Closing the gap in educational achievement and improving emotional resilience for children and young people with additional needs
The Centre for Excellence and Outcomes in Children and Young People’s Services (C4EO) identifies and coordinates local, regional and national evidence of ‘what works’, to create a single and comprehensive picture of effective practice in delivering children’s services. Using this information, C4EO offers support to local authorities and their partners, working with them to improve outcomes for children, young people and their families.

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- Safeguarding
- Schools and Communities
- Youth
- Families, Parents and Carers
- Early Intervention, Prevention and Integrated Services


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There is close and ongoing cooperation with the Association of Directors of Children’s Services, the Local Government Association, the NHS Confederation, the Children’s Services Network, the Society of Local Authority Chief Executives and Ofsted.

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

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Foreword

It is a great privilege for me to introduce to you the knowledge reviews produced for the Centre for Excellence and Outcomes in Children and Young People’s Services (C4EO), as part of the theme ‘Schools and Communities’. Each one of the three reviews is central to this theme and gives the reader access to the most up to date research, practice and informed opinion on what works in improving outcomes for children, young people and their families. They provide a rigorous record of relevant information and explores a number of outcomes, offering the reader an account focused on solutions, as well as opportunities for further evaluation.

Work on the reviews commenced prior to the current Coalition Government, and there is a fast moving pace of change in government policy, but I am confident that these three knowledge reviews will help all staff associated with schools and their leadership to develop bespoke responses to their own context and challenges. They will inform the standards agenda and help senior leaders, in particular, focus their responses. Schools do not work in isolation and are seen by many as the centre of the community. Each knowledge review takes one viewpoint but allows leaders to make connections with the others.

The standards agenda for young people is not simply about attainment, progress, attendance and punctuality. Resilience, transition and family wellbeing are all intertwined as young people make their passage through the phases. These reviews will aid policy makers in their decision making processes to ensure progression. They will support the standards agenda, helping schools deliver improved outcomes for all of their children and young people and, in particular, closing the gap for the most vulnerable.

I would like to thank everyone who has participated in the regional workshops and in the advisory group linked to the theme, and to pay tribute to the work of the review teams. I believe that collectively we have produced a very stimulating set of reviews that will act as a catalyst for further debate.

‘We’re all influenced by each other. I can’t be human in isolation. I am because you are. If there were no You, there couldn’t be Me.’

Archbishop Desmond Tutu

Neil Wilson
Executive Headteacher South Manchester 3–19 Federation
Acknowledgements

The review authors would like to thank the C4EO Schools and Communities Theme Advisory Group for its guidance. Thanks are also due to the people who commented on the draft report, and to the staff at NFER who checked all the references and formatted the text.

We are grateful to the following people for conducting and documenting the literature searches: Pauline Benefield, Alison Jones, Chris Taylor and Amanda Harper at NFER; Janet Clapton at SCIE.
Summary

This knowledge review tells us what works in closing 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 the research literature involving systematic searching, analysis of key data, validated local practice examples and views from service users and providers. It summarises the best available evidence that will help service providers to improve services and, ultimately, outcomes for children, young people and their families.

The Centre for Equity in Education at the University of Manchester carried out this review on behalf of the Centre for Excellence and Outcomes in Children and Young People’s Services (C4EO). The National Foundation for Educational Research (NFER) carried out the data analysis.

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’ in outcomes between the most vulnerable children in society and others
- 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’.

¹ Further information about the Narrowing the Gap programme can be found at: http://www.c4eo.org.uk/narrowingthegap. This programme pre-dated the current coalition government’s focus on “closing” the gap in attainment between children from rich and poor family backgrounds.
Key messages

1. There is evidence that some broadly targeted interventions involving schools can help to overcome barriers to learning and improve emotional resilience. They include full-service extended schools, multi-agency teams working with schools, alternative curriculum programmes and wide-ranging social and emotional programmes, such as SEAL (Social and Emotional Aspects of Learning). Impacts on attainment may emerge in the longer term.

2. Strong strategic leadership is needed to guide schools and services in developing their own approaches, which need to be tailored to local circumstances and build on local research, evaluation and analysis.

3. Promising interventions are likely to:
   - address several goals simultaneously and work at multiple levels (child or young person, family, school and community)
   - offer group work and individual support, linked into schools’ universal approaches to the environment, the curriculum, teaching and learning
   - build on the strengths and interests of children and young people
   - involve partnership working between schools and other services
   - focus on early intervention
   - involve careful identification and assessment of needs, supported by tools such as the Common Assessment Framework (CAF).

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 Common Assessment Framework (CAF) in relation to early interventions; the use of the CAF is still a relatively new process. Once the e-CAF 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 60 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 deal of work for strategic managers to do in ‘translating’ findings into their own context.

**Knowledge review methods**

This knowledge review is the culmination of an extensive knowledge gathering process. It builds on a scoping study and research review, which is available on the C4EO website.
Research literature was identified through systematic searches of relevant databases and websites, recommendations from the C4EO Thematic Advisory Group, and considering studies cited in identified literature (‘reference harvesting’). The review team used a ‘best evidence’ approach to systematically select literature of the greatest relevance and quality to include in the review. This approach attempts to eliminate bias in the selection of literature, to ensure that the review’s findings are as objective as possible.

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 of National Statistics.

The review also contains examples of local practice sent in from the sector, which have been assessed and validated by specialists in the schools and communities field using agreed criteria. The full versions of all of the practice examples contained within this review, and those published since the review was written, are available on the C4EO website. Evidence was gathered from service providers during discussion groups at C4EO knowledge workshops. Evidence from parents and carers was collected via C4EO’s Parents and Carers Panel and children and young people’s views have also been included. These came from C4EO’s children and young people’s networks. C4EO also carried out a survey of children and young people. Service users and providers are also contributors to published studies included within the review.

C4EO’s reviews ‘Ensuring that all children and young people make sustained progress and remain fully engaged through all transitions between key stages and Strengthening family wellbeing and community cohesion through the role of schools and extended services are also available on the C4EO website.
1 Introduction

This review aims to draw out the key messages about ‘what works’ in closing the gap in educational achievement and improving emotional resilience for children and young people with additional needs. The review addresses five questions which were set by the C4EO Theme Advisory Group (TAG), 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)?

Related C4EO reviews, available from the C4EO website, cover ensuring that all children and young people make sustained progress and remain fully engaged through all transitions between key stages, and strengthening family wellbeing and community cohesion through the role of schools and extended services.

The reviews are based on:

- the best research evidence from the UK – and where relevant from abroad – on what works in improving services and outcomes for children and young people
- the best quantitative data with which to establish baselines and assess progress in improving outcomes
- 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
- service user and provider views on ‘what works’ in terms of improving services and outcomes.
C4EO will use the reviews to underpin the support it provides to children’s services to help them improve service delivery and, ultimately, outcomes for children and young people.
Definitions of key terms

The following definitions were agreed by the Theme Advisory Group:

- ‘Additional needs’ goes beyond special educational needs. Children with additional needs are those 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; 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.’ In this review, ‘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.

Types of evidence used

The research included in this review was identified through systematic searching of key databases, reference harvesting or recommendations from the TAG. All research included has been appraised to ensure that the evidence presented is the most robust available.

The review also contains examples of local practice that have been gathered from the sector and assessed as having a positive impact on outcomes by specialists in schools and communities (See Appendix 5 for C4EO’s validated local practice assessment criteria). The full versions of all of the practice examples contained within this review, and those published since the review was written, are available on the C4EO website.

Evidence has also been gathered from service providers during discussion groups at C4EO knowledge workshops. Evidence from parents and carers was collected via the C4EO Parents and Carers Panel and from children and young people through a panel run by the National Children’s Bureau and Brent Youth Parliament. C4EO also carried out an online survey of children and young people (see Appendix 6 for more details of the process).

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.
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
- 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

Policy principles

It should be noted that this review was commissioned under the previous, Labour Government and published in September 2010. The current Coalition Government is embarking on an active reform programme and it is not yet clear how this will affect the children’s services context overall. In the case of schools policy, there is no doubt that the Government aims to introduce significant changes. There remains, however, a consistent thread running through education policy which bridges the change in government, and that is a commitment to a fairer education system. Indeed, the new Secretary of State for Education has described making opportunity more equal as an ‘ethical imperative’ (Gove 2010a). The question of how to narrow gaps between outcomes for different groups of children and young people is therefore central to the current Government’s agenda.

Children and young people with additional needs

Recent years have seen an increased 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 had 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. In the current context, for example, effects on children’s mental health linked to economic recession have been highlighted (Loughton 2010).
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 outcomes for their peers. The most obvious gap is in educational achievement, but this cannot be divorced from differences in levels of 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 has not been collected about additional needs to form the basis of a comparison with children and young people generally. There is, however, some clear evidence that certain 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 has also been 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 offered the possibility of addressing children and young people’s needs holistically and bringing to bear powerful, multi-dimensional interventions to improve outcomes. Exactly how the Coalition Government’s approach to additional needs will develop is not yet clear, but recent speeches by ministers provide some general indications (Gove 2010b; Loughton 2010; Teather 2010). Priorities are likely to include:

- providing funding to schools through the pupil premium to address the outcomes gap between children from rich and poor families
- targeting resources where needs are most acute
- encouraging early intervention to address needs in cost-effective ways
- fostering an environment in which families can thrive and support their children
- making it easier for voluntary sector organisations to work with statutory agencies
- developing a strategic role for local authorities as local champions of social justice and as brokers of partnerships between agencies and organisations which can provide support where it is needed.
3 The evidence base

This review is based on 60 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. Just under 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 others were identified through ‘reference harvesting’ from the first group of studies, or were recommended to us by the Theme Advisory Group. Eight of these recommendations were added after the research review at the knowledge review stage. 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, 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 groups of literature on teaching interventions for particular subgroups, and these are clearly relevant to the issue of closing achievement gaps. However, the extent of this literature means that it would not have been possible to do justice to it 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 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.

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2 This section deals with the research literature included in this review. For details of other types of evidence see the Data annexe and Appendices.
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 five and eight 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 concerning 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 context. As with most reviews of research evidence, therefore, it is difficult to avoid the conclusion that more research is needed. However, this need is not for research of any kind, but for research of a particular nature:

- 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 do service users and providers tell us about what works?

Introduction

The experiences of children and young people, parents and carers, and of those providing services to them, add much to our knowledge of what works in closing the gap in educational outcomes and improving emotional resilience for children and young people with additional needs. This section therefore focuses on the perspectives of members of these groups. It is based on a survey of children and young people, and focus group discussions with members of all three groups, rather than the research literature on which the rest of the review is based. Neither the sample group for the survey nor the focus groups were designed to be representative of the wider populations from which they are drawn. Therefore, the experiences reported and the views expressed should not be treated as necessarily reflecting those of people in England generally. Nevertheless, they draw attention to some of the issues affecting outcomes for children and young people, some of the ways in which schools and their partners seem to be working in promising ways to address their additional needs, and some of the ways in which development might be taken forward.

The views of children and young people

Over three quarters of the 226 young people who responded to the survey fell into the age range 14-17. A relatively large number of them had experienced some kind of difficulty during their school career which left them vulnerable to low achievement and/or reduced emotional well-being.

Asked about their school work, around one in five respondents reported that they regularly fell behind. They viewed this as a consequence sometimes of personal attitudes and characteristics, sometimes of their school experience, sometimes of home circumstances, and sometimes of a combination of all three; for example:

- ‘I don’t understand the work and teachers have set me targets which I cannot reach even after spending 4+ hours outside of school most days trying to do so’
- ‘I get distracted and put it off, and miss deadlines a lot’
- ‘Depression and anxiety means I am often absent from school’
- ‘Home issues’
- ‘Lack of understanding of task; lack of teacher support; ‘outside’ situations and circumstances; and (to be perfectly honest!) laziness sometimes too!’
Over a quarter of the young people surveyed reported that they ‘always’ felt good about themselves while in school. However, nine per cent reported that they ‘never’ felt good about themselves and 61 per cent said that they felt good about themselves ‘sometimes.’ Some of the reasons why young people might feel unhappy at school were explored in focus group discussions and included:

- not understanding work
- feeling left out
- being in conflict with teachers or friends
- lacking confidence during exams
- being blamed for something not your fault
- experiencing verbal assaults.

**What children and young people say about what helps**

Children and young people identified some approaches that schools could take to help prevent difficulties arising. These might be regarded as intrinsic to high-quality universal services and included:

- ‘teachers who can relate to young people’
- ‘inspiration’
- ‘pushing you to do your work’
- ‘support and encouragement from everyone’
- ‘extra-curricular tutorials’
- ‘variety of teaching methods’.

Respondents also referred to specific support strategies which helped them when they were experiencing problems, for example ‘one to one support’ and ‘extra reading’. A recurring theme was the importance to young people of peer support when they were experiencing either academic or emotional problems. According to one group of secondary school students, the reason why it worked was that ‘peers ... help explain things in a way we understand’. In some schools, peer support had been formalised, for example through peer mentoring schemes.

**The views of parents and carers**

Young people identified a range of professionals and para-professionals working in or alongside schools who were able to help them. However, parents and carers (and sometimes other family members) were also a common source of help for young people when they needed support (although it is important to note that a minority of young people said they preferred their parents not to be involved in their learning). The parents who took part in focus group discussions felt strongly that parents and carers had a vital role to play in supporting the achievement and well-being of children with additional needs. They highlighted the need for partnership between schools and families in order for parents to be able to do this effectively. As one father put it:

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3 Discussions took place with 20 young people of sixth form age, 19 young people from secondary schools and six primary school children.
‘How can we narrow the gap in educational achievement without parents being part of the process? Ninety per cent of all caring is done by the parents and carers. It goes the whole way through everything. If schools don't involve parents, there isn't a relationship between the parent and the child where they can talk about issues in school, if the parents don't understand.’

A significant number of the parents who took part in the discussions had children with special educational needs or disabilities. Some of them reported poor experiences of communication with schools. They sensed that they and their children were viewed as ‘the problem’ by school staff, inhibiting effective partnership working. Others had had more positive experiences where schools had made considerable efforts to establish effective links with parents. One mother described the approach in her child’s school:

‘I think it is the whole ethos of having a friendly welcoming school where parents are made to feel welcome and encouraged to take issues in. And most of the school letters end “And please remember, if you have any problem, no matter how tiny it is, it could be a major problem to your child. Please speak to us about it as early as possible.” And I think you know, it’s that kind of thing.’

In some cases, parents had received support from a parent support advisor or Parent Partnership worker, who had acted as an advocate for them in discussions about their children. This support was much appreciated, but was felt to be a somewhat scarce resource. Other parents relied on voluntary organisations for advocacy services.

**Developments in practice**

From the point of view of parents, provision for their children was not unproblematic. They identified a series of issues, particularly in relation to special educational needs. These included: problems accessing services or support for their children; a lack of flexibility in some schools which meant that provision was inappropriate; and low expectations of children with additional needs. Nevertheless, they also identified some examples of practice which had been helpful for their children and highlighted some particular strategies which they thought should be encouraged to help children who were struggling academically or behaviourally. These were:

- one-to-one learning support
- outreach/home support
- good behaviour contracts
- mentoring support.

**The views of service providers**

In a series of workshops, practitioners from schools, other education services and children’s services more generally described the way that services are in fact developing on the ground. This information is summarised here
The 54 practitioners who attended the discussion groups thought that a range of strategies were needed to address gaps in educational achievement between children and young people with additional needs and their peers. These included:

- a commitment on the part of school leaders to reducing achievement gaps
- targeted work in schools with low achieving students, which might include one to one teaching programmes or mentoring interventions
- engaging young people in vocational education programmes, backed up by specific support in schools focusing on the core curriculum
- engaging with families, for example through extended services
- developing links with sectors of the community in which low achieving students are over-represented. In one local authority, for instance, the language support service had worked closely with community leaders from a particular ethnic minority group to bring about improvements in achievement.
- collaboration between schools to develop approaches to teaching and learning and ways of working together to address achievement gaps
- partnership working between different agencies. One local authority, for instance, had attached ‘integrated working brokers’ to schools. They helped to identify children vulnerable to low achievement and to develop strategies for working with other agencies to address the additional needs of these children. In another area, information sharing between education and social care had led to more effective planning for children in care.

**Improving emotional resilience**

Practitioners reported that targeted support in schools was helping to improve the emotional resilience of children and young people. This included one-to-one and small-group interventions, which were delivered by a range of practitioners such as educational psychologists and primary mental health workers based in schools. In some cases this was supported by interventions with families.

Some workshop participants emphasised the need to integrate targeted interventions into a whole-school approach to promoting emotional resilience. One local authority was piloting a model for a whole-school approach based on restorative practice and the Social and Emotional Aspects of Learning (SEAL) programme. Other important principles identified by practitioners included the need to personalise approaches to take into account children’s circumstances and particular needs; to use a range of information to look at needs in the round; and to develop relationships of trust with children and their families in order to be able to engage them in interventions.

**Using data**

Many practitioners highlighted the importance of using data in a ‘smart’ way to help them narrow gaps in achievement. This was necessary at the individual school level, where School Improvement Partners (SIPs) could play a useful role in helping schools to be aware of potentially vulnerable groups of students, to monitor gaps, to set targets for low achieving groups and to plan interventions to address issues. Auditing achievement data across districts or local authorities could help identify shared issues which could then be addressed as area priorities. In addition,
comparing data across schools could be a useful way of identifying where gaps were Closing and discovering the practice that seemed to be making the difference.

In some areas, data sharing protocols had been developed and schools and other organisations were increasingly sharing information. This was helping to stimulate integrated approaches to issues. In one local authority, for example, greater transparency between agencies had raised the profile of different outcomes gaps, resulting in the development of a multi-agency strategy to address multiple disadvantages. This in turn had led to the development of a ‘Team Around the School’ approach using the Common Assessment Framework (CAF) model.

Embedding effective approaches

Practitioners viewed effective local leadership as playing a crucial role in embedding approaches in practice. A commitment to meeting additional needs could be signalled by various leaders or leadership bodies, for example, in children’s services or among elected council members. Practitioners felt that leaders needed to develop strategic approaches that could guide development on the ground. Involving families and the wider community in planning provision was very important.

Key leadership responsibilities included:

- *Making decisions about the use of resources* – there was a view that, as financial pressures increase, collaborative working would become increasingly necessary to prevent the dilution of resources.

- *Planning professional development* – this might include programmes to help practitioners to reflect on new areas of work as well as workforce training.

- *Evaluating intervention programmes* – this needed to include a focus on costs and outcomes.

**Conclusion**

This section highlights some of the difficulties experienced by children and young people as they go through school and the ways in which they would like to be supported. Their feedback underlines both the importance of high quality universal services and the role of ‘additional’ interventions in addressing needs. The part that family members can play in supporting their children is also highlighted, and this theme is picked up in the perspectives of parents. Practitioners draw attention to some targeted interventions that seem to be having some promising impacts on achievement and emotional resilience, and indicate the ways in which they might be supported within a wider framework of provision. Subsequent sections will consider what the research evidence suggests about the most promising ways forward for practice.
5 What are the challenges for schools and how do they address them by working with other services?

**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 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, or involving parents and carers more fully. They will almost certainly involve working with partners in other agencies and organisations (see review by Kendall et al 2008).

Working with partners is particularly important because schools are not the only context 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 society (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 arenas 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 per cent 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 2007 p 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
- 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 2009a).

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) put it in their review of
research evidence on Closing the gap in outcomes for vulnerable groups\textsuperscript{4}: ‘School leaders have to align the ECM\textsuperscript{5} agenda with the standards agenda, simultaneously raising attainment and achievement whilst improving wider outcomes (e.g. relating to health)’ (p 5). This is challenging for all schools, but particularly for those serving the most ‘deprived’ populations. There, the combination of a high level of needs and low level of outcomes (notably, attainment outcomes) creates an acute set of pressures (DCSF 2009a). It is in these circumstances that schools are most likely to develop wide-ranging partnership approaches to issues.

**Identifying needs and targeting interventions**

Targeting interventions to address additional needs depends on knowing which children are vulnerable to poor outcomes, and what difficulties they are facing – in other words, on effective identification and assessment. A particular challenge for schools is to be alert to the background factors that potentially affect the progress of children and young people, without assuming that all children will respond to these factors in the same way. There is a good deal of variation in how well equipped schools are for this challenge. In their evaluation of the Behaviour Improvement Programme (BIP), Hallam et al (2005) found, for instance:

\begin{quote}
‘Across LEAs\textsuperscript{6} 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.’
\end{quote}

The experience of child and adolescent mental health services (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.

Effective identification and assessment is perhaps more challenging in a context in which there are increasing demands on schools to recognise and understand difficulties that lie outside their traditional area of expertise. Joined-up assessment processes, which allow practitioners from different services to pool their knowledge and expertise, provide opportunities for schools to develop their understanding of additional needs. Specifically, the adoption of the Common Assessment Framework may provide some support for this (the CAF is explored in more detail in Section 8). Some of the other ways in which schools may work with partners to develop their understandings of local needs are identified by Cummings et al (2010) in a study of

\textsuperscript{4} The term ‘vulnerable groups’ is not explicitly defined, but is applied to groups that are systematically at risk of poor outcomes.

\textsuperscript{5} Every Child Matters

\textsuperscript{6} Local education authorities
the way that extended services reach disadvantaged groups and individuals. Although all the practices identified are not embedded everywhere, the researchers suggest that ideally:

‘The views of school personnel should be triangulated against more ‘objective’ data, the views of other agencies (who might have very different understandings of individual and local needs), and, in particular, the views of children, families and community members themselves about what they need and how it is best provided.’

(p 29)

Whilst capacity for effective identification and targeting seems to be developing in some schools, it is likely that others would benefit from training and support in this area of practice.

**Partnerships 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), locality teams 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 per cent 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 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 tension 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
- 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.

**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.
6 What works best in closing the achievement gap?

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 what schools and their partners can do to meet children and young people’s additional needs. Those needs may not be simply about mastering particular skills or pieces of knowledge in the classroom. However, if they are left unmet, they can open up a gap between students with these needs and many of their peers.

The interventions we outline here address barriers to learning, such as disaffection, poor attendance, school phobia, challenging behaviour and low aspirations, and some of the background factors that can contribute to these barriers. They are not an alternative to focusing on learning in the classroom and 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.

Closing the achievement gap

There is evidence that interventions which address barriers to learning have achieved positive outcomes with children and young people with additional needs.
Promising interventions include extended schools, multi-agency teams working with schools and alternative curriculum programmes. It is important to note that studies of these interventions are of variable quality and there may, of course, be some variation in outcomes for different children and young people. Nevertheless, these studies do show evidence of outcomes including improved engagement in learning, improvements in behaviour, improvements in attendance and changes in aspirations (Pettit 2003; Charlton et al 2004; Attwood et al 2005; Hallam et al 2005; Halsey et al 2005; Hallam et al 2006; Cummings et al 2007; Cowen and Burgess 2009).

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 school meals and with special educational needs on one hand, and all other pupils on the other, 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. 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, it is in the nature of such interventions that some indirect 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 well-being, 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.

The characteristics of promising 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 behaviour and education support teams (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). The focus on family well-being reflects a considerable body of research that highlights the significance of systematic interventions with families for children’s development and educational achievement (see, for example, the review by Harris and Goodall 2009).

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. Three specific examples are:

- **Full-service extended schools** (Cummings et al 2007)

  The Full-Service Extended Schools (FSES) initiative directed additional funding to 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 childcare (from 8am to 6pm). 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 a high proportion 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.

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.

*Interventions with a specific focus*

So far in this section we have considered the way that wide-ranging interventions can help to overcome barriers to learning and support achievement. Although, for the reasons given in Section 3, we have excluded studies of more narrowly focused interventions from the review, this does not mean that they play no role in addressing additional needs. The following example of local practice illustrates the contribution such interventions may make.

**Validated local practice example: Hertfordshire Summer Reading Challenge**

What is it?
Hertfordshire is using the national Summer Reading Challenge to develop reading habits and increase public library use by children and their families.

What does it do?
The challenge is for children to read a certain number of books in the school summer holiday period, supported by librarians.

Why is it different?
In 2009, all Hertfordshire primary schools received promotional material about the challenge. It was also promoted to visually impaired children (who were encouraged to access audio books), looked after children and young carers.
Young people’s librarians targeted promotional visits to schools in:

- areas highlighted on the deprivation indices
- areas where educational achievement was known to be low
- schools that had limited recent contact with the library
- schools that had low numbers of children participating in previous challenges.

What has been achieved?
Library use increased in 2009, with 17,027 children participating in the challenge, 9,662 completing it and 706 children joining the [a?] library for the first time.
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 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.
7 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 CAMHS (2008) 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’ (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, school 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 CAMHS (2008) 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 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.’

(p 23)

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.

Some of the risk and protective factors associated with changes in psychosocial well-being in mid-childhood and early adolescence are explored in a study by Morrison Gutman et al (2010). Four dimensions of psychosocial well-being are analysed – emotional, behavioural, social and subjective school well-being – and the authors conclude:

‘While none of the relationships we identify can be proven to be causal, there are factors which are clearly associated with good or poor wellbeing and which give good indications as to how positive change in wellbeing may be supported or undermined. Some of these factors apply universally across our sample, while others are differentiated by risk and gender. In particular we would highlight the importance of children’s environments — particularly in terms of their relationships with parents, and to a lesser extent their friends, and school — as well as their experiences and capabilities — in terms of attainment and SEN. These factors give us the best indications of how and where child wellbeing can be leveraged through policy.’ (p viii)

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 which 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 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.

(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:
- improved community relationships and opportunities for local people (Tisdall et al 2005; Cummings et al 2007).
All 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 which impact upon emotional resilience and the group which impact 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 (such as nurture groups) and some one-to-one approaches (such as counselling and peer support) 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’ (p 284).

Schools and local authorities have also introduced a number of school-based learning 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 (Weare 2008; Durlak, 2010). However, this does not mean necessarily that they will have similar results in the UK context. Research into some of these interventions in the UK is ongoing, including, for example, an evaluation of the UK Resilience Programme, which is based on the Penn Resiliency Programme developed at the University of Pennsylvania (Challen et al 2009; Bacon et al 2010). This is a universal classroom intervention and has so far been tested with students in Year 7 who may or may not have additional needs. Promising findings from the first year of this evaluation are summarised by Bacon et al (2010):
'The initial quantitative work found a significant positive impact on pupils’ depression and anxiety symptom scores for those schools where the treatment and control groups were well matched. This effect was larger for girls than for boys, for pupils who had lower baseline scores for depression and anxiety, and for those who had not met target levels for Key stage 2 in their exams. The longer term impact on pupil wellbeing, as well as other factors such as educational attainment, attendance and classroom behaviour, will be monitored over the duration of the programme.'

(pp 51–52)

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. One of these is the Social and Emotional Aspects of Learning (SEAL) programme introduced by the Government 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’ (Humphrey et al 2008 p 5).

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:

- Wave 1, centering 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
- 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. Changes in children’s 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).

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7 The ongoing evaluation of Wave 3 of SEAL (the Targeted Mental Health in Schools Programme) is being carried out by researchers from University College London, CEM Durham University, the University of Manchester, the University of Leicester and the National Institute of Economic and Social Research.
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,\(^8\) 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)

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

**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.

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\(^8\) Mental health, pro-social behaviour, anti-social behaviour and achievement.
8 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 Common Assessment Framework 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 which 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) which 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 a child’s 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 for 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 the 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. These 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 at a relatively early stage of reform: ‘For many of the pathfinder children’s services, early intervention and prevention was the main motivation for developing initiatives involving new working practices, services and roles’ (UEA and NCB 2007 p 90). More recently, a self-assessment undertaken by children’s services 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 services (CWDC 2010). Further evidence that integrated service developments are becoming more embedded is provided in a report on the work of the Local Authorities Research Consortium (Easton *et al* 2010).

However, early intervention is by no means evident in practice everywhere. In case studies of targeted youth support in six areas, Palmer and Kendall (2009) 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.’ (p 6)
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; Social Information Systems 2009). In its study of the use of the Team Around the Child model for the 11–14 age group, moreover, Social Information Systems (2009) highlights general confusion amongst practitioners about the continuum of needs in local areas and when it is appropriate to intervene in individual children’s cases. 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, have a lack of skills to meet needs and 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 services 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 services the CAF processes were at least half way between being fragmented and being integrated and high quality. There was a gap, however, between leaders’ and managers’ perceptions and those of front-line workers about 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 than CAF implementation.

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 the evidence 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 and multi-agency working, in promoting a more focused response to referrals, in identifying appropriate support and as a starting point for engaging with children and families (Pithouse 2006; Dagley et al 2007; Adamson and Deverell 2009; Social Information Systems 2009 ). There are also are some positive reports of using the CAF with the relatively small number of children and young people who have significant and complex needs (Boddy et al 2006). In this example, local authorities were incorporating the CAF into their integrated assessment processes and viewed it as supporting a flexible and holistic approach to understanding and meeting children and young people’s needs.

Studies also report concerns about the CAF, however. 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; Lord et al 2008; Adamson and Deverell 2009; Social Information Systems 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; Adamson and Deverell 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’ (p 16). These findings are echoed elsewhere (see, for example, Percy-Smith 2006; Siraj-Blatchford and Siraj-Blatchford 2009; Dyson et al 2009; O’Brien 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 this scale – 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). Reaching consensus on these success indicators may not be straightforward, however (Siraj-Blatchford and Siraj-Blatchford 2009).

It is also important therefore to learn from particular examples of how outcomes are most likely to be achieved. ‘Service integration’ could take many different forms locally and encompass many different processes. It is important, therefore, to know which forms and which processes make a difference. Case study evidence from the national evaluation of full-service schools, for instance, provides a strong indication of the 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)
There are also some promising models of local practice, such as the following example from Warrington.

**Validated local practice example: Warrington Support Model**

**What is it?**
The Warrington Family Support Model (WFSM) is a framework for integrated working to provide support to children/young people and their families.

**What does it do?**
The model includes the CAF, multi-agency meetings with families and lead professional working. The CAF team runs the Information Hub, a service where practitioners with concerns about a child/young person can request background information from the CAF, social care, education and Connexions databases. The WFSM also includes regular service allocation meetings (SAMs), where practitioners who have completed a CAF assessment can consult with a range of professionals to identify local services.

**Why is it different?**
The Information Hub and SAMs are key features of the WFSM.

**What has been achieved?**
The WFSM has reduced the duplication of work, improved information sharing, helped to hold services accountable for their tasks and is a positive experience for staff and families. Over half of all children and young people supported through the WFSM are showing a decreasing level of need.

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.
9 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 which use capacity efficiently, are equitable between different service users and localities and which, 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, 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
• strong leadership.

This means that the challenge at 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 kind of cross-fertilisation is by no means guaranteed and without it, 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
Closing the gap in educational achievement and improving emotional resilience

(2006), 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’ (p ii) 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 review and in the national evaluation of full-service extended schools, for example. Building firm foundations of this kind takes time because they depend on relationships of trust. The process 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 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
5. establishing clear refocusing output targets

(Dartington Social Research Unit 2004 p 13)

The process of developing the Warrington Family Support Model (see pages insert numbers when finalised) offers an example of strategically led, ‘bottom-up’ development in practice. In this case, the model was developed by establishing a shared vision amongst practitioners working at all levels in children’s services and by involving practitioners in trialling and shaping new practices. The bottom-up approach is viewed by those involved as a strength and the model is acting as the foundation for new initiatives across the town, supported at a strategic level through local partnership working.

**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.
10 Conclusions and main messages

There is promising evidence that some programmes and interventions have achieved positive outcomes for 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. As well as 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.

- 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.

Common principles

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 promising impacts on barriers to learning and/or on factors 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. Universal preventive approaches may also help to address additional needs.
In general, there is limited evidence of the impacts on attainment made by such interventions. However, it is important to remember that during the period covered by this review, interventions on this model have had little time to become embedded; it is too early to expect compelling evidence of attainment. These interventions should be viewed as a long-term investment in children and young people’s learning and overall well-being.

**Implications for the future**

Interventions based on this model are promising, but there are some challenges for future development. These are major challenges in a context of constrained public spending, when difficult choices have to be made about the use of resources.

Bearing this in mind, these findings of this review have implications for local and national leaders:

- Children and young people with ‘Additional needs’ is not a precisely defined category and the population it refers to is extremely diverse. Service planning and commissioning must reflect this diversity and considerable care should be taken over matters of identification and targeting.

- Given these challenges, decision-making should be informed by systematic analyses of local needs. Similarly, robust assessment processes at the individual level are required.

- There are some clear principles underpinning promising approaches to improving outcomes for children and young people with additional needs. There are also some pre-designed programmes that schools and their partners can draw on as part of their approach (see Additional Resources). However, strategic leaders have to find ways of ensuring that solutions are appropriate to local situations. In order to do so, leaders need good evidence on the impact of interventions on specific outcomes as well as on local needs.

- The evidence indicates that the way group and individual interventions are introduced in the context of universal provision makes a difference. Leaders need to ensure that by focusing on additional needs, attention does not shift away from universal approaches.

- Given the likely changes in the context for partnership working, local leaders need to continue with collaborative approaches and marshall appropriate local resources. Amongst other things, this is likely to involve exploring an increasing role for voluntary organisations in provision for children and young people with additional needs.

- The most powerful forms of development at this stage require schools and partners to build on local practice and move knowledge around the system. Therefore local leaders and policy makers need to work together to ensure this happens.
Additional resources

In this review we have referred specifically to two programmes which can help to promote emotional resilience in children and young people. They are the UK Resilience Programme and SEAL. The following websites provide further information on these programmes:

The SEAL resources for primary and secondary schools on can be found at: http://nationalstrategies.standards.dcsf.gov.uk/inclusion/behaviourattendanceandseal/seal
The UK Resilience Programme can be found on The Young Foundation website: http://www.youngfoundation.org/our-work/networks-and-collaboratives/the-local-wellbeing-project/more-info/the-big-initiatives-promo

A link to a short film about the UK Resilience Programme on Hertfordshire County Council’s website. Hertfordshire is one of the three local authorities participating in the programme. The others are South Tyneside Council and Manchester City Council. http://www.hertsdirect.org/caresupport/childfam/health/resilience/ukresilienceprog/

The UK Resilience programme is being piloted as part of the Local Wellbeing Project. This website provides detailed information about the project as a whole: http://www.youngfoundation.org/our-work/networks-and-collaboratives/the-local-wellbeing-project/local-wellbeing-project
Data annexe

Introduction and availability of data

The main emphasis for this review is on closing 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 Closing 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, through the use of the Common Assessment Framework (CAF) and with children services) 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 Data annexe Section 3. In effect, 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 in this review.

This Data annex 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.

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.

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 Education)
• access to data published by the Office for National Statistics (ONS)
• exploring data published by the Department of Health, Office for 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 Department for Work and Pensions Family and Communities Survey (FACS), the Longitudinal Study of Young People in England (LYSPE) and the Youth Cohort Study (YCS) as well as exploring data in the Millennium Cohort Study (MCS), the Effective Provision of Pre-School Education (EPPE) and Effective Pre-school, Primary and Secondary Education (EPPSE) studies. It should be noted that links to online statistical sources that were ‘live’ at the time of searching may not remain live at the time of publication.

Nature and scope of the data

The definition of ‘additional needs’ that has been adopted for this review 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 are evidence of:
• any Closing of the gap between the educational achievement of children with additional needs and those of other children
• any Closing of the gap between the emotional resilience of children with additional needs and that of other children
• the impact of targeted interventions on these outcomes for children with additional needs.

The availability of data on these areas is summarised in the following sub-sections.
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 Department for Children, Schools and Families (DCSF).

Data on emotional resilience

Data on emotional resilience is less widely available. Some longitudinal surveys of young people (such as Tellus (Chamberlain et al 2010; DCSF 2010) and the Families and Children Study (FACS) (Philo et al 2009), 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.

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)9, 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 31 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, with the child’s consent, by the child’s carer (or, if they are living independently, by their social worker or other responsible adult – though not a teacher).

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. It is not yet established, though, whether or not this data will become accessible as anonymised data at individual level (that is, presented in a non-disclosive way). Nor is it certain whether this data 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.

9 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 hoped that the OC2 data collection could cease ‘after the 2009/10 Statistical First Release subject to satisfactory matching to the NPD using UPNs’ (Britton 2008).
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 the Office for National Statistics on behalf of the Department of Health. While the report provides data on young people aged five to 17, it was based on a relatively small sample (just over 1,000) and has not been followed up in subsequent studies, so does not provide any trend data (Meltzer et al 2003).

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

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, including, for example, children with SEN, looked after children, those who have been excluded and those who are persistent absentees. In 2009, for example, just under three per cent of the school population (2.7 per cent) had 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. 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 race pupils (DCSF 2009b).

Statistics for looked after children for 2009 reveal that there were 43,200 children who had been looked after continuously for at least twelve months by English local authorities. This is a decrease of 1 per cent from the figure of 43,700 in 2008 (DCSF 2010a). Data from the DCSF Statistical First Release (DCSF 2010a) shows little change in the numbers of children and young people who were in long-term care in England between 2007 and 2009, although the proportion eligible for schooling showed a very small decrease (from 76 per cent to 74.8 per cent), suggesting that marginally more pre-school children may have been taken into long-term local authority care in 2007 and 2008 (Figure 1).

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

‘Black’ is an ethnic category defined by the DCSF to include children who are from ‘Black Caribbean’, ‘Black African’ or ‘Any other Black background’. 
Of those looked after children who were eligible for schooling, the proportion who were designated as having special educational needs shows little variation from 27.6 per cent in 2007, to 27.9 per cent in 2008 and 27 per cent in 2009 (see Figures 2 and 3), while the proportion with five or more weeks of non-attendance showed a small decrease from 13 per cent in 2007, to 11.9 per cent in 2008 and 11.5 per cent in 2009 (see Figure 2).
Some 3.3 per cent of the school population were persistent absentees: that is, 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 2010b). 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 children with profound and multiple learning difficulties amongst the persistent absentees (close to that of the level of absenteeism amongst pupils with behavioural, emotional and social difficulties) suggests that there is a high risk of elective disengagement for these pupils (Figure 5).
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Figure 4 Persistent absentees: by pupil characteristics

Source: DCSF 2010b

Figure 5 Persistent absentees: by SEN type

Source: DCSF 2010b
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 North East, Yorkshire and the Humber, and the West Midlands (DCSF 2009d). Such dichotomous comparisons, however, provide no insight 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 2009d
Figure 7: Key Stage 2 maths attainment at level 4 and above: by SEN and local authorities

Source: DCSF 2009d
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 almost the same; 6.5 per cent of boys with a statement achieved five or more GCSEs at grades A* to C (including English and maths) compared with 5 per cent of all girls with a statement (and 61.3 per cent of those without SEN).
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 mathematics at Key Stage 2 has increased year on year since 2007.

At Key Stage 3, although there has, on average, been no observable improvement for all children in English, the proportion of looked after children achieving level 5 outcomes has increased year on year since 2006 by a total of 2 percentage points. In maths there has, on average, been no observable improvement in attainment for both looked after children and 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). Although there has, on average, been a decrease in the proportion of all children attaining at least a level 5 in Science, the proportion of looked after children attaining level 5 or above has remained constant (see Figure 12).

Figure 10  Outcomes at Key Stage 2: by status

Source: DCSF 2010a
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**Figure 11  Outcomes at Key Stage 3: by status**

![Bar chart showing outcomes at Key Stage 3 for all children and looked after children in mathematics and English, comparing 2006, 2007, and 2008.](Image)

Source: DCSF 2009f

**Figure 12  Outcomes at Key Stage 3 in science**

![Bar chart showing percentage of all children and looked after children achieving at least Level 5 in Science at Key Stage 3, comparing 2006, 2007, and 2008.](Image)

Source: DCSF 2009f
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**

[Graph showing outcomes for looked after children at Key Stage 4]

Source: DCSF 2010a

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 5,200 young people who were looked after on 1 April 2005 and were then aged 16 years old, some six per cent were not in touch by September 2009. Nearly one third (31 per cent) were not in education training or employment (NEET) although a third (33 per cent) were in some form of learning (and over one quarter of these were in higher education – seven per cent of the looked after cohort who had been in cohort local authority care during Year 11 in 2006).
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 (Philo et al 2009). 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.
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**Figure 15: School behaviour by family disability status**

![Graph showing school behaviour by family disability status](image)

- Child had behavioural problems at school
- Child temporarily excluded or suspended from school
- Child permanently excluded or suspended from school
- Parent contacted because child had been misbehaving at school

Source: Philo *et al* 2009

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

![Graph showing feelings about school work and appearance by family disability status](image)

Source: Philo *et al* 2009
Figure 17: Feelings about life as a whole by family disability status

Source: Philo et al 2009
Citing the gap in educational achievement and improving emotional resilience

References


Local Government Association (2009) Narrowing the gap: final guidance year 2, leadership and governance, London: Centre for Excellence and Outcomes in Children and Young People’s Services (available at
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research evidence, Slough: NFER (available at www.nfer.ac.uk/publications/LNG01/, accessed 6 September 2010).


University of East Anglia in association with the National Children’s Bureau (2007) Children’s Trust Pathfinders: innovative partnerships for improving the well-being of children and young people: national evaluation of Children’s Trust Pathfinders final report (DfES research report 839), London: DfES (available at

Appendix 1: Knowledge review methods

This review follows a C4EO scoping study (Atkinson et al 2009) and a C4EO research review (Dyson et al 2010) on the theme of narrowing the gap in educational achievement and improving emotional resilience for children and young people with additional needs. It includes literature identified by the scoping study as it is 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 or approval of the Theme Advisory Group. These included, for example, studies which had been published too late to be included in the scoping study. 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).

The review also contains examples of local practice sent in from the sector, which have been assessed and validated by specialists in the schools and communities field using agreed criteria (see Appendix 5). Evidence has also been gathered from service providers and service users (see Appendix 6)
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 the ChildData database, 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

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<th>Items identified as relevant to this study</th>
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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. Due to the 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.

Key:
ft - free text search term was used
$ - truncation of terms
? – wildcard to accommodate variant spellings.

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)
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#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
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#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)
#89 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
Closing the gap in educational achievement and improving emotional resilience

Nutrition
Mental health
Health needs
Child health
Ill health (ft)
Poor health (ft)
Substance abuse
Drug abuse
Alcohol abuse
CAMHS (ft)
Child and adolescent mental health service (ft)
Anxiety
Depression-Psychology
Housing needs
Housing
Early parenthood
Adolescent mothers
Adolescent fathers
Teenage pregnancy (ft)
Teenage parents (ft)
#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
Academic achievement
Educational achievement (ft)
Low achievement
Improving performance (ft)
Improving achievement (ft)
Improving outcomes (ft)
Underachievement
Academic failure
Outcomes of education
Outcomes (ft)
Narrowing the gap (ft)
Educational experience
Dropouts
Inclusion
Literacy
#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

#62

#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 pregnancy
#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)
Closings the gap in educational achievement and improving emotional resilience

#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)
Closing the gap in educational achievement and improving emotional resilience

#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 Disruption (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 Disengagement (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
Closing the gap in educational achievement and improving emotional resilience

#56 Homelessness
#57 Early parenthood (ft)
#58 Teenage parents (ft)
#59 Teenage mothers (ft)
#60 Teenage pregnancy (ft)
#61 Adolescent parents
#62 Adolescent mothers
#63 Adolescent pregnancy

#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)
Closing the gap in educational achievement and improving emotional resilience

#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)
CLOSING THE GAP IN EDUCATIONAL ACHIEVEMENT AND IMPROVING EMOTIONAL RESILIENCE

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
Closing the gap in educational achievement and improving emotional resilience

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 Disaff ect$
#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)
Closing the gap in educational achievement and improving emotional resilience

#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
Closing the gap in educational achievement and improving emotional resilience

#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)
Closing the gap in educational achievement and improving emotional resilience

#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)
Closing the gap in educational achievement and improving emotional resilience

#33 Teenage pregnancy (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

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<tr>
<th>Organisation</th>
<th>URL</th>
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</tr>
</thead>
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<td>Capita</td>
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<tr>
<td>C4EO</td>
<td><a href="http://www.c4eo.org.uk">www.c4eo.org.uk</a></td>
<td>4</td>
</tr>
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<td>Children’s Workforce Development Council (CWDC)</td>
<td><a href="http://www.cwdcouncil.org.uk">www.cwdcouncil.org.uk</a></td>
<td>1</td>
</tr>
<tr>
<td>Department for Children, Schools and Families (DCSF) Research</td>
<td><a href="http://www.dcsf.gov.uk/research/index.cfm">www.dcsf.gov.uk/research/index.cfm</a></td>
<td>24</td>
</tr>
<tr>
<td>FutureLab</td>
<td><a href="http://www.futurelab.org.uk">www.futurelab.org.uk</a></td>
<td>3</td>
</tr>
<tr>
<td>Institute of Education • Centre for Research on the Wider Benefits of Learning • Thomas Coram Research Unit • Eppi-Centre</td>
<td><a href="http://www.ioe.ac.uk">www.ioe.ac.uk</a> <a href="http://www.learningbenefits.net/">www.learningbenefits.net/</a> <a href="http://www.ioe.ac.uk/research/174.html">www.ioe.ac.uk/research/174.html</a> <a href="http://eppi.ioe.ac.uk/cms">http://eppi.ioe.ac.uk/cms</a></td>
<td>0 4 4 2</td>
</tr>
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<td>Local Government Association (LGA)</td>
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<td>1</td>
</tr>
<tr>
<td>Making Research Count</td>
<td><a href="http://www.uea.ac.uk/menu/acad_depts/swk/MRC_web/public_html">www.uea.ac.uk/menu/acad_depts/swk/MRC_web/public_html</a></td>
<td>3</td>
</tr>
<tr>
<td>National College for Leadership of Schools and Children’s Services (NCSL)</td>
<td><a href="http://www.ncsl.org.uk">www.ncsl.org.uk</a> (this is now <a href="http://www.nationalcollege.org.uk">www.nationalcollege.org.uk</a>)</td>
<td>5</td>
</tr>
<tr>
<td>National Foundation for Educational Research (NFER)</td>
<td><a href="http://www.nfer.ac.uk">www.nfer.ac.uk</a></td>
<td>6</td>
</tr>
<tr>
<td>Research in Practice (RIP)</td>
<td><a href="http://www.rip.org.uk">www.rip.org.uk</a></td>
<td>5</td>
</tr>
<tr>
<td>Training and Development Agency for Schools (TDA)</td>
<td><a href="http://www.tda.gov.uk">www.tda.gov.uk</a></td>
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</tbody>
</table>
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: a world-class education for every child* (DCSF 2008d) 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 Services 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 resilience\(^\footnote{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.}^\footnote{CAF is in its infancy and people in Children’s Trusts 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.)} of those with additional needs?

4. What has been the role of the CAF\(^\footnote{CAF is in its infancy and people in Children’s Trusts 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.)}^\footnote{CAF is in its infancy and people in Children’s Trusts 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.)} 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?
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 Questions

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 wellbeing’ 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 Parameters Document 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 (2008a) *The Children’s Plan one*

- Department for Children, Schools and Families (2008d) 21st schools: a world-class education for every child, London: DCSF (available at http://publications.dcsf.gov.uk/eOrderingDownload/DCSF-01044-2008.pdf, accessed 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 (2008c) 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.


- Department for Children, Schools and Families (2008b) 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.
Parameters Document 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 Guide\textsuperscript{14}) 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.

Closing the gap in educational achievement and improving emotional resilience

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

<table>
<thead>
<tr>
<th>National Indicator (NI)</th>
<th>NI detail</th>
<th>Data source (published information)</th>
<th>Scale (published information)</th>
<th>Frequency of data collection</th>
<th>First date of data collection</th>
<th>Latest date of data collection</th>
<th>Link to data source</th>
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</thead>
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<tr>
<td>Enjoy and achieve</td>
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</table>
Appendix 5: Validated local practice process and assessment criteria

What is validated local practice?

Validated local practice examples describe how local authorities and their partners have successfully tackled key challenges and improved outcomes for children and young people. Their success in achieving improved outcomes has been assessed as being sufficiently well evidenced to merit inclusion within the review.

Collection methods

C4EO collected practice examples by sending invitations to local authorities and services to submit promising or proven practice examples to C4EO which were relevant to each theme. The ‘call’ for local practice examples was also advertised at the schools and communities knowledge workshops and was placed on the C4EO website and publicised through various publications. Members of the Theme Advisory Group were also asked to use their own contacts and networks to publicise the call for practice examples. Respondents submitted examples in hard copy, online via the C4EO website or via email.

Validation process

Local authorities and their partners were asked to submit their practice examples in a form that was designed to encourage them to fully describe their practice and to provide evidence of how it had improved outcomes. The submissions were then assessed by a validation panel made up of a small group of sector specialists, professionals drawn from across the children's sector who have an expertise and a track record of achievement in schools and communities. Two sector specialists assessed each example against the following validation criteria:

| Adequacy of the information supplied. Is there enough to apply the validation process? |
| Strength of the rationale. Was the intervention/practice fit for purpose and based upon a clear and sound rationale? Was it based on prior and good quality evidence of need and what works in similar contexts? |
| Sufficiency of impact and outcome evidence. Is there sufficient external and/or internal evaluation evidence that the practice/intervention has made a difference and led to improved outcomes? Are there good practitioner, service user and other stakeholder views? Do others implementing the same or similar practice or strategy changes or interventions report similar findings? |
| Evidence of what has/has not worked and why. Is there some good guidance here which will be useful to others? What are the golden threads for what works? What barriers and ways of overcoming these have been documented? |
Actual or potential for replication or transfer to other contexts and settings. What evidence is there that the practice has already been successfully transferred to different settings, or has the potential for replication? Which elements are especially transferable? What elements are non-negotiable, and which are open to adaptation to suit other contexts? What do people need to put in place to transfer the practice, without substantial loss of effect?

Where two sector specialists assessed an example as being strongly supported by practice experience and evidence, or as describing promising practice along with a good rationale for the intervention and some evidence of success and potential to be replicated, the Theme Lead reviewed the assessment. Only examples which were endorsed by the Theme Lead were validated.

This review has only drawn on validated practice examples.
Appendix 6: Stakeholder data

Children and young people

The views of children and young people were obtained through a survey organised by the National Children’s Bureau (NCB), which received 226 responses from young people aged 10 to 18 (over three quarters were aged 14 to 17). The survey was developed using an online survey tool and piloted with the help of six Young NCB members. A link to the survey was posted on the Young NCB website and sent out through several other networks of professionals working directly with children and young people, including:

- UK Youth Parliament
- NCB Members’ Bulletin – a bulletin sent out monthly to professionals employed in the children’s sector
- Participation Works – a consortium of six national children and young people’s agencies which enables organisations to involve children and young people effectively in the development, delivery and evaluation of services that affect their lives
- NCB’s Participation Working Group – a cross-NCB group comprising participation workers
- PEAR Group – a group of young people supported by NCB’s Research Department to develop research skills and engage with adult researchers
- C4EO Young Researchers Group – a group of young people supported by C4EO and NCB’s Research Department to develop research skills.

It is important to bear in mind that the young people who responded to this survey were not sampled in a rigorous manner, and are therefore not a representative sample of all young people aged 10–18 in England.

A focus group was also held with 45 members of Brent Youth Parliament, to provide qualitative feedback on the areas investigated in the survey. The group comprised 26 girls and 19 boys, mostly attending sixth form (20) or secondary school (19) but also including six primary school pupils. The majority were from black or minority ethnic groups.
The following overarching questions were used to generate more specific questions in the survey and focus group discussion:

- Are there any times when you fall behind with your school work? If so, who (if anyone) helps you with any difficulties? What do they do to help you? What do you find most helpful?
- What kinds of things make you do well in school? (Is it people at home/school or other things that help you do well?)
- Are there any times when you don’t feel good about yourself? If so, who (if anyone) helps you with any difficulties? What do they do to help you? What do you find most helpful?
- Do you ever feel you do not get help when you need it? If so, when? Who do you think should help you and how should they help you?

**Parents and carers**

Evidence from parents and carers was collected through a C4EO panel run by the Family and Parenting Institute (FPI). This panel comprises 40 parents and carers from across the nine English regions. The executive summary from the earlier research review was sent to the Parents and Carers Panel by email, and group discussions were also held in London in March 2010. Feedback was collated by FPI and forwarded to the review team. Participants were asked the following questions:

- Has your child ever fallen behind with his/her school work? If so, what kind of support was available to help him/her? What strategies were most helpful?
- Has your child ever experienced emotional difficulties? If so, what kind of support was available to help him/her? What strategies were most helpful?
- Have there been any times when your child did not receive the support he/she needed? If so, when? Are there ways in which you think he/she could have been helped? If so, what are those ways?

**Service providers**

Evidence was gathered from service providers and managers during discussion groups at C4EO knowledge workshops (events at which the authors presented findings from the Schools and Communities research reviews). These were held in Newcastle, Manchester, Birmingham, London and Bristol during May 2010. Fifty-four service providers took part in facilitated groups, focusing on the following questions for discussion:

- What examples of effective practice can you share that have resulted in narrowing the gap in attainment and/or promoting emotional resilience for the children and young people with additional needs in your local area?
- How do/could you ensure that your more effective approaches are embedded at all levels and are integrated across systems?
- How does/could evaluation, research, and local knowledge inform your decision-making?
Closing the gap in educational achievement and improving emotional resilience for children and young people with additional needs

This knowledge review tells us what works in Closing 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 the research literature involving systematic searching, analysis of key data, validated local practice examples and views from service users and providers. It summarises the best available evidence that will help service providers to improve services and, ultimately, outcomes for children, young people and their families.