

SCHOOLS AND COMMUNITIES
RESEARCH REVIEW 1

Narrowing the gap in educational achievement and improving emotional resilience for children and young people with additional needs



Centre for Excellence and Outcomes in Children and Young People's Services

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- Child Poverty
- Safeguarding
- Schools and Communities
- Youth
- Families, Parents and Carers

In addition to the above themes, C4EO is also undertaking a piece of work looking at early intervention, prevention and integrated delivery.

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The Centre is also supported by a number of strategic partners, including the Improvement and Development Agency, the Family and Parenting Institute, the National Youth Agency and the Institute of Education.

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Narrowing the gap in educational achievement and improving emotional resilience for children and young people with additional needs

Alan Dyson
Frances Gallannaugh
Neil Humphrey
Ann Lendrum
Michael Wigelsworth
(University of Manchester)

Data annexe
Marian Morris
Helen Marshall
Karen White
(National Foundation for Educational Research)

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(C4EO)

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Review written by Alan Dyson, Frances Gallannaugh, Neil Humphrey, Ann Lendrum and
Michael Wigelsworth (University of Manchester). Data annexe written by Marian Morris,
Helen Marshall and Karen White (National Foundation for Educational Research).

This report is available online
www.c4eo.org.uk

Centre for Excellence and Outcomes in Children and Young People's Services
(C4EO)
Wakley Street
London
EC1V 7QE

Tel 020 7843 6358
www.c4eo.org.uk

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Summary

This research review identifies what works in narrowing the gap in educational achievement and improving emotional resilience for children and young people with additional needs. It is based on a rapid review of recent research literature, involving systematic searching, and an analysis of key data. The review focuses on generic issues to do with service organisation and delivery. Literature on teaching interventions has not been considered. The review was carried out by the Centre for Equity in Education at the University of Manchester on behalf of the Centre for Excellence and Outcomes in Children and Young People's Services (C4EO). The data work was carried out by the National Foundation for Educational Research (NFER).

This research review complements the work of the Narrowing the Gap programme¹ (2007/09), which looked in detail at:

- moving towards early intervention and prevention (so that fewer children fall behind)
- engaging and supporting parents and carers in helping their children to succeed
- what children's centres and early years settings can do to 'narrow the gap'
- what schools can do to 'narrow the gap'
- links between children's centres, schools and extended services to -'narrow the gap'
- effective leadership and governance necessary to 'narrow the gap'.

Key messages

- In order to narrow the gap for children and young people with additional needs, services should both address the barriers to learning and support emotional resilience.
- Some approaches, under the right circumstances, show promise. These include:
 - addressing several goals simultaneously and working at multiple levels (individuals, families and communities, including schools)
 - providing group work and individual support, and building on the strengths and interests of children and young people
 - strong partnership between schools and other services
 - focusing on early intervention
 - using the Common Assessment Framework (CAF) to facilitate

¹ Further information about the Narrowing the Gap programme can be found at: www.c4eo.org.uk/narrowingthegap

service integration and early intervention

- strong strategic leadership and clear aims to guide schools and services in developing their own approaches
- embedding new initiatives aiming to narrow the gap and encourage emotional resilience into schools' wider approaches and systems to improve the environment, curriculum, support and teaching and learning for all children and young people.
- Children and young people with 'additional needs' do not form a homogenous, stable or clearly defined group. Careful identification and targeting are essential.
- It is important to tailor services and interventions to address local circumstances and individual needs. How interventions are implemented and how they fit local circumstances are important.
- Strategic managers need good evidence, not just of 'what works', but also of 'what works locally'. Research, evaluation and analysis at local level are important.
- There is evidence that some programmes and interventions have achieved positive outcomes. These include full-service extended schools, multi-agency teams working with schools, alternative curriculum schemes and SEAL (Social and Emotional Aspects of Learning). Between them, these programmes and interventions can produce outcomes in relation to learning and emotional wellbeing (including improved social functioning), and can impact variously on children and young people with additional needs, on families (improved family functioning and circumstances) and, in some cases, on communities (improved community relationships and opportunities for local people). Impact on attainment may emerge in the longer term.

Who are the key stakeholders?

The key stakeholders are:

- children and young people with additional needs
- parents and carers of children and young people with additional needs
- head teachers, principals and leaders of extended services in schools
- children's services strategic managers
- national policy-makers.

Their contributions are valuable in the process of improvement

- **Children and young people with additional needs** respond to broadly based, flexible interventions that build on their strengths and interests to enable them to learn effectively and develop as individuals.
- **Parents and carers** need to be engaged by schools and other children's services to help them support their children's development.
- **Head teachers, principals and leaders of extended services in schools** play a key role in developing and coordinating interventions for children and young people. They involve a wide range of school provision and practices in these interventions, develop partnerships with other agencies, which can supplement the work of the school, and monitor the impacts of those interventions.
- **Children's services strategic managers** support and challenge schools in developing their responses, broker relationships between schools and other frontline professionals, and develop forms of service organisation that fit local circumstances. They have a key role in monitoring the impact of services on outcomes for children and young people.
- **National policy-makers** create a supportive framework within which school responses and local forms of service organisation can develop and share positive practices. They have an important role in commissioning research at national level that is sufficiently powerful to address the many unanswered questions in this field.

What data is available to inform the way forward?

Data on educational achievement is available both by area and by some categories of pupil need (for example, for those with special educational needs and for looked-after children). Data on the educational outcomes of many young people with 'additional needs' who do not fall into these categories is limited.

Data on emotional resilience is less widely available, although some longitudinal surveys include measures of children's self-esteem and confidence.

There is no available national data on the impact of the CAF in relation to early interventions; the use of the CAF is still a relatively new process. Once the eCAF becomes more widely used, there may be greater potential for obtaining and accessing aggregated information on the impact of interventions.

The evidence base

This review is based on 52 key sources, chosen because they focus on generic issues to do with service organisation and delivery.

There is relatively little robust research of this kind. What there is points to what works under particular circumstances rather than what will reliably work anywhere. There is, therefore, a good deal of work for strategic managers to do in 'translating' findings into their own contexts.

Review methods

Research literature was identified through systematic searches of relevant databases and websites, recommendations from our Theme Advisory Group, and citations in identified studies ('reference harvesting'). The review team used a 'best evidence' approach to select literature of the greatest relevance and quality to include in the review.

Data contained within the data annexe was obtained by a combination of search methods but primarily by obtaining online access to known government publications and access to data published by the Office for National Statistics.

Next steps

Further information will be published in autumn 2010, including validated local practice examples and views from children, young people, parents, carers and service providers.

C4EO reviews 'Ensuring that all children and young people make sustained progress and remain fully engaged through all transitions between key stages and services' and 'Strengthening family wellbeing and community cohesion through the role of schools and extended services' are also available on the C4EO website. Local decision-makers and commissioners working in local authorities and Children's Trusts may also find it helpful to read the schools and communities briefing paper, which presents the key messages from all three reviews
www.c4eo.org.uk/themes/schools.

C4EO is using the main messages from the three schools and communities reviews to underpin its knowledge-sharing and capacity-building work with Children's Trusts, and through them the full range of professions and agencies working with children with additional needs.

1 Introduction

This review aims to draw out the key ‘what works?’ messages with regard to narrowing the gap in educational achievement and improving emotional resilience (social skills, self-esteem and the ability to overcome difficulties and obstacles) for children and young people with additional needs. It addresses five questions, which were set by the C4EO Theme Advisory Group, a group of experts in schools and communities policy, research and practice. These questions are:

- What are the challenges for schools of working with children with additional needs? In what ways do they work with other services to address these challenges?
- What does the evidence tell us about what works best in narrowing the achievement gap for those with additional needs, including strategies for maximising learning and re-engaging children and young people in learning?
- What does the evidence tell us about what works best in improving the emotional resilience of those with additional needs?
- Are schools and their partners focusing on early intervention? If so, is integrated working across children’s services helping to deliver early intervention? How is the CAF being used to support this? What evidence is there to link this with improved outcomes for children with additional needs?
- What are the implications of providing services for children with additional needs at a local level (for example, for governance, strategy, processes and frontline delivery)?

The review is based on:

- the best research evidence from the UK on what works in improving services and outcomes for children and young people; and
- the best quantitative data with which to establish baselines and assess progress in improving outcomes.

C4EO will use this review to underpin the support it provides to Children’s Trusts to help them improve service delivery, and ultimately outcomes for children and young people. It will be followed by a ‘full’ knowledge review, which will update the research evidence and also incorporate:

- the best validated local experience and practice on the strategies and interventions that have already proved to be the most powerful in helping services improve outcomes, and why this is so
- stakeholder and client views on ‘what works?’ in improving services.

Definitions of key terms

The following definitions were agreed by the Theme Advisory Group:

- ‘Additional needs’ goes beyond special educational needs, and children with additional needs are a group of children who pose particular challenges to the children’s services system. They include those who are excluded or at risk of exclusion because of behavioural issues, and these children may or may not have additional educational support needs. In relation to strategies used by schools and their partners, these include both universal strategies and strategies targeted specifically at children and young people with additional needs (as long as there is evidence of effectiveness for children and young people with additional needs). A focus on teaching and learning, especially in literacy, may be particularly important for children with additional needs.
- The following definition of ‘emotional resilience’ is taken from an expert panel at a meeting at the Royal Society on ‘The Science of Well-being’ (The Royal Society 2004 p 1331): ‘The ability to survive and thrive in the face of the setbacks inherent in the process of living. It includes appropriate responses to challenges and opportunities that are faced’. Our definition of ‘emotional resilience’ is defined in terms of children’s coping skills, social behaviour, self-esteem and ability to overcome the difficulties and obstacles that life presents to them.

Methods

The research included in this review was identified in the scoping study *Narrowing the gap in educational achievement and improving emotional resilience for children and young people with additional needs* (Atkinson *et al* 2009), cited within the research items identified or recommended by the Theme Advisory Group or peer reviewers. After carrying out searches, the scoping study team ruled out obviously irrelevant research studies by screening study titles. Remaining research studies were then coded on the basis of their abstracts. Coding took account of each study’s features – including research design, relevance to the scoping review questions and country of origin – to make recommendations for key items to be included in the main review. The review team selected studies from these key items to ensure that the evidence presented is the most robust and relevant available.

Relevant data was identified from national datasets and national cohort studies.

Strengths and limitations of the review

Strengths of the review include identifying the best available evidence from research and national datasets to inform specific questions; comprehensive and documented searching for relevant information; an analysis of the quality and strength of evidence; and guidance from an advisory group on the issues of greatest importance in schools and communities research, policy and practice.

Limitations of the review include the very tight deadlines that the review had to meet, which limited the ability of the team to extend and develop the evidence base through reference harvesting and hand searching.

2 Policy context

Children and young people with additional needs

The context for this review is the increasing use of the term ‘additional needs’ in policy texts (see, for instance, DCSF 2008a) to refer to a group of children and young people who need something more than high-quality universal services if they are to do well. The term has no formal definition in policy. However, it encompasses those whose needs trigger established systems of identification, assessment and provision (for instance, those with ‘special educational needs’) and those who need something ‘additional’ but who do not trigger these systems. Guidance produced by the Children’s Workforce Development Council describes the characteristics of this group in the following way:

Children, young people and their families experience a range of needs at different times in their lives. However, while all children and young people require access to high-quality universal services, some of them also benefit from targeted support to address additional needs which may relate to education, health, social welfare or other areas.

An estimated 20 to 30 per cent of children and young people have additional needs at some point in their lives. This could be for a limited period, or on a longer-term basis. It is this group for whom targeted support within universal settings will be most appropriate.

(CWDC 2009a p 6)

This characterisation usefully draws attention to the size of this group, to the wide range of needs it encompasses and to the fluidity with which children and young people enter and leave it. It would be a mistake to see it as defining a discrete category. However, it provides a useful lens through which services can look at all the children and young people for whom they are responsible, and consider who needs something additional in order to do well.

What are the concerns?

This review addresses the concern that there is a gap between outcomes for children and young people with additional needs and their peers. The most obvious gap is in educational achievements, but this cannot be divorced from other aspects of children and young people’s lives that can create barriers to learning (DCSF 2008c). In particular, it cannot be divorced from what we call here ‘emotional resilience’ – that is, the capacity to develop emotionally and to cope with life’s setbacks.

In one sense, this outcomes gap is not well evidenced, since group data is not collected on additional needs to form the basis of a comparison with children and young people generally. There is, however, some clear evidence that some groups of children with identified needs are generally at risk of poor outcomes. These include, for example, children with special educational needs, children in care and

children with caring responsibilities (DCSF 2007). The largest group of children and young people affected by inequalities are from socio-economically disadvantaged backgrounds. Poverty is also associated in policy with additional educational (and social and emotional) needs, as is implied below:

Children from poor families and backgrounds are less likely to do well in school, achieving low or no qualifications, and they are less likely to participate in further or higher education or training. Poverty can affect a child's social confidence and relationships with peers: children report that being seen to be poor carries a great stigma and fear of being excluded by their better off peers.
(DCSF 2007 p 50)

What is the response?

The Every Child Matters agenda as a whole offers the possibility of addressing children and young people's needs holistically and bringing to bear powerful, multi-dimensional interventions. Recent developments that take this agenda forward include steps towards involving children and families more in shaping services that meet their needs, developing the skills and knowledge of the children's workforce to operate effectively in the new integrated service context, and sharpening the strategic focus on outcomes for children and young people (DCSF 2008a, 2008b, 2008c).

Of particular relevance to schools and their partners is the vision for 21st-century schools which allocates a key role to schools as sites where additional needs can be most readily identified and addressed:

Our vision is of 21st century schools, delivering excellent personalised education; contributing to all aspects of well-being; operating at the centre of the Children's Trust and their communities and at the frontline of a preventative system by looking to identify early the needs of children; committed to multi-agency and partnership working to meet those needs, including working in partnership with other schools and colleges and with parents; and fully engaged with the Children's Trust.

(DCSF 2008c p 6)

3 The evidence base

This review is based on 52 key sources. These are a mixture of intervention studies, research reviews, and other studies that explore the additional needs context or the relationships between a range of factors and outcomes for children and young people. Approximately half of these were drawn from 1,417 sources assessed by the initial scoping review, of which 533 sources were identified as likely to be relevant to the review questions. The other half were identified through 'reference harvesting' from the first group of studies, or were recommended to us by the Theme Advisory Group or peer reviewers. All of the 533 sources identified by the scoping review were screened by reading abstracts or full texts in order to identify the studies that seemed to us most likely to be useful in addressing the review questions. Recommendations by the Theme Advisory Group or peer reviewers were screened in the same way.

A major issue for this review was that the review questions were very broadly drawn, related to a wide and diverse population of children and young people and were concerned with multiple outcomes for this population. As a result of this, the intervention studies identified by the scoping review were of two broad kinds. Some were narrowly focused. They dealt principally with particular interventions, targeted at particular subgroups of the 'additional needs' population and focused on particular outcomes. Others were more broadly focused. They dealt with interventions across a number of subgroups or with generic issues to do with service organisation and delivery.

We are also aware from other work that the literature on specific subgroups that met the criteria for inclusion in the scoping review is in fact simply part of a much larger body of evidence on these groups. In particular, there are large literatures on teaching interventions for particular subgroups, and these are clearly relevant to the issue of narrowing achievement gaps. However, the extent of these literatures means that it would not have been possible to do justice to them in a rapid review of this kind. We therefore opted to concentrate on the second, more broadly focused group of studies. These may say less to schools about classroom practice, but they have a good deal to say to a range of professionals who can work collaboratively on removing barriers to learning and building the emotional resilience across the additional needs population. They are particularly relevant to service managers who want to understand generic principles that might shape the interventions they deploy and the ways in which services are organised, particularly in the 'new' integrated service context.

In the light of this, the research studies that proved most useful for answering the review questions paid attention to four factors:

- the diversity of the 'additional needs' which children and young people experience
- the complexity of the school and community settings in which most interventions are delivered

- the breadth and complexity of outcomes that are encompassed by the terms ‘achievement’ and ‘emotional resilience’
- the new context of integrated service and school–service partnerships.

The best of the intervention studies tended to take the form of evaluations with multi-strand and mixed-methods designs. Where studies of this kind could be identified, they were included in the review, either in their primary form or as they were reported in other reviews of research evidence. However, these studies are few and far between in the research literature. Depending on the precise criteria used, we would regard somewhere between three and six of the studies we accessed as being *both* highly useful *and* high quality in the sense defined above. This is because of the following:

- As the scoping review found, there is far less research evidence on matters to do with service organisation than on specific interventions with subgroups of children and young people. In part, this is likely to be because it is too early for the kinds of reorganisation envisaged in the Every Child Matters agenda to have worked their way through the system, or to have been researched thoroughly.
- Good-quality research that is able to attribute outcomes to interventions in complex settings is technically challenging and costly to fund. Much of the evidence base therefore comprises studies that are limited in scope or less robust than might be hoped.
- Where studies deal with service organisation, the focus often tends to be on implementation processes and the problems of implementation. Impacts on service providers are more often dealt with than outcomes for children and young people.

The ‘best’ intervention evidence, as represented in this review, therefore, is based on the limited number of high-quality studies available, supplemented by other studies that may be less ambitious or less well designed, but which seem to have implications for the review questions. In the case of this latter group of studies, the evidence they provide is best treated as indicative rather than authoritative. However, even in the case of more robust and complex studies, the evidence tends to be of a particular and provisional kind. Specifically, it shows what works under particular circumstances, and identifies principles that might underpin provision elsewhere.

What the evidence included in this review does *not* do is identify a set of ‘off-the-shelf’ interventions that can be implemented anywhere and will reliably lead to the same positive outcomes. The research we accessed still leaves a good deal of work for service managers and others to do in ‘translating’ findings into their own contexts. As with most reviews of research evidence, therefore, it is difficult to avoid the conclusion that more research is needed. However, this is not just research of any kind. Specifically:

- More long-term and multi-strand studies are needed of the kind outlined above. The pattern of research funding in this field from the Department for Children, Schools and Families appears to be moving in this direction, and this is a

positive development. Arguably, fewer but bigger and better studies will yield more knowledge than a multiplicity of small-scale evaluations. Arguably, too, the next few years are crucial for studies of this kind since it is then that the implications of and outcomes from service reorganisation are likely to be most evident.

- Given the importance of context and the absence of authoritative guidance from existing research, monitoring and evaluation activities at the local level become doubly important. In this field, managers need to know not 'what works', but 'what works here', and the best way to find this out is to ensure that local provision is data- and evidence-rich.

4 What are the challenges for schools of working with children with additional needs? In what ways do they work with other services to address these challenges?

Key messages

- The wide variety of additional needs that children and young people may have is a challenge for schools, which have to develop varied and flexible strategies in order to meet those needs appropriately.
- Children and young people with additional needs may well need help from other services, beyond the educational. Schools therefore need to be equipped to identify and respond to needs that may fall outside of their traditional areas of expertise. Providing schools with the training and support to do this is crucial.
- Partnership working with other agencies and organisations is an important part of working with children with additional needs. There is no single model of how schools and their partner services should work together and collaborations may involve a range of activities in addition to direct interventions with children and young people.
- There are a number of features of effective partnership working, namely: clear aims that are understood by all parties; clearly identified roles and responsibilities; commitment from both senior management and frontline staff; strong leadership; good systems of communication and information sharing; and structures for joint planning.
-

Introduction

At any one time, a significant section of the school population is likely to be experiencing difficulties of one kind or another (CWDC 2009a). The scale and diversity of additional needs mean that no one strategy is likely to work for all students, nor to meet all the needs of students facing multiple difficulties. This means that schools have to find ways of marshalling multi-dimensional responses. These might include: targeted interventions with individuals and specific groups of children and young people; new approaches to teaching and learning; more effective school leadership; providing access to extended services; and involving parents and carers more fully. They will almost certainly involve working with partners in other agencies and organisations (Kendall *et al* 2008).

Working with partners is particularly important because schools are not the only contexts in which their students learn and develop. Outcomes for children and young people are shaped by complex interactions between school, peer group, family, and wider societal contexts (see, for example, Duckworth 2008). Schools can make a

difference through what they do in their classrooms, but they need partners who can work more easily across these other contexts. They and their partners also need to find ways of integrating their interventions across these different contexts to maximise the opportunities for children and young people to develop and progress.

The additional needs context

Children and young people may face a wide range of difficulties that potentially affect the way they cope with the school environment. Some of these were identified in evidence to support the 2007 Children's Plan:

A sizeable number of children receive help from social services, and almost 150,000 children are themselves carers for other family members. It is estimated that nearly 5% of children are disabled and nearly one in five pupils have an identified special educational need, whilst one in ten have a clinically diagnosed mental disorder.

(DCSF 2007p 3)

This list of needs is not exhaustive. The difficulties faced by children and young people may be short term or enduring, highly specific or multiple and overlapping. Children from any social background can face difficulties, and those difficulties may be peculiar to them and their individual circumstances. However, some groups are more likely than others to face difficulties that impact on their education. The Narrowing the Gap programme has highlighted concerns about the following groups: children in care, children with disabilities, children with special educational needs, children excluded from school, children with poor school attendance, children from some minority ethnic backgrounds, young offenders, young carers, children at risk from harm, children living with 'vulnerable' adults, children not fluent in English and children who are asylum seekers or refugees (Narrowing the Gap 2009). Above all, there are strong associations between socio-economic disadvantage and wellbeing, health and achievement (Cassen and Kingdon 2007; DCSF 2007; Morrison Gutman and Feinstein 2008; DCSF 2009). The challenge for schools is to be alert to these background factors without assuming that all children and young people will respond to them in the same way.

In many ways, none of this is new for schools. It has long been part of their role to tackle any difficulties adversely affecting students' progress, through, for example, pastoral support or targeted teaching and learning approaches. However, recent developments in children's services have introduced both new opportunities and new challenges. The opportunities come from better access to other services and a more clearly defined role in promoting children and young people's wellbeing. The challenges include the growing expectations that schools face in relation to the outcomes they are expected to deliver. As Kendall *et al* (2008 p 5) put it in their review of research evidence on narrowing the gap in outcomes for vulnerable groups²: 'School leaders have to align the ECM [Every Child Matters] agenda with the standards agenda, simultaneously raising attainment and achievement whilst improving wider outcomes (e.g. relating to health)' This is challenging for all schools,

² The term 'vulnerable groups' is not explicitly defined, but is applied to groups that are systematically at risk of poor outcomes.

but particularly for those serving the most 'deprived' populations. There, the combination of a high level of needs and low levels of outcomes (notably, attainment outcomes) creates an acute set of pressures (DCSF 2009). It is in these circumstances that schools are most likely to develop wide-ranging partnership approaches to issues.

Working with other services

Collaborations with other services have traditionally been on a limited service-by-service basis. The closer integration of services now means, however, that there are more opportunities for schools to develop multi-agency partnerships. There is no single model of how such partnerships should be formed or should operate, but one promising development is the organisation of a range of professionals into a single service or team. This enables schools to access multiple services and resources through a single point of contact. Examples include behaviour and education support teams (BESTs), child and adolescent mental health services (CAMHS), targeted youth support (TYS) and (in some cases) coordinated teams linked to schools as part of the extended services initiative. The following description of CAMHS activities in schools shows that a range of interactions between schools and other professionals is possible:

There was a wide variety of practice and structures in the way the CAMHS worked with schools. The most common form of work was consultation and support to school staff, often on a case by case basis with children referred to their service. They also provided consultation on behaviour, training and supervision to school staff, and contributed to health promotion activities. 70% of CAMHS provided direct work with children, including individual and group work in schools, assessment and observation. Many worked with parents in school settings, especially with early years and primary age children.

(Pettitt 2003 p 7)

It is significant that not all of these interactions are focused on direct interventions with individual children and young people. Work with groups of students, with parents and with school personnel may be equally productive.

Overcoming challenges in partnership working

Promising as developments such as these are, they are far from problem-free. Partnership working creates a range of demands on schools' resources and staff skills (Gowers *et al* 2004; OPM 2006; CAMHS 2008; Fazel *et al* 2009) and the demands of new areas of work have to be balanced with attention to educational achievement (OPM 2006; Wilkin *et al* 2008). A particular issue, however, is the tensions that can arise between schools and their partners because of differences in professional and organisational cultures and priorities (see, for example, reviews by Tomlinson 2003; Brown and White 2006; Dyson *et al* 2009). These tensions may take many forms – including differences in approaches to work and understanding of issues, problems around information sharing and confidentiality, conflicts over the leadership and management of services, and disputes about the use of resources (Pettitt 2003; Halsey *et al* 2005; Boddy *et al* 2006; CAMHS 2008).

The evidence suggests that there is no simple way to overcome these difficulties entirely. However, they can be minimised substantially if a number of supportive factors are in place: clear aims that are understood by all parties; clearly identified roles and responsibilities; commitment to joint working from both senior management and frontline staff; strong leadership; good communication and information sharing; and joint planning (Tomlinson 2003; Brown and White 2006; Dyson *et al* 2009). There is no evidence that any one set of systems or structures will always guarantee effective partnership working. Instead, schools and their partners need to work out how these factors can be developed in their own particular circumstances.

Identification of needs and assessment

Effective interventions with children and young people with additional needs depend on knowing which children are vulnerable to poor outcomes, and what difficulties they are facing – in other words, on effective identification and assessment. Schools are now expected to contribute to a wide range of outcomes. This means that there are increasing demands on them to recognise and understand difficulties that lie outside their traditional area of expertise. There is also increasing emphasis on intervening as early as possible, before difficulties become acute. This means that schools have to recognise the early signs of difficulties – and these signs may not be obvious.

There is a good deal of variation in how well equipped schools are for these tasks. In their evaluation of the Behaviour Improvement Programme (BIP), Hallam *et al* (2005 p 110) found, for instance:

Across LEAs and between schools there was little consistency in the way that 'at risk' pupils were identified. Some LEAs had developed documentation which defined the notion of an 'at risk' child. In others, schools identified the children based on need. This decision was sometimes supported by BIP personnel. Even where criteria were put in place by the LEA, schools interpreted them differently leading to considerable differences in the number of pupils designated as 'at risk' between schools with broadly similar intakes.

The experience of CAMHS suggests that shortcomings in schools' identification and assessment practices can have serious consequences (Pettitt 2003; Gowers *et al* 2004; Ofsted 2005). Some children's difficulties can be missed and they therefore do not receive the services they need, while others are referred inappropriately and receive services they could do without. In general, the research literature focuses on the nature of barriers to effective identification and assessment practice rather than on ways of addressing them. However, the implication is that schools would benefit from training and support in this area of practice. More importantly, perhaps, the development of effective partnerships and communication with other services should enable all partners to learn from one another's experience of working with children and young people with additional needs.

Conclusion

The scale and complexity of additional needs mean that schools need to develop partnerships with other services and organisations. New, integrated approaches are promising, but require time and effort in order to be effective. They also depend on schools developing the capacity to carry out some new activities and to operate in fields outside their traditional area of expertise.

5 What works best in narrowing the achievement gap for those with additional needs, including strategies for maximising learning and re-engaging children and young people in learning?

Key messages

- Multi-strand programmes targeting a wide range of children and young people with additional needs are a promising way of addressing barriers to learning.
- There is promising evidence that full-service extended schools, multi-agency teams working with schools and alternative curriculum programmes have achieved positive outcomes for children and young people with additional needs. Outcomes include improved engagement in learning, improvements in behaviour, improvements in attendance and changes in aspirations. Impacts on attainment levels may emerge over the longer term and help to narrow attainment gaps.
- The key features of interventions that seem to be achieving positive outcomes are: flexibility; links with school structures and systems; holistic approaches, activities that build on children and young people's strengths and interests; and striking a balance between a focus on individuals and a wider organisational perspective.

Introduction

There is a large amount of evidence on teaching interventions that schools can use with students whose achievements are low, or who experience difficulties in some aspect of learning. Findings on the effectiveness of such interventions have been brought together usefully elsewhere (see, for example, recent large-scale reviews looking at what works for students with literacy difficulties by Brooks 2007 and Slavin *et al* 2009). In this section, however, we focus on needs that may not be simply about mastering particular skills or pieces of knowledge in the classroom. These additional needs are related to a range of background factors in students' lives that can create barriers to learning, such as disaffection, poor attendance, school phobia, challenging behaviour and low aspirations. If they are left unmet, they can open up a gap between students who have these needs and many of their peers.

The interventions we outline here are not an alternative to focusing on learning in the classroom. They may well only have a significant impact on achievement if that focus is also present. Equally, however, there is little point in multiplying teaching interventions if students' other needs are not also being addressed.

The nature of interventions

Commonly, interventions addressing additional needs are designed to have an impact on a range of outcomes simultaneously. A key assumption is that different outcomes can interact in supportive (or unsupportive) ways and that longer-term improvements in achievement are dependent on these interactions. Moreover, important outcomes can include impacts on schools and families, as well as on children and young people themselves. Practitioners involved in an evaluation of BESTs offered the following explanation of the way that outcomes may interact: 'they] alluded to an educational "hierarchy of needs", whereby impact at the level of pupil attainment relied upon effective intervention to improve attendance and behaviour which, in turn, required strong foundations in terms of child and family wellbeing' (Halsey *et al* 2005 p iii).

Reflecting these aims, interventions are often multi-strand programmes and are likely to involve partnership working between different agencies and organisations. They are also likely address the family and sometimes wider community dimensions of young people's lives. Interventions include full-service extended schools (Cummings *et al* 2007), different multi-agency teams working with schools (Pettitt 2003; Webb and Vulliamy 2004; Hallam *et al* 2005, 2006; Halsey *et al* 2005) and various alternative curriculum programmes (Charlton *et al* 2004; Attwood *et al* 2005; Cowen and Burgess 2009). Three specific examples are:

- **Full-service extended schools (Cummings *et al* 2007)**
The Full-Service Extended Schools (FSES) initiative directed additional funding at selected schools to enable them to develop full-service provision. Most schools were selected to participate in the initiative because they served areas of socio-economic disadvantage. Full-service provision in this case means offering additional activities and services to some or all of children, families and local communities, including access to health services, adult learning and community activities as well as study support and 8am to 6pm childcare. Schools configured and prioritised these services in different ways.
- **Behaviour and education support teams (Halsey *et al* 2005; Hallam *et al* 2006)**
BESTs are multi-agency teams (made up of professionals from health, social care and education) that work with groups of schools to address the needs of children and young people with emotional and behavioural problems. The most common BEST activities are individual student and family case work, group work with families and pupils, and providing guidance for schools. Schools with BESTs include those with high proportions of pupils with, or at risk of developing, behavioural problems demonstrated in levels of exclusions and attendance.
- **Key Stage 4 Engagement Programme (Cowen and Burgess 2009)**
The Key Stage 4 Engagement Programme (KS4EP) is a nationally guided programme coordinated by local partnerships. It is a programme for students at risk of disaffection, with an emphasis on personal, social and functional skills,

and includes a work-focused component. Typically, participating students are underachieving, have poor attendance, exhibit issues with behaviour and engagement in learning and are also likely to be from disadvantaged backgrounds. Individual programmes vary, depending on the way in which local provision is designed and the particular characteristics of the students involved.

Narrowing the achievement gap

There are two ways in which interventions of this kind might, in principle, produce a narrowing of the gap between students with additional needs and their peers. They might produce a *direct* impact on achievement or an *indirect* impact, by removing barriers to learning and allowing other, teaching-focused interventions to work more effectively. It is clearly important for schools and their partners to know what kinds of effects to expect.

There is promising evidence on how to address 'barriers' that get in the way of learning. Reported impacts of interventions include improved engagement in learning (Charlton *et al* 2004; Attwood *et al* 2005; Hallam *et al* 2005; Halsey *et al* 2005; Cummings *et al* 2007; Cowen and Burgess 2009), improvements in behaviour (Pettitt 2003; Charlton *et al* 2004; Webb and Vulliamy 2004; Hallam *et al* 2006), improvements in attendance (Pettitt 2003; Charlton *et al* 2004; Hallam *et al* 2005, 2006; Cowen and Burgess 2009) and changes in aspirations (Cowen and Burgess 2009). However, the studies are of variable quality and there may of course be some variation in outcomes for different children and young people.

The evidence base for direct effects on achievement is more tentative. The national evaluation of full-service extended schools offers robust evidence both of improved attainment for children and young people with additional needs and of a narrowing-of-the-gap effect. This is based on an analysis of school performance data, suggesting that the gap between the attainment of pupils entitled to free schools meals and with special educational needs on the one hand, and all other pupils on the other hand, is narrower in full-service extended schools than in other schools. In addition, evidence from case studies of individuals and families suggests that impacts on achievements can be very significant (Cummings *et al* 2007). However, the evaluators caution that identifying impacts is necessarily difficult given the complexity and variability of interventions and the probability that outcomes are impacted by other factors.

Impacts on attainment are noted in other intervention evaluations, but the claims are tentative and qualified (see, for example, Pettitt 2003; Hallam *et al* 2006; Cowen and Burgess 2009;). Findings from the evaluation of the KS4EP pilot (Cowen and Burgess 2009) are typical:

Quantitative measurement of the impact of the KS4EP on pupil outcomes is constrained by both the timing of the evaluation and data access and quality issues. Nevertheless, the qualitative findings show:

- the programme has supported some pupils to achieve better attendance and attainment at key stage 4 than would have been anticipated;

- for many pupils, the impact of the programme is more subtle; Improvements in engagement, skills and decision-making, are contributing towards the potential for more secure long-term destinations (through supporting positive aspirations, better preparation for employment or further learning, and informed decision-making);
- small improvements in overall trends of first destinations in some areas.

(Cowen and Burgess 2009 p 1)

This does not necessarily mean that effects on achievement do not occur. This may be a case where research lags behind reality. The interventions we have described have had little time to become embedded during the period covered by this review, and it is really too early to expect to see compelling evidence on attainment outcomes. Moreover, some impacts on outcomes are likely to take place, if at all, over the long term. The effects on measured attainment of developing family and wider community capacity are probably more indirect, for example, than providing individual support for students.

What seems clear is that schools and their partners should see interventions designed to narrow the gap for children with – or without – additional needs as a long-term investment in children’s wellbeing, tackling complex issues that can create barriers to learning if left unaddressed. They should also monitor carefully the effects of these interventions in their situations and on the students for whom they are responsible.

Characteristics of promising interventions

Although they are all different, there are some common principles in the way in which promising interventions work and which are associated with positive impacts on ‘barriers to learning’. Specifically:

- **Interventions are flexible.** They may be nationally guided, but are designed, managed and delivered at the local level. This means that they can be adapted to particular contexts, for example to take account of local resources and issues in particular areas or schools. This flexibility is reflected at the individual level, where support and other provision is personalised in response to particular circumstances.
- **Interventions are conceptualised and focused clearly.** Leaders are able to articulate the aims of interventions and pursue them alongside their other responsibilities in schools or other children’s services. They can generate general commitment to interventions and manage resources to support key priorities.
- **Interventions are linked into school structures and systems.** They receive the backing of school leaders and may be linked into management structures, for example through the inclusion of link personnel in leadership teams. Interventions are viewed as core school business and there are links between interventions and school activities, for example through the curriculum, support systems or classroom approaches.

- **Interventions are holistic.** They coordinate work across the different dimensions of children and young people's lives. This means that they incorporate work with individual children and young people, but also with others with whom children and young people interact, for example staff working in schools, family members and members of the wider community. They are likely to involve partnership working between schools, other educational organisations, and a range of statutory and voluntary organisations providing services to local children, families and communities.
- **Interventions build on strengths and interests.** Although they address difficulties, interventions also have an enabling role. This may include, for example, adapting learning environments and programmes to cater for individual preferences, or supplementing school-based provision with enrichment activities.
- **Interventions balance a focus on individuals with a wider organisational perspective.** They focus on the development of organisational capacity in addition to providing targeted support or other opportunities for individual growth. This may include encouragement for universal approaches that address additional needs proactively through preventative action.

Conclusion

Interventions such as those we have reviewed in this section are no substitute for teaching interventions to raise attainment, but they should not be evaluated solely or mainly in these terms. Over time, these broadly focused interventions may prove to have a significant impact on achievement gaps by addressing a wide range of background and contextual factors impacting on the readiness of children and young people to learn. Given what is known about the influences on attainment, however, there may be some further and equally important strategies that need to be adopted in order to address inequalities. In particular, given what is known about the effect of socio-economic disadvantage on achievement, and the relationships between socio-economic disadvantage and additional needs, there may be a need for even more broadly based approaches that draw on some wider levers, for example in housing or employment policy.

6 What works best in improving the emotional resilience of those with additional needs?

Key messages

- Improving resilience is unlikely to depend on any one type of intervention or on any particular service, but on a comprehensive strategy involving services working together.
- There is promising evidence that integrated strategies that take into account multiple factors at multiple levels can address a range of resilience factors and processes. Outcomes of promising interventions include: improvements in children's emotional wellbeing and social functioning; improvements in family functioning and circumstances; and improved community relationships and opportunities for local people.
- School-based interventions have a clear role to play as part of a broader strategy for improving children's resilience. Their success depends on: implementing programmes in the context of a whole-school environment that supports social and emotional skills; taking a universal approach that focuses on preventing difficulties; integrating targeted interventions into more general approaches; and involving parents in programmes.

Introduction

The definition of emotional resilience adopted for this review involves children's coping skills, social behaviour, self-esteem and ability to overcome the difficulties and obstacles that life presents to them. It is close to some definitions of mental health and psychological wellbeing, for example that given in the 2008 CAMHS review: '[It is] about having the resilience, self-awareness, social skills and empathy required to form relationships, enjoy one's own company and deal with the setbacks that everyone faces from time to time' (CAMHS 2008 p 15).

Emotional resilience is important as an outcome in its own right. However, it is also viewed as having a key role in promoting other outcomes such as improvements in behaviour, attendance, learning, employability and wellbeing (see, for example, DCSF 2008a). It is therefore likely to be an important contributor to resilience in the wider sense, whereby children and young people do well in their lives despite the presence of adverse circumstances in their backgrounds.

Approaches to improving emotional resilience

The research literature indicates that interactive processes between factors at the level of the individual, the family and the community (including schools) make it more or less likely that children will be emotionally resilient (for reviews, see NCH 2007; CAMHS 2008). The precise ways in which these interactions work is not perfectly

understood. However, the 2008 CAMHS review identifies a range of 'risk' factors that are associated with poor mental health outcomes, as well as 'protective' factors that are associated with good outcomes. The presence of risk factors increases the likelihood that a child will experience mental health difficulties, but the protective factors reduce that risk:

These risk factors *increase* the likelihood of poor mental health outcomes. They do not necessarily *cause* them. The relationship between factors and outcomes is complex, and the two may influence each other. As the number of risk factors increases, so the likelihood of a child experiencing mental health problems increases dramatically – they have a far more adverse effect when they are combined. However, not all children facing the same risk factors will develop problems; some will be more resilient than others because of other, protective factors in their life.

(CAMHS 2008 p 23, emphases in original)

Risk and protective factors are multiple and various, and children's services will not be able to act on all of those identified. Nevertheless, they offer a range of possibilities for intervention at the individual, the family and the community level. For example, at the individual level, the following risk factors have been identified: learning difficulty or disability; academic failure; low self-esteem; specific developmental delay; communication problems; genetic influences; low IQ; difficult temperament; physical illness (especially if chronic and/or neurological); and substance misuse (CAMHS 2008). Protective factors at the individual level include: gender (female); good communication skills; believing in control; humour; religious faith; capacity to reflect; and higher intelligence (CAMHS 2008).

While interventions that focus on individual factors or at particular levels may have some efficacy, it is likely that multiple-factor interventions are the best approach for schools and partners to take when seeking to improve children and young people's emotional resilience. There is promising evidence that integrated models that take into account multiple factors at multiple levels are effective in improving emotional resilience outcomes.

There is no single way of conceptualising such an approach, but the following example provides one possible framework from which to develop emotional resilience interventions. It classifies factors as either intrinsic or extrinsic:

Intrinsic factors are seen as three building blocks that are necessary for resilience:

- A secure base – the child feels a sense of belonging and security
- Good self-esteem – an internal sense of worth and competence
- A sense of self-efficacy – a sense of mastery and control, along with an accurate understanding of personal strengths and limitations.

Extrinsic factors are described as:

- at least one secure attachment relationship
- access to wider supports such as extended family and friends
- positive nursery, school and or community experiences.

(Daniel and Wassell 2002 cited in NCH 2007 p 7)

The implication for children's services is that improving emotional resilience is unlikely to depend on any one type of intervention or on any particular service, but on a comprehensive strategy involving services working together.

Multi-level interventions

Multi-agency interventions are particularly appropriate for approaches that can address a range of emotional resilience factors and processes. An evaluation of BESTs found that:

The inclusion of staff with varying professional backgrounds and specialisms was seen as a key factor in the effectiveness of BESTs with key benefits of this multi-agency approach being: the ability to take a holistic approach to the educational health and social needs of children and families; the collaborative pooling of skills and exchange of expertise around casework and interventions; and the opportunities for professional development this presented.

(Halsey *et al* 2005 p iv)

There is promising evidence on the outcomes of such interventions. These include: improvements in children's emotional wellbeing and social functioning (Ofsted 2003; Pettitt 2003; Hallam *et al* 2005; Halsey *et al* 2005; Tisdall *et al* 2005; Edwards *et al* 2006; Cummings *et al* 2007; Palmer and Kendall 2009); improvements in family functioning and circumstances (Hallam *et al* 2005; Halsey *et al* 2005; Tisdall *et al* 2005; Edwards *et al* 2006; Cummings *et al* 2007; Palmer and Kendall 2009); and improved community relationships and opportunities for local people (Tisdall *et al* 2005; Cummings *et al* 2007). All of these outcomes are likely to have direct or indirect impacts on children's emotional resilience.

Some multi-agency interventions have been shown primarily to have impacts on emotional wellbeing and social functioning, for example out-of-hours clubs (Ofsted 2003; Edwards *et al* 2006; Ohl *et al* 2008). However, there is a significant overlap between the group of multi-agency interventions that have had impacts on emotional resilience and the group that have had impacts on barriers to learning. Interventions in both groups include full-service extended schools, multi-agency teams working with schools and alternative curriculum programmes (see, for example, Pettit 2003; Hallam *et al* 2005; Halsey *et al* 2005; Cummings *et al* 2007; Cowen and Burgess 2009).

Evidence is not yet available on whether individual strands in these wide-ranging interventions impact on emotional resilience and learning separately or simultaneously. It is also unclear how emotional resilience and learning interact with each other. We therefore cannot separate out the impacts of the different intervention strands from the available evidence. In the meantime, it is important that interventions remain wide-ranging.

School-based interventions

Interventions based in schools can play a role as part of a broader strategy for improving children's emotional resilience. In a review of interventions to enhance wellbeing, Pugh and Statham (2006) found, for example, that some small group interventions and some one-to-one approaches in schools had brought about improvements in children's self-esteem, in their social skills and in their relationships with peers and adults. Both of these intervention approaches are founded in what is known about risk and protective factors. In relation to one-to-one interventions, for example, 'Having a special and trusted friend who can help them through difficult times is one of the main protective factors for children as it is for adults' (Pugh and Statham 2006 p 284).

While individual interventions may have some promising outcomes, they are likely to be more effective if they are part of a whole-school approach to promoting social and emotional wellbeing (Pugh and Statham 2006). Whole-school approaches may take different forms, but there are some particular programmes that can provide a structure for them.

Schools and local authorities have introduced a number of school-based programmes that focus explicitly on developing children's social and emotional capacities. Some of these originate in US models that have been shown to have had some success (see review by Weare 2008). However, this does not necessarily mean that they will have similar results in the UK context. Research into the extent to which this is the case is ongoing (see, for example, Challen *et al* 2009).

In response to the growing interest in social and emotional learning programmes, the government has introduced the national Social and Emotional Aspects of Learning (SEAL) programme in English primary and secondary schools. This voluntary programme is described as: 'a comprehensive whole-school approach to promoting the social and emotional skills that are thought to underpin effective learning, positive behaviour, regular attendance, and emotional well-being' (DfES 2005 cited in Humphrey *et al* 2008). The implementation of SEAL is more advanced in primary schools than in secondary schools and most of the available research evidence relates to this phase. In primary schools, SEAL is delivered in three waves of intervention, with Wave 1 centring on a school climate that promotes social and emotional skills for all, Wave 2 involving small-group interventions for children who are thought to require additional support to develop their skills and Wave 3 focusing on one-to-one interventions with children who have not benefited from whole-school and small-group provision. Support for parents is offered alongside the targeted interventions and may involve specialist professionals such as mental health workers (Hallam *et al* 2006).

Evaluations indicate that SEAL in primary schools may have some positive impacts on outcomes for both Wave 1 and Wave 2 interventions.³ Changes in children's

³ The ongoing evaluation of Wave 3 of SEAL (the Targeted Mental Health in Schools Programme) is being carried out by Wolpert, Fonagy, Belsky and Humphrey *et al*.

social skills and relationships seemed to occur as a result of universal SEAL interventions, and there were changes in children's emotional functioning after small-group interventions. Anecdotally, there were also positive impacts on children's ability to manage their behaviour (Hallam *et al* 2006; Humphrey *et al* 2008).

There are some particular features of the way in which SEAL has been implemented and delivered in schools that are associated with its success. In relation to small-group work, for example, careful discussion and consultation about pupil selection, delivering the programme according to its intended design, effective group facilitators and suitable time and accommodation for interventions were all important (Humphrey *et al* 2008).

There are also some principles of the SEAL model that have been highlighted in the wider literature as fundamental to successful social and emotional learning programmes (see reviews by Pugh and Statham 2006; Maxwell *et al* 2008; Weare 2008). These include:

- implementing programmes in the context of a whole-school environment that supports the development of social and emotional skills, for example through positive relationships between children and adults and between children themselves
- taking a universal approach that focuses on preventing difficulties by developing social and emotional wellbeing for all, not just targeting those who have been identified as having problems
- integrating carefully targeted interventions into more general approaches, for example by reinforcing small-group learning through classroom activities
- involving parents in programmes, for example through parenting programmes or therapeutic interventions with families.

Finally, the research suggests that no school intervention is guaranteed to be successful in all circumstances for all children. An investigation of school effects on children's wellbeing, using data from the Avon Longitudinal Study of Parents and Children, found, for example, that:

Schools make a difference for children's well-being,⁴ but it is children's individual experiences within schools which are important. Children experience a very different environment, even within the same school, based on their own individual interaction with peers and teachers. This suggests that modifications within individual children's lives are likely to make the most difference to their well-being...

(Morrison Gutman and Feinstein 2008 p ii, emphasis in original)

Whether interventions to promote social and emotional wellbeing are part of particular programmes or of other types of whole-school approach, there needs to be room for flexibility and personalisation.

⁴ Mental health, pro-social behaviour, anti-social behaviour and achievement.

Conclusion

While its importance is increasingly recognised in policy and practice, 'emotional resilience' *per se* is not an outcome that is generally monitored, nor one for which there are generally adopted indicators. This is an issue for evaluating interventions. Nevertheless, there is promising evidence that it is possible to improve emotional resilience, both through school-based interventions and through multi-agency interventions which address a range of emotional resilience factors and processes.

7 How do early intervention and integrated working contribute to improved outcomes for children with additional needs?

Key messages

- Early intervention strategies and preventative approaches are becoming more widespread in children's services.
- The research evidence indicates that intervention in the early years may be particularly important, but this does not undermine the potential impact of intervening at any stage to help children and young people.
- The CAF aims to provide a supportive framework for schools and other universal services to address new challenges in holistic assessment. There is promising evidence that in some circumstances the CAF facilitates service integration and early intervention.
- It is too early to say how early intervention and integrated working contribute to improved outcomes for children with additional needs. This highlights the importance of setting interim success indicators.
- There is much to learn from approaches to integration that appear to be having positive impacts locally. It is important to understand more about what works (and how) in particular contexts and to find ways of sharing this knowledge across the system.

Introduction

Children's experiences in the early years can have a significant influence on later outcomes (see, for example, Schoon and Bynner 2003; Sammons *et al* 2007). For this reason, interventions at this stage (such as Sure Start) that help to set children on an upward trajectory have been a major focus for policy in recent years. However, research suggests that while the early years are vital, every stage of the lifecourse is important in shaping future developments (Schoon and Bynner 2003 p 23). There is, therefore, a strong rationale for intervening throughout childhood and adolescence to alter developmental trajectories. There is also good evidence of the benefits to children's wellbeing of early intervention in this wider sense (Dartington Social Research Unit 2004). Timely action at *any* stage, either to prevent problems occurring in the first place, or to address them as they begin to emerge, is therefore important.

Integrated working is intended to provide increased opportunities for early intervention and prevention, by allowing for the pooling of expertise and resources at the point of need. In addition, there are some tools that have been introduced to support integrated responses, including CAF. This section considers the way in which integrated working and early intervention are developing in children's services, the role of the CAF in supporting (or not supporting) these developments and the current state of knowledge about outcomes as a result of moves towards service integration and early intervention.

How established are integrated working and early intervention?

Over the last decade, there has been a series of collaborative interventions in children's services. They have, among other things, aimed to provide a stimulus for preventative work and early intervention strategies. They include the Children's Fund, BESTs and some CAMHS interventions. The Children's Fund, for example:

... was set up in 2000, in part as a catalyst to move forward inter-agency cooperation and child and family-led preventative services in local authorities. It is, therefore, part of a long-term strategy aimed at strengthening communities and families as places where children and young people can develop as healthy, responsible and engaged citizens.

(Edwards *et al* 2006 p i)

There is good evidence that alongside interventions like these there has been a general move towards integration and early intervention (UEA and NCB 2007; Lord *et al* 2008; CWDC 2009b, 2010). The national evaluation of the Children's Trust Pathfinders found that early intervention was the rationale for local service developments: 'For many of the pathfinder children's trusts, early intervention and prevention was the main motivation for developing initiatives involving new working practices, services and roles' (UEA and NCB 2007 p90. Evidence that these service developments are becoming more embedded is provided by the most recent self-assessment undertaken by Children's Trusts. This found that integrated working practices are being adopted and are making a difference to the way services and agencies work at strategic, management and front-line levels in all Children's Trusts (CWDC 2010).

However, early intervention is by no means embedded in practice everywhere. In case studies of targeted youth support in six areas, Palmer and Kendall (2009 p 6) found, for instance:

... only one of the six case study areas had developed and embedded effective practices which supported true early identification. In the others, whilst practitioners were encouraged to identify cases before needs had escalated, more commonly, support was provided to young people who already had a high level of need. This trend was, in part, attributed to the fact that the models provided professionals with a new opportunity to improve support for young people that had been 'stuck' in the system for some time.

The perception that thresholds for intervention are staying static, or, in the context of some services, moving up, is reported elsewhere (see, for example, Brandon *et al* 2006). Other barriers to early intervention, which are reported in the CAMHS (2008) review, include staff in universal services who do not fully understand their role in promotion, prevention and early intervention, who have a lack of skills to meet need and who have a lack of knowledge about available services.

How is the CAF being used to support early intervention and integrated approaches?

Section 4 of this review highlighted the increased demands on school professionals in relation to the identification and assessment of children and young people's needs. The CAF aims to provide a supportive framework for schools and other universal services to help them address this challenge. It is intended to facilitate holistic assessments, to encourage the coordination of provision and to make timely and appropriate intervention more likely.

National implementation of the CAF began only four years ago but there is some evidence that its use is becoming increasingly widespread (Lord *et al* 2008; CWDC 2009b, 2010). The most recent self-assessment undertaken by Children's Trusts looked in detail at the CAF, in addition to four other integrated working practices (multi-agency working, information sharing, the team around the child and the lead professional). Sixty-nine per cent of respondents (leaders, managers and front-line staff) thought that in their Children's Trusts the CAF processes were at least half way between being fragmented and being integrated and high quality, although there was a gap between the perceptions of leaders and managers and of front-line workers in the perception of how widely the CAF is owned across the workforce. In comparison with the other four practices, the CAF was found to be well established, with only information sharing viewed as being more advanced.

There is a relatively small evidence base in relation to the way in which the CAF is being used as part of integrated working, and in relation to its impacts on children's experiences of services, however. Most of it is based on limited experience of using the CAF and tends to focus on its potential role, rather than to offer models for wider practice. This is not surprising, given that the CAF is a fairly recent innovation. There is, however, some enthusiasm for the role of the CAF in supporting early intervention, as the following extract from an early evaluation of its implementation indicates:

Over half of the practitioners and managers interviewed felt that even at this early stage, CAF and LP [**lead professional**] work was promoting better multi-agency working, helping agencies to come together much faster and enabling more rigorous follow-through in delivering services. Practitioners were already identifying some positive impacts on the lives of children, young people and their families and three quarters of those spoken to thought the work would lead to better outcomes for children.

(Brandon *et al* 2006 p 6)

Other studies also report positive views of the CAF, including its role in supporting information sharing, in supporting multi-agency working and in promoting a more focused response to referrals (Pithouse 2006; Dagle *et al* 2007; Deverell and Adamson 2009). In addition, there are some positive reports of using the CAF with the relatively small number of children and young people with significant and complex needs (Boddy *et al* 2006). In this example, local authorities were incorporating the CAF into their integrated assessment processes and it was viewed

as supporting a flexible and holistic approach to understanding and meeting children and young people's needs.

Other studies, however, report concerns about the CAF. These concerns tend to relate to time and resource issues, given the number of children and young people who are potential beneficiaries of the CAF process (Brandon *et al* 2006; Dagley *et al* 2007; Deverell and Adamson 2009). Other issues identified include: the possibility that time and resources devoted to assessment might lead to a focus on identification rather than the meeting of need (CAMHS 2008; Gilligan and Manby 2008); that there is a shortage of the skills needed to undertake holistic assessments among practitioners (Brandon *et al* 2006; Pithouse 2006; Dagley *et al* 2007); that assessments might be duplicated because of reluctance on the part of professionals to give up specialist assessments (Brandon *et al* 2006; OPM 2006; Deverell and Adamson 2009); and that children might not always be involved in the CAF process as they should be (Pithouse 2006; Gilligan and Manby 2008). Overall, therefore, the picture of how the CAF is impacting on children's services is mixed.

At this stage it is difficult to know how the role of the CAF will develop. Promising signs suggest that it could be part of coordinated multi-agency approaches to additional needs. However, this could fail to materialise if it is undermined by the problems that have been reported. On the other hand, the concerns that have emerged may turn out to indicate nothing more than teething problems. This is an area where further research is needed.

What evidence is there to link early intervention and integrated working with improved outcomes for children with additional needs?

As Brown and White (2006) point out, there are high expectations of integrated working, which is viewed as a key mechanism in bringing about a sea change in outcomes for children. However, as the same review concludes, 'there appears to be limited positive evidence on outcomes from integrated working with much of the current work focusing on the process of integrated working and perceptions from professionals about the impact of such services' (Brown and White 2006 p 16). These findings are echoed elsewhere (see, for example, Percy-Smith 2006; Siraj-Blatchford and Siraj-Blatchford 2009; Dyson *et al* 2009).

These findings do not necessarily mean, however, that integrated approaches and early intervention are not working. It might be expected that reform on the scale of the restructuring and refocusing of children's services will take time to become embedded and that outcomes will occur, if at all, over the relatively long term. In the meantime, it is important to be able to evaluate the likelihood of positive outcomes ultimately being achieved. One way of doing this is to identify interim benefits brought about by service developments (such as more efficient provision, increased user participation and progress towards certain performance targets) that might be thought of as 'stepping stones' to final outcomes (Dartington Social Research Unit 2004). However, reaching consensus on these success indicators may not be straightforward (Siraj-Blatchford and Siraj-Blatchford 2009).

It is also important to know *how* outcomes are most likely to be achieved. 'Service integration' is likely to take many different forms locally and to encompass many different processes. It is important, therefore, to know *which* forms and *which* processes make a difference. One approach to this is to learn from particular interventions that seem to be having some positive local impacts on outcomes. A good example might be full-service extended schools. Case study evidence from the national evaluation provides a strong indication of links between integrated working, early intervention and outcomes. The mechanism, called by one head teacher the 'zone in-between' approach, is explained below:

The work was located between the sorts of pastoral and support work schools could traditionally offer, and the more intensive and specialist interventions available by referral to external agencies. Referral, he [the headteacher] argued, was a cumbersome process delivering limited results as agencies sought to guard their finite resources. By contrast, the 'zone in-between' approach involved creating the possibility for different professionals to work together at the point of need, responding flexibly and rapidly to problems as they arose.... The multi-professional teams in schools were 'light on their feet', able to deliver low-level support in a way which averted the need for more formal procedures.... Moreover, because professionals from many backgrounds were involved, they were able to bring together packages of support in response to the complex, multidimensional character of the difficulties that individual students were facing.

(Dyson *et al* 2009 p 150)

Understanding more about mechanisms that do or do not 'work' can provide a focus for development and help in the development of indicators of emerging capacity in the system.

Conclusion

The children's services system has been through a period of rapid development, although the extent to which new ways of working are embedded in practice is variable. To a degree, this development has been based on an act of faith – that integrated working, early intervention and new assessment processes will lead to improved outcomes for children with additional needs. There is as yet little evidence of the outcomes of integrated working. In this situation it is important to find ways of understanding more what works (and how) in particular contexts and of sharing this knowledge across the system. It also means debating 'what counts' as success indicators that might ultimately lead to better outcomes for children.

8 What are the implications of providing services for children with additional needs at a local level?

Key messages

- In order to respond effectively to local circumstances, services for children with additional needs should vary and develop over time.
- The broad principles and approaches around which services are organised are more important than particular organisational models. Aspects of organisation identified as characteristic of higher-performing authorities include: basing priorities on local need, being innovative, communicating ambitions for young people, embedded partnership working and strong leadership.
- There is a good case for using local experience and success to inform the development of approaches to additional needs across children's services' areas.
- Strategic approaches to developing provision are likely to require a combination of 'top-down' leadership and 'bottom-up' innovation.

Introduction

The broad structures within which children's services are provided are simple enough and common across local authority areas. However, within the structures, patterns of service organisation and delivery at the local level can be complex and variable. A challenge for service leaders and local policy-makers is to find forms of service organisation that use capacity efficiently, that are equitable between different service users and localities and that, above all, are effective in meeting children and young people's additional needs. In this section we consider what research has to say about these issues.

Diversity of contexts

In their evaluation of the early impact of integrated children's services, Lord *et al* (2008) drew attention to the diversity of the local authority contexts in which service integration is taking place. The authorities in their sample were very different in terms of size and type – metropolitan, large counties, unitary local authorities and a London borough – and therefore in terms of demographics and patterns of need. However, they also identified multiple differences in the history, organisation and cultures of services – specifically:

- differences in views on the longevity of integrated children's services and milestones in their development (for example, the appointment of a Director of Children's Services, or the creation of a Children's Trust)
- differences in the scale of localities used to organise services at a sub-area level
- variation between the ways in which services are delivered to particular groups of children and young people (locality-based or authority-wide)
- differences in understanding and discourses around integrated services.

These variations in context mean that, as a matter of fact, services for children with additional needs are unlikely to develop in identical ways. How similar service organisation should be is a moot point. There is certainly some evidence that the way services are organised locally is related to their effectiveness (see, for example, Ofsted 2007; Lord *et al* 2008). However, it is one thing to say that services are effectively or ineffectively organised in one context, quite another to say that the same form of organisation would be equally effective or ineffective in a different context. None of the evidence we were able to include in this review implied that there was a single model of organisation that could serve as a blueprint for services everywhere.

Principles of effective service models

It seems to be the fundamental approaches and principles – which can be embodied in different organisational models – that make the difference. Ofsted (2007 p 24), for instance, identifies the strengths of higher-performing authorities as including: ambitions and priorities based on an analysis of local need; evidence of innovation; effective strategies to communicate corporate ambitions for young people; strongly embedded partnership working; and strong leadership. This means that the challenge at the local level is not to implement the ‘best’ model from elsewhere, but to find ways of embedding principles such as these in forms of organisation that fit local contexts.

Learning from local experience

In this situation, there is a strong case for using local experience and success to inform the development of strategic approaches to additional needs within each children’s service area. This means building up learning at a local level about ‘what works’, and finding ways to spread this knowledge across the area as a whole. This may happen in an organic way as practitioners come into contact with one another and are exposed to new ways of working. However, this is by no means guaranteed and promising approaches may remain confined to particular settings (see, for example, Tisdall *et al* 2005). Establishing new structures to promote cross-service and cross-professional interaction is one way in which learning might be catalysed. Again, however, there is no guarantee that simply changing the structures will necessarily lead to increased learning. What seems to matter is that a learning culture takes root. Edwards *et al* (2006 p ii), for example, describe what happened with Partnership Boards, set up to manage the work of the Children’s Fund:

The analysis of the ways in which Partnership Boards operated distinguished two broad types of Board: ‘Stable Boards’ where there was little evidence of members grasping the potential for the Children’s Fund and ‘Developing Boards’ where prevention was debated, differences explored and the inclusion agenda moved forward. The focus of the work of some Boards changed over time as a result of learning in the Boards and in response to the changing environment.

A third approach, also adopted by some Children’s Fund partnerships, is the deliberate development of multi-agency practitioner networks that operate outside

usual service structures. In the context of the Children's Fund, these networks started 'through formal meetings which crossed practice boundaries and which allowed practitioners to develop their own trails or pathways of trust and collaboration' (Edwards *et al* 2006 p xv).

'Bottom-up' development of this kind can be a challenging way of working. It depends on securing stable partnerships between different services and groups of practitioners, without the structure that a 'top-down' process affords. However, where this can be achieved, there is a strong foundation for strategic approaches to emerge that are grounded in practitioners' experiences and the realities of the contexts in which they work. Developments of this sort were identified in the 2008 CAMHS (2008) review and in the national evaluation of full-service extended schools:

... enough FSESs [full-service extended schools] had found ways round [the difficulties of partnership working] to suggest that they were far from insuperable. Indeed, there were promising developments in terms of the stable and productive partnership arrangements that were now emerging, the beginnings of genuine pupil and community involvement, and the development of some very interesting strategic initiatives at local level.

(Cummings *et al* 2007 p 3)

Building firm foundations of this kind takes time because they depend on relationships of trust. They may also involve significant development work – in the case of CAMHS, for instance, this included 'several rounds of needs assessments, service mapping, stakeholder consultations and other joint exercises' (CAMHS 2008 p 29).

Local strategy

Placing the emphasis on a 'bottom-up' approach does not simply mean abandoning local practitioners to find their own way. Strategic leadership at local authority level can be a powerful facilitator or inhibitor of development (Halsey *et al* 2005; Edwards *et al* 2006; Hallam *et al* 2006; Cummings *et al* 2007). The evidence from programmes such as BIP and BESTs, for instance, is that they worked best when they were located within an overarching strategic plan to ensure focus and commitment, and to establish a clear role in relation to other services (Halsey *et al* 2005; Hallam *et al* 2006).

What seems to be important, therefore, is to strike a balance between bottom-up development and strategic leadership – or, more specifically, to establish a two-way flow between practice and strategy. This suggests that attention needs to be paid to developmental models that encourage this flow. The following is one possible model, which has been tried out in some English local authorities as part of the refocusing of services towards prevention. It offers a leadership team five steps:

- (1) building commitment across children's services agencies in the local authority;
- (2) analysing existing arrangements;
- (3) keeping all the players involved;
- (4) agreeing common performance indicators; and

- (5) establishing clear refocusing output targets
(Dartington Social Research Unit 2004 p 13)

Conclusion

The principles on which services are built are more important than the particular model of service organisation. In any case, services need to be organised in ways that fit very different local circumstances. There is, therefore, a strong case for using local experience and success to inform the development of approaches to additional needs, alongside strategic leadership at the area level. This implies the need for mechanisms that support learning and dialogue in the context of commitment to common goals.

9 Conclusions and main messages

There is promising evidence that some programmes and interventions have achieved positive outcomes with children and young people with additional needs:

- Full-service extended schools, multi-agency teams working with schools and alternative curriculum programmes can all address barriers to learning and help to improve emotional wellbeing. In addition to impacts on outcomes for children and young people, they can impact variously on family functioning and circumstances and, in some cases, on community relationships and opportunities for local people. Impacts on attainment may emerge in the longer term.
- Small-group work, one-to-one approaches and out-of-hours programmes can improve children's emotional functioning, social skills and relationships. Individual interventions are likely to be most effective if they are part of whole-school approaches to social and emotional wellbeing, such as the SEAL programme.

The scale and diversity of additional needs means that no one type of intervention is likely to work for all students, nor to meet all the needs of children facing multiple difficulties. There are, however, some clear common principles that are associated with interventions that have had some promising impacts on barriers to learning and/or on factors that are related to emotional resilience. These are:

- *Addressing several goals simultaneously and working at multiple levels.* Interventions address a range of factors at individual, family or community level that may impact either on children's readiness to learn, or on their emotional resilience, or both. This is likely to involve partnership working between schools, other educational organisations and a range of statutory and voluntary services.
- *Flexibility.* Interventions are adapted to particular circumstances. This flexibility is reflected at the individual level by personalised provision.
- *Balancing a focus on individuals with a wider organisational perspective.* Interventions focus on the development of organisational capacity in addition to providing targeted support or other opportunities for individual growth. Targeted support is linked into whole-school approaches to the school environment, the curriculum, support and teaching and learning.
- *Building on strengths and interests.* Although interventions address difficulties, they also have an enabling role.
- *Early intervention.* This is facilitated by services working together at the point of need and in some circumstances is supported by the CAF. It may also include encouragement for universal approaches that address additional needs proactively through preventative action.

Interventions based on this model are promising but there are some challenges:

- Children and young people with additional needs do not form a homogeneous, stable or clearly defined group. Careful identification and targeting are essential.
- As yet there is little evidence on the outcomes of integrated working. This means that local services need to be able to show what interim impacts are being achieved, and to evaluate the likelihood of positive outcomes in the longer term. This means that local research, evaluation and data analysis are essential.
- It is important to tailor services and interventions to local circumstances, and to use local knowledge and success to develop approaches to additional needs. There need to be ways of spreading knowledge across areas, and of establishing a two-way flow between practice and strategy.

Data annexe

1. Introduction and availability of data

The main emphasis for this priority is looking at narrowing the gap in educational achievement and improving emotional resilience (social skills and self esteem) for young people with additional needs. Against a context of improving outcomes for all children, to what extent is there any evidence that, compared to all young people, there is narrowing in gaps in attainment and emotional resilience for young people whose support needs are not confined to Special Education Needs, but who are vulnerable on other fronts (physically, emotionally, socially or economically)? How effective have been the interventions that have been put in place (by schools and through the use of the (Common Assessment Framework - CAF - and Children Trusts) to overcome some of the barriers to learning, progression or social development faced by these children and young people?

The nature and scope of the available data, on children and young people with additional needs, are discussed in Annex Section 3. In effect, however, we have been able to develop only a partial picture of the outcomes (and the gap in outcomes) of those who might be classed as children with additional needs. Data on educational outcomes is more readily available than data on social skills and self esteem, for example. Data on the outcomes for young people who have already been excluded or identified as having particular needs can be accessed, while data on those who are at risk of such outcomes is not publicly accessible. It has not been possible, therefore, to find data that encompasses every aspect of the additional needs of concern to this priority.

This data annex presents provides:

- A summary of the search strategy for identifying data
- An overview of the nature and scope of the data that was found, with a brief commentary on the quality of this data, and any gaps that have been identified
- Some examples of the type of charts and diagrams that could be produced, showing, for example, comparisons between outcomes for persistent absentees and all children.
-

2. Search strategy

There are a number of archival databases in the UK, such as the National Digital Archive of Datasets (NDAD) and the UK data archive, some of which have services that facilitate searching or access to macro- and micro-datasets (including ESDS International). Even so, searching for current and recently published data cannot yet be conducted in the same way as searching for published research findings. Access to newly published data is not supported by comprehensive searchable databases in the same way that literature

searches are supported, although the DCSF and DIUS produce a publications schedule for Statistical First Releases and Statistical Volumes.

Data for this data annex was obtained by a combination of search methods but primarily by obtaining online access to known Government publications (such as the Statistical First Releases and Statistical Volumes from the Department for Children, Families and Schools - DCSF) and access to data published by the Office of National Statistics and by exploring data published by the Department of Health and Office of National Statistics, other government departments; the National Health Service and other national, regional and local bodies. It has also drawn on a number of longitudinal studies such as the DWP Family and Communities survey (FACS), the DCSF commissioned Longitudinal Study of Young People in England (LYSPE) and the Youth Cohort Study (YCS) as well as exploring data in the Millenium Cohort Study (MCS), Effective Provision of Pre-School Education (EPPE) and EPPSE. It should be noted that links to statistical sources that were live at the time of searching may not remain live at the time of publication.

3. Nature and scope of the data

The definition of additional needs that has been adopted for this priority presents a number of challenges in the search for relevant data. The concept goes beyond Special Educational Needs (SEN) and includes young people who pose particular challenges to the education system, such as those who have been excluded or are at risk of exclusion as a result of behavioural issues; these young people may or may not have additional educational support needs. The definition also encompasses young people at risk of underachieving or failing and whose coping skills, social behaviour, self-esteem and ability to overcome the difficulties and obstacles that life presents to them may be limited or lacking.

The outcomes of particular interest to this priority are any narrowing in the gaps on educational achievement and emotional resilience of children with additional needs and the impact of targeted interventions on their outcomes. The availability of data on these areas is summarised in the following sub-sections.

3.1 Data on educational achievement

Data on educational achievement is available both by area and by some categories of pupil need, with attainment and progression data recorded for those with SEN and for looked after children, for example. Data on the educational outcomes of young people with 'additional needs' (such as behavioural problems), however, is only available where those needs are identified as the primary or secondary need in relation to SEN. Such data is classed as sensitive data and is not published nationally, regionally or locally, although secondary analysis of the data is possible by agreement with the DCSF.

3.2 Data on emotional resilience

Data on emotional resilience is less widely available, however. Some longitudinal Surveys of young people (such as TellUs and the Families with Children Study, commissioned by the Department for Work and Pensions, for example) provide some insights into children's feelings about their school work, appearance and life as a whole and include some measures of children's self esteem and confidence. Nonetheless, this data is not often differentiated according to pupil type. The most recently published version of the TellUs survey (Tellus3), for example, provides an overview of the findings, but is not broken down by the characteristics of children such as those with SEN. Tellus4 is currently being set up and it is hoped that, in the future it should yield useful data for this priority related to the emotional health of children (NI50).

Data on the emotional and behavioural health of looked after children (NI 58) is currently being collected in line with the requirements of the national indicators, but has not yet been published. In making their data returns to the DCSF (using the new SSDA903 form),⁵ local authorities are now required (since April 2009) to use a short behavioural screening questionnaire known as the Strengths and Difficulties Questionnaire' (SDQ) for those children, aged four to 16, who have been in care for at least 12 months on 31st March of the relevant data collection year. The SDQ seeks to obtain data on emotional symptoms, conduct problems, hyperactivity or inattention; friendships and peer problems, '*plus an "impact supplement" to assist in the prediction of emotional health problems*' (DCSF 2008c). It is completed by the child's carer (or, if they are living independently, by their social worker or other responsible adult – though not a teacher) with the consent of the child.

The SDQ score (based on the scores for four of the listed measures), considered alongside matched SSDA903 data and National Pupil Database information, should provide a rich source of data for future statistical and research analysis, although whether or not this data becomes accessible, as anonymised data at individual level (that is, presented in a non-disclosive way), is yet to be established, as is the likelihood that it might be matched to other administrative data, such as the matched SSDA903/National Pupil Database. The extent to which the data itself will be in the public domain may be limited, since it will be highly sensitive data.

Earlier data on the mental and emotional health of young people looked after by local authorities in England has been identified from only one source, a survey conducted in 2002 by the Social Survey Division of ONS on behalf of the Department of Health. While the report on this provides data on young people aged five to 17, it was based on a relatively small sample (just over 1000) and has not been followed up in subsequent studies, so does not provide any trend data (Meltzer *et al* 2003).

3.3 Data on the effectiveness of interventions

⁵ Work is underway to match data from the SSDA903 to the National Pupil database. That work is being evaluated and for the year 2008/09, therefore, two data collection systems were still in place. OC2 returns for 2008/09 were required to ensure that the existing indicators for attainment data could be replicated. The DCSF hope that the OC2 data collection can cease 'after the 2009/10 Statistical First Release subject to satisfactory matching to the NPD using UPNs'. (Britton 2008)

This priority aims to gain a better understanding of what works in terms of the use made by schools of the CAF (and Children's Trusts) to gain earlier intervention by other children's services. Given that use of the CAF is still a relatively new process, however, and has been implemented differently by each local authority, there is, as yet, no available national data on its impact. Once the eCAF becomes more widely used, there may be greater potential for obtaining and accessing aggregated information on the impact of interventions.

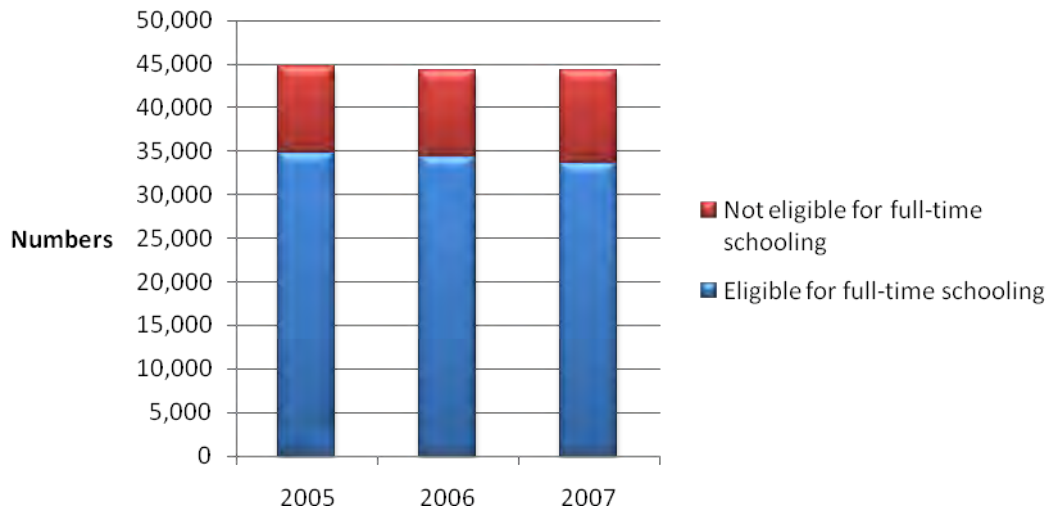
4. Examples of charts showing trends and regional data

In drawing together the demography of children with additional needs, a range of variables need to be considered and include SEN, looked after children, those who have been excluded and those who are persistent absentees, for example.⁶ In January, 2009, for example, just under three per cent of the school population (2.7 per cent) has a Statement of Special Educational Need (a marginally smaller proportion than in 2008), with a further 17.8 per cent designated as School Action or School Action Plus, an increase of 0.6 percentage points from 2008 (DCSF 2009b). According to DCSF data, around 17 in every 1,000 pupils of White ethnic origin in mainstream primary schools had statements of SEN, compared with around 20 in every 1,000 for those of Black ethnic origin. In secondary schools, the proportion was higher, with 20 in every 1,000 pupils of White ethnic origin having a statement of SEN, a figure that was similar to those for both Black and Mixed pupils.

Statistics for looked after children are not yet available for 2009, but data for 2008 revealed that 54 in every 10,000 children under the age of 18 (0.54 per cent of the total population) was looked after by the local authority for during the year ending 31st March 2008 (DCSF 2008b). Data from that DCSF Statistical First Release (DCSF 2008b) shows little change in the numbers of children and young people who were in long-term care in England between 2005 and 2007, although the proportion eligible for schooling showed a very small decrease (from 77.9 per cent to 76 per cent), suggesting that marginally more pre-school children may have been taken into long-term local authority care in 2007 (Figure 1).

⁶ A full series of charts related to these variables can be found in the Data Annex to Priority 2 (transitions).

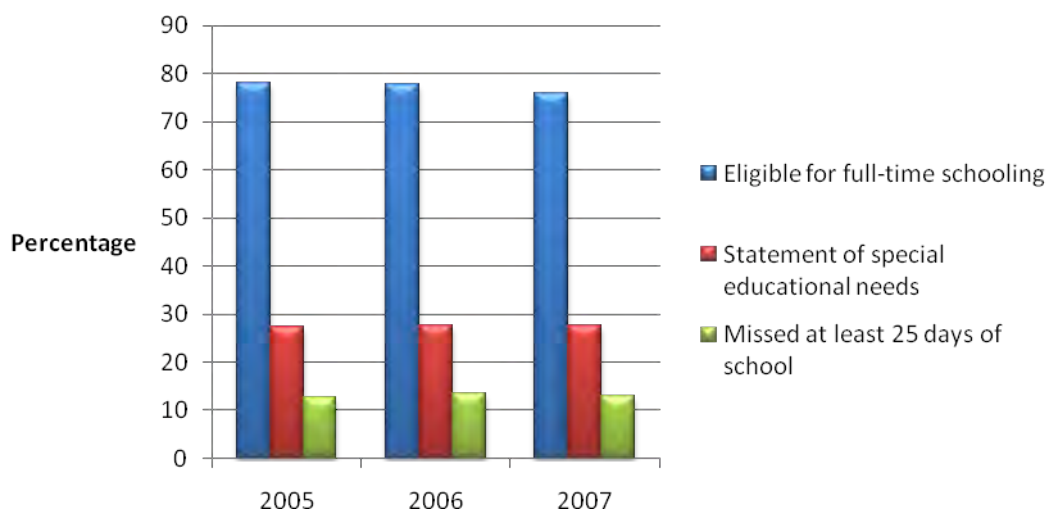
Figure 1 Numbers of looked after children 2005 to 2007: by eligibility for schooling



Source: DCSF 2007

Of those looked after children who were eligible for schooling, the proportion who were designated as having special educational needs remained constant at around 27 per cent (see Figures 2 and 3), but the proportion with five or more weeks of non-attendance showed some variation between 12.6 per cent in 2005, to 13.4 per cent in 2006 and 13 per cent in 2007 (see Figure 2).

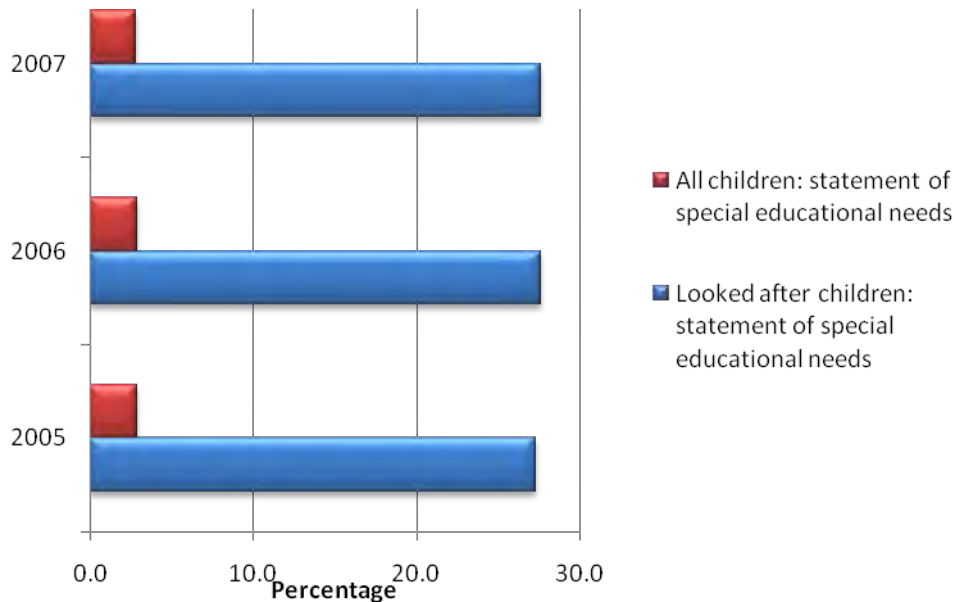
Figure 2 Looked After Children 2005 to 2007: SEN and absence data



Source: DCSF

2008d.

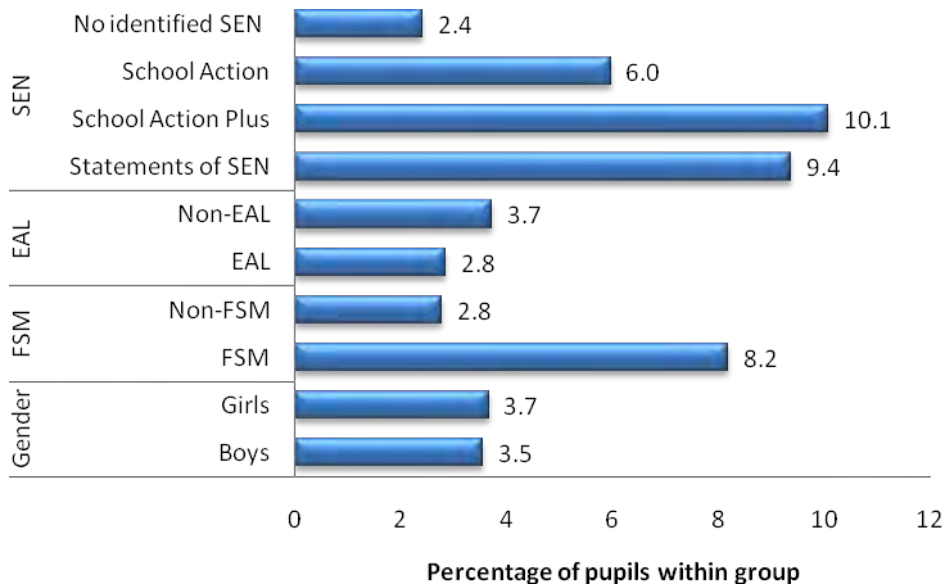
Figure 3. Looked after status: by Statements of Special Educational Need



Source: DCSF 2007

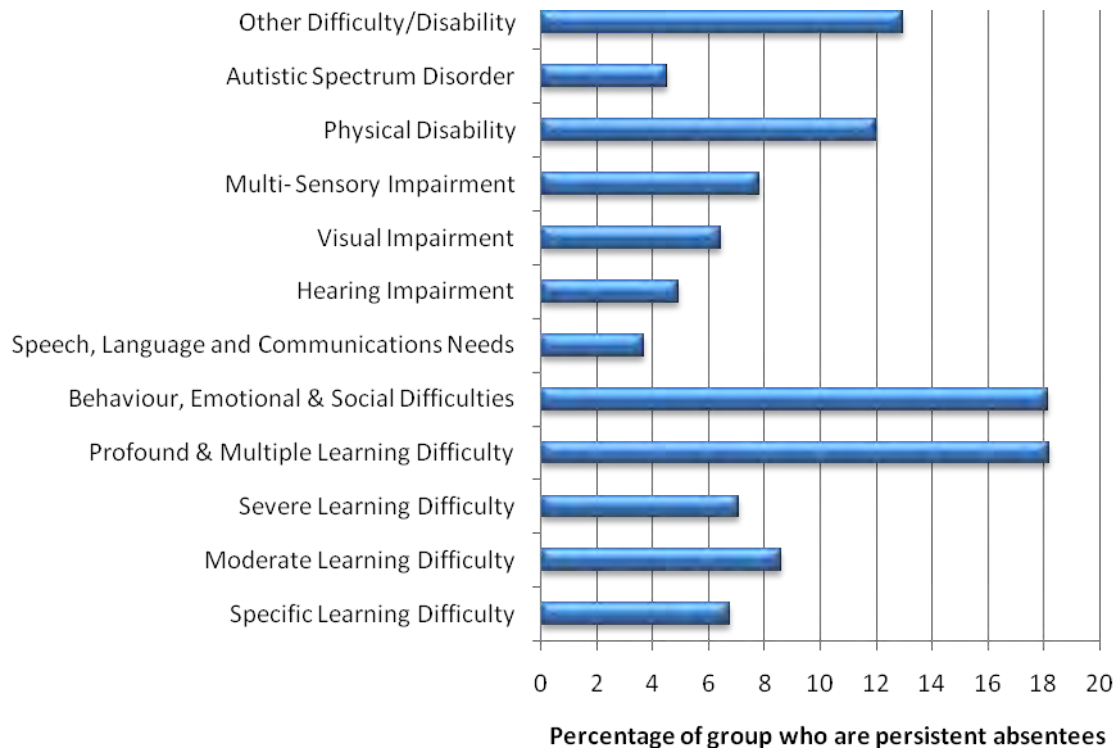
Some 3.6 per cent of the school population were persistent absentees: those whose absence (authorised or unauthorised) from school was for more than one fifth of the school year (a mean of 63 missed half days, or more than six weeks) DCSF 2009a). At present, data on persistent absentees is not published by looked after status, but absenteeism is particularly evident amongst those who are eligible for Free School Meals and amongst children and young people designated as School Action Plus (those for whom additional school level support alongside differentiation has not proved effective), or with a statement of SEN (Figure 4). The pre-eminence of pupils with behavioural, emotional and social difficulties amongst the persistent absentees (on a par with the level of absenteeism amongst children with profound and multiple learning difficulties) suggests that there a high risk of elective disengagement for these pupils (Figure 5).

Figure 4 Persistent absentees: by pupil characteristics



Source: DCSF 2009a

Figure 5 Persistent absentees: by SEN type



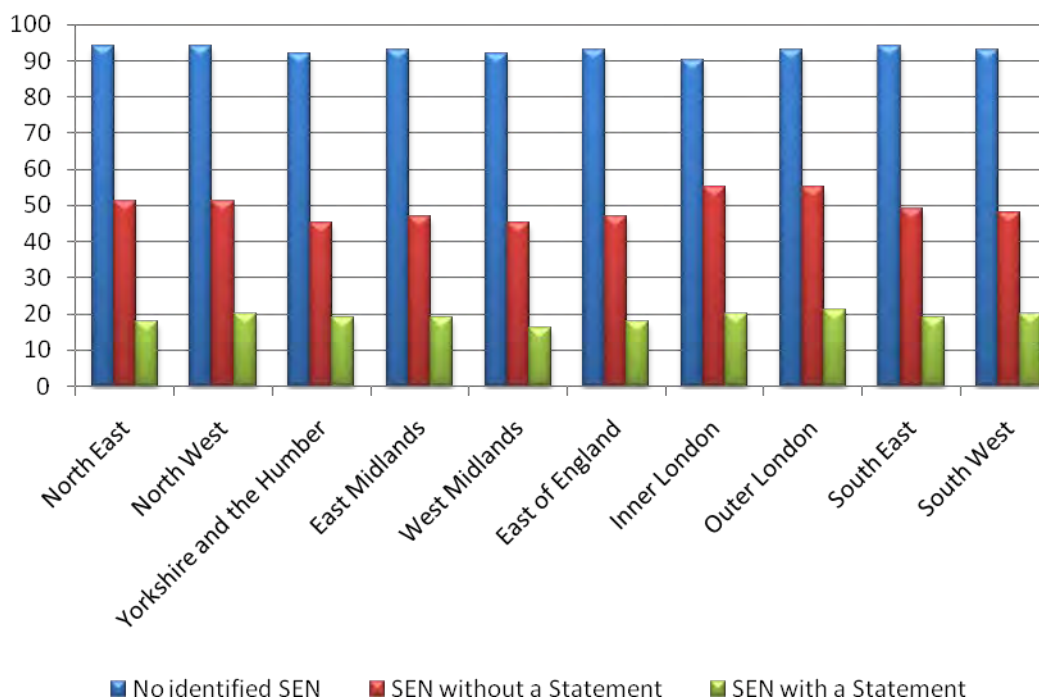
Source: DCSF 2009a

Higher rates of exclusion are evident amongst young people with SEN (with or without statements), among children and young people from Caribbean and mixed-race backgrounds, and amongst those from disadvantaged backgrounds. The highest rates of exclusion now, however, appear to be amongst those from Gypsy Roma and travellers of Irish heritage, two minority ethnic groups not specifically identified in earlier statistical datasets.

Exemplar 1: Educational Attainment for children and young people with SEN

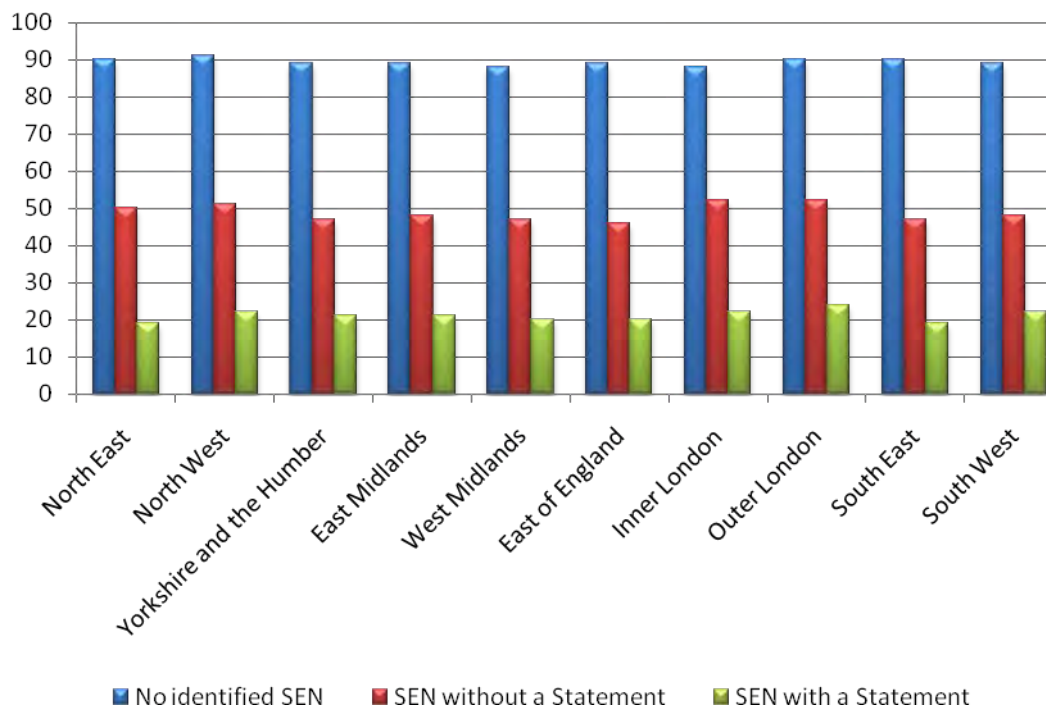
The educational outcomes of those with SEN (whether or not they have a statement of needs) are lower than those of their cohort peers at Key Stages 2, across all local authority areas (Figures 6 to 8), with levels of attainment appearing to be lowest in the West Midlands and the North East. Such dichotomous comparisons, however, provide no insights into the other factors (such as poverty, gender and ethnicity) that may be related to such outcomes for SEN pupils.

Figure 6: Key Stage 2 English attainment at level 4 and above: by SEN and Local Authorities



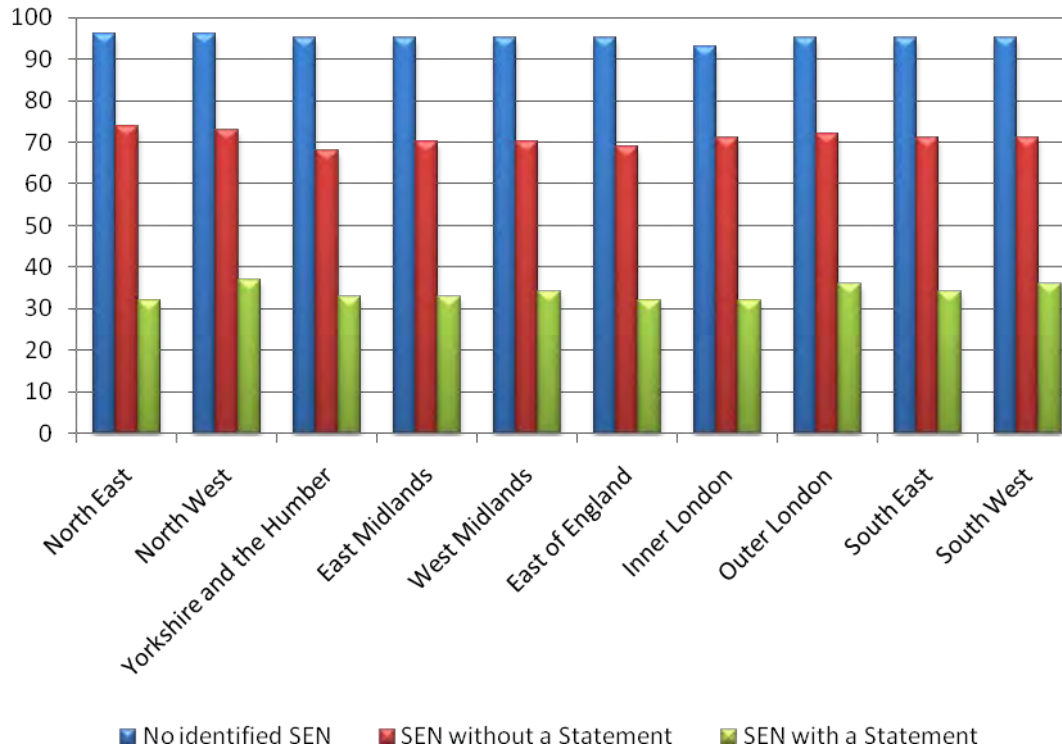
Source: DCSF 2008a

Figure 7: Key Stage 2 Maths attainment at level 4 and above: by SEN and Local Authorities



Source: DCSF 2008a

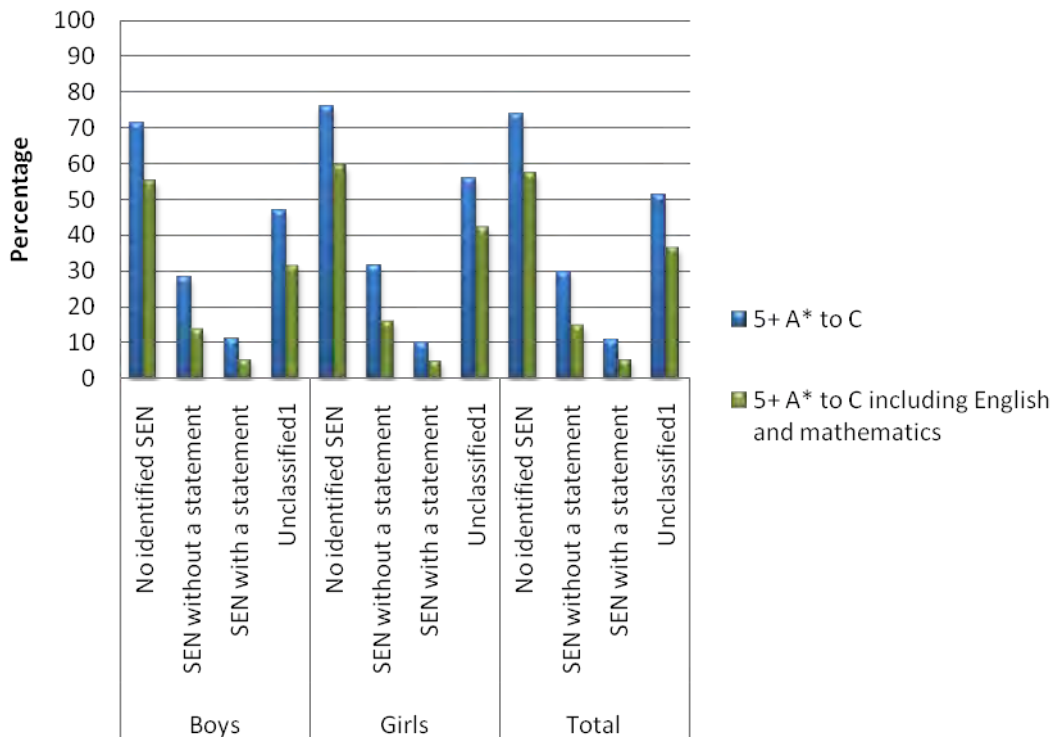
Figure 8: Key Stage 2 Science attainment at level 4 and above: by SEN and Local Authorities



Source: DCSF 2008a

At Key Stage 4, the proportion of young people with SEN achieving five or more GCSEs at grades A* to C is significantly lower than amongst their peers (Figure 9). Low attainment among boys and girls with SEN is similar; 5.4 per cent of boys with a statement achieved five or more GCSEs at grades A* to C (including English and Maths) compared with 4.8 per cent of all girls with a statement (and 57.4 per cent of those without a statement).

Figure 9: Achievements at GCSE and equivalents by special educational needs and gender



Source: DCSF 2008a

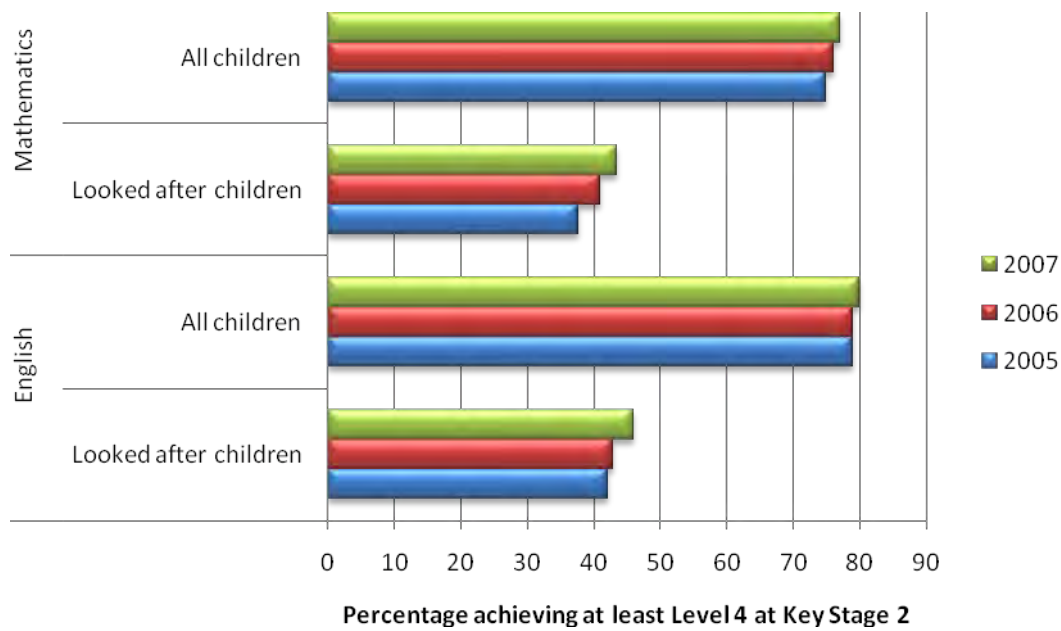
Exemplar 2 Educational attainment of looked after children

Data on outcomes in the Foundation Stage Profile (NI 72) are not yet published for looked after children.

Data on National Indicators (NI 99 to 100) for the proportions of pupils who were looked after children achieving level 4 or above in English and mathematics at Key Stage 2, and level 5 or above at Key Stage 3 are presented in Figures 10 and 11. They suggest that, although overall outcomes for looked after children are significantly below those of their peer population as a whole, the proportion achieving Level 4 outcomes in English and mathematics at Key Stage 2 have increased year on year since 2004 (particularly in mathematics, with a higher percentage points increase – 5.8 percentage points compared with two percentage points for all children). The story for Level 5 outcomes is less well defined, although, on average, there has been a 2.5 percentage point increase from 2005 to 2007 in attainment in mathematics and English for looked after children compared with a two percentage point increase in mathematics and no observable improvement in English for all children.

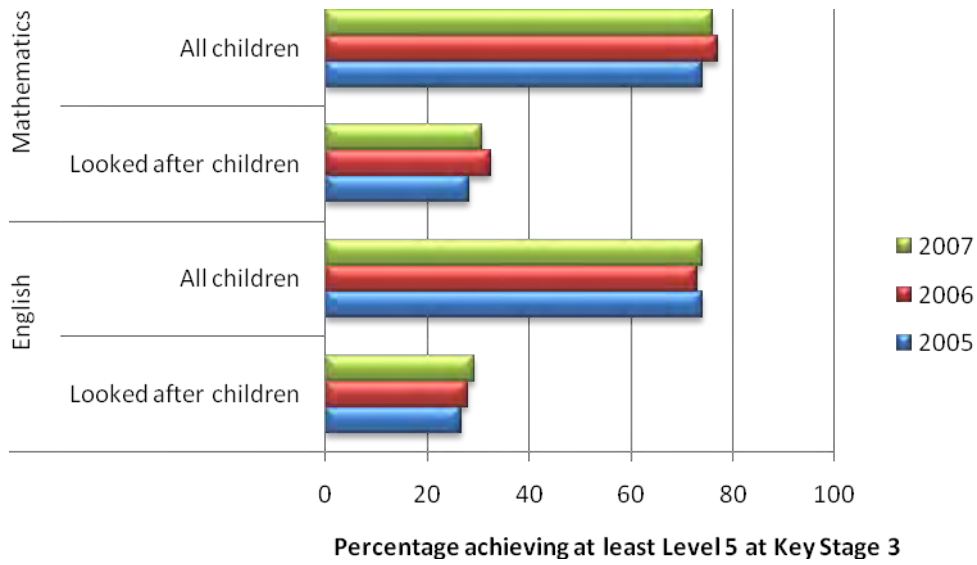
No specific indicator has been established for the attainment of looked after children in science. Nonetheless, the data published by the DCSF enables a comparison of outcomes in science at Key Stage 3 for National Indicator 83 (achievement at level 5 or above). This suggests that outcomes for looked after children in science follows a similar pattern to that for mathematics and English in National Indicators 99 and 100 (see Figure 12).

Figure 10. Outcomes at Key Stage 2: by status



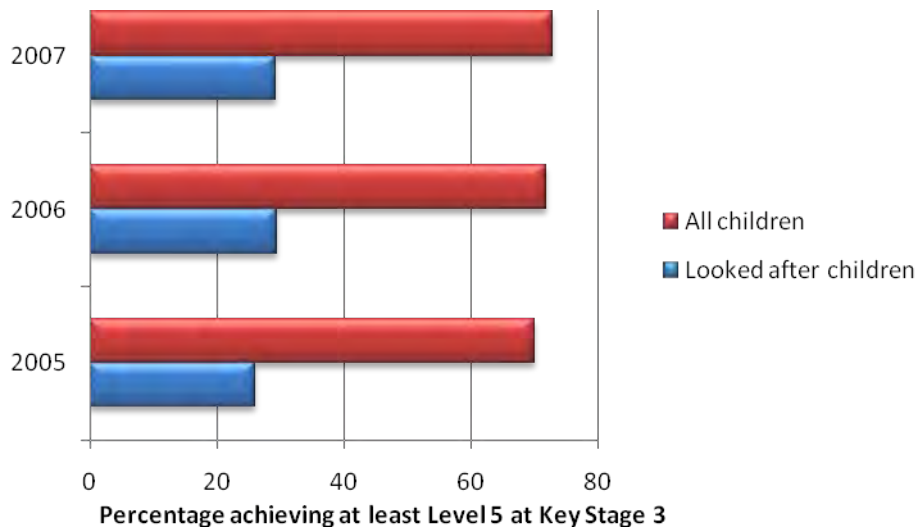
Source: DCSF 2008d

Figure 11. Outcomes at for looked after children at Key Stage 2; time series



Source: DCSF 2008d

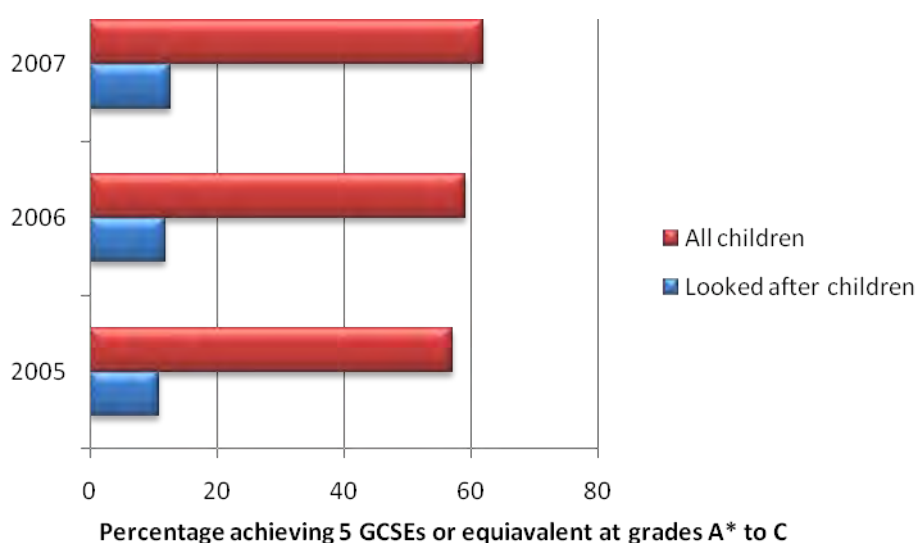
Figure 12 Outcomes for looked after children at Key Stage 3: time series



Source: DCSF 2008d

The National Indicator for Key Stage 4 (NI 101) is the proportion of pupils achieving 5 or more A*-C grades (or equivalent) including English and mathematics. To date, this information does not appear to have been published for looked after children, although the proportion achieving 5 or more A*-C grades (or equivalent) is available (see Figure 13). While attainment at Key Stage 4 for looked after children is significantly lower than for all children, it should be remembered that OC2 returns do not include all of the GCSE equivalents that would be available at individual pupil level on the NPD.

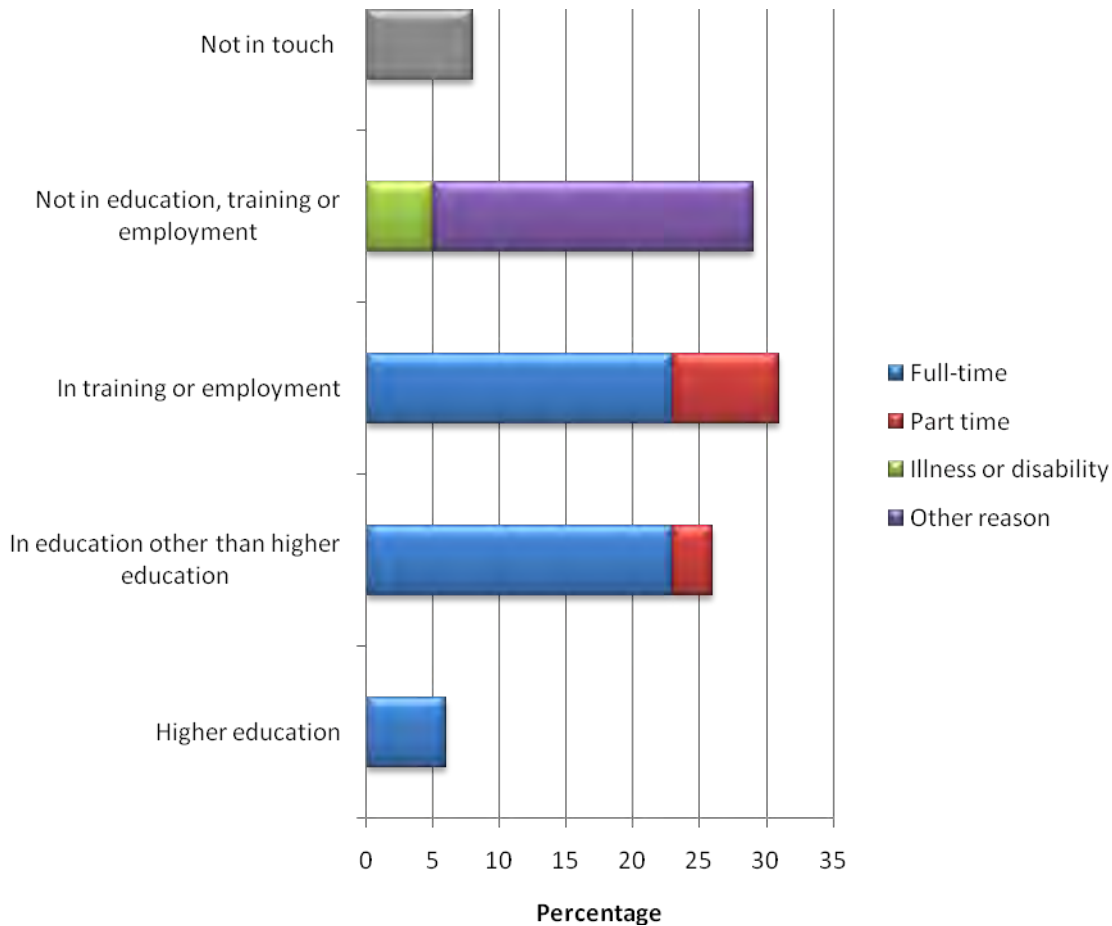
Figure 13 Outcomes for looked after children at Key Stage 4: time series



Source: DCSF 2008d

The data on outcomes on looked after children at age 19 is not comprehensive, since it draws only on data about young people who were in local authority care during Year 11 and relies on the ability to track these young people into their post-16 destinations and beyond. As Figure 14 indicates, of the 5,800 young people who were looked after on 1 April 2004 then aged 16 years old, some eight per cent were not in touch by September 2007. More than one quarter (29 per cent) were not in education training or employment (NEET) although nearly one third (32 per cent) were in some form of learning (and over one quarter of these were in higher education – six per cent of the looked after cohort who had been in cohort local authority care during Year 11 in 2004).

Figure 14 Outcomes for looked after children at age 19: by activity

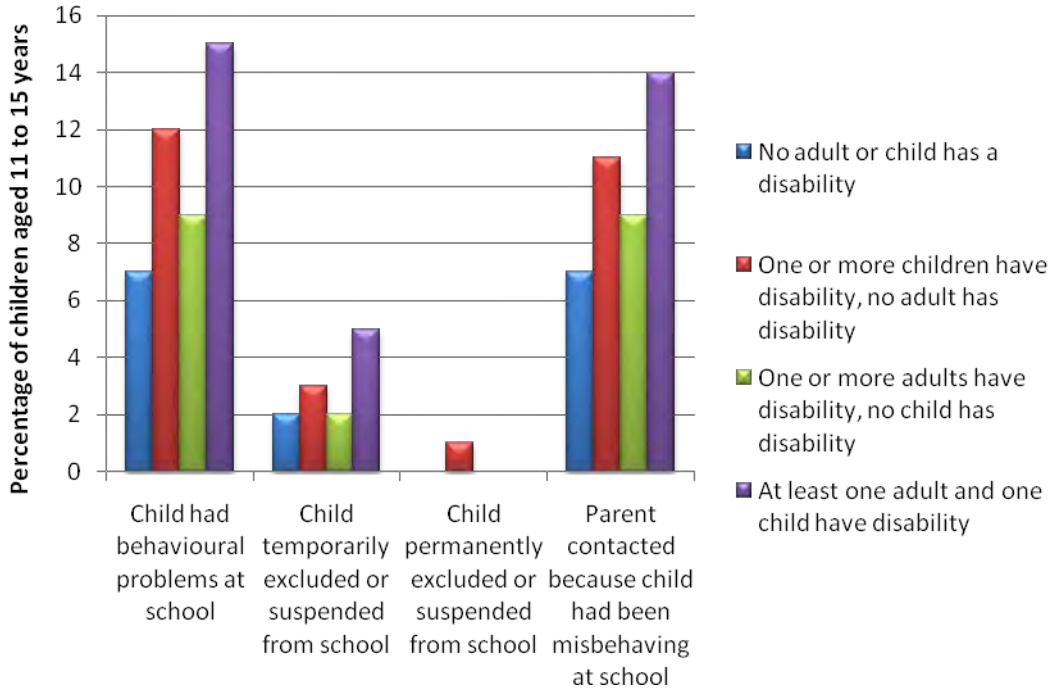


Source: DCSF 2007

Exemplar 3 Emotional resilience

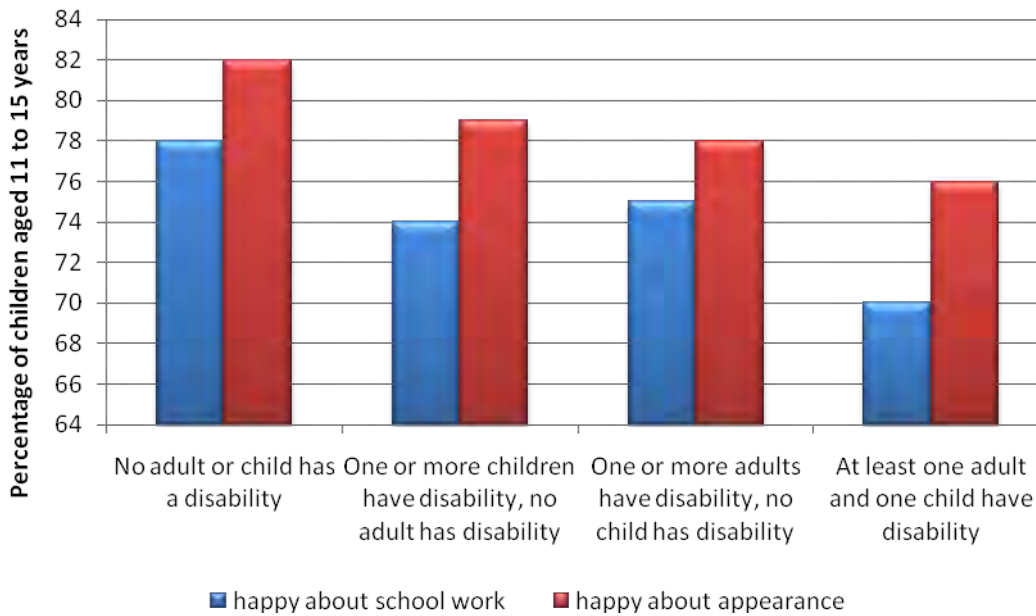
As discussed, the extent of data on the emotional resilience of children and young people is limited, although some data is available through the FACS study. Misbehaviour and temporary exclusion from school, appears to be more prevalent amongst children with a disability, particularly where one or more of the adults in the home also has a disability (Figure 15). Happiness with school and happiness about their personal appearance (Figure 16) as well as overall contentment with life (Figure 17) also appears lower amongst such children.

Figure 15: School behaviour by family disability status



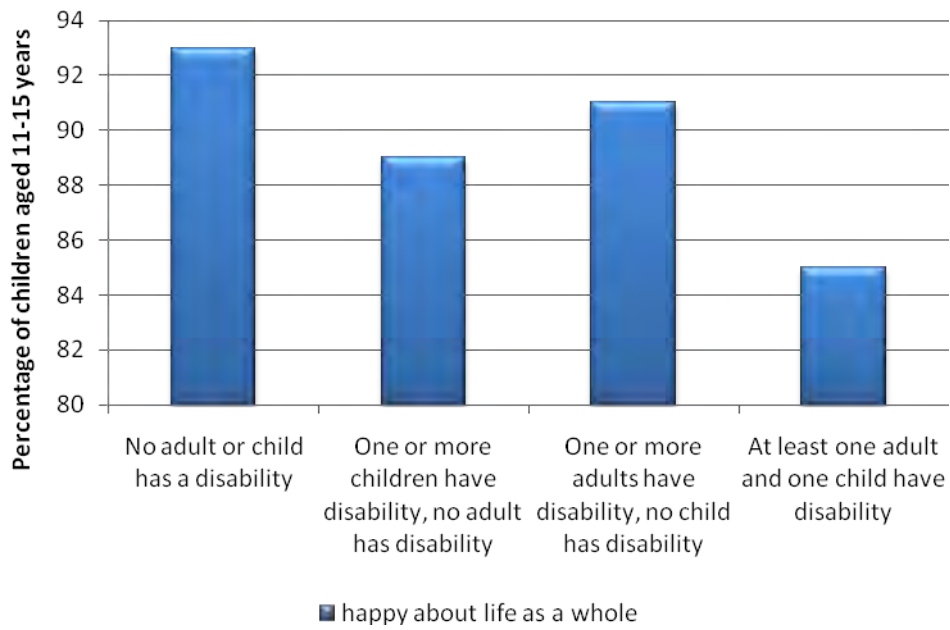
Source: Philo *et al* 2007

Figure 16: Feelings about school work and appearance by family disability status



Source: Philo *et al* 2007

Figure 17: Feelings about life as a whole by family disability status



Source: Philo *et al* 2007

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Appendix 1: Research review methods

The review includes literature identified by a C4EO scoping study (Atkinson *et al* 2009) as being relevant to the review questions. The scoping study used systematic searching of key databases and other sources to identify literature which was then screened and coded (see Appendix 3 for the parameters document, search strategy and coding frame). The review team used a 'best evidence' approach to select studies of the greatest relevance and quality for the review from the literature found by the scoping study. In doing this, it drew particularly on the group of studies that were nominated by the scoping team as key studies. This process entailed identifying:

- the items of greatest relevance to the review questions
- the items that came closest to providing an ideal design to answer the review questions
- the quality of the research methods, execution and reporting.

Given the review's focus on the current English service context, studies that were not based in England (or, where relevant, other parts of the UK) were excluded at this stage.

Following the initial selection process, other studies (meeting the criteria above) were identified through reference harvesting. Additional studies (meeting the criteria above) were included on the recommendation of the Theme Advisory Group and peer reviewers.

The team reviewed all these items and summarised their findings in relation to the review questions. Assessments were made of the quality of the evidence in each case. In judging the quality of studies, the team was guided by principles established to assess quantitative research (Farrington *et al* 2002) and qualitative studies (Spencer *et al* 2003). Individual team members reviewed items and produced summaries. Approximately 12 per cent of summaries were checked by second reviewers for quality assurance.

Appendix 2: Scoping study process

This appendix contains details of the search results and search strategy. The first stage in the process was for the Theme Lead to set the key Review Questions and search parameters and agree them with the National Foundation for Educational Research (NFER) team. The list of databases, sources and keywords to be searched was also agreed with the Theme Lead.

The keywords comprised an ‘additional needs set’ which made reference to the range of additional needs children and young people may have as set out in *The Common Assessment Framework for children and young people: practitioners’ guide* (CWDC 2007). Further sets of terms were devised to cover concepts relating to educational achievement, emotional resilience, integrated working, early intervention and personalised learning.

Members of the Theme Advisory Group (TAG) were invited to suggest relevant keywords, documents and websites. Websites were searched on main keywords and/or the publications/research/policy sections of each website were browsed as appropriate.

The next stage in the process was to carry out searching across the specified databases and web resources. The database and web searches were conducted by information specialists at the National Foundation for Educational Research and, in the case of ChildData, by an information specialist at the National Children’s Bureau (NCB).

The records selected from the searches were then loaded into the EPPI-Reviewer database and duplicates were removed. The review team members used information from the abstract and/or the full document to assess the relevance of each piece of literature in addressing the key questions for the review. They also noted the characteristics of the text, such as the type of literature, country of origin and relevance to the Review Question. A 10 per cent sample was selected at random and checked for accuracy by another member of staff.

The numbers of items found by the initial search, and subsequently selected, can be found in the following table. The three columns represent:

- items found in the initial searches
- items selected for further consideration (that is those complying with the search parameters after the removal of duplicates)
- items considered relevant to the study by a researcher who had read the abstract and/or accessed the full document.

Table A2.1. Overview of searches

Source	Items found	Items selected for consideration	Items identified as relevant to this study
Databases			
Applied Social Sciences Index and Abstracts (ASSIA)	1632	41	13
Australian Education Index (AEI)	1326	54	23
British Education Index (BEI)	1023	110	54
ChildData	6989	1102	281
Education Resources Information Center (ERIC)	5269	97	28
PsycINFO	2870	34	15
Social Policy and Practice	6347	39	19
Internet databases/portals			
British Education Index Free Collections (BEIFC)	303	23	4
CERUK Plus	446	8	2
Chimat	103	0	0
Educational Evidence Portal (EEP)	63	2	1
HSWE	194	5	1
Kings Fund catalogue	61	1	1
NHS Evidence	1785	10	4
Research Register for Social Care	74	0	0
Social Care Online	1384	92	33
TAG recommendations (including texts and items found on recommended websites)	Not applicable	82	5

Search strategy

This section provides information on the keywords and search strategy for each database and web source searched as part of the review.

All searches were limited to publication years 2003-2009, in English language only.

A brief description of each of the databases searched, together with the keywords used, is outlined below. The search strategy for each database reflects the differences in database structure and vocabulary. Smaller sets of keywords were used in the more specialist web-based databases and for those databases which provide non-UK coverage. Throughout, the abbreviation 'ft' denotes that a free-text search term was used, the symbol \$ denotes truncation of terms and the symbol ? is used as a wildcard to accommodate variant spellings. Due to the very high volume of items found, terms were not automatically 'exploded' to search on all narrower terms in those databases offering this facility. However, wherever possible, narrower terms were included in the search string.

Applied Social Sciences Index and Abstracts (ASSIA)

(Searched via CSA 04/06/09)

ASSIA is an index of articles from over 500 international English language social science journals.

Additional needs set

- #1 Additional needs (ft)
- #2 Special educational needs (ft)
- #3 SEN (ft)
- #4 Special education
- #5 At risk (ft)
- #6 Risk factors (ft)
- #7 Disaffect\$ (ft)
- #8 Disengag\$ (ft)
- #9 Student engagement (ft)
- #10 Pupil engagement (ft)
- #11 Anti social behavi?r (ft)
- #12 Anti social behaviour (ft)
- #13 Disruptive behaviour
- #14 Poor parenting (ft)
- #15 Disability
- #16 Bullying
- #17 Delinquents
- #18 Juvenile offenders
- #19 Truancy
- #20 NEET (ft)
- #21 Nutrition
- #22 Poor health (ft)
- #23 Ill health (ft)
- #24 Alcohol abuse
- #25 Drug abuse
- #26 Substance abuse
- #27 Solvent abuse
- #28 Depression
- #29 Anxiety
- #30 CAMHS (ft)

- #31 Housing
- #32 Teenage preg\$ (ft)
- #33 Teenage mothers (ft)
- #34 Teenage fathers (ft)
- #35 Teenage parents (ft)
- #36 Domestic violence (ft)
- #37 #1 or #2 or #3 or #4 or #5 or #6 or #7 or #8 or #9 or #10 or #11 or #12 or #13 or #14 or #15 or #16 or #17 or #18 or #19 or #20 or #21 or #22 or #23 or #24 or #25 or #26 or #27 or #28 or #29 or #30 or #31 or #32 or #33 or #34 or #35 or #36

Educational achievement set

- #38 Academic achievement
- #39 Failure
- #40 Outcomes
- #41 Underachievement
- #42 Educational achievement (ft)
- #43 Improving achievement (ft)
- #44 Improving performance (ft)
- #45 Narrowing the gap (ft)
- #46 Outcomes of education (ft)
- #47 Low achievement (ft)
- #48 Inclusion
- #49 Literacy
- #50 #38 or #39 or #40 or #41 or #42 or #43 or #44 or #45 or #46 or #47 or #48 or #49
- #51 #37 and #50

Emotional resilience set

- #52 Emotional resilience (ft)
- #53 Emotional intelligence (ft)
- #54 Self-esteem (ft)
- #55 Emotional needs (ft)
- #56 Resilience factors (ft)
- #57 Well being (ft)
- #58 Coping (ft)
- #59 Emotional literacy (ft)
- #60 Coping skills
- #61 Resilience
- #62 Social skills
- #63 Metacognition
- #64 Thinking skills
- #65 Learning skills (ft)
- #66 #52 or #53 or #54 or #55 or #56 or #57 or #58 or #59 or #60 or #61 or #62 or #63 or #64 or #65
- #67 #37 and #66

Integrated working set

- #68 Universal services (ft)
- #69 Targeted services (ft)
- #70 Extended schools (ft)
- #71 Extended services (ft)
- #72 Schools delivering a wider offer (ft)
- #73 Integrated working (ft)
- #74 Integrated services (ft)
- #75 Multiagency (ft)
- #76 Cooperation (ft)
- #77 Cooperative (ft)
- #78 Partnership (ft)
- #79 Joint working (ft)
- #80 Colocation (ft)
- #81 #68 or #69 or #70 or #71 or #72 or #73 or #74 or #75 or #76 or #77 or #78 or #79 or #80
- #82 #37 and #81

Early intervention set

- #83 Early intervention (ft) and #37
- #84 Early intervention programmes and #37
- #85 Common assessment framework (ft)
- #86 CAMHS (ft)
- #87 Child and adolescent mental health service (ft)
- #88 (#86 or #87) and school (ft)
- #99 Childrens trusts (ft)
- #90 Local index of child well being (ft)
- #91 Joint early intervention working (ft)
- #92 Multi-agency referral system

Personalised learning set

- #93 Personalisation (ft)
- #94 Personalised learning (ft)
- #95 Family learning (ft)
- #96 Home learning environment (ft)
- #97 #93 or #94 or #95 or #96
- #98 #37 and #97

Australian Education Index (AEI)

(searched via Dialog Datastar 03/06/09)

AEI is Australia's largest source of education information covering reports, books, journal articles, online resources, conference papers and book chapters.

Additional needs set

- #1 Additional needs (ft)
- #2 Special educational needs (ft)
- #3 SEN (ft)
- #4 Special education
- #5 Special needs (ft)
- #6 Children at risk (ft)
- #7 Youth at risk (ft)
- #8 Young people at risk (ft)
- #9 Risk factors (ft)
- #10 Risk
- #11 Needs
- #12 Needs assessment
- #13 Individual needs
- #14 Antisocial behaviour
- #15 Disruptive behaviour (ft)
- #16 Disruptive pupils (ft)
- #17 Pupil alienation (ft)
- #18 Disengage\$ (ft)
- #19 Student engagement (ft)
- #20 Pupil engagement (ft)
- #21 Disaffect\$ (ft)
- #22 Behaviour problems
- #23 Problem children
- #24 Child neglect
- #25 Poor parenting (ft)
- #26 Family problems
- #27 Marital instability (ft)
- #28 Family violence
- #29 Delinquency
- #30 Young offenders (ft)
- #31 Youth offend\$ (ft)
- #32 Truancy
- #33 Attendance
- #34 Exclusion from school (ft)
- #35 School exclusions (ft)
- #36 Suspension
- #37 Bullied (ft)
- #38 Bullying
- #39 Peer harassment (ft)
- #40 Disabilities
- #41 NEET
- #42 Nutrition
- #43 Mental health
- #44 Health needs
- #45 Child health
- #46 Ill health (ft)
- #47 Poor health (ft)

- #48 Substance abuse
- #49 Drug abuse
- #50 Alcohol abuse
- #51 CAMHS (ft)
- #52 Child and adolescent mental health service (ft)
- #53 Anxiety
- #54 Depression-Psychology
- #55 Housing needs
- #56 Housing
- #57 Early parenthood
- #58 Adolescent mothers
- #59 Adolescent fathers
- #60 Teenage pregnancy (ft)
- #61 Teenage parents (ft)
- #62 #1 or #2 or #3 or #4 or #5 or #6 or #7 or #8 or #9 or #10 or #11 or #12 or #13 or #14 or #15 or #16 or #17 or #18 or #19 or #20 or #21 or #22 or #23 or #24 or #25 or #26 or #27 or #28 or #29 or #30 or #31 or #32 or #33 or #34 or #35 or #36 or #37 or #38 or #39 or #40 or #41 or #42 or #43 or #44 or #45 or #46 or #47 or #48 or #49 or #50 or #51 or #52 or #53 or #54 or #55 or #56 or #57 or #58 or #59 or #60 or #61

Educational achievement set

- #63 Academic achievement
- #64 Educational achievement (ft)
- #65 Low achievement
- #66 Improving performance (ft)
- #67 Improving achievement (ft)
- #68 Improving outcomes (ft)
- #69 Underachievement
- #70 Academic failure
- #71 Outcomes of education
- #72 Outcomes (ft)
- #73 Narrowing the gap (ft)
- #74 Educational experience
- #75 Dropouts
- #76 Inclusion
- #77 Literacy
- #78 #63 or #64 or #65 or #66 or #67 or #68 or #69 or #70 or #71 or #72 or #73 or #4 or #75 or #76 or #77
- #79 #62 and #78

Emotional resilience set

- #80 Emotional resilience (ft)
- #81 Emotional intelligence (ft)
- #82 Emotional literacy (ft)
- #83 Social skills (ft)
- #84 Self-esteem
- #85 Self-worth

- #86 Psychological needs
- #87 Resilience (ft)
- #88 Well-being
- #89 Coping
 - #90 Coping skills
- #91 Meta-cognition
- #92 Cognitive skills
- #93 #80 or #81 or #82 or #83 or #84 or #85 or #86 or #87 or #88 or #89 or #90 or #91 or #92
- #94 #62 and #93

British Education Index (BEI)

(searched via Dialog Datastar 03/06/09)

BEI provides information on research, policy and practice in education and training in the UK. Sources include over 300 journals, mostly published in the UK, plus other material including reports, series and conference papers.

Additional needs set

- #1 Additional needs (ft)
- #2 Special educational needs
- #3 Special education (ft)
- #4 Children at risk
- #5 Youth at risk (ft)
- #6 Young people at risk (ft)
- #7 Risk
- #8 Risk factors (ft)
- #9 Needs
- #10 Needs assessment
- #11 Individual needs
- #12 Antisocial behaviour
- #13 Disruptive pupils
- #14 Pupil alienation
- #15 Disaffected (ft)
- #16 Disaffection (ft)
- #17 Behaviour problems
- #18 Problem children
- #19 Child neglect
- #20 Family violence
- #21 Poor parenting (ft)
- #22 Family problems
- #23 Marital instability
- #24 Delinquency
- #25 Juvenile offenders (ft)
- #26 Young offenders (ft)
- #27 Youth offending (ft)
- #28 Truancy
- #29 Attendance

- #30 Exclusion from school (ft)
- #31 School exclusions (ft)
- #32 Suspension
- #33 Bullied (ft)
- #34 Bullying
- #35 Peer harassment (ft)
- #36 SEN (ft)
- #37 Disabilities
- #38 Disengagement (ft)
- #39 Disengaged (ft)
- #40 NEET (ft)
- #41 Nutrition
- #42 Mental health
- #43 Health needs
- #44 Ill health (ft)
- #45 Poor health (ft)
- #46 Substance abuse
- #47 Drug abuse
- #48 Alcohol abuse
- #49 Solvent abuse
- #50 CAMHS (ft)
- #51 Anxiety
- #52 Depression-Psychology
- #53 Housing
- #54 Housing needs
- #55 Early parenthood
- #56 Teenage parents
- #57 Teenage mothers
- #58 Teenage fathers
- #59 Teenage pregnanc\$
- #60 #1 or #2 or #3 or #4 or #5 or #6 or #7 or #8 or #9 or #10 or #11 or #12 or #13 or #14 or #15 or #16 or #17 or #18 or #19 or #20 or #21 or #22 or #23 or #24 or #25 or #26 or #27 or #28 or #29 or #30 or #31 or #32 or #33 or #34 or #35 or #36 or #37 or #38 or #39 or #40 or #41 or #42 or #43 or #44 or #45 or #46 or #47 or #48 or #49 or #50 or #51 or #52 or #53 or #54 or #55 or #56 or #57 or #58 or #59

Educational achievement set

- #61 Academic achievement
- #62 Educational achievement (ft)
- #63 Low achievement
- #64 Improving achievement (ft)
- #65 Improving performance (ft)
- #66 Improving outcomes (ft)
- #67 Underachievement
- #68 Academic failure
- #69 Outcomes of education
- #70 Outcomes (ft)

- #71 Narrowing the gap (ft)
- #72 Educational experience
- #73 Dropouts
- #74 Inclusion
- #75 Literacy
- #76 Student engagement (ft)
- #77 Pupil engagement (ft)
- #78 #61 or #62 or #63 or #64 or #65 or #66 or #67 or #68 or #69 or #70 or #71 or #72 or #73 or #74 or #75 or #76 or #77
- #79 #60 and #78

Emotional resilience set

- #80 Emotional resilience (ft)
- #81 Emotional intelligence (ft)
- #82 Emotional literacy (ft)
- #83 Social skills
- #84 Self esteem
- #85 Psychological needs
- #86 Resilience (ft)
- #87 Well-being
- #88 Coping
- #89 Coping skills (ft)
- #90 Thinking skills
- #91 Metacognition
- #92 Learning skills (ft)
- #93 #80 or #81 or #82 or #83 or #84 or #85 or #86 or #87 or #88 or #89 or #90 or #91 or #92
- #94 #60 and #93

Integrated working set

- #95 Universal services (ft)
- #96 Targeted services (ft)
- #97 Extended services (ft)
- #98 Extended schools (ft)
- #99 Schools delivering a wider offer (ft)
- #100 Integrated working (ft)
- #101 Integrated services (ft)
- #102 Multiagency (ft)
- #103 Multi agency (ft)
- #104 Multi professional (ft)
- #105 Interdisciplinary approach
- #106 Multidisciplinary (ft)
- #107 Joint working (ft)
- #108 Partnership working (ft)
- #109 Agency cooperation (ft)
- #110 Cooperative planning
- #111 Cooperative programmes

#112 #95 or #96 or #97 or #98 or #99 or #100 or #101 or #102 or #103 or #104 or
#105 or #106 or #107 or #108 or #109 or #110 or #111
#113 #60 and #112

Early intervention set

- #114 Early intervention (ft)
- #115 Intervention
- #116 #114 or #115
- #117 #60 and #116
- #118 CAF (ft)
- #119 Common assessment framework (ft)
- #120 CAMHS (ft)
- #121 Child and adolescent mental health service (ft)
- #122 Local index of child well being (ft)
- #123 Multi agency referral system (ft)
- #124 Childrens trusts (ft)
- #125 Needs assessment (ft)
- #126 Schools (ft)
- #127 #125 and #126
- #128 #114 and #126

Personalised learning set

- #129 Personalisation (ft)
- #130 Personalised learning (ft)
- #131 Home learning environment (ft)
- #132 Family learning (ft)
- #133 #129 or #130 or #131 or #132
- #134 #60 and #133

British Education Index Free Collection

(searched 27/05/09)

The free collections search interface of the British Education Index (BEI) (formerly the British Education Internet Resource Catalogue) includes access to a range of freely available internet resources as well as records for the most recently indexed journal articles not yet included in the full BEI subscription database.

Additional needs set

- #1 Additional needs (ft)
- #2 Special educational needs
- #3 Special needs (ft)
- #4 SEN (ft)
- #5 Needs
- #6 Individual needs
- #7 Children at risk
- #8 Child neglect
- #9 Risk
- #10 Antisocial behaviour
- #11 Exclusion
- #12 Expulsion
- #13 Suspension
- #14 Truancy

- #15 Attendance
- #16 Behaviour problems
- #17 Problem children
- #18 Youth problems
- #19 Pupil alienation
- #20 Disruptive pupils
- #21 Dropouts
- #22 Disaffected
- #23 Disaffection
- #24 NEET
- #25 Delinquency
- #26 Young offending (ft)
- #27 Youth offending (ft)
- #28 Young offenders (ft)
- #29 Poor parenting (ft)
- #30 Family problems
- #31 Marital instability
- #32 Family violence
- #33 Bullying
- #34 Health needs
- #35 Anxiety
- #36 Depression (Psychology)
- #37 CAMHS (ft)
- #38 Child and adolescent mental health service (ft)
- #39 Disabilities
- #40 Substance abuse
- #41 Alcohol abuse
- #42 Drug abuse
- #43 Nutrition
- #44 Housing
- #45 Housing needs
- #46 Early parenthood
- #47 Teenage pregnancy (ft)
- #48 Teenage fathers (ft)
- #49 Teenage mothers (ft)
- #50 Teenage parents (ft)
- #51 Pupil engagement (ft)
- #52 Student engagement (ft)
- #53 #1 or #2 or #3 or #4 or #5 or #6 or #7 or #8 or #9 or #10 or #11 or #12 or #13 or #14 or #15 or #16 or #17 or #18 or #19 or #20 or #21 or #22 or #23 or #24 or #25 or #26 or #27 or #28 or #29 or #30 or #31 or #32 or #33 or #34 or #35 or #36 or #37 or #38 or #39 or #40 or #41 or #42 or #43 or #44 or #45 or #46 or #47 or #48 or #49 or #50 or #51 or #52

Educational achievement set

- #54 Academic achievement
- #55 Academic failure
- #56 Educational experience
- #57 Low achievement
- #58 Outcomes of education
- #59 Underachievement
- #60 Improving achievement (ft)
- #61 Improving performance (ft)
- #62 Outcomes (ft)
- #63 Narrowing the gap (ft)
- #64 Inclusion (ft)
- #65 Literacy
- #66 #54 or #55 or #56 or #57 or #58 or #59 or #60 or #61 or #62 or #63 or #64 or #65
- #67 #53 and #66

Emotional resilience set

- #68 Emotional resilience (ft)
- #69 Coping skills (ft)
- #70 Emotional intelligence (ft)
- #71 Resilience factors (ft)
- #72 Emotional literacy (ft)
- #73 Coping
- #74 Psychological needs
- #75 Self esteem
- #76 Well being
- #77 Metacognition
- #78 Thinking skills
- #79 Learning skills (ft)
- #80 #68 or #69 or #70 or #71 or #72 or #73 or #74 or #75 or #76 or #77 or #78 or #79
- #81 #53 and #80

Integrated working set

- #82 Agency cooperation
- #83 Cooperative planning
- #84 Cooperative programmes
- #85 Universal services (ft)
- #86 Targeted services (ft)
- #87 Schools delivering a wider offer (ft)
- #88 Integrated working (ft)
- #89 Integrated services (ft)
- #90 Multiagency (ft)
- #91 Multiprofessional (ft)
- #92 Colocation (ft)
- #93 Interdisciplinary approach
- #94 Partnership working (ft)
- #95 Collective accountability (ft)
- #96 Extended services (ft)

- #97 Extended schools (ft)
- #98 #82 or #83 or #84 or #85 or #86 or #87 or #88 or #89 or #90 or #91 or #92 or #93 or #94 or #95 or #96 or #97
- #99 #53 and #98

Early intervention set

- #100 Early intervention (ft) and #53
- #101 Common assessment framework (ft)
- #102 CAMHS (ft)
- #103 Child and adolescent mental health service (ft)
- #104 Childrens trusts (ft)
- #105 Local index of child well being (ft)
- #106 Multiagency referral system (ft)
- #107 Joint early intervention working (ft)

Personalised learning set

- #108 Personalised learning (ft)
- #109 Personalisation (ft)
- #110 Home learning environment (ft)
- #111 Family learning (ft)
- #112 #108 or #109 or #110 or #111
- #113 #53 and #112

CERUK Plus

(searched 09/06/09)

The CERUK Plus database provides access to information about current and recently completed research, PhD level work and practitioner research in the field of education and children's services.

- #1 Additional educational needs
- #2 Additional needs (ft)
- #3 Emotional and behavioural difficulties
- #4 Children at risk
- #5 Risk (ft)
- #6 Academic achievement
- #7 Common assessment framework
- #8 Childrens trusts
- #9 Child and adolescent mental health service
- #10 Early intervention programmes
- #11 Emotional and social well being
- #12 Emotional intelligence
- #13 Emotional resilience
- #14 Resilience
- #15 Coping mechanisms
- #16 Coping strategies
- #17 Self-esteem
- #18 Thinking skills
- #19 Metacognition

- #20 Interagency collaboration
- #21 Multiagency working
- #22 Colocation (ft)

ChildData

(searched 06/07/09)

ChildData is the National Children's Bureau database, containing details of around 80,000 books, reports and journal articles about children and young people.

Additional needs set

- #1 Additional needs (ft)
- #2 Special educational needs
- #3 Special needs (ft)
- #4 Children at risk
- #5 Youth at risk (ft)
- #6 Young people at risk (ft)
- #7 Risk (ft)
- #8 Needs assessment
- #9 Individual needs(ft)
- #10 Disrupti\$ (ft)
- #11 Anti-social behaviour
- #12 Disaffection
- #13 Behaviour problems
- #14 Problem children (ft)
- #15 Neglect
- #16 Poor parenting (ft)
- #17 Family problems (ft)
- #18 Marital instability (ft)
- #19 Family breakdown
- #20 Delinquency
- #21 Juvenile offenders (ft)
- #22 Young offenders
- #23 Youth offending (ft)
- #24 Truancy
- #25 Absenteeism (ft)
- #26 School absence
- #27 Exclusions
- #28 Suspension(ft)
- #29 Bullying
- #30 Bullied (ft)
- #31 Peer harassment (ft)
- #32 Disability
- #33 Disengag\$ (ft)
- #34 Neet (ft)
- #35 Not in education employment training (ft)
- #36 Literacy
- #37 Nutrition

- #38 Malnutrition
- #39 Nutritional deficiencies (ft)
- #40 Child health (ft)
- #41 Poor health (ft)
- #42 Health inequalities (ft)
- #43 Domestic violence
- #44 Drug abuse (ft)
- #45 Drug misuse
- #46 Alcohol abuse (ft)
- #47 Alcohol misuse
- #48 Solvent misuse
- #49 Volatile substance abuse
- #50 Substance misuse (ft)
- #51 Anxiety
- #52 Depression
- #53 Mental health
- #54 Mental health services
- #55 Housing
- #56 Homelessness
- #57 Early parenthood (ft)
- #58 Teenage parents (ft)
- #59 Teenage mothers (ft)
- #60 Teenage pregnan\$ (ft)
- #61 Adolescent parents
- #62 Adolescent mothers
- #63 Adolescent pregnan\$
- #64 #1 or #2 or #3 or #4 or #5 or #6 or #7 or #8 or #9 or #10 or #11 or #12 or #13 or #14 or #15 or #16 or #17 or #18 or #19 or #20 or #21 or #22 or #23 or #24 or #25 or #26 or #27 or #28 or #29 or #30 or #31 or #32 or #33 or #34 or #35 or #36 or #37 or #38 or #39 or #40 or #41 or #42 or #43 or #44 or #45 or #46 or #47 or #48 or #49 or #50 or #51 or #52 or #53 or #54 or #55 or #56 or #57 or #58 or #59 or #60 or #61 or #62 or #63

Educational achievement set

- #65 Educational achievement (ft)
- #66 Academic achievement
- #67 Low achievement (ft)
- #68 Improving achievement (ft)
- #69 Literacy
- #70 Inclusion
- #71 Improving performance (ft)
- #72 Underachievement (ft)
- #73 Academic failure (ft)
- #74 Outcomes of education (ft)
- #75 Outcomes
- #76 Narrowing the gap (ft)
- #77 Educational experience (ft)

- #78 #65 or #66 or #67 or #68 or #69 or #70 or #71 or #72 or #73 or #74 or #75 or #76 or #77
- #79 #64 and #78

Emotional resilience set

- #80 Emotional resilience (ft)
- #81 Emotional intelligence (ft)
- #82 Social skills
- #83 Self esteem
- #84 Emotional needs (ft)
- #85 Psychological needs (ft)
- #86 Resilience
- #87 Resilience factors (ft)
- #88 Wellbeing
- #89 Well-being (ft)
- #90 Coping (ft)
- #91 Coping skills (ft)
- #92 Emotional intelligence (ft)
- #93 Thinking skills (ft)
- #94 Learning skills (ft)
- #95 Metacognition (ft)
- #96 Emotional development
- #97 #80 or #81 or #82 or #83 or #84 or #85 or #86 or #87 or #88 or #89 or #90 or #91 or #92 or #93 or #94 or #95 or #96
- #98 #64 and #97

Integrated working set

- #99 Universal services (ft)
- #100 Targeted services (ft)
- #101 Extended schools
- #102 Extended services (ft)
- #103 Schools delivering a wider offer (ft)
- #104 Integrated working (ft)
- #105 Integrated services
- #106 Multiagency
- #107 Multiagency working (ft)
- #108 Multiprofessional (ft)
- #109 Multidisciplinary working (ft)
- #110 Multidisciplinary
- #111 Partnership working (ft)
- #112 Partnership
- #113 Collective accountability (ft)
- #114 Agency cooperation (ft)
- #115 Interagency relations
- #116 Cooperative planning (ft)
- #117 Cooperative program\$(ft)
- #118 Co-location (ft)

- #119 #99 or #100 or #101 or #102 or #103 or #104 or #105 or #106 or #107 or #108 or #109 or #110 or #111 or #112 or #113 or #114 or #115 or #116 or #117 or #118
- #120 #64 and #119

Early intervention set

- #121 Common assessment framework
- #122 Early intervention
- #123 Schools
- #124 Childrens trusts
- #125 Child and adolescent mental health service\$ (ft)
- #126 Mental health services
- #127 Local index of child well-being (ft)
- #128 Multi-agency referral system (ft)
- #129 Joint early intervention working (ft)
- #130 #121 or #122 or #123 or #124 or #125 or #126 or #127 or #128 or #129
- #131 #64 and #130

Personalised learning set

- #132 Personalisation (ft)
- #133 Personalised learning (ft)
- #134 Teaching
- #135 Learning
- #136 Family learning (ft)
- #137 Parents as partners (ft)
- #138 Home learning environment (ft)
- #139 Home school relations
- #140 #132 or #133 or #134 or #135 or #136 or #137 or #138 or #139
- #141 #64 and #140

ChiMat

(searched 02/06/09)

ChiMat is a web resource sponsored by the Department of Health which provides access to a wide range of information and knowledge on child and maternal health.

- #1 Children in need (ft)
- #2 Additional needs (ft)
- #3 Children at risk (ft)
- #4 Youth at risk (ft)
- #5 CAF (ft)
- #6 Common assessment framework (ft)
- #7 CAMHS (ft)
- #8 Childrens trusts (ft)
- #9 Educational achievement (ft)
- #10 Emotional resilience (ft)
- #11 Social skills (ft)
- #12 Self esteem (ft)

- #13 Well being (ft)
- #14 Integrated services (ft)
- #15 Joint working (ft)
- #16 Multiagency (ft)
- #17 Early intervention (ft)

Educational Evidence Portal (EEP)

(searched 09/06/09)

EEP provides access to educational evidence from a range of reputable UK sources using a single search.

- #1 Additional needs (ft)
- #2 Common assessment framework (ft)
- #3 Childrens trusts (ft)
- #4 CAMHS (ft)
- #5 Early intervention (ft)
- #6 Resilience (ft)

Education Resources Information Center (ERIC)

(searched via Dialog Datastar 03/06/09)

ERIC is sponsored by the United States Department of Education and is the largest education database in the world. Coverage includes research documents, journal articles, technical reports, program descriptions and evaluations and curricula material.

Additional needs set

- #1 Additional needs (ft)
- #2 Special education
- #3 Special educational needs (ft)
- #4 SEN (ft)
- #5 Children at risk (ft)
- #6 Youth at risk (ft)
- #7 Young people at risk (ft)
- #8 Risk
- #9 Risk factors (ft)
- #10 Needs
- #11 Needs assessment
- #12 Individual needs
- #13 Antisocial behaviour
- #14 Disruptive (ft)
- #15 Disaffect\$ (ft)
- #16 Behaviour problems
- #17 Child neglect

- #18 Poor parenting (ft)
- #19 Family problems
- #20 Marital instability
- #21 Delinquency
- #22 Young offend\$ (ft)
- #23 Truancy
- #24 Attendance
- #25 Exclusion from school (ft)
- #26 School exclusion (ft)
- #27 Suspension
- #28 Bullied (ft)
- #29 Bullying
- #30 Peer harassment (ft)
- #31 SEN (ft)
- #32 Disabilities
- #33 Disengag\$
- #34 NEET
- #35 Nutrition
- #36 Mental health
- #37 Health needs
- #38 Ill health (ft)
- #39 Poor health (ft)
- #40 Substance abuse
- #41 Drug abuse
- #42 Alcohol abuse
- #43 CAMHS
- #44 Anxiety
- #45 Depression-Psychology
- #46 Housing
- #47 Housing needs
- #48 Early parenthood
- #49 Teenage parents (ft)
- #50 Teenage mothers (ft)
- #51 Teenage fathers (ft)
- #52 Teenage preg\$ (ft)
- #53 Family violence
- #54 #1 or #2 or #3 or #4 or #5 or #6 or #7 or #8 or #9 or #10 or #11 or #12 or #13 or #14 or #15 or #16 or #17 or #18 or #19 or #20 or #21 or #22 or #23 or #24 or #25 or #26 or #27 or #28 or #29 or #30 or #31 or #32 or #33 or #34 or #35 or #36 or #37 or #38 or #39 or #40 or #41 or #42 or #43 or #44 or #45 or #46 or #47 or #48 or #49 or #50 or #51 or #52 or #53

Educational achievement set

- #55 Academic achievement
- #56 Educational achievement (ft)
- #57 Low achievement
- #58 Improving achievement (ft)
- #59 Improving performance (ft)
- #60 Improving outcomes (ft)

- #61 Underachievement (ft)
- #62 Academic failure
- #63 Student engagement (ft)
- #64 Pupil engagement (ft)
- #65 Inclusion (ft)
- #66 Literacy
- #67 #55 or #56 or #57 or #58 or #59 or #60 or #61 or #62 or #63 or #64 or #65 or #66
- #68 #54 and #67

Emotional resilience set

- #69 Emotional intelligence
- #70 Emotional resilience (ft)
- #71 Emotional literacy (ft)
- #72 Interpersonal competence
- #73 Self-esteem
- #74 Resilience factors (ft)
- #75 Well Being
- #76 Wellness
- #77 Coping
- #78 Coping skills (ft)
- #79 Thinking skills
- #80 Metacognition
- #81 Learning skills (ft)
- #82 #69 or #70 or #71 or #72 or #73 or #74 or #75 or #76 or #77 or #78 or #79 or #80 or #81
- #83 #54 and #82

HSWE Database

(searched online 27/05/09)

The HSWE Database (Northumbria University) brings together general articles, research material and material on government policies and legislation in the fields of health, community and education studies.

- #1 Common assessment framework (ft)
- #2 Schools and Early intervention
- #3 Additional needs (ft)
- #4 Childrens trusts (ft)
- #5 Child and adolescent mental health service (ft)
- #6 Emotional resilience (ft)

Kings Fund Library Catalogue

(searched 27/05/09)

This catalogue contains all King's Fund publications, Department of Health policy documents, literature from health and social care organisations and journal and newsletter articles.

- #1 Common assessment framework (ft)**
- #2 Additional needs (ft)**
- #3 Childrens trusts (ft)**
- #4 CAMHS (ft)**
- #5 Child and adolescent mental health service (ft)**
- #6 Emotional resilience (ft)**
- #7 School (ft)**
- #8 Early intervention (ft)**
- #9 #7 and #8**

NHS Evidence

(searched 27/05/09)

NHS Evidence provides access to a comprehensive evidence base in health and social care.

- #1 Additional needs (ft)**
- #2 CAF (ft)**
- #3 Common assessment framework (ft)**
- #4 Local index of child well being**
- #5 Childrens trusts (ft)**
- #6 Emotional resilience**
- #7 CAMHS (ft)**
- #8 Child and adolescent mental health service (ft)**
- #9 Schools (ft)**
- #10 Early intervention (ft)**
- #11 #9 and #10**

PsycINFO

(searched via Ovid SP 04/06/09)

PsycINFO contains references to the psychological literature including articles from over 1,300 journals in psychology and related fields, chapters and books, dissertations and technical reports.

Additional needs set

- #1 Additional needs (ft)
- #2 Special needs
- #3 Individual needs (ft)
- #4 Child neglect
- #5 Family problems (ft)
- #6 School truancy
- #7 Exclusion from school (ft)
- #8 School expulsion
- #9 Bullied (ft)
- #10 SEN (ft)
- #11 Disengage\$
- #12 Student engagement
- #13 Pupil engagement (ft)
- #14 Disaffect\$
- #15 Early parenthood (ft)
- #16 Ill health (ft)
- #17 Poor health (ft)
- #18 Adolescent pregnancy
- #19 Adolescent mothers
- #20 Adolescent fathers
- #21 CAMHS
- #22 Child and adolescent mental health service
- #23 Disabilities
- #24 Behavior Problems
- #25 Domestic violence
- #26 #1 or #2 or #3 or #4 or #5 or #6 or #7 or #8 or #9 or #10 or #11 or #12 or #13 or #14 or #15 or #16 or #17 or #18 or #19 or #20 or #21 or #22 or #23 or #24 or #25

Educational achievement set

- #27 Academic achievement
- #28 Educational achievement (ft)
- #29 Academic underachievement
- #30 Low achievement (ft)
- #31 Improving achievement (ft)
- #32 Improving performance (ft)
- #33 Improving outcomes (ft)
- #34 Narrowing the gap (ft)
- #35 Literacy
- #36 Inclusion

- #37 #27 or #28 or #29 or #30 or #31 or #32 or #33 or #34 or #35 or #36
- #38 #26 and #37

Emotional resilience set

- #39 Resilience (psychological)
- #40 Emotional resilience (ft)
- #41 Emotional intelligence
- #42 Social skills
- #43 Self esteem
- #44 Resilience factors (ft)
- #45 Well Being
- #46 Coping Behavior
- #47 Thinking skills (ft)
- #48 Metacognition
- #49 Learning skills (ft)
- #50 #39 or #40 or #41 or #42 or #43 or #44 or #45 or #46 or #47 or #48 or #49
- #51 #26 and #50

Integrated working set

- #52 Integrated services
- #53 Universal services (ft)
- #54 Extended schools (ft)
- #55 Extended services (ft)
- #56 Integrated working (ft)
- #57 Multiagency (ft)
- #58 Multi agency (ft)
- #59 Joint working (ft)
- #60 Partnership working (ft)
- #61 Collective accountability (ft)
- #62 Agency cooperation (ft)
- #63 Cooperative planning (ft)
- #64 Cooperative program\$ (ft)
- #65 Colocation
- #66 #52 or #53 or #54 or #55 or #56 or #57 or #58 or #59 or #60 or #61 or #62 or #63 or #64 or #65
- #67 #26 and #66

Personalised learning set

- #68 Personalization
- #69 Personalised learning (ft)
- #70 Family learning (ft)
- #71 Home learning environment (ft)
- #72 #68 or #69 or #70 or #71
- #73 #26 and #72

Early intervention set

- #74 Early intervention
- #75 #26 and #74
- #76 Common assessment framework (ft)
- #77 CAF (ft)
- #78 Childrens trusts (ft)
- #79 #76 or #77 or #78

Research Register for Social Care (RRSC)

(searched 09/06/09)

The RRSC provides access to information about ongoing and completed social care research that has been subject to independent ethical and scientific review. Student research was excluded.

- #1 Additional needs (ft)
- #2 Children in need
- #3 Common assessment framework (ft)
- #4 Childrens trusts
- #5 Educational performance
- #6 Needs
- #7 Achievement
- #8 #6 and #7
- #9 Resilience
- #10 Coping
- #11 Social skills
- #12 Self esteem
- #13 Schools
- #14 Early intervention
- #15 #13 and #14
- #16 Child and adolescent mental health service
- #17 Schools
- #18 #16 and #17
- #19 Multi agency
- #20 Multidisciplinary services

Social Care Online

(searched 27/05/09)

Social Care Online is the Social Care Institute for Excellence's database covering an extensive range of information and research on all aspects of social care. Content is drawn from a range of sources including journal articles, websites, research reviews, legislation and government documents and service user knowledge.

Additional needs set

- #1 Additional needs (ft)
- #2 Special educational needs
- #3 Needs
- #4 Health needs
- #5 Risk
- #6 Children in need
- #7 Anti-social behaviour
- #8 Challenging behaviour
- #9 Behaviour problems
- #10 Mental health problems
- #11 Child and adolescent mental health service
- #12 Child neglect
- #13 Young offenders
- #14 Truancy
- #15 School exclusion
- #16 Bullying
- #17 Disabled (ft)
- #18 Disabilities (ft)
- #19 NEET
- #20 Disengagement (ft)
- #21 Nutrition
- #22 Substance abuse
- #23 Housing
- #24 Teenage parents
- #25 Teenage pregnancy
- #26 Domestic violence
- #27 #1 or #2 or #3 or #4 or #5 or #6 or #7 or #8 or #9 or #10 or #11 or #12 or #13 or #14 or #15 or #16 or #17 or #18 or #19 or #20 or #21 or #22 or #23 or #24 or #25 or #26

Educational achievement set

- #28 Educational performance
- #29 Achievement (ft)
- #30 Underachievement (ft)
- #31 Outcomes
- #32 Narrowing the gap
- #33 Student engagement (ft)
- #34 Pupil engagement (ft)
- #35 Literacy (ft)
- #36 Inclusion (ft)
- #37 #28 or #29 or #30 or #31 or #32 or #33 or #34 or #35 or #36
- #38 #27 and #37

Emotional resilience set

- #39 Resilience
- #40 Social skills
- #41 Coping behaviour

- #42 Thinking skills (ft)
- #43 Learning skills (ft)
- #44 Metacognition (ft)
- #45 Emotional intelligence (ft)
- #46 Self-esteem
- #47 #39 or #40 or #41 or #42 or #43 or #44 or #45 or #46
- #48 #27 and #47

Integrated working set

- #49 Interagency cooperation
- #50 Interprofessional relations
- #51 Integrated services
- #52 Multidisciplinary services
- #53 Extended (ft)
- #54 Multiagency (ft)
- #55 Colocation
- #56 #49 or #50 or #51 or #52 or #53 or #54 or #55
- #57 #27 and #56

Early intervention set

- #58 Common assessment framework (ft)
- #59 CAF (ft)
- #60 Childrens trusts
- #61 Schools
- #62 #60 and #59
- #63 Child and adolescent mental health services
- #64 Early intervention
- #65 #63 and #64
- #66 #61 and #64
- #67 Joint early intervention working

Personalised learning set

- #68 Personalised learning (ft)
- #69 Personalisation
- #70 Family learning (ft)
- #71 Home learning environment (ft)
- #72 #68 or #69 or #70 or #71
- #73 #27 and #72

Social Policy and Practice

(searched via Ovid 04/06/09)

Social Policy and Practice is a bibliographic database with abstracts covering evidence-based social policy, public health, social services, and mental and community health. Content is from the UK with some material from the USA and Europe.

Additional needs set

- #1 Additional needs (ft)
- #2 Special education (ft)
- #3 Special needs (ft)
- #4 SEN (ft)
- #5 At risk (ft)
- #6 Risk factors (ft)
- #7 Individual needs (ft)
- #8 Disaffect\$ (ft)
- #9 Anti social behaviour (ft)
- #10 Disruptive (ft)
- #11 Problem children (ft)
- #12 Child neglect (ft)
- #13 Delinquency (ft)
- #14 Offend\$ (ft)
- #15 Truancy (ft)
- #16 School exclusion (ft)
- #17 Exclusion from school (ft)
- #18 Bullied (ft)
- #19 Bullying (ft)
- #20 Disab\$ (ft)
- #21 NEET (ft)
- #22 Disengag\$ (ft)
- #23 Student engagement (ft)
- #24 Pupil engagement (ft)
- #25 Nutrition (ft)
- #26 Ill health (ft)
- #27 Poor health (ft)
- #28 Substance abuse (ft)
- #29 Drugs (ft)
- #30 Alcohol (ft)
- #31 CAMHS (ft)
- #32 Child and adolescent mental health service (ft)
- #33 Teenage pregnanc\$ (ft)
- #34 Teenage mothers (ft)
- #35 Teenage fathers (ft)
- #36 Teenage parents (ft)
- #37 Domestic violence (ft)
- #38 #1 or #2 or #3 or #4 or #5 or #6 or #7 or #8 or #9 or #10 or #11 or #12 or #13 or #14 or #15 or #16 or #17 or #18 or #19 or #20 or #21 or #22 or #23 or #24 or #25

or #26 or #27 or #28 or #29 or #30 or #31 or #32 or #33 or #34 or #35 or #36 or #37

Educational achievement set

- #39 Educational achievement (ft)
- #40 Academic achievement (ft)
- #41 Low achievement (ft)
- #42 Improving achievement (ft)
- #43 Improving performance (ft)
- #44 Underachievement (ft)
- #45 Academic failure (ft)
- #46 Narrowing the gap (ft)
- #47 Inclusion (ft)
- #48 Literacy (ft)
- #49 #39 or #40 or #41 or #42 or #43 or #44 or #45 or #46 or #47 or #48
- #50 #38 and #49

Emotional resilience set

- #51 Emotional resilience (ft)
- #52 Emotional intelligence (ft)
- #53 Social skills (ft)
- #54 Emotional literacy (ft)
- #55 Self esteem (ft)
- #56 Well being (ft)
- #57 Resilience factors (ft)
- #58 Coping (ft)
- #59 Thinking skills (ft)
- #60 Metacognition (ft)
- #61 Learning skills (ft)
- #62 #51 or #52 or #53 or #54 or #55 or #56 or #57 or #58 or #59 or #60 or #61
- #63 #38 and #62

Integrated working set

- #64 Universal services (ft)
- #65 Targeted services (ft)
- #66 Extended schools (ft)
- #67 Extended services (ft)
- #68 Schools delivering a wider offer (ft)
- #69 Integrated working (ft)
- #70 Integrated services (ft)
- #71 Joint working (ft)
- #72 Agency cooperation (ft)
- #73 Collective accountability (ft)
- #74 Cooperative program\$ (ft)
- #75 Cooperative planning (ft)
- #76 Colocation (ft)
- #77 Co-location (ft)

- #78 #64 or #65 or #66 or #67 or #68 or #69 or #70 or #71 or #72 or #73 or #74 or #75 or #76 or #77
- #79 #38 and #78

Early intervention set

- #80 Common assessment framework (ft)
- #81 Early intervention (ft)
- #82 #80 and #81
- #83 Schools (ft)
- #84 #80 and #83
- #85 #81 and #83
- #86 Local index of child well being (ft)
- #87 Multi agency referral system (ft)
- #88 Joint early intervention working (ft)
- #89 Childrens trusts (ft)
- #90 #81 and #89

Personalised learning set

- #91 Personalisation (ft)
- #92 Personalised learning (ft)
- #93 Family learning (ft)
- #94 Home learning environment (ft)
- #95 #91 or #92 or #93 or #94
- #96 #38 and #95

Organisations

A list of key organisations was recommended by the Theme Advisory Group and then supplemented with others considered relevant by the NFER team. The following websites were browsed for additional sources not already found in the database searches. This entailed browsing through the publications and/or research and policy sections.

Table A2.2. Web searches of key organisations

Organisation	URL	Records initially selected by NFER library
Capita	www.capita.co.uk	0
C4EO	www.c4eo.org.uk	4
Children's Workforce Development Council (CWDC)	www.cwdcouncil.org.uk	1
Department for Children, Schools and Families (DCSF) Research	www.dcsf.gov.uk/research/index.cfm	24
FutureLab	www.futurelab.org.uk	3
Institute of Education	www.ioe.ac.uk	0
• Centre for the Wider Benefits of Learning	www.learningbenefits.net/	4
• Thomas Coram Research Unit	www.ioe.ac.uk/research/174.html	4
• Eppi-Centre	http://eppi.ioe.ac.uk/cms	2
Local Government Association (LGA)	www.lga.gov.uk	1
Making Research Count	www.uea.ac.uk/menu/acad_depts/swk/MRC_web/public_html	3
National College for School Leadership (NCSL)	www.ncsl.org.uk	5
National Foundation for Educational Research (NFER)	www.nfer.ac.uk	6
Research in Practice (RIP)	www.rip.org.uk	5
Training and Development Agency for Schools (TDA)	www.tda.gov.uk	5

Appendix 3: Parameters document

1. C4EO Theme: Schools and Communities

2. Priority 1:

Narrowing the gap in educational achievement and improving emotional resilience (social skills and self-esteem) for children and young people with additional needs.

3. Context for this priority

This priority reflects key concerns and areas for improvement set out in *21st Century Schools* for those children and young people with additional needs who present schools and other services with particular challenges. This includes the role technology plays in narrowing the gap for children and young people with additional needs.

Ministers are very keen that this priority should, *inter alia*, seek to provide a better understanding of 'what works' in terms of how the CAF and Children Trusts have been used by schools to gain earlier intervention by other children's services.

The work programme for the priority should build upon the seminal work of the *Narrowing the Gap* Programme and the considerable research base that exists to support this. Another way of conceptualising this is to think about 'breaking the link' between family/individual characteristics and achievement.

The C4EO Parents' and Carers' panel is very keen on this area.

The **key ECM outcomes for this priority** are:

- Children's overall well-being, enjoy and achieve and be healthy

4. Main Review Questions to be addressed in this scoping study (no more than five; preferably fewer)

[The data scope will provide numerical evidence on the numbers, characteristics and educational and other ECM outcomes of children with additional needs (within the C4EO definition – see Section 6 below), relative to the rest of the school population and map gaps in the data].

- 1. What are the challenges for, and hence responses needed from, schools, working with other services, presented by children with additional needs?**
- 2. What does the evidence tell us about what works best in narrowing the achievement gap for those with additional needs, including strategies for maximising learning and re-engaging children and young people in learning?**
- 3. What does the evidence tell us about what works best in improving the emotional resilience⁷ of those with additional needs?**
- 4. What has been the role of the CAF⁸ and integrated services in helping schools and their partners achieve improvements through early intervention?**
- 5. What are the implications for local systems change in terms of improving governance, strategy, processes and front-line delivery?**

⁷ Emotional resilience relates to children's coping skills, social behaviour, self-esteem and ability to overcome the difficulties and obstacles that life presents to them. A more formal definition will be sought and introduced into Section 6.

⁸ CAF is in its infancy and people in CTs are still being trained, multi-agency referral systems being set up, so there will be limited evidence on this, but there has been experience for some time in agencies/services such as CAMHS, schools and social services (and some other education services such as educational psychology) of joint early intervention working with joint assessment, which are the precursors to the statutory CAF system now being implemented).

5. Which cross-cutting issues should be included?

Integrated service delivery is arguably the most important cross-cutting theme here because of the identified need for schools and other services to work together more effectively, and in a more integrated way, with other services to improve outcomes for these children.

Linked to this are the cross-cutting issues of:

- Workforce development
- Leadership in schools for integrated service delivery
- Early intervention
- Child poverty.

Links to C4EO themes and ECM Outcomes:

- Achieve and Enjoy, Be Healthy and Staying Safe outcomes
- Child Poverty theme: the delivery of effective area-wide strategies
- Narrowing the gap priority in Early Years theme
- Improving educational achievement for looked after children priority within Vulnerable Children theme
- Educational transitions priority in the Schools and Communities theme

6. Definitions for any terms used in the Review Questions¹

Our definition of **'additional needs'** goes beyond SEN, and is the group of children who pose particular challenges to the children's services system. This includes those who are excluded or at risk of exclusion because of behavioural issues, and these may or may not have additional educational support needs.

In relation to strategies used by schools and their partners, these include both universal strategies and strategies targeted specifically on CYP with additional needs (as long as there is evidence of effectiveness for CYP with additional needs). A focus on teaching and learning, especially in literacy, may be particularly important for children with additional needs

We note the following definition of 'emotional resilience', taken from an expert panel at a meeting at the Royal Society on 'The Science of Well-being'. (*Phil. Trans. R. Soc. Lond B* (2004), 359, p1331): 'The ability to survive and thrive in the face of the setbacks inherent in the process of living. It includes appropriate responses to challenges and opportunities that are faced.' Our definition of **'emotional resilience'** is defined in terms of children's coping skills, social behaviour, self-esteem and their ability to overcome the difficulties and obstacles that life presents to them.

We note the following definition of **'family wellbeing'**, taken from an expert panel at a meeting at the Royal Society on 'The Science of Well-being'. (*Phil. Trans. R. Soc. Lond B* (2004), 359, p1331): 'A positive and sustainable state that allows individuals, groups and nations to thrive and flourish'. We have adapted this to define 'family well-being' as 'A positive and sustainable state that allows families to thrive and flourish'.

7. What will be the likely geographical scope of the searches?

UK, largely for Questions 1, 4 and 5

For what works evidence for Questions 2 and 3, scope should extend to cover Europe and English-speaking countries, especially the USA.

8. Age range for CYP:

4- 19

9. Literature search dates

Start year

2003, start of ECM policies

10. Suggestions for key words to be used for searching the literature.

Key words and phrases:

- universal services; targeted services; schools delivering a wider offer; extended schools;
- additional needs; SEN; risk factors; children at risk of failing, under-achieving or exclusion;
- early intervention; early interventions via CAF; CAF and schools;
- personalised and personalising learning; learning support; behaviour management
- partnership and integrated working; multi-agency working; collective accountability of schools and their partners; under-achievement; narrowing the gap in outcomes; improving achievement for children with SEN or additional needs
- resilience factors; emotional resilience; emotional well-being; coping skills; Local Index of Child Well-Being.

For full list of suggested key words, please see Appendix 1.

11. Suggestions for websites, databases, networks and experts to be searched or included as key sources.

DCSF, NCSL, CWDC; TDA; RiP; MRC; IoE; LGA and NFER websites and publication databases

ASSIA, CERUK Plus and Research Register for Social Care

For health, ChiMat, King's Fund, NHS Information Centre for Social Care and HSWE databases.

Futurelab for the influence of new technology on narrowing the gap for children and young people with additional needs.

12. Any key texts/books/seminal works that you wish to see included?

Publications from Local Authority Research Consortium (LARC) and Narrowing the Gap programmes and references lists

C4EO early years review on integrated working

13. Anything else that should be included or taken into account?

Key policy documents that should help frame the context section in the research review:

- Department for Children, Schools and Families (2008) *The Children's Plan one year on: a progress report*, London: DCSF (available at www.dcsf.gov.uk/oneyearon/ae/uploads/documents/progress.pdf, accessed 27 August 2009) has been published and identifies a range of areas which now need strengthening across the ECM outcomes.
- Department for Children, Schools and Families (2008) *21st schools: a world-class education for every child*, London: DCSF (available at <http://publications.dcsf.gov.uk/eOrderingDownload/DCSF-01044-2008.pdf>, 27 August 2009) sets out some ambitious goals for the future of schooling and indicates the ways of achieving these, with a particular focus on: raising standards, supporting children's progress, developing their wider personal skills and ensuring their healthy and enriched childhoods, meeting their additional needs through early intervention and ensuring effective parental engagement.
- Department for Children, Schools and Families (2008) *Children's Trusts: statutory guidance for inter-agency cooperation*, London: DCSF (available at www.dcsf.gov.uk/localauthorities/documents/content/1711080004_7961-DCSF-Childrens%20Trusts%20Guidance.pdf, accessed 27 August 2009) emphasises both the partnership role within Children's Trusts that schools now need to play and the more holistic approach to ensuring children's well-being that they now need to adopt more decidedly.
- Steer, A. (2009) *Review of pupil behaviour: interim report 4*, London: DCSF (available at www.teachernet.gov.uk/doc/13324/alan%20steer's%20report%20060209.pdf, accessed 27 August). This centres on a) the importance of early intervention by behaviour and attendance partnerships, b) the impact of pupil behaviour on learning and teaching and c) SEN and disability related behavioural issues.
- Department for Children, Schools and Families (2008) *2020 Children and Young People's Workforce strategy*, London: DCSF (available at http://publications.everychildmatters.gov.uk/eOrderingDownload/CYP_Workforce-Strategy.pdf, accessed 27 August 2009). This strategy sets out how the Government will work with partners, and people in the workforce, to ensure that all the children and young people's workforce are: ambitious for every child and young person, excellent in their practice, committed to partnership and integrated working and respected and valued as professionals.
- Department of Health and Department for Children, Schools and Families (2009) *Healthy Lives, Brighter Futures: the strategy for children and young people's health*, London: Department of Health. The joint strategy presents the Government's vision for children and young people's health and wellbeing. It sets out how it will build on progress through: world-class outcomes; high quality services; excellent experience in using those services; and minimising health inequalities.

Appendix 1: Draft Keywords For Priority 1

SET 1 Additional needs

Additional needs

Special educational needs

Special needs

Needs

Children at risk

Youth at risk

Young People at risk

Risk (at risk factors)

Needs assessment

Individual needs.

Specific needs (as set out in CAF Practitioners Guide⁹) matched to keywords

- disruptive or anti-social behaviour - disaffected/disaffection, antisocial behaviour (of disruptive behaviour), behaviour problems, disruptive pupils, problem children
- overt parental conflict or lack of parental support/boundaries – child neglect, poor parenting, family problems, marital instability
- involvement in or risk of offending – delinquency; juvenile delinquents, juvenile offenders, young offenders, youth offending
- poor attendance or exclusion from school; - truancy, absenteeism, exclusion, suspension
- experiencing bullying; bullying; peer harassment, bullied
- special educational needs – SEN, special needs
- disabilities – disabled
- disengagement from education, training or employment post-16
disengagement/disengaged/NEET/not in education employment training
- poor nutrition - malnutrition; nutritional deficiencies, nutrition
- ill-health - child health, poor health, health inequalities
- substance misuse – substance abuse, drug abuse, alcohol abuse, solvent abuse
- anxiety or depression; mental health, CAMHS
- housing issues; poor housing, housing needs, housing
- pregnancy and parenthood – early parenthood, teenage parents, teenage mothers, teenage pregnancy, teenage pregnancies.

⁹ Children's Workforce Development Council (2007) *The Common Assessment Framework for children and young people: practitioners' guide*, Leeds: CWDC (available at <http://publications.everychildmatters.gov.uk/eOrderingDownload/CAF-Practitioner-Guide.pdf>, accessed 27 August 2009).

SET 2 Educational achievement

Educational achievement
Academic achievement
Low achievement
Improving achievement
Improving performance
Underachievement
Academic failure
Outcomes of education
Outcomes.
Narrowing the gap
Educational experience.

SET 3 Emotional resilience

Emotional resilience
Social skills/social behaviour
Self-esteem
Emotional needs/psychological needs?
Resilience factors
Well being
Coping skills.

SET 4 Integrated services

Universal services
Targeted services
Extended schools
Extended services
Schools delivering a wider offer
Integrated working
Integrated services
Multiagency
Multi agency working
Multi-professional
Multidisciplinary working
Partnership working
Collective accountability
Agency cooperation
Cooperative planning
Cooperative programmes/programs.

SET 5 Early intervention via CAF/Childrens Trusts

CAF/common assessment framework AND Early intervention
CAF/common assessment framework AND schools
Childrens Trusts AND Early Intervention
Local Index of Child Well Being
CAMHS
Child and Adolescent Mental Health Services.

SET 6 Personalised Learning

Personalisation

Personalised learning

The following keywords and phrases were added following the TAG meeting in June 09.

Student engagement

Thinking skills

Learning skills

Metacognition

Domestic violence

Family learning

Home learning environment

Inclusion

Co-location

Appendix 4: Relevant National Indicators and data sources

This appendix contains the National Indicators and links to data sources relevant to this review.

National Indicator (NI)	NI detail	Data source (published information)	Scale (published information)	Frequency of data collection	First date of data collection	Latest date of data collection	Link to data source
Enjoy and achieve							
Additional indicators: Population	Numbers of looked-after children by eligibility for schooling	<i>DCSF: children looked-after in England (including adoption and care leavers) year ending 31 March 2009 (Statistical First Release 25/2009.)</i>	National, regional and local authority	Annual	Trend data from 2005 onwards available	2009	www.dcsf.gov.uk/rsgateway/DB/SFR/s000878/index.shtml
NI 99	Children in care reaching level 4 in English at key stage 2	<i>DCSF: Statistical First Release (SFR) on outcome indicators for children looked after, twelve months to 30 September 2008 – England (Statistical First Release 07/2009)</i>	National, regional and local authority	Annual	Trend data from 2005 onwards available	2008	www.dcsf.gov.uk/rsgateway/DB/SFR/s000842/index.shtml
NI 100	Children in care reaching level 4 in maths at key stage 2	<i>DCSF: Statistical First Release (SFR) on outcome indicators for children looked after, twelve months to 30 September 2008 – England (Statistical First Release 07/2009)</i>	National, regional and local authority	Annual	Trend data from 2005 onwards available	2008	www.dcsf.gov.uk/rsgateway/DB/SFR/s000842/index.shtml

NI 101	Children in care achieving 5 A*-C GCSEs (or equivalent) at key stage 4 (including English and maths)	<i>DCSF: Statistical First Release (SFR) on outcome indicators for children looked after, twelve months to 30 September 2008 – England</i> (Statistical First Release 07/2009)	National, regional and local authority	Annual	Trend data from 2005 onwards available	2008	www.dcsf.gov.uk/rsgateway/DB/SFR/s000842/index.shtml
Additional indicator	Looked-after children: special educational needs (SEN) and absence from school	<i>DCSF: Statistical First Release (SFR) on outcome indicators for children looked after, twelve months to 30 September 2008 – England</i> (Statistical First Release 07/2009)	National, regional and local authority	Annual	Trend data from 2005 onwards available	2008	www.dcsf.gov.uk/rsgateway/DB/SFR/s000842/index.shtml
NI 87	Secondary school persistent absence rate	<i>DCSF: pupil absence in schools in England, including pupil characteristics: 2007/08</i> (Statistical First Release 03/2009)	National, regional and local authority	Annual	Trend data from 2005 onwards available	2008	www.dcsf.gov.uk/rsgateway/DB/SFR/s000832/index.shtml
NI 104	Achievement gap between SEN and non-SEN pupils at key stage 2	<i>DCSF: key stage 2 attainment by pupil characteristics, in England 2008/09</i> (Statistical First Release 31/2009)	National, regional and local authority	Annual	Trend data from 2006 onwards available	2009	www.dcsf.gov.uk/rsgateway/DB/SFR/s000889/index.shtml

NI 105	Achievement gap between SEN and non-SEN pupils: 5 A*-C GCSEs including English and maths	<i>DCSF: GCSE attainment by pupil characteristics, in England 2008/09</i> (Statistical First Release 34/2009)	National, regional and local authority	Annual	Trend data from 2006 onwards available	2009	www.dcsf.gov.uk/rsgateway/DB/SFR/s000900/index.shtml
Additional indicators	School behaviour by family disability status	Philo <i>et al</i> (2009) <i>Families with children in Britain: findings from the 2007 Families and Children Study (FACS)</i> (DWP research report 578), London: DWP.	Representative sample survey of low-income families. Some data is available at regional level	Annual	1999	2007	http://research.dwp.gov.uk/asd/asd5/rports2009-2010/rrep578.pdf

Narrowing the gap in educational achievement and improving emotional resilience for children and young people with additional needs

This research review identifies what works in narrowing the gap in educational achievement and improving emotional resilience for children and young people with additional needs. It is based on a rapid review of recent research literature, involving systematic searching, and an analysis of key data. The review focuses on generic issues to do with service organisation and delivery. Literature on teaching interventions has not been considered.

**Centre for Excellence and Outcomes in Children and Young People's
Services (C4EO)
8 Wakley Street
London
EC1V 7QE
Tel 020 7843 6358
www.c4eo.org.uk**