and wellbeing. A trauma-informed approach, by definition, will reduce the mental health impact of ableism, racism, toxic gender stereotypes and homophobia and transphobia because reducing triggers for marginalised groups will be a primary consideration. The appropriate management of bullying behaviour is fundamental to trauma informed practice. The NI Anti-Bullying Forum’s (NIABF) “Effective responses to bullying behaviour” is really strong and should be implemented and monitored in all schools (NIABF, 2022). Trauma informed practice includes the recognition of the role of school staff as co-regulators of the children’s emotions, and as a consequence, staff wellbeing is an important consideration. Trauma informed approaches also extend throughout the whole system and in a single education system this means that the historical, cultural and religious traditions upon which the schools were founded, are respected.

Mental health in the curriculum

Several youth mental health awareness groups highlighted the need for a greater emphasis on mental health in the curriculum. However the NI curriculum appears broad with a range of areas where mental health and wellbeing is addressed. CEA’s Wellbeing Hub provides very strong resources for schools to use in to support the teaching of wellbeing and mental health in the curriculum (CEA, 2022). However, the extent to which the Hub’s resources are used in schools, and the quality of provision remains unclear. Similarly, “Learning for Life and Work”, is a strong subject, embedding key skills, however again evidence on the quality of provision and outcomes is not available. The difficulty is that the focus (what is measured) appears to be a narrow range of qualifications which serve as a filtering mechanism for universities.

There are many examples of excellent programmes delivered by the EA and also external organisations, which address metacognition, emotional intelligence and the components of resilience in a trauma informed manner (e.g. Hopeful Minds, Roots of Empathy, AMH's Healthy Me). Such programmes alone can support coping skills and resilience, but in the absence of a whole school, trauma informed, approach and a system that prioritises growth and emotional intelligence, these can only have a limited impact on mental health outcomes. Finally, it is important to note that whilst many subjects include areas relevant to mental health and emotional intelligence, several subjects are by definition particularly relevant, and should be mandatory. These are Child Development (which incorporates attachment theory) and careers (which includes goal setting, pathways thinking, the components of Hope Theory).

Children and Young People's Emotional Health and Wellbeing in Education Framework

For the first time in NI the Department of Education have developed a Framework for emotional wellbeing in education. This is a model and a plan to promote wellbeing at a universal level using a whole-school approach and through the development of a caring and supportive culture. Early support and intervention in the school setting would also be provided using a holistic, multidisciplinary approach. It also sets out the provision of targeted support for pupils with the signs and symptoms of mental health difficulties, so that children are supported to get help and that the impact on their learning and growth is minimised. The Framework was developed in consultation with young people, parents, schools and mental health professionals (Department of Education, 2021).

This Framework is a very positive step, but are some challenges in relation to the implementation of the Framework that the Independent Review of Education is in the best position to address. Currently in implementing this Framework, educational settings are advised to complete a self-assessment audit tool to identify improvements that could be made and what further practice could/should be introduced. The Framework needs to be applied in all schools, all schools need to be supported and resourced to implement it; and inspected on the basis of how they create an environment that supports wellbeing. Teachers need to be aware of their roles in relation to wellbeing and should be equipped with the skills to enable them to identify children at risk. Given the high prevalence of these issues, the training and Continuing Professional Development of teachers needs to include an understanding of the main mental health difficulties, including suicidal behaviour, self-harm and eating disorders. This will again be achieved in the context of a single education system with strong leadership and a focus on growth and development as outcomes of interest. Finally, the delivery of specialist support when a pupil has symptoms of a mental health difficulty necessitates links between Education and the new Regional Mental Health Service set out in the Mental Health Strategy (Department of Health, 2021).

In conclusion, the curriculum resources and Framework target coping and early intervention for when things start to go wrong. To achieve the best outcomes we must create a system where schools consider positive mental health and wellbeing as fundamental their values, mission and culture, where the wellbeing of the whole school community is the top priority. This requires not only the implementation, measurement and independent inspection of the implementation of the Children & Young People's Emotional Health and Wellbeing in Education Framework, but a change in

culture to drive forward a trauma informed approach to education in NI. Strong leadership is fundamental to achieving these goals. Leadership requires courage and a commitment to excellence through the whole system. The Boards of Governors who run schools need to have the appropriate skills necessary to manage an organisation of this nature, and an understanding of child wellbeing and the school's role in this. This would require a shift in how Governors are recruited and/or training in post. Wellbeing in the curriculum, early intervention, and treatments for mental illness are all important, and the resources and plans that are available now need to be implemented. However real change requires leadership and a change in mindset and ethos, from the top down. The system must value growth; and evaluate schools on the basis of how they support pupils to become confident, self-aware, learners, able to set and achieve educational goals. Those who work within the system should have an understanding of trauma informed practice, and their roles in relation to this. This does not require teachers to become mental health professionals, but it does change the way that behaviour is managed within schools, and power relationships across the school community. This shift in ethos will also necessitate changes to teacher training, a recognition of the importance of staff wellbeing, and of course, a healthy working environment. It is in this context that young people will learn successfully, and flourish to become responsible citizens who contribute effectively to society.

Recommendations

- The development of a definition of the purpose of education for NI, involving key stakeholders (including young people), against which outcomes should be assessed.
- Implementation of the recommendation of A Fair Start, especially in relation to Early Years provision.
- The development of a Childcare Strategy.
- The creation of a single education system with a co-produced vision for education in NI that includes critical thinking, metacognition and self awareness.
- An emphasis on strong leadership in the system, with those who manage the system and schools within the system (boards of Governors) having an appropriate blend of qualifications.
- Develop structures and strategies to promote trauma informed practice in school settings and throughout the education system.
- Develop a plan to eliminate the use of specific trauma inducing practices such as restraint and seclusion. The training of all staff in trauma informed approaches to behaviour management.
- Full implementation of the Young People's Emotional Wellbeing in Education Framework, with monitoring and independent inspection on key performance indicators relating to the framework.
- Development of a referral pathway from education to CAMHS or Regional Mental Health Service.
- Prioritisation of the wellbeing curriculum, including learning for life and work, and the inclusion of metacognition and child development (with attachment theory) as mandatory.

- The provision of excellent careers (personal development) education, and the choice of a broad range of academic and vocational qualifications which measure strengths, and prepare young people for careers which align with their goals.
- Promoting skills and Continuing Professional Development of teachers in childhood adversities, neurodiversity and the awareness and identification of the most common mental health difficulties including self-harm, and eating disorders.

SECTION TWO
Academic selection and the Transfer Test

The current system of academic selection and the transfer test is an area that the Independent Review of Education needs to address. The transfer test and the academic selection system in NI influences the mental health and wellbeing of young people here through five mechanisms:

1. It perpetuates and maintains the inequalities that result in childhood adversities.
2. The test itself and the preparatory work constitutes stressors and reduce the time available for activities that promote wellbeing.
3. The test outcome results in a decrease in self-esteem for those who do not obtain the result they had hoped for.
4. The tests discriminate against children with mental health difficulties, and neurodiverse and disabled children.
5. It contributes to a segregated society and a belief in the immutability of intelligence that inhibits progress and growth.

1. It perpetuates and maintains the inequalities that result in childhood adversities.

As explained earlier, the biggest risk factor for mental ill-health in NI is exposure to childhood adversities (Bunting et al., 2021; McLafferty et al., 2018a). Inequalities result in adversities, particularly poverty, and mental health difficulties in NI, as demonstrated by the data from recent prevalence study (Bunting et al., 2021). In order to create a better society, the education system should be a vehicle to reduce the inequalities that cause suffering and are a burden on the economy.

The transfer system currently favours families with financial resources, who can pay for private tuition improving the likelihood of them getting a high grade (NICCY, 2020). The transfer tests themselves have a fee and practice papers also carry a cost. Additionally, as explained earlier, children with adversities, including poverty, are more likely to have difficulty with emotional regulation, this affects attention and concentration and is associated with an increase in the risk of poor mental health. These children may also be less likely to perform well in high pressure situations and are therefore disadvantaged in the current system.

Eligibility for free school meals is a marker for socio-economic status, and the social class inequalities that the current selection system promotes is clearly evidenced by the different proportions in each school who are entitled to free school meals (38% in non-grammar schools and 14% of children in

grammar schools) (Department of Education, 2022). The “high stakes” nature of the transfer test is evidenced by the difference in the qualifications obtained pupils from gramma and non-grammar schools. In 2018/19, the proportion of pupils leaving grammar schools with at least five GCSEs at grades A*-C or equivalent including GCSE English and Maths, was 94.5% compared with 52.1% in non-grammar schools (Department of Education, 2020). Data shows that 77% of the difference in the performance between schools may be explained by the differences in the socio-economic background of pupil intakes. The additional benefits of a grammar school education is also evidenced by the fact that the academic grades of young people entitled to free school meals in grammar schools is also higher than in non-grammar schools (NICCY, 2020).

2. It harms mental health directly because the test itself and the preparatory work is stressful and reduce the time available for activities that promote wellbeing.

As a high-stakes, closed book, test in an unfamiliar environment, the transfer test has characteristics of a trauma inducing situation for children. Many studies have demonstrated that tests are stressful, high stakes exams are more stressful (Putwain, 2008) and exam stress is also linked to suicide in children and young people (Rodway et al., 2016).

There is a strong body of evidence pointing to a specific negative mental health impact of the transfer test. A 2018 survey by the Participation and Practice of Rights group found that 92% of teachers agreed that the transfer test has a significant (negative) impact on their pupils’ mental health (PPR, 2019). The Kids Life and Times survey, undertaken prior to the establishment of independent bodies to run the tests, found that 14% of boys and 19% of girls felt a lot of pressure when doing the tests, and 57% of boys and 57% of girls responded with “in between”. Only a quarter of boys and one in five girls said they were under no pressure (Lloyd et al., 2011).

Some argue that the fact that children and parents come forward to sit these tests is evidence that they are not harmful. However, it is important to note that the access to the schools and school types that the transfer test confers is very important for many children themselves, and children therefore want to undertake this test. The 2010 Kids Life and Times Survey found that 83% of children had sat the tests “in order to get into a good school” (NICCY, 2010). The view that all children in NI should have access to a “good school” was the ethos behind the 2008 Department of Education Policy “Every School a Good School: A policy for school improvement” and aligns with the ten-year Strategy for Children and Young People (Department of Education, 2009). The current selection process may be viewed as running contrary to this policy; and suggests that much work remains to achieve the goal of ensuring that every child in NI has access to a (so called) “good school”.

In addition to the stress that children experience due to the exam itself, there is the pressure created by the additional workload that preparing for the test typically involves. In the Kids Life and Times survey 44% of the pupils who sat transfer tests estimated that they had completed over 40 papers. The same study suggested that the quality of preparation, and numbers of preparation papers may also vary, with teachers reporting that some children were doing the wrong sort of practice tests. Parents noted that the amount of information from grammar schools varied, and relied on their own social networks to gain an understanding of the process. The extra preparation time required was highlighted in the same study (NICCY, 2010). It is important to note that not only

is this preparation a source of stress itself, it invariably reduces the amount of time available for the extra-curricular activities that nurture the child's wellbeing, including family activities, sport and physical activity, arts and cultural activities and play/ peer contact. In addition, academic selection influences the teaching of the NI curriculum at key stage 2 which impacts on the delivery of other aspects of the broad NI curriculum (Gallagher and Smith, 2000).

3. The outcome of the test results in a decrease in self-esteem for those who do not obtain the result they had hoped for.

The transfer test represents a "failure experience" that affects self-esteem and self worth. In a study of three English schools, Skipper and Douglas (2016) found that the use of a selective entry examination led to lower self-esteem among those who were not successful. The children who had not sat the test had the same, lower levels of self-esteem as those who failed the test (Skipper and Douglas, 2019). Teachers in secondary schools also report a sense of failure among pupils who come to their schools having "failed" the test, and the need for them to rebuild these pupils' self-confidence and esteem (Gallagher & Smith, 2000). Self-esteem and self-worth are key components of good mental health, as is a sense of pride and community. The transfer test not only has a negative influence on how children view themselves, but also how they view their school (Rees et al., 1997), which may have important implications for their motivation. Furlong and Lundt (2020) reports that the outcome of the test can even affect attitudes to learning in people for decades.

4. The tests discriminate against children with mental health problems and illness, and neurodiverse and disabled children.

The nature of the exams themselves, the fact that they are held in an unfamiliar environment and are timed and that children benefit from tuition and practice, not only favours those with financial resources to help their preparation, it also favours children who do not have mental health issues and are better able to manage their emotional response to stress. The result is that these children, who might be described as having existing vulnerabilities, will perform less well, are unable to access the school of their choice as a result, and suffer the mental health consequences of this "failure experience". The groups who administer these tests do not appear to provide guidance for managing the stress of the process, nor is there a recognition of how stress and emotional regulation can impact performance on the websites of the groups who administer the tests. Furthermore, it is not possible to find any details of the arrangements for neurodiverse children, or children with mental health difficulties, illness or disabilities.

5. It contributes to a segregated society and a belief in the immutability of intelligence that inhibits progress and growth.

Given the high stakes nature of the tests and the implications for the children who sit them, it si concerning that there is no published information about their psychometric properties, or the reliability and validity of the tests currently used. There is in fact a body of evidence pointing to the unreliability of the 11+ transfer tests, and the allocation of grammar school places on the basis of these tests has been described as akin to a lottery (Roulston et al., 2020). Despite the recognition that the tests do not measure intelligence or ability in an accurate manner, these tests have an

impact on views about the nature of "ability" and intelligence in a way that is detrimental to mental health. Selection by the use of a test is based on the premise that "ability" or intelligence (or whatever feature the test claims to measure) is measurable, fixed and immutable by the age of ten or eleven.

Incremental theory of intelligence is the view that intelligence can be cultivated, and that effort leads to positive outcomes. This view of intelligence is, in my view, in alignment with the goals of education and the values that we would wish to instil in young people through the education system. Data shows that those who hold the view that intelligence is incremental (rather than an entity that is fixed) have higher levels of motivation, and better educational outcomes as a result (Blackwell et al., 2007). Therefore, the use of a system which promotes the view of intelligence as an entity may well be counterproductive because it sends the wrong messages to our young people, even those who benefit as a result of the system. Indeed, one study showed that children who passed the transfer test were more likely to hold an entity theory of intelligence (Skipper and Douglas, 2016).

There are strong moral, economic and mental health arguments to end academic selection. The Review of Education is an important opportunity to create a single education system where all children have an equal opportunity to attend a school that is excellent, so that they can have the best chance in life. The use of an unregulated, highly stressful test, with questionable reliability and validity, to determine which type of school a child attends (with all the implications for their mental health and academic outcomes) is completely unacceptable and needs to be removed. The emphasis and priority must shift away from the evaluation of quality, achievement and outcomes using a narrow range of academic qualifications (GSCEs and A-Levels), to the teaching of the curriculum, the development and growth of children, their emotional intelligence and their ability to set and achieve goals. This necessitates the use of a broader range of qualifications and would have the benefit of supporting self-esteem and wellbeing, reducing the mental health burden of the transition to post-primary school, and meet the needs of industry and the economy.

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