narrowing the gap
in outcomes for vulnerable groups

a review of the research evidence

Sally Kendall, Suzanne Straw, Megan Jones, Iain Springate and Hilary Grayson
How to cite this publication:

Published in January 2008 by the National Foundation for Educational Research
The Mere, Upton Park, Slough, Berkshire, SL1 2DQ
www.nfer.ac.uk

© NFER 2008
Registered Charity No. 313392
ISBN 978 1 905314 78 2
narrowing the gap
in outcomes for vulnerable groups

a review of the
research evidence

Sally Kendall, Suzanne Straw, Megan Jones,
Iain Springate and Hilary Grayson
1 Introduction

This report presents findings from a review of the best evidence on narrowing the gap in outcomes across the five Every Child Matters (ECM) areas for vulnerable groups in the context of improving outcomes for all. The review was commissioned by Local Government Analysis and Research (LGAR) in order to prepare the ground for the Department for Children, Schools and Families (DCSF) and Local Government Association (LGA) work on ‘Narrowing the Gap’ with participating local authorities (LAs). This introductory chapter sets out the background to the study, the aims and focus of the review, the methodology and the structure of the report.

1.1 Background

Since the publication of the Children Act (England and Wales. Statutes, 2004), local authorities (LAs) and their partners have been working to support and improve outcomes for all children and young people in relation to the five ECM outcomes. The work of LAs includes a focus on improving outcomes for vulnerable groups of children and young people, which, in LAs’ target data, often has a focus on ‘narrowing the gap’ between these groups and all children and young people. Most recently this focus has been identified in evidence produced by DCSF to support the development of the Children's Plan (DCSF, 2007b).

In its most recent inspection of children's services, Ofsted (2007) identified two key themes:

1 that ‘the biggest challenge continues to be narrowing the gap in opportunities and outcomes between most children and young people and those that are the most vulnerable or underachieving’

2 that this should be supported by ‘strong partnerships … from strategic level to frontline working … in order to secure the necessary level of support and style of service delivery that will have a positive impact on outcomes for all children and young people’.

In working towards narrowing the gap, LAs might choose to target specific areas, such as particular points of transition (e.g. primary to secondary school), specific ECM outcomes, schools, the engagement of parents and carers, early intervention, and so on.

1.2 Aims and focus of the review

• What empirically-based research on narrowing the gap in outcomes for vulnerable groups has been carried out in the UK since 2002 (with a particular focus on England and on research carried out since 2004)?

• Which vulnerable groups are covered in this research?

• In which ECM outcome areas are gaps being narrowed?

• What is the evidence for how gaps are narrowed and what is effective, with particular relation to:
  – schools improving ECM outcomes and working with other children’s services to improve ECM outcomes
  – the engagement of parents and carers in their children’s education and in improving wider outcomes
1.3 Methodology

This section outlines the methodology and includes information on the search strategy and on identification of the most relevant sources.

The search strategy

The search strategy involved three key lines of enquiry:

- systematic scanning and identifying of evidence from a range of relevant academic databases
- scanning and collection of information and documents from appropriate websites and internet subject gateways
- the collection of current policy and practice documents from local authorities via the EMIE at NFER link network.

Details of the range of databases searched and the key words used are provided in the search strategy in Appendix 1. The results of these searches, along with the relevant literature from appropriate websites and sources identified from local authorities, were all considered for inclusion in the review. The initial criteria for inclusion were:

- evidence from empirically-based research and evaluation
- evidence relating impacts and outcomes to effective practice
- evidence around effective practice in particular with relation to:
  - schools improving ECM outcomes or working with other agencies
  - parents and carers
  - early intervention and prevention
  - local professional and political leadership
- research undertaken in the area of one or more of the ECM outcomes (be healthy, stay safe, enjoy and achieve, make a positive contribution and achieve economic well-being)
- evidence of impact on vulnerable groups
- evidence from a variety of sectors, including education, health and social care
- sources published in England
- literature published from 2002 onwards, with a particular focus on literature published since 2004.

Identification of the most relevant sources

Initial searches by library and EMIE at NFER staff identified 715 sources. In addition, web searches by NFER Northern Office staff yielded more than 100 further documents. In addition, members of the Narrowing the Gap core working group sent the researchers information regarding sources that they felt would be key to the review.
Sources were examined and a reading list of 56 of the most relevant sources was produced, organised under the five ECM outcomes, with additional sections on literature covering several, or all, outcomes and on literature published prior to 2000. The reading list was circulated to members of the core- and wider-working groups for the Narrowing the Gap project in August 2007 (Grayson et al., 2007). Concurrent to the production of the reading list, researchers refined search terms to capture additional sources that may have been relevant to the five ECM outcomes. These were used by the library to search the academic databases. More information about the identification of sources and the analysis of the evidence is provided in Appendix 3. In total, 42 sources were summarised onto a template and the team referred to additional supporting sources and broader examples where appropriate.

1.4 Extent and robustness of the evidence

In brief, an overview of the characteristics of the literature showed that:

- the majority of texts included in the review either did not focus on a specific vulnerable group or looked at outcomes for a range of vulnerable groups
- project or intervention evaluation studies represented around half of the selected sources. A third of the selected sources were either literature or evidence reviews
- sources identified for review were most likely to focus on enjoyment and achievement and least likely to focus on achieving economic well-being.

There was some variation in the robustness of the evidence reviewed. In general, there was a shortage of longitudinal, robust evidence on narrowing the gap for vulnerable groups. The paragraphs below briefly describe the evidence drawn on in each of the four themes considered in the review.

**Schools improving outcomes and working with other children’s services to improve outcomes**

Studies considered here varied widely in scale (e.g. drawing data from a handful of schools or a large representative sample) and methodology (e.g. smaller studies based around qualitative research or larger-scale studies integrating qualitative approaches with robust statistical analysis). The literature reviews included here did not always discuss their methodology, making it difficult to judge the robustness of the review. Others described their strategy and noted limitations with the data such as a lack of systematic evaluation and evidence of long-term outcomes (Pugh and Statham, 2006), and evidence being often based on perception (Davies et al., 2005). Given this variability, it is best to view the interventions described under this heading within this theme as promising prospects rather than interventions that have proven effectiveness.

**Engaging parents and carers in their children’s education and in improving wider outcomes**

The sources varied in scale but tended to base their conclusions on robust evidence. In the case of parenting programmes, the evidence was good, based on reviews of international literature for which there had been trials
with control groups, or longitudinal follow-up, or several evaluations conducted in different settings and different countries (e.g. Moran et al., 2004; Sutton et al., 2004; Utting et al., 2007). However, more evidence is required of the impact of engaging parents in their children’s education, rather than parenting programmes per se (e.g. Lovering et al., 2006; Scott et al., 2006). In addition, a more longitudinal perspective is required to understand the true impact on children and young people from parental engagement.

**Early intervention and prevention**

Although there is a plethora of evidence in the literature of effective practice around early intervention and prevention, there is a lack of robust evidence regarding outcomes for service users. At present, there is no national framework to measure the impact of early intervention. Perhaps as a consequence of this, findings relating to outcomes were not overly robust in a number of evaluations (sample sizes were small and they did not include a longitudinal element or a control or comparison group) and it has been stressed that there is an urgent need for more robust evaluations to be undertaken. The strongest evidence is that presented by Sammons et al. (2007), on the positive outcomes of a medium and high quality pre-school experience, and by Sutton et al. (2004), on interventions targeted at reducing the risks of anti-social and criminal behaviour.

**Local leadership**

To date, no large-scale, quantitative or longitudinal research has been conducted in the area of leadership and narrowing the gap in outcomes in the UK and, in general, literature containing empirical evidence of the role of leaders in improving outcomes for children and young people was scarce. There is a clear need for more research in this area. For example, in relation to political leadership there is a need for empirical evidence to show how political leaders can improve outcomes and narrow the gap for vulnerable children and young people. With regard to school leadership, there is a need to be able to prove a causal link between types of leadership and improvements in pupil outcomes, particularly in relation to vulnerable pupils.

**1.5 Structure of the report**

Findings from the review are presented under the following chapter headings:

- Chapter 2. Schools improving outcomes and working with other children’s services to improve outcomes
- Chapter 3. The engagement of parents and carers in their children’s education and in improving wider outcomes
- Chapter 4. Key findings in early intervention and prevention
- Chapter 5. Local leadership
- Chapter 6. Gaps in the evidence
- Chapter 7. Concluding comments.

Chapters 2–5 discuss the evidence around narrowing the gap in outcomes, according to each of the themes outlined in 1.2. In each case, the chapter first outlines whether the gap has been narrowed before moving on to the evidence for how gaps were narrowed. Appendices provide information on the search strategy, the literature summary template and an overview of the literature included in the review.
2 Schools improving outcomes and working with other children’s services to improve outcomes

2.1 Introduction

The Green Paper *Every Child Matters* (ECM) (HM Treasury, 2003) and the subsequent *Next Steps* (DfES, 2004b) document promoted closer, more integrated working between education and a whole range of other services, to better meet the needs of children across all the outcome areas (Cummings *et al.*, 2005). School leaders have to align the ECM agenda with the standards agenda, simultaneously raising attainment and achievement whilst improving wider outcomes (e.g. relating to health). Efforts to narrow the gap in outcomes for vulnerable groups will involve schools working alone, and, increasingly, in partnership with other children’s services. Extended schools have been key to achieving this, ensuring access for all to a wide range of services focused around schools that can contribute to achieving ECM outcomes (DfES, 2004a). Examples include parenting support, family support social workers based in schools and out-of-school learning activities. There are also national initiatives that encourage schools to address ECM outcomes, such as the Healthy Schools initiative (DfES and DoH, 2006).

This chapter focuses on the ways schools can narrow the gap in outcomes alone, or through working with children’s services partners such as social workers. It draws mainly on 13 sources, of which six reviewed the literature, and seven evaluated or outlined the outcomes of a project. Most of the evidence is from the UK, with some of the literature reviews also drawing on international evidence. Eight of the sources made reference to vulnerable groups of children and young people, and the literature covered outcomes relevant to ‘be healthy’, ‘stay safe’, ‘enjoy and achieve’ and ‘make a positive contribution’. The chapter makes some reference to a further six individual sources and one suite of evaluation documents for a programme.

Key findings

- Schools have been found to narrow the gap in attainment for vulnerable groups (e.g. Demie *et al.*, 2006). In some instances attainment has been improved across all pupils, and therefore the gap has not been narrowed but all have benefited equally (e.g. Benton and White, 2007).
- Providing work-related learning opportunities at key stage 4 for those who were low attainers at key stage 3 can lead to improved attainment and a greater likelihood of continuing in education and training post-16 (Golden *et al.*, 2005; 2006).
- There is evidence that schools have reduced bullying, improved behaviour of some vulnerable groups, and reduced exclusions (Pugh and Statham, 2006; Davies *et al.*, 2005; Webb and Vulliamy, 2004).
- Schools have reduced the likelihood of pupils using drugs and contributed to reducing teenage pregnancies (Pugh and Statham, 2006; DfES and DoH, 2006).
- Activities other than core teaching and learning built into the life of the school, such as pupil decision making, effective pastoral systems and
out-of-school learning, can improve outcomes (e.g. Hirsch, 2007; Demie et al., 2006; Davies et al., 2005).

- Approaches to teaching and learning, both pedagogical (e.g. literacy teaching) and organisational (e.g. class size, ratio of teaching assistant to pupils) can help achieve outcomes and narrow the gap (DCSF, 2007a; Cassen and Kingdon, 2007; Younger et al., 2005).

- Effective school leadership, in terms of individual qualities such as vision and skills, and management processes relating to behaviour and use of data, can contribute to improving outcomes (Demie et al., 2006; Cummings et al., 2007).

- Extended schools are effective at improving outcomes, e.g. attainment, as well as softer outcomes such as self-confidence, which prepare the ground for improved attainment (DCSF, 2007a; Cummings et al., 2007; Ofsted, 2006).

- The involvement of parents and children in interventions has been shown to have a beneficial effect on outcomes, both for vulnerable groups and the whole school population (Pugh and Statham, 2006; Demie et al., 2006; Hirsch, 2007; Sorhaindo and Feinstein, 2006).

- There was variation in robustness of the evidence reviewed regarding schools narrowing the gap in outcomes for vulnerable groups. The findings should be seen as promising approaches to narrowing the gap that still require further investigation.

2.2 Has the gap been narrowed?

There was evidence that schools can improve outcomes relating to attainment for all their pupils as well as for specific vulnerable groups such as Black and minority ethnic (BME) pupils and boys (Benton and White, 2007; Cummings et al., 2007; Demie et al., 2006; Golden et al., 2006; Pugh and Statham, 2006; Davies et al., 2005; Golden et al., 2005; Younger et al., 2005; Kendall et al., 2005; Brooks, 2002; Kirby with Bryson, 2002; O’Connor and Colwell, 2002). In some cases, attainment was improved across a whole school, and so in effect the gap was not narrowed, as all pupils improved their outcomes (e.g. Benton and White, 2007) (see Box 2.1 below). In other cases, the gap was narrowed as vulnerable groups improved their outcomes in relation to other pupils (e.g. African heritage pupils).

Box 2.1 Narrowing the gap in attainment in schools: examples from the evidence

- There is evidence of a significant improvement in key stage 2 English results arising from a pilot project to raise the achievement of English as an additional language (EAL) learners, compared to schools who had not participated in the project. However, the gap had not been narrowed, as both EAL and non-EAL learners benefited equally from the intervention (Benton and White, 2007).

- The attainment of African heritage students has been significantly improved by a group of schools in Lambeth. Between 2000 and 2005 the key stage 2 results of these schools improved by 8 per cent from 74 per cent to 82 per cent, well above the national improvement rate. At GCSE, 79 per cent of African heritage students in these schools achieved 5 A*–C grades, compared with 56 per cent nationally (Demie et al., 2006).
• Literacy interventions have doubled the standard rate of progress amongst those with literacy difficulties (Brooks, 2002). An example is ‘Reading Recovery’ where participants (aged six to seven years) doubled their reading progress by the end of the programme compared with a control group, and it was found that the children whose reading skills had been in the bottom ten per cent when they joined the programme were still reading better than their opposite numbers in the control group at age ten (Sutton et al., 2004; Cassen and Kingdon, 2007). More specifically, schools improved the standard of boys’ reading and writing skills at key stages 2 and 4. However, the gap between boys and girls was not narrowed as both benefited equally from the strategies to improve the attainment of the boys (Younger et al., 2005).

• Full service extended schools (FSES) have improved attainment, especially amongst vulnerable groups. The gap between those eligible for free school meals (FSM) and/or special educational needs (SEN) was smaller in FSES than other schools (Cummings et al., 2007).

• Pupil participation in decision making was linked to overall improved attainment (Davies et al., 2005; Kirby, 2002).

• Pupils starting primary school with emotional and behavioural difficulties who are at risk of educational failure can be placed in nurture groups to facilitate their development and enable them to rejoin mainstream classes. Schools have successfully reintegrated at least 75 per cent of such pupils without additional support (O’Connor and Colwell, 2002; Pugh and Statham, 2006).

• Learning mentors were found to be associated with improvements in attainment at key stage 4 for certain groups of pupils (e.g. girls, Asian pupils) (Kendall et al., 2005). Early mentoring (in year 7) also enabled some pupils to overcome barriers to learning (e.g. behaviour problems) by the end of key stage 3 (Kendall et al., 2005).

• Increased attainment at key stage 4 was achieved by those students who were low attainers at key stage 3 (e.g. boys with SEN) as a result of taking vocational courses through the Increased Flexibilities Programme (IFP) (Golden et al., 2005; 2006). The programme also had a positive impact on destinations post-16, with around 90 per cent of IFP participants continuing to further education and training (Golden et al., 2005; 2006).

There was also evidence that schools working alone or with other children’s service partners had improved outcomes relating to behaviour and its consequences (see Box 2.2). They have been able to reduce incidences of bullying and the negative effects of bullying (Pugh and Statham, 2006; Davies et al., 2005), improve behaviour of vulnerable groups such as those with emotional and behavioural difficulties (e.g. Pugh and Statham, 2006; Davies et al., 2005; Kendall et al., 2005) and reduce exclusions (e.g. Webb and Vulliamy, 2004; Pugh and Statham, 2006; Kendall et al., 2005).
Box 2.2 Narrowing the gap in relation to behaviour issues: Examples from the evidence

Reducing incidences and negative effects of bullying

Positive impacts on incidences and effects of bullying were found as a result of the Sheffield Anti-Bullying Initiative. A survey of 2000 pupils and teachers with anti-bullying schemes found that they reduced the negative effects of bullying (Pugh and Statham, 2006). Pupil participation in decision making also had a positive impact on bullying in schools (Davies et al., 2005).

Improving the behaviour of vulnerable groups

There was evidence that the behaviour of some vulnerable groups had been significantly improved when schools worked with other children’s service partners. This was through therapy-based interventions (e.g. psychotherapy, drama therapy), through school-based family social work services (Pugh and Statham, 2006), and through participation in decision making (Davies et al., 2005). There was also evidence from the Excellence in Cities evaluation that learning mentors working with pupils, and pupils being referred to learning support units, had contributed to improved behaviour (e.g. Kendall et al., 2005; Golden et al., 2003; Wilkin et al., 2003).

Reducing exclusions

Fixed-term exclusions were reduced by 25 per cent through the work of home–school support social workers in secondary schools (Webb and Vulliamy, 2004), and exclusions were also reduced as a result of preventative health services for young people in need of therapeutic support (Pugh and Statham, 2006). Learning mentors and learning support units had also contributed to a reduction in exclusions (e.g. Kendall et al., 2005; Golden et al., 2003; Wilkin et al., 2003).

Finally, there was evidence that schools working alone or with children’s service partners have improved health-related outcomes in terms of drugs and teenage pregnancy (see Box 2.3). Interventions have led to young people being more able to resist peer pressure, less likely to misuse drugs, and to have more negative attitudes towards drugs than without the interventions (Pugh and Statham, 2006). There was evidence, predominantly from the US, that sex education linked to access to contraception can reduce teenage pregnancy rates (Pugh and Statham, 2006; DfES and DoH, 2006). In respect of healthy eating, there was evidence of a link between nutritional intake and educational outcomes: nutritional deficiencies negatively impact on cognitive performance, concentration and activity levels, which can, in turn, impact on attainment (Sorhaindo and Feinstein, 2006).
Box 2.3 Narrowing the gap in relation to teenage pregnancy: Examples from the evidence

There was some evidence from the UK that multi-agency drop-in centres sited in UK secondary schools, which offered general and sexual health advice, as well as signposting to specialist services, were successful in reducing teenage pregnancies (DfES and DoH, 2006). This case study (albeit in just one school), showed that prior to the centre opening the school had one of the highest teenage pregnancy rates in the LA, but since the centre opened, there had been no known pregnancies.

2.3 How has the gap been narrowed?

The literature showed that the gap has been narrowed in several different ways by the actions of schools working alone or with children’s service partners, through: activities built into the life of the school; teaching and learning approaches; effective school leadership; extended schools provision and involvement of parents and carers in their children’s education.

Activities built into the life of the school

The literature demonstrated that there were activities/approaches that could be built into the life of the school and could narrow the gap in outcomes. Firstly, Feinstein et al. (2007) note the importance of relationships within schools, and the evidence suggests that it is important to facilitate the opportunity for pupils to build good relationships with adults, both in school (e.g. through pastoral systems) or out of school (e.g. through contact with youth workers). This could involve small group activities or one-to-one activities to enable positive relationships to develop (Hirsch, 2007; Demie et al., 2006; Pugh and Statham, 2006; O’Connor and Colwell, 2002; DCSF, 2007a). For example, having key workers engaging and developing relationships with young people ‘at risk’ was a key factor in achieving positive outcomes as a result of the Positive Activities for Young People programme (CRG Research, 2006). The evidence also suggested that attainment could be improved if, through this relationship-building process, schools explicitly addressed negative cultural influences that acted on vulnerable groups (e.g. ‘macho’ male stereotypes, street culture) (Younger et al., 2005; Demie et al., 2006). Following from this, the evidence suggested that out-of-school learning itself (e.g. through extended services) can have a positive impact on vulnerable groups, building their confidence and helping them to learn more effectively (Hirsch, 2007; Cummings et al., 2007; CRG Research, 2006).

Pupil participation in decision-making processes (e.g. school councils) was associated with positive outcomes, such as attainment, for pupils when there was a whole school involvement and genuine desire to empower students (Davies et al., 2005; Kirby with Bryson, 2002). It was also important for schools to gain a holistic understanding of the issues faced by vulnerable young people and to ensure that all school staff are aware of their issues. Where this happened, teachers tended to be more tolerant of vulnerable individuals as they had a greater understanding of the problems they faced (Pugh and Statham, 2006; Hirsch, 2007; Webb and Vulliamy, 2004). There was also evidence of the link between nutritional intake and
attainment, with a suggestion from the evidence that improving nutritional intake at school, for example, through breakfast clubs (see Box 2.4), could lead to improved attainment (Sorhaindo and Feinstein, 2006).

**Box 2.4 Narrowing the gap: healthy eating**

Nutritional supplements resulted in improved cognitive and social and behavioural performance at school and there is evidence that effective programmes seeking to improve child nutrition should seek to:

- address all determinants of children’s food preferences (e.g. social and family factors including the behaviour of parents and peers and the media)
- involve parents and take into account constraints of low income which create practical barriers to healthy eating
- use curricula developed in schools which incorporate children’s understandings of nutrition
- in addition to offering breakfast clubs, consider changes to the school day to improve the maintenance of glucose levels and promote better cognition amongst pupils.

*Sorhaindo and Feinstein, 2006.*

Overall, a whole-school approach to improving outcomes that ameliorates the emotional climate of the school and builds relationships with families forms a sound basis for more targeted interventions with vulnerable groups and promotes the well-being of all pupils (Pugh and Statham, 2006).

**Teaching and learning approaches**

There was evidence that ECM outcomes could be improved when class sizes were smaller, the teaching was high quality, schools addressed social and emotional aspects of learning (SEAL framework), and/or offered at least two hours of physical activity weekly for young people (DCSF, 2007a). Programmes such as Excellence in Cities and Specialist Schools have also been shown to have a positive impact on attainment for disadvantaged pupils (Cassen and Kingdon, 2007). There was evidence that increased numbers of teaching assistants and teachers in the classroom brought about improvement for vulnerable groups as well as other students (DCSF, 2007a; Cassen and Kingdon, 2007; Hayden, 2007) and evidence that single sex classes can have positive outcomes on boys’ achievement, especially in modern foreign languages and English, and on girls’ achievement in science and maths (Younger *et al.*, 2005). More specifically, there was evidence (see Box 2.5 below) that certain approaches to teaching literacy have led to improved attainment amongst vulnerable groups (Younger *et al.*, 2005; Brooks, 2002). Effective literacy interventions are an important element to narrowing the gap in outcomes, as poor literacy at primary school age is strongly and significantly associated with later low achievement (Cassen and Kingdon, 2007).

Taking vulnerable pupils out of mainstream classes into smaller, more supportive and targeted classes to aid their learning and social development (e.g. learning support units, nurture groups) had positive impacts for children and young people (Kendall *et al.*, 2005; Pugh and Statham, 2006; O’Connor and Colwell, 2002). In pupils’ eyes the success of
learning support units was attributed to the ambience of classes that enabled them to concentrate; the positive relationships engendered between staff and pupils; extra resources (especially computers) available to support learning; the small size of the groups, enabling more individual attention and the fact that they had involvement in decisions to enter and leave the units (Wilkin et al., 2003).

Box 2.5 Narrowing the gap in literacy: effective practice

Improving the literacy of boys

There is evidence that approaches to teaching boys literacy that assimilate opportunities for reading, writing, speaking and listening, encouraging them to become successful readers rather than teaching literacy, have led to improved standards of writing and reading in national tests (YOUNGER et al. 2005).

Improving the literacy of children who struggle to read and write

There is evidence that interventions used in the UK in an attempt to boost the reading, spelling or overall writing attainment of lower-achieving pupils do have a positive and sustained impact (Brooks, 2002). Practically, interventions longer than one term do not necessarily produce proportionally greater benefits, and large-scale schemes, though expensive, can give good value for money. The evidence suggests that the following are characteristics of effective interventions:

- work on phonological skills for reading embedded within a broad approach
- highly structured schemes for children who struggle with spelling
- targeted interventions focused on children’s comprehension skills
- interventions that work on children’s self-esteem and reading in parallel
- precisely targeted ICT approaches
- reading partners who are given appropriate training and support
- skilled, intensive, one-to-one intervention for those children with the most severe problems, although success with such children is difficult to achieve.

Effective school leadership

The literature suggested that good leaders in schools contributed towards improved outcomes and narrowing of the gap. It was important that leaders had a strong vision for their schools, appropriate skills, ability to create the right ethos, ability to engender good relationships with staff, pupils and parents, and in extended schools particularly, to get the right element of involvement from other relevant agencies in school decision making (Demie et al., 2006; Cummings et al., 2007). The evidence also suggested that the way leaders manage their schools makes a difference to outcomes. More specifically, having strong behaviour management policies stressing positive ways to teach children to behave well and respect others and using attainment data as a basis for action with pupils (e.g. additional support, targets for children) contributed to improving outcomes (Demie et al., 2006).
Extended schools provision

Extended schools are an effective way to deliver ECM outcomes as the literature suggests that they can impact positively on performance, attainment and exclusion rates, as well as softer outcomes such as self-confidence, relationships, aspirations and attitudes to learning (Cummings et al., 2007; DCSF, 2007a; Ofsted, 2006) (see Box 2.6).

Box 2.6 Narrowing the gap: effective practice in extended schools

Providing access to a core offer of extended services (e.g. study support, childcare, parenting and family support, specialist services) is a key way schools can deliver ECM outcomes (DCSF, 2007a; Ofsted, 2006). There is evidence in the research that several elements of practice can contribute to impacting positively on outcomes (Cummings et al., 2007), namely, a culture of collaboration between all agencies in the school; having additional staff working on school premises to build relationships with staff, parents and children; having formal structures in school (e.g. meetings) to discuss pupils, and to reflect on how multi-agency teams are working together and developing modes of multi-agency delivery that are appropriate to local context.

Involvement of parents and carers in their children’s education

The involvement of parents and children in interventions had a beneficial effect on outcomes, both for vulnerable groups and the whole school population (Pugh and Statham, 2006; Demie et al., 2006; Hirsch, 2007; Sorhaindo and Feinstein, 2006). Where school leaders and other staff built relationships with parents, and involved them in their children’s education (e.g. discussing children’s attainment and setting targets with them), outcomes were improved (Demie et al., 2006; Cummings et al., 2007). This is discussed in more detail in the following chapter.
3 The engagement of parents and carers in their children’s education and in improving wider outcomes

3.1 Introduction

This section considers the evidence relating to how the engagement of parents and carers can narrow the gap in outcomes for children in their care. This focus derives from increasing policy spotlight on supporting parents and carers over recent years on the basis that parents and carers are key to ensuring their children are happy and successful, safe and healthy, able to develop and learn effectively and relate well to others. This section draws on eight main sources and makes reference to a further 12. Four of the main sources reviewed both the national and international literature on parental involvement; another three investigated intervention schemes that had targeted the involvement of parents in England; and finally, one conducted a review of the international evidence, as well as qualitative case studies of schools with innovative or extended practice, around parental engagement. Ten of the sources made reference to vulnerable groups of children and young people, and the literature covered outcomes relevant to ‘be healthy’, ‘stay safe’, ‘enjoy and achieve’ and ‘make a positive contribution’, with a particular focus on the latter two.

Key findings

• Whole-family interventions that target vulnerable parents and carers and support them to develop better parenting skills have been found to have positive impacts on the ‘be healthy’, ‘stay safe’, ‘make a positive contribution’ and ‘achieve economic well-being’ outcomes.

• A stimulating home learning environment can narrow the gap in attainment for vulnerable groups, as well as improving outcomes for all children (e.g. Sylva et al., 2004; Sammons et al., 2007) and can lead to lasting gains in social and cognitive development.

• There is some evidence that targeted family learning programmes where children and parents learn together could bring about improved attainment for children from vulnerable groups (Moran et al., 2004; Carpentier and Lall, 2005; Pugh and Statham, 2006; Scott et al., 2006).

• Parenting support programmes have reduced behaviour problems in children and adolescents, including diagnosable conduct disorders; reducing anti-social behaviour, including substance misuse and association with anti-social peers; reducing re-offending and reconviction rates (Sutton et al., 2004; Lovering et al., 2006; Utting et al., 2007).

• The actions of strategic leaders in planning and targeting parenting programmes can improve outcomes (Desforges with Abouchaar, 2003; Moran et al., 2004; Carpentier and Lall, 2005; Rudolf et al., 2006; Scott et al., 2006; Harris and Goodall, 2007; Utting et al., 2007).

• Schools can engage parents and carers to improve outcomes for children and young people. It is important that they build trusting, collaborative relationships (Harris and Goodall, 2007; Carpentier and Lall, 2005), make parents a priority and listen to and consult with parents, especially those from ‘hard-to-reach’ groups (Carpentier and Lall, 2005).
The evidence suggests that programmes that are relevant and tailored to parents’ needs are effective (Moran et al., 2004; Sutton et al., 2004; Utting et al., 2007) as are those that have a sound theoretical base for their general approach (Utting et al., 2007).

Parenting programmes need sustained funding to have the most lasting effect (Desforges with Abouchaar, 2003; Harris and Goodall, 2007).

3.2 Has the gap been narrowed?

Educational achievement and social adjustment outcomes for all children, as well as for vulnerable or ‘hard-to-reach’ groups can be improved via the contribution of parents and carers in the home learning environment (Desforges with Abouchaar, 2003; Harris and Goodall, 2007; Hirsch, 2007; Sammons et al., 2007; Sylva et al., 2004; Cassen and Kingdon, 2007). There was some evidence that where parents and educators worked together to improve children’s learning, the gains in improvement could be significant, although more rigorous or longitudinal evaluation of such programmes is required. This was true for all children and for children from BME groups, although not necessarily in relation to one another (Cummings et al., 2007; Carpentier and Lall, 2005; Harris and Goodall, 2007; Pugh and Statham, 2006; Scott et al., 2006) (see Box 3.1).

Box 3.1 Contribution of parents and carers to narrowing the gap in achievement: examples from the evidence

There is compelling evidence of the contribution of the home learning environment to young children’s cognitive, social and emotional development (McQuail et al., 2003; Sylva et al., 2004; CMPO, 2006; Sammons et al., 2007). Sylva et al. (2004) found that, for all children, the home learning environment was more important for intellectual and social development than parental occupation, education or income. Features of the home learning environment included activities such as: teaching the alphabet; playing with letters and numbers; library visits; reading to the child; and teaching the child songs or nursery rhymes. The influence of a high-level learning environment continued to be evident in intellectual gains at the end of key stage 1. Sammons et al. (2007) found that the overall home learning environment was a powerful predictor of better cognitive attainment in reading and mathematics in year 5, concluding that in order to reduce the achievement gap for multiply disadvantaged groups, actions were needed to improve their home learning environment.

Parents’ teaching (e.g. teaching children a number of items such as shapes, colours and numbers) and reading to children during the preschool period are the largest single influence on children’s early learning (CMPO, 2006). Programmes that aim to develop parents’ teaching and reading skills, such as the Peers Early Education Partnership (PEEP) programme in Oxford benefit the cognitive development of children. For example, children whose families lived in the PEEP catchment area made significantly greater progress over time in vocabulary; phonological awareness of rhyme and alliteration; letter identification; writing; and early numeracy skills (Evangelou et al., 2005).

The Primary Age Learning Study (PALS) targeted at parents of five and six year-olds found improvements in children’s attention and on-task
behaviour during tasks with their parents and a greater change over time in single word reading for Black African children. However, there was no overall convincing evidence that the intervention improved outcomes in a broadly defined, reliable way. The authors suggest that this is due to the relatively short length of the intervention, which, while it was enough to change parenting, was not long enough to change reading ability in children (Scott et al., 2006).

- Improved reading ability for children has been an outcome of two interventions that offered a parenting course and reading workshop for children with behaviour-related issues (Pugh and Statham, 2006; Moran et al., 2004).

- The attainment of mostly Bangladeshi-origin pupils in mathematics has been improved through an intervention offering parental involvement activities. This intervention observed clear improvements in attainment with increased rate of completion and quality of homework (Carpentier and Lall, 2005).

- The attainment of parents and children of Turkish origin has been improved through a project aimed at improving parental involvement and the development of family literacy through the study of home languages. Parents and children undertook preparation for a GCSE exam and saw measurable attainment through GCSE results (83 per cent of participants achieved an A), as well as a boost to pupils' confidence and attainment in other school subjects (Carpentier and Lall, 2005).

- The results of two Roma pupils dramatically increased in an intervention involving mentoring support and parental involvement in Hammersmith (Carpentier and Lall, 2005).

Outcomes relating to behaviour and its consequences can be addressed and improved through parenting support programmes (see Box 3.2). They have been effective in improving the behaviour of vulnerable groups, including hard-to-reach or disadvantaged groups, ethnic minority groups and children with emotional and behavioural difficulties (Moran et al., 2004; Lovering et al., 2006; Scott et al., 2006; Utting et al., 2007). There is also some evidence that parenting support programmes can be cost-effective in comparison with other treatment methods for conduct disorders or anti-social behaviour (Utting et al., 2007).

Box 3.2 Narrowing the gap in relation to behaviour issues: parenting support programmes

- Parenting support programmes have been shown to work in: reducing behaviour problems in children and adolescents, including diagnosable conduct disorders; reducing anti-social behaviour, including substance misuse and association with anti-social peers; reducing re-offending and reconviction rates (Sutton et al., 2004; Lovering et al., 2006; and Utting et al., 2007).

- Group-based parenting programmes can reduce behaviour problems amongst children and reduce chances of later difficulties. They have been shown to reduce behaviour problems in children aged 3–12 years (Gibbs et al., 2003).
• **The Incredible Years** programme has shown evidence of high effectiveness on a range of child and parent outcomes including child adjustment and reduction in child problem behaviours, and is effective with parents from a range of different ethnic groups, including hard-to-reach and disadvantaged populations (Utting *et al*., 2007).

• In the US, evaluation of the **Nurse Family Partnership** programme – a home visiting programme – has shown reductions in adolescent offending and anti-social behaviour at 15-year follow-up. Similarly, **Multi-Systemic Therapy** (MST) – an intervention for treating young people with conduct disorders – has demonstrated positive results in adult offending in a 13-year follow-up study (Utting *et al*., 2007).

• While too soon to reveal demonstrable evidence of child outcomes, the evaluation of the Primary Age Learning Study (Scott *et al*., 2006) did show significant and lasting impacts on parenting including increased sensitivity and use of child-centred approaches, increased calm discipline and reduced criticism.

• Parental engagement in schools can have a direct and beneficial effect on student behaviour. Research shows a consistent relationship between increasing parental engagement and improved attendance, behaviour and student achievement at school (Harris and Goodall, 2007).

However, the evidence of impact on young people from parenting support programmes was not always compelling. Lovering *et al.* (2006) reported that, despite the improvements in children’s behaviour post-programme, there were no significant associations between attending the parents group and outcomes. As such, the outcomes could not be directly attributed to the parenting programme directly. Similarly, the evidence provided by Hallam *et al.* (2004) in a DfES-sponsored study that examined when parenting programmes were most effective in the context of improving attendance and behaviour at school, found that parents reported improvement in their child’s behaviour at home and in interactions with the family. However, there was very limited data on improved behaviour and attendance at school as a result of the parenting programmes. Most importantly, improving parental control did not improve behaviours relating to problems located in the school environment (e.g. bullying, difficulties with teachers).

There was also acknowledgement of the difficulty of reaching some vulnerable groups and that persistent attempts to involve them in parenting support services may not always be appropriate. Moran *et al.* (2004) noted that ‘we need to recognise that there will always be a minority of parents who cannot or will not benefit from parenting support services’. On this theme, Carpentier and Lall (2005) cautioned against schools making the assumption either that ‘hard-to-reach’ parents were not interested in their children’s education or that engagement with the school was right for families with differing needs.

### 3.3 How has the gap been narrowed?

The literature showed that the gap has been narrowed in a number of ways through the strategic design and leadership of parenting programmes, by management structures and processes and project and programme development and delivery.
Strategic leadership

The literature demonstrated that there was effective practice for narrowing the gap in terms of engaging parents and carers that fell into the category of strategic leadership. The practices highlighted were as follows.

- **Targeting** parenting programmes by running them in disadvantaged areas or close to target groups (Rudolf *et al.*, 2006). Targeted initiatives should address local problems, with an awareness that one size does not fit all (Carpentier and Lall, 2005). Scott *et al.* (2006) found that using a questionnaire screen, rather than a postcode, effectively targeted parents most in need of parenting programmes.

- **Introducing tiered support** so that support can be ‘ratcheted up’ to the next level if an intervention is not having the desired effect (Utting *et al.*, 2007).

- **Raising awareness** of programmes or services through effective advertising so that parents and agencies know about it and can self-refer or be referred (Moran *et al.*, 2004).

- **Community involvement** at all levels of management from initial needs analysis, monitoring, evaluation and review (Desforges with Abouchaar, 2003; Harris and Goodall, 2007). Carpentier and Lall (2005) found that local knowledge and sensitivity were essential in gaining parental trust.

- **Ensuring sustained support and resourcing** for parental involvement schemes (Desforges with Abouchaar, 2003; Harris and Goodall, 2007).

- **Linking parental involvement schemes into a ‘supportive networked system that promotes objectivity and shared experiences’** (Desforges with Abouchaar, 2003).

- **Strategic leaders require an awareness of parents’ personal context** and factors that may affect uptake, engagement and effectiveness of the service. This needs to be taken into account and could include: single parenthood; marital discord; mental health; poverty; poor housing; unemployment; gender; ethnicity; and cultural factors (Moran *et al.*, 2004).

Strategic leadership in schools in terms of engaging parents and carers was also linked with outcomes in some sources (e.g. Desforges with Abouchaar, 2003; Carpentier and Lall, 2005; Harris and Goodall, 2007). The practices implicated here are displayed in Box 3.3.

---

**Box 3.3 Narrowing the gap: effective practice in engaging parents and carers in schools**

- **Listening to and consulting with parents**, particularly ‘hard-to-reach’ parents, where effective practices include getting to know the barriers for that particular group and work at overcoming them in a partnership (Carpentier and Lall, 2005). Carpentier and Lall espouse that schools’ needs should remain secondary when attempting to engage such families. There should be acknowledgement of differences between groups of parents and strategies to reflect differences (Harris and Goodall, 2007).

- **Build trusting, collaborative relationships among teachers, families and community members that recognise, respect and address families’**
needs, as well as class and cultural differences (Harris and Goodall, 2007; Carpentier and Lall, 2005).

- Parental engagement must be a priority in schools (Harris and Goodall, 2007). This can be achieved by embedding parental involvement schemes in whole-school development plans (Desforges with Abouchaar, 2003; Harris and Goodall, 2007). School leaders and staff need to be seen to be behind projects especially when dealing with difficult or contentious issues such as racial equality (Carpentier and Lall, 2005).

- Identify a school staff member responsible for parental involvement and with appropriate qualities, skills and commitment to make contact with disengaged families (Dyson et al., 2007).

- Be inclusive – schools should endeavour to support the engagement of those parents already involved as well as those who are less engaged. This relates to knowing the barriers for ‘hard-to-reach’ parents (Harris and Goodall, 2007).

Management structures and processes

Various examples of effective practice in engaging parents and carers in attempts to narrow the gap discussed in the literature related to management structures and processes. These included the following.

- **Information-sharing** between parents and services/settings. For example, child-related information is shared between parents and staff in effective pre-school settings (Sylva et al., 2004); parents are involved in decision making about their child’s learning programme (Sylva et al., 2004); and schools are clear about aims of all communication with parents and consider if the use of new technologies is appropriate (Harris and Goodall, 2007).

- The importance of various aspects of **training**. For example, tailored training for facilitators (Lovering et al., 2006), appropriate training for parental involvement (Desforges with Abouchaar, 2003), and training for all school staff who work closely with parents (Harris and Goodall, 2007). Utting et al. (2007) found that training in a relevant professional social care discipline plus specific training in delivering the programme was most effective.

- The importance of **self-evaluation systems**. For example, the research highlights a need for a constant evaluation of the impact of a programme or activity (Carpentier and Lall, 2005). This should be evidence based and feed into review (Desforges with Abouchaar, 2003; Harris and Goodall, 2007). Feedback from users should be incorporated into the service (Moran et al., 2004).

Project and programme development and delivery

There was evidence that the gap could be narrowed through attention to project and programme development and delivery. Ensuring programmes are relevant and tailored to the parents’ needs arises in a number of sources of literature as being effective, in particular in relation to engaging ‘hard-to-reach’ parents or those from ethnic groups (Moran et al., 2004; Sutton et al., 2004; Utting et al., 2007). Details of effective practices are shown in Box 3.4. Partnership with families should be a core principle with a driving ethos for collaborative working, respecting parents and young people as the
experts in their own lives and empowering them to seek solutions to their own problems wherever possible (Utting et al., 2007).

Box 3.4 Narrowing the gap: tailoring programmes to parents’ and carers’ needs

- There should be flexibility within the programme to assess and meet the needs of core clientele, without losing fidelity to the core programme (Utting et al., 2007).

- The Webster-Stratton programme used three models of delivery: group discussions, individually administered videotape modelling and a combination of the two. While all led to reliable and sustained improvements – those children whose parents had received both group discussion and videotape modelling showed the most stable improvements in behaviour three years after the intervention period (Gibbs et al., 2003).

- The provision of supporting materials (e.g. leaflets, books, videos etc.) is important. These should reflect users’ own lives and situations and not seem oversimplified or patronising (Moran et al., 2004). Tailoring written materials to the literacy levels of all users (Moran et al., 2004) is important, especially for parents with English as an additional language.

- Engaging parents in sessions either on a group or an individual basis, according to their needs (Moran et al., 2004), and considering alternative and innovative methods (Moran et al., 2004) works.

- Mobilising the parents’ own resources (e.g. their skills and experiences) and work in a way that is compatible with their beliefs and values (Sutton et al., 2004).

- Adapting the content, style of programme and recruitment style for fathers in particular, whose approach to use of services may differ, as may their contribution to the parental role (Moran et al., 2004). Likewise, there should also be an awareness and respect for different models of parenting that arise in different cultures (Moran et al., 2004).

Ensuring parents feel comfortable is important to effective practice in various ways. In particular, the literature focuses on the comfort of the venue and location of parenting programmes. This should be comfortable and welcoming (Moran et al., 2004; Rudolf et al., 2006). Selecting a venue that parents might choose to attend for other reasons, or might already be visiting, has been found to be effective (Hallam et al., 2004; Moran et al., 2004; Utting et al., 2007). Using the school as the venue is effective if you are trying to encourage parental participation in pupils’ learning: familiarity can make parents more comfortable with visiting in the future and there tend not to be transport difficulties (Hallam et al., 2004). Avoid stigmatisation, too. For example, providing programmes that address behaviour both through a parenting course and a reading workshop can make programmes more acceptable to parents (Pugh and Statham, 2006).

Ensuring that parents practice the skills gained, and make links between school and home and other locations is important according to the literature (Lovering et al., 2006; Carpentier and Lall, 2005). For example, parents should be encouraged to rehearse new parenting skills through role play, as well as practising their new parenting behaviours at home (Sutton et al., 2004). In other research, passive ‘listening’ approaches like sending books
home without accompanying training have been shown to be less effective (Moran et al., 2004). Providing programmes that can work in tandem can be effective, for example, a parenting curriculum alongside work with a support worker or a holiday programme (Lovering et al., 2006). As well as practising the skills gained ‘at home’, encouraging parents to support one another further is also important. The parenting programmes described by Hallam et al. (2004) encouraged parents to set up support groups which were sustainable beyond the end of the project programme. Although there was no evidence as to how effective this was long term, the authors suggested that this was good practice.

As well as making links between the programme and ‘home’, developing coherent programmes that link to a clear curriculum is important. For example, developing programmes that are delivered with close attention to programme integrity so that they have a manual, a clear curriculum and monitored delivery can be effective. Programmes should also be theoretically based (i.e. based on a theory of why parenting changes child behaviour) (Moran et al., 2004; Barlow et al., 2007; Utting et al., 2007).

The skills of the trainers and deliverers of parenting programmes are important (Hallam et al., 2004; Utting et al., 2007). In particular, the relationship between deliverers and the parents is key. Using skilled facilitators to engage parents is important (Utting et al., 2007). These facilitators are best when they are ‘trusted’ local professionals (e.g. staff already known to parents). Using workers with sufficient credibility and trustworthiness in relation to the clients’ cultural background is also important (Moran et al., 2004). The relationship between the client(s) and the practitioner requires attention. It is important they build a good relationship and that the client perceives this to be warm and empathetic. (Sutton et al., 2004). Thus, recruiting staff with excellent interpersonal skills is essential (and this matters more than other personal attributes) (Moran et al., 2004). Trainers/staff should avoiding talking down to service users or making them feel inexpert in their own lives (Moran et al., 2004). Practitioners should be accepting of parents and their goals and not challenge them or adapt them to fit a model or conform to the facilitator’s own beliefs (Sutton et al., 2004).

In addition to practical considerations around the venue outlined above, other practical considerations are shown in Box 3.5.

Box 3.5 Narrowing the gap: practical considerations for programme design

- The availability of childcare facilities e.g. nearby so parents can leave infants and young children safely while they attend (Moran et al., 2004).
- The provision of paid-for transport for rural or low income families (Moran et al., 2004; Carpentier and Lall, 2005) which has been shown to help attendance.
- The time of delivery, shown to be more convenient in the evenings, weekends, or weekday mornings after dropping children off at school (Moran et al., 2004; Carpentier and Lall, 2005).
- Providing taster sessions to allow parents to acclimatise to the service and adjust their expectations (Moran et al., 2004).
• Investing persistent effort in the early stages of referral and attendance, including telephone recruitment calls and reminders by telephone or letter (Moran et al., 2004; Barlow et al., 2007).

• Providing incentives for uptake and/or attendance at parenting programmes (Moran et al., 2004).

• Home visiting both through making contact with parents prior to programmes if they are known to be experiencing family difficulties (Hallam et al., 2004; Moran et al., 2004; Carpentier and Lall, 2005; Barlow et al., 2007) or the follow-up of non-attendance on parenting support programmes via home visits (Hallam et al., 2004; Barlow et al., 2007).

In addition to the themes in Box 3.5, effective delivery and design of parenting programmes includes the following features:

• using an interactive and fun, rather than didactic, style of working (Moran et al., 2004)

• multi-modal/multi-dimensional approaches to accommodate different preferences and learning styles and to tackle multiple risks and problems simultaneously (Utting et al., 2007)

• focusing on the future and future hope, rather than past problems (Sutton et al., 2004)

• teaching principles, rather than prescribed techniques (Sutton et al., 2004)

• addressing difficulties in the relationships between adults in the family (Sutton et al., 2004, with regard to parenting programmes designed to tackle behaviour issues in particular)

• covering both non-violent sanctions for negative behaviour, as well as strategies to build positive relationships through play and praise (Sutton et al., 2004, again with particular regard to behaviour issues).
4 Key findings in early intervention and prevention

4.1 Introduction

This chapter focuses on the evidence relating to early intervention and/or prevention approaches and the contribution they make to narrowing the gap in outcomes for vulnerable groups. The Every Child Matters agenda stresses the need for services to focus on early intervention and prevention. Early intervention has been suggested to typically have four primary goals which are to:

- support families in supporting their children’s development
- promote children’s development in key domains (such as the cognitive, social, physical, emotional and linguistic) through the early years curriculum and other learning opportunities
- promote children’s confidence and coping skills
- prevent the emergence of future problems (Russell, 2004).

‘Early’ does not necessarily mean early on in life but refers to the early stage of the problem or difficulty being addressed. ‘Prevention’ is generally seen to be preventing difficulties, problems or social need from occurring or from developing or becoming more severe. More recently, there has been a focus on the development of ‘resilience’ amongst vulnerable children and young people to enable them to resist adversity, cope with uncertainty and recover successfully from trauma (NCH, 2007). There are many reasons as to why services should be refocused towards early intervention and prevention, with one of the most important being that, particularly in the longer term, refocusing can lead to efficiency and cost savings (Dartington Social Research Unit, 2004). As Beecham and Sinclair (2007) point out, although such refocusing can be difficult and time consuming in the early stages, expenditure is minimised in comparison to the longer-term costs of poor decisions over children’s care and tackling chronic difficulties. The Prince’s Trust report (2007) also stresses the cost of not acting.

This section draws on the key findings from 20 sources. Seven of the sources explored effective interventions in terms of narrowing the gap for particular vulnerable groups of children and young people, such as children with disabilities, children looked after, children with behaviour problems, anti-social behaviour and conduct disorders and children at risk of committing crime.

Key findings

- Positive cognitive and social/behavioural outcomes from a medium and high quality pre-school experience can still be seen after five years of primary school and can reduce the effects of social disadvantage (Sammons et al., 2007). Evidence from the US and Sweden suggests that the benefits from attending pre-school continue well into adult life and lead to increased academic success, employability and socio-economic status and a reduction in teenage pregnancy and criminal behaviour (McQuail et al., 2003; Hayden, 2007).
• If children can sustain their advantage at age ten and experience a smooth transition to secondary school, they will most likely have improved life chances (Wood and Caulier-Grice, 2006).

• It is important to provide disaffected children with positive learning experiences outside of the classroom to help them develop confidence in learning and a positive relationship with adult instructors (Hirsch, 2007).

• A range of interventions such as: health visitor/nurse home visits pre/post birth; positive parenting, adult relationship and parenting skills programmes; and programmes combining work with children in school with support to parents can reduce the risks of anti-social and criminal behaviour amongst children and young people (Sutton et al., 2004; France et al., 2004; Lovering et al., 2006).

• In terms of placing children in foster care, a number of factors can act as a ‘protective’ factor such as maintaining contact with birth parents. Intensive social work early on and the early identification and addressing of problems can prevent the very negative effects of changing placement (McNeish et al., 2002).

• Community-based support for children and parents to tackle obesity, which combines counselling and support, physical exercise and advice on healthy eating, can result in positive outcomes (Rudolf et al., 2006).

• Effective multi-agency working at a strategic level and joint processes, such as: needs/gap analyses; target setting; data sharing; individual needs assessment; commissioning and referral, are key to this agenda. Also important is the involvement of a range of agencies in the development and delivery of interventions to meet holistic needs.

• There is no national framework to measure the impact of early intervention and the findings in terms of outcomes from a number of evaluations were not overly robust – sample sizes were small and they did not include a longitudinal element or a control or comparison group. The strongest UK evidence is that presented by Sammons et al. (2007), on the positive outcomes of a medium and high quality pre-school experience, and by Sutton et al. (2004), on interventions to reduce anti-social and criminal behaviour.

4.2 Has the gap been narrowed?

There is strong evidence to suggest that taking an early intervention and prevention approach can positively impact on narrowing the gap in a range of outcomes for vulnerable children and young people (see Box 4.1).

Cognitive outcomes and attainment

The gap in cognitive outcomes and attainment can be narrowed through children attending a medium or high quality pre-school and an academically effective primary school (Sammons et al., 2007; Wood and Caulier-Grice, 2006; Cassen and Kingdon, 2007). Development in cognitive ability (measured by vocabulary and drawing tests) in the early years is highly predictive of subsequent achievement, showing a strong relationship with both educational success and income at age 30 (Feinstein and Duckworth, 2006). Improved attainment in school is also linked to effective inter-agency working to tackle the holistic needs of children and young people (UEA and NCB, 2007; Edwards et al., 2006).
Box 4.1 Narrowing the gap in attainment: examples of early intervention and prevention from the evidence

- There is compelling evidence that a positive pre-school experience can narrow the gap in cognitive development for disadvantaged or vulnerable children (Sammons et al. 2007; Wood and Caulier-Grice, 2006).

- Current UK evidence shows that pre-school influences remain evident even after five years full time in primary school. Medium and, especially, high quality pre-school is associated with longer-term benefits for the development of academic skills in both reading and mathematics (Sammons et al., 2007).

- US studies – particularly the Perry Pre-School Project – show that children who have attended pre-school score significantly higher than a control group on measures of academic success and employability at ages 15–19 and the improvement continues to age 27. They also show increased employment and higher economic status after long-term follow-up (McQuail et al., 2003). Although the benefits of the US Head Start pre-school programme were not immediately apparent, later positive outcomes were found in terms of participants’ (particularly white participants) educational attainment, employment and earnings in their twenties (Hayden, 2007).

- The Göteborg study showed that children who had entered publicly funded day care before age one performed better in all subjects at age 13 and had a better verbal facility than other children (McQuail et al., 2003).

- The combined effects of attending a high quality pre-school and an academically effective primary school can give a significant boost to children’s attainment, particularly in mathematics, and narrow the gap for vulnerable groups (Sammons et al., 2007).

- However, pre-school benefits can fade depending on the primary school experience and transition to secondary school. If children can sustain their advantage at age ten and experience a smooth transition to secondary school, they are most likely to have improved life chances (Wood and Caulier-Grice, 2006).

- Emerging evidence suggests that the integrated approach to the diagnosis of need and service provision within Children’s Trust Pathfinders has led to better outcomes for children in relation to improved educational performance and attainment and increased aspirations for further learning/training (UEA and NCB, 2007).

- Outcomes that have been realised for children supported through the Children’s Fund across the range of target groups (disabled children, children at risk of crime, BME children, Traveller and Gypsy children and children from refugee and asylum seeking families) have included improved educational outcomes and increased ability to concentrate via support such as homework clubs and mentoring programmes (Edwards et al., 2006).

Social development, behaviour and crime

Interventions seeking to develop children’s social skills and to prevent, and intervene early in, cases of anti-social and criminal behaviour can produce very positive impacts both for individuals and their families (Sammons et al., 2007; Sutton et al., 2004; France et al., 2004; Anning et al., 2007). Early
intervention initiatives tackling behavioural, social and emotional problems can decrease disruptive and problematic behaviour (Lovering et al., 2006), as discussed in Chapter 3.

Box 4.2 Narrowing the gap in relation to social development, anti-social behaviour and crime: examples from the evidence

- A medium and high quality pre-school experience can narrow the gap in relation to social/behavioural outcomes. Children with more pre-school experiences benefit the most (McQuail et al., 2003; Sammons et al., 2007).
- Pre-school benefits all children but the potential benefits are greatest for children from disadvantaged backgrounds. Although not as powerful as family influences, pre-school can have a positive effect on development outcomes and children’s competencies (e.g. creativity and social confidence) more generally and can reduce criminal behaviour and teenage pregnancy (McQuail et al., 2003).
- Long-term evaluation of the US Head Start pre-school programme showed positive outcomes in terms of reductions in anti-social behaviour and, particularly for African-American participants, a reduction in offending behaviour (Hayden, 2007).
- Enhanced social skills and overall development for young children have been achieved through the UK Sure Start programme. This has been achieved by enabling parents to meet like-minded parents in a safe and comfortable place within walking distance of home and providing them with access to staff who can give education and training support in additional to emotional support and help with practical problems. Children’s centres have also provided children, including those with additional/specialist needs, with opportunities to play and socialise (Anning et al., 2007).
- Positive impacts on anti-social behaviour are also evident as a result of children attending an academically effective primary school (Sammons et al., 2007).
- Early intervention targeted at different stages in a child/young persons’ life can result in: reductions in anti-social, violent or aggressive behaviour; decreases in bullying behaviour; decreases in children’s and teenagers’ drug, alcohol and smoking behaviour; and decreases in offending and criminal convictions and breaches of conviction. It can also result in decreases in child abuse and neglect and improved parenting and family interaction (Sutton et al., 2004).
- A multi-agency intervention targeted at persistent young offenders aged 15–17 years called Intensive Support and Supervision Programme (ISSP) resulted in a 30–50 per cent reduction in the volume of crime committed by participants compared to a control group (Little et al., 2004).
- Evidence also suggests that interventions which integrate work in the home and school with a parenting curriculum and direct work with children can lead to significant decreases in disruptive and problematic behaviour in children and improved learning experiences for all pupils in the class (Lovering et al., 2006; Sutton et al., 2004; Utting et al., 2007).
- Evidence suggests that interventions supported through the Children’s Fund have led to a decrease in school exclusions and anti-social behaviour and improved behaviour at home (Edwards et al., 2006).
Inclusion

Increased inclusion of children and young people has been achieved as a result of interventions that have tackled the holistic needs of children and young people through close inter-agency working, such as those delivered via the Children’s Trust Pathfinders and Children’s Fund (see Box 4.3).

Box 4.3 Narrowing the gap in relation to inclusion: examples from the evidence

- Evidence suggests that targeted initiatives can lead to reductions in exclusions and improvements in attendance (Sutton et al., 2004; UEA and NCB, 2007).
- There is also evidence to suggest that Children’s Trust Pathfinders and Children’s Fund interventions have led to: better inclusion of young people with disabilities, for example through safe and fun places to interact; an increased sense of community amongst children and young people; improved access to schools, particularly for refugee and asylum seeking children; and reductions in children entering care (UEA and NCB, 2007; Edwards et al., 2006).

Health and well-being

Improved health and well-being for children and young people, and particularly for those living in disadvantaged areas, has been achieved through intervention activity (Rudolf et al., 2006; Edwards et al., 2006; UEA and NCB, 2007) (see Box 4.4).

Box 4.4 Narrowing the gap in relation to health and well-being: examples from the evidence

- The community-based WATCH IT programme targeted at obese children and adolescents, and their parents, was shown to result in weight loss but also to reduce bullying and problems at school, enabling children to make new friends and be accepted as ‘normal’. Increases in self-confidence and self-esteem were also reported and self-harming in some children stopped (Rudolf et al., 2006).
- Evidence from the Children’s Trust Pathfinders suggests that health benefits through physical exercise have been achieved (UEA and NCB, 2007).
- Evidence from the Children’s Fund suggests that interventions have led to increases in confidence, self-esteem, emotional well-being, a sense of responsibility, a sense of achievement, and a sense of community amongst children and young people from a range of target groups (Edwards et al., 2006).
4.3 How has the gap been narrowed?

The literature shows that the gap had been narrowed through effective prevention strategies and provision, multi-agency working and the effective development and delivery of interventions (Edwards et al., 2006; UEA and NCB, 2007; Mott, 2006; Dartington Social Research Unit, 2004; Anning et al., 2007; Ofsted, 2007).

**Effective prevention strategies and provision**

Evidence from the literature suggests that well-targeted prevention strategies and high quality provision are instrumental in narrowing the gap for vulnerable groups, as well as for all children and young people. For example, in terms of reducing offending and re-offending rates, effective councils provide good quality and well targeted leisure activities and engage young people in education, employment or training (Ofsted, 2007).

There is some robust evidence to exemplify how the gap has been narrowed for vulnerable and disadvantaged pupils through effective prevention strategies and provision in pre-schools and primary schools (see Box 4.5). Additionally, there is evidence to show how the gap can be narrowed in self-confidence and positive relationships with adults through effective learning programmes delivered outside the school environment (Hirsch, 2007).

**Box 4.5 Narrowing the gap through effective education provision: examples from the evidence**

- A ‘high quality’ pre-school was perceived to be a setting in which:
  - staff possessed high qualifications, the manager was a trained teacher and there was a good proportion of trained teachers or staff who understood how children learn and had a knowledge and understanding of the curriculum
  - a behaviour policy was in place in which staff supported children’s behaviour through reasoning and talk
  - activities included interaction traditionally associated with the term ‘teaching’ and instructive learning environments
  - education and social development were seen as complementary and equal in importance, including a focus on literacy, maths, science/environment as well as ‘diversity’
  - there was a warm interactive relationship with children who were encouraged to initiate activities and be involved in shared thinking with adults
  - parents were engaged in their children’s learning and parents of vulnerable children were supported to improve the home learning environment (Sammons et al., 2007).

- Primary school leaders need to prioritise the following areas to sustain the social and academic gains that disadvantaged children have gained in pre-school:
  - literacy
  - good behaviour and attendance
– a co-educator role for parents
– flexible class structures
– the provision of a variety of additional support
– the provision of an engaging curriculum
– the implementation of an effective transition strategy (Wood and Caulier-Grice, 2006).

• The evidence also recommends that specially targeted interventions for children identified as being well behind their peers in cognitive or social and behavioural development should be developed at the start of primary school to narrow the gap or prevent it widening further (Sammons et al., 2007).

• Important elements of effective out-of-school learning programmes delivered to children from disadvantaged backgrounds who have become disaffected with school include:
  – small groups with individual attention
  – the negotiation of programme content rather than its imposition and the flexibility of content to meet changing needs
  – activities feeling distinct from classroom-based, compulsory learning and being differentiated in the way they are structured and run
  – staff who are skilled at communicating and negotiating rather than just ‘instructing’ (Hirsch, 2007).

The gap has been narrowed for children looked after and children at risk of entering care through effective prevention strategies and provision. Councils judged to be good or outstanding had: deliberately lowered intervention levels to reach more children at risk; extended the range of preventative support to children and families; and targeted resources through placing social workers in schools (Ofsted, 2007). Features of effective prevention and provision are detailed in Box 4.6 below.

---

**Box 4.6 Narrowing the gap through effective safeguarding provision: examples from the evidence**

• The evidence suggests that strong safeguarding arrangements for children most at risk include:
  – thresholds for referral to social care services being understood by all agencies
  – effective social services’ duty, assessment and referral systems being managed within required timescales and to a good standard, with a full contribution from partner agencies
  – all children on the child protection register and all looked after children having a qualified social worker
  – reviews being undertaken on time, with input from partner agencies (Ofsted, 2007).
The evidence also suggests that, to prevent difficulties from arising later, it is important to:

- maintain contact with birth families, which is increasingly recognised as a protective factor for children in alternative family placements and which reduces the chance of the placement breaking down
- provide intensive social work during the early stages of the placement, which can prevent issues arising later
- involve parents in the planning of care
- maintain continuity and stability of care – which can prevent adverse effects on a young person’s educational performance, physical health, emotional, behavioural and mental health and relationships – this requires the identification and addressing of issues early (McNeish et al., 2002).

Multi-agency working

Effective multi-agency working in relation to the early intervention and prevention agenda can positively impact on narrowing the gap for children and young people. Key ingredients of effective multi-agency working relate to leadership and management systems and the evidence suggests that:

- **partnerships need to reflect a range of stakeholders**, show sensitivity to local communities and demonstrate flexibility in responding to changes in national and local priorities (Anning et al., 2007). They also need to be supported by strong agreements, shared principles and local networks connecting them to local systems of power and authority (Mott, 2006; Edwards et al., 2006)

- a **single multi-agency action plan** should be developed linked to a coordinated package of support across agencies (UEA and NCB, 2007) and there should be joined-up approaches to workforce development and training (UEA and NCB, 2007; Anning et al., 2007)

- a **named lead professional/key worker** should be allocated to clients who is responsible for coordinating a package of support across agencies (UEA and NCB, 2007)

- partners should be involved in **joint assessments of need**, mapping of service provision and gaps, and joint target setting (Mott, 2006; Dartington Social Research Unit, 2004; Anning et al., 2007)

- effective systems for **data sharing across agencies** need to be established (UEA and NCB, 2007; Mott, 2006; Dartington Social Research Unit, 2004; Ofsted, 2007). Joint assessments of individual clients need to be undertaken which can be achieved through designated staff and the use of common tools, such as the Common Assessment Framework (UEA and NCB, 2007; Dartington Social Research Unit, 2004; Mott, 2006; Ofsted, 2007)

- there needs to be **joint commissioning** of services (UEA and NCB, 2007; Edwards et al., 2006; Dartington Social Research Unit, 2004)

- **streamlined referral processes** should be developed reducing time from identification of need to provision of support (UEA and NCB, 2007; Mott, 2006; Dartington Social Research Unit, 2004).
Effective development and delivery of interventions

The literature selected also detailed a number of areas which are key to effective practice in relation to the development and delivery of early intervention and prevention interventions and, specifically, in relation to interventions seeking to narrow the gap for children and young people. These include the need for:

- **a shared understanding of early intervention and prevention** amongst the management and delivery team (Mott, 2006)

- a willingness of project developers and deliverers to be **innovative and flexible**, particularly in exploring ways of addressing the needs of an area, target group or individual (Hayden, 2007) and in accessing hard-to-reach groups such as travellers and looked after children (Edwards et al., 2006; Rudolf et al., 2006) and combining different delivery approaches with an ability to be ‘high dosage’ where appropriate (Sutton et al., 2004; McNeish et al., 2002)

- project deliverers to be able to **develop trust and be easy to relate to** but not necessarily to be professionally trained if they can access ongoing direction and support from a trained professional (Rudolf et al., 2006); however, attention should be paid to employing suitably qualified staff and professionals or providing specific training where the intervention requires, for example, specific expertise (Sutton et al., 2004; McNeish et al., 2002; Hayden, 2007)

- the **participation of children and families** in the development and delivery of services (Edwards et al., 2006; Mott, 2006; Dartington Social Research Unit, 2004; Rudolf et al., 2006)

- **holistic support to address multiple and complex needs and barriers** in a coordinated way rather than offering ‘one-shot’ solutions to individual problems (Edwards et al., 2006; Sutton et al., 2004; Prior and Paris, 2005) and to address family and environmental factors as well as personal deficits (Sutton et al., 2004; McNeish et al., 2002)

- a reduction in risk and an enhancement in protection in children’s lives through **support provided over time and in different settings**, such as at home and in school, and when children and families are open to change, e.g. birth and adolescence (Sutton et al., 2004; Edwards et al., 2006)

- a focus on **increasing resilience** to enable beneficiaries to develop the capacity and skills to resist adversity, cope with uncertainty and recover successfully from trauma (NCH, 2007) and to develop **personal and social skills** and **focus on changing behaviour**, for example through cognitive behavioural approaches (Sutton et al., 2004; McNeish et al., 2002)

- **local and community-based support** which is accessible to clients and enables the development of formal and informal support networks for parents and helps professionals work together (McNeish et al., 2002; Mott, 2006; Dartington Social Research Unit, 2004; Rudolf et al., 2006)

- interventions to **build on existing mainstream provision** to aid sustainability and embed learning and effective and innovative practice (Edwards et al., 2006, Dartington Social Research Unit, 2004).
5 Local leadership

5.1 Introduction

This chapter is focused on whether local leadership can narrow the gap in outcomes, and the ways in which this has been done. For the purposes of this review, local leadership includes school leadership, leadership of integrated children's services, and political leadership through elected members.

When looking at the research on leadership and its influence on narrowing the gap in outcomes for children and young people it would seem pertinent to offer a definition of leadership. However, providing a definition is a challenging task due to the multiple and wide-ranging definitions of the concept. House et al. (2002) define leadership as ‘the ability of an individual to influence, motivate, and enable others to contribute toward the effectiveness and success of the organisations of which they are members’. Leithwood and Levin (2005) go on to suggest that most conceptions of leadership associate it with productive change and at the centre of these views are direction setting and influence.

Core concepts of leadership

Direction setting: helping members of the organisation establish a widely agreed on direction or set of purposes considered valuable for the organisation.

Influence: encouraging organisational members to act in ways that seem helpful in moving toward the agreed on directions or purposes.

Leithwood and Levin, 2005.

A total of ten sources were included in the review for this section, of which four were literature reviews, five were evaluations/research studies, and one was a discussion paper which included case-study evidence. Much of the evidence for the literature reviews drew on international evidence, whilst the remaining sources had a UK focus. The scale of the studies varied widely, from small research studies to literature reviews focusing on a number of large-scale quantitative studies. The sources identified for this review linked to professional and political leadership focused (to varying degrees) on all five of the ECM outcome areas, with a particular emphasis on ‘enjoy and achieve’ for school leaders improving outcomes.

Key findings

- There was some evidence to suggest that school leaders could have a positive impact (albeit indirect) on student outcomes (Pricewaterhouse-Coopers, 2007; Leithwood et al., 2006b; Leithwood and Levin, 2005; Bell et al., 2003). Some evidence suggested that leadership explained 5 to 7 per cent of the variation in pupil learning across schools (Leithwood et al., 2006b; Leithwood and Levin, 2005).
- There was some limited indicative evidence that local authority leadership can impact positively on outcomes, for example through effective staff
development and training and support for extended schools (Ofsted, 2005; LGA, 2006).

• The research evidence suggests that certain types of leadership, for example distributed and transformational leadership, can have a positive impact on pupil outcomes (Bell et al., 2003; PricewaterhouseCoopers, 2007).

• There was evidence that as leaders’ impact on student outcomes is indirect, it is likely that their influence on key mediating factors, for example teachers’ working conditions, are likely to impact on pupil outcomes (Leithwood et al., 2006b; Silins and Mulford, 2002).

• There are key management strengths associated with local authorities that are effective in narrowing the gap, which include an effective and clear Children and Young People’s Plan (CYPP); sound financial planning; effective partnership working; and good use of data to identify and target need (Ofsted, 2007).

• There is some limited evidence that outcomes are improved when political leaders prioritise and facilitate young people’s involvement in local decision making (Ofsted, 2007).

• There is a clear need for more research in this area. For example, in relation to political leadership there is a need for empirical evidence to show how political leaders can improve outcomes and narrow the gap for vulnerable children and young people. With regard to school leadership, there is a need to be able to prove a causal link between types of leadership and improvements in pupil outcomes, particularly in relation to vulnerable pupils.

5.2 Has the gap been narrowed?

The evidence suggested that school leaders could have an indirect impact on student outcomes, for example as measured by pupil achievement, engagement and motivation (PricewaterhouseCoopers, 2007; Leithwood et al., 2006b; Leithwood and Levin, 2005; Bell et al., 2003). The impact of leadership was indirect as it was mediated through other factors such as teachers/other colleagues, the organisation of the school, and relationships with parents and the wider community (Bell et al., 2003; Leithwood et al., 2006b) (see Box 5.1).

Box 5.1 School leaders narrowing the gap in outcomes

• Evidence suggests that the effects of leadership on pupil outcomes were small but educationally significant, explaining 5 to 7 per cent of the variation in pupil learning across schools compared to classroom factors which explain more than a third of variation in pupil achievement (Hallinger and Heck, 1996; 1998; cited in Leithwood et al., 2006a; and Leithwood and Levin, 2005).

• There is some evidence that school leaders and certain types of leadership (e.g. transformational, distributed) can have some effect on student outcomes, albeit indirectly (Bell et al., 2003). Similarly, PricewaterhouseCoopers (2007) identified five models of school leadership and the aspects of those models that had a positive impact on pupil performance.
There was also some limited indicative evidence that leadership from local authorities can indirectly lead to positive outcomes for children and young people, for example by supporting the development of extended schools and training frontline children’s service staff (Ofsted, 2005; LGA, 2006) (see Box 5.2).

**Box 5.2 Local authorities narrowing the gap in outcomes**

- The number of children placed on school child protection registers has been reduced by training and development for frontline children’s service staff in one borough, which was based on a multi-agency assessment of workforce development needs (LGA, 2006).
- In one local authority 98 per cent of care leavers are in suitable accommodation and 77 per cent are in education, training or employment, as the council has placed a particular emphasis on meeting the needs of children in public care for example, through stretching Local Public Service Agreement (LPSA) targets (LGA, 2006).

5.3 How has the gap been narrowed?

There was some good practice guidance relating to leadership, and one particularly relevant piece was a handbook to help leaders create services where practices are actively informed by research evidence (Hodson and Cooke, 2007). However, there was limited empirical evidence explicitly linking local leadership practice to outcomes. This limited literature suggested that the gap has been (or potentially could be) narrowed through the actions of school leaders, local authorities and political leaders.

**School leaders**

In relation to school leadership, there was some evidence to suggest that certain types of leadership can have a positive (indirect) impact on student outcomes. The types of leadership that were seen to be effective in improving outcomes were: participative, transformational and distributed leadership (Bell et al., 2003; PricewaterhouseCoopers, 2007). There was also evidence that in a UK context, various different models of leadership (traditional model, managed model, multi-agency managed model, federated model and system leadership model) can have positive impacts on student outcomes (PricewaterhouseCoopers, 2007). There was also evidence that without effective leadership, systematic improvements in standards were unlikely to be achieved and that, therefore, leadership was at the heart of effective teaching and learning (Leithwood et al., 2006a) (see Box 5.3).

**Box 5.3 Narrowing the gap: Examples of effective leadership models**

- There was evidence that that the more distributed and transformational the leadership was throughout the school community, in particular to teachers, the better the performance of that school in terms of student outcomes (Silins and Mulford, 2002).
• The ‘multi-agency model’ of leadership where nurses, social workers
and/or psychologists worked on the school site, although not without its
difficulties, could generate significant efficiencies that ultimately
contributed positively to pupils’ educational achievement, for example by
ensuring a holistic and early intervention targeting wider social problems
faced by children (PricewaterhouseCoopers, 2007).

There was also evidence relating to the key role school leaders played in
modifying and refining teachers’ working conditions (classroom and school
conditions) as this was an important vehicle by which school leaders could
indirectly influence student outcomes (Leithwood et al., 2006b; Silins and
Mulford, 2002) (see Box 5.4).

Box 5.4 Narrowing the gap: creating the conditions for
teachers to improve outcomes

There was evidence that the following factors were significant in building
positive teacher commitment and resilience and were therefore essential to
classroom effectiveness and improving student outcomes (Leithwood et al.,
2006b):

• direction setting, for example, helping staff develop an inspiring and
shared sense of purpose
• developing people, for example, being collegial, considerate and
supportive and listening to teachers’ ideas, distributing leadership across
the school
• redesigning the organisation – the flexible enforcement of rules by the
headteacher
• managing the teaching and learning programme, for example, buffering
teachers from distractions to classroom work.

Factors outside the home, such as family background, the home
environment and wider community, can impact on student outcomes (Silins
and Mulford, 2002; Leithwood and Jantzi, 1999), and therefore the evidence
emphasised that a key role of school leaders was to build positive
relationships with parents and the wider school community in order to
mediate the effect of such wider factors on student outcomes (Bell et al.,
2003) (see also Box 3.3).

Local authority leadership

According to the evidence, local authority leadership could also indirectly
impact on student outcomes through effective management processes,
partnership working and staff training and development (see Box 5.5).

In terms of management processes, there was evidence of several ‘key
strengths’ associated with LAs and partnerships that are effective in
narrowing the gap in outcomes. These included an effective and clear
CYPP, sound financial planning and good use of data to identify and target
need (Ofsted, 2007).
Box 5.5 Narrowing the gap: effective management practices

There was evidence that the following practices contributed to a narrowing of the gap in outcomes (Ofsted, 2007).

• Ambitions and priorities for children and young people were based on a thorough analysis of local need, and were articulated well in the Children and Young People's Plan with clear outcomes that were also reflected in the key plans and strategies of partner agencies.

• Targets, timescales, resource allocation and accountabilities were well set out so that progress could be measured.

• Strong leadership from senior management and engaged political leadership contributed to securing commitment and enthusiasm across the workforce.

• There was sound financial planning and management, a commitment to securing value for money, good use of resources, and evidence of better integration achieving efficiency savings.

• Good use was made of data to analyse need, evaluate performance, and develop improvement strategies.

• There was a strong framework of performance management, with links between strategic and service planning and individual performance.

• The scrutiny role of the council was robust and effective; as a result, there was good understanding of where performance needed to improve and efforts were focused on areas for improvement.

• Early progress had been made in implementing the Common Assessment Framework and establishing networks of lead professionals.

There were key aspects of partnership working involving LAs and their partners that could in some way contribute to narrowing the gap in outcomes. These were: that the roles and responsibilities of partners were clear and understood and partners challenged one another where appropriate; and that partnership working was strongly embedded within the organisational culture, including children’s trust arrangements, leading to inter-agency collaboration and good quality integrated working of frontline staff (Ofsted, 2007).

Effective staff development and training can also impact on outcomes (Ofsted, 2007; LGA, 2006). Effective LAs were those where workforce development and planning supported multi-agency working and there was a proactive approach to tackling recruitment and retention issues. Examples of successful recruitment and retention schemes included trainee and ‘golden hello’ schemes, collaboration with local colleges and other training institutions, and close supervision and support for new workers with a managed workload (Ofsted, 2007).

In order to achieve the aims of the ECM agenda, Lownsbrough and O’Leary (2005) suggest that leaders need to move beyond trying to effect change by merely altering structures, pooling budgets and/or amending accountability frameworks, and focus on bringing about cultural change. This is especially true in children’s services where many different sets of professional values are being aligned. Effective cultural change can be aided by developing good foundations for change; having strategies to deal with the negative consequences of change; developing ways of identifying and managing risk, whilst pushing the boundaries of what can be achieved and working to build effective succession strategies (see Box 5.6).
Box 5.6 Narrowing the gap: Leading cultural change

Cultural change is necessary in children’s services departments to achieve the aims of the ECM agenda, and there are several elements to effectively leading cultural change (Lownsbrough and O’Leary, 2005).

- **Creating good foundations**: It is essential to create clear frameworks at the start of change implementation (e.g. with shared objectives), and to use structural changes to send clear signals about the direction of change (e.g. school leaders locating social workers and other professionals on the school site).

- **Dealing with the consequences of change**: It is important that leaders pace change at the appropriate rate, and are able to assuage peoples’ fears regarding the impacts of that change (e.g. ensuring quick wins, using pilot projects to demonstrate that new ideas do work in practice).

- **Dealing appropriately with risk**: Risk needs to be considered as it applies to all areas of children’s lives (e.g. there are risks associated with overly restricting opportunities for children, as well as with opening up new opportunities), and safe spaces for learning need to be facilitated within children’s services departments, so that new approaches can be tried and lessons learnt with the minimum of risk.

- **Ensuring effective succession**: Leaders need to create effective succession strategies (e.g. by providing opportunities for staff to grow in their roles).

Political leadership

There is good practice guidance relating to political leadership (DfES, 2005; DfES and LGIU, 2003; I&DeA, 2007), but little empirical evidence. There is some suggestion from the limited evidence that prioritising and facilitating young people’s involvement in local decision making could contribute to positive impacts on outcomes (Ofsted, 2007) (see Box 5.7).

Box 5.7 Narrowing the gap: effective political leadership

Effective practice identified in the arena of political leadership in councils judged by Ofsted (2007) to be outstanding in this area included:

- the priority given to working with young people by elected members, through work on youth involvement in local democracy, in order to increase engagement in political and democratic decision making

- the local authority and partners formally adopting the ‘Hear By Right’ Standards ensuring that key decision makers heard the views of a wide range of young people

- LAs then using the views and priorities identified by young people to revise and update their Children and Young People’s Plan, which was reflected in a strong corporate commitment to consulting with, and engaging, young people

- involving children and young people in performance management and quality assurance procedures.
6 Gaps in the evidence

6.1 Introduction

Following on from the presentation of evidence relating to outcomes and effective practice in narrowing the gap, this section summarises the main gaps in the evidence that was identified for this review. The gaps in the evidence base can be described in terms of the characteristics of the evidence available, and in terms of specific outcome areas.

Key findings

• The evidence base that relates to narrowing the gaps in outcomes is not strong. Interventions need to be evaluated robustly with a longitudinal element on several occasions to demonstrate consistent positive outcomes, and this is not the case with most interventions described in the literature.

• There are evidence gaps in specific areas, most notably in relation to the impact of professional and political leadership on outcomes.

6.2 Characteristics of the evidence base

This review was not able to review all of the literature relating to narrowing the gap in outcomes, and one of the criteria used to decide which literature would be most pertinent to the research questions was the robustness of the research. Therefore, the literature reviewed here can be described as the best available. Whilst there were some high quality, robust studies which clearly demonstrated how specific practices/interventions led to a narrowing of the gap in outcomes (e.g. Sammons et al., 2007), in general the evidence base was not strong. There were several issues with the research which led to it not being able to clearly demonstrate the link between interventions and outcomes:

• Some research methodologies (e.g. Anning et al., 2007) were not robust enough to demonstrate a link between practices and outcomes. For example, researchers inferred a relationship based on their reading of the data (e.g. analysis of performance data with improvements in outcomes explained using small-scale qualitative data) rather than large-scale randomised controlled trials, or worked with relatively small samples.

• There was a lack of longitudinal studies that demonstrated whether improvements in outcomes were sustained over a long period of time.

• Some interventions appeared to have been evaluated too soon, before there was any realistic opportunity for improvements in outcomes to emerge (e.g. France et al., 2004).

• Very few interventions had been robustly evaluated (including longitudinal elements) on several occasions and found to be consistently successful.
6.3 Specific outcome areas

There were gaps in the evidence across all of the four thematic areas considered.

- **Engagement of parents/carers**: Whilst there was a reasonable amount of evidence relating to interventions that dealt with parenting skills, there was much less that related to interventions aiming to teach parents how to help their children to achieve in school (e.g. help with homework). There was also little literature on how to effectively engage BME and other ‘hard-to-reach’ parents.

- **Professional and political leadership**: There needs to be more research investigating the ways school leadership impacts on wider pupil outcomes, not merely attainment, how teacher leadership impacts on outcomes, how wider leadership outside of education impacts on outcomes, and how political leaders improve outcomes. There is very little empirical evidence in this area, and the challenge is linking the actions of leaders to outcomes, as the impact is likely to be indirect, and many other factors will also affect student outcomes.

- **Early intervention and prevention**: There is a lot of literature relating to effective practice, but much less that relates to practice proven to improve outcomes. Specifically, there is a lack of large-scale national evaluations relating to the practices and outcomes arising from health-related interventions.

- **Schools working together and with other children’s services**: There was evidence relating to outcomes and effectiveness of interventions involving schools working alone and with partners. The most evidence existed for ‘enjoy and achieve’, and there was evidence relating to all of the other outcome areas except ‘achieve economic well-being’. The role of schools working alone or with partners to narrow the gap in this area was not covered in the literature.
7 Concluding comments

While the review sought out the best empirical evidence available, there was some variation in the robustness of the evidence reviewed. In general, there was a shortage of longitudinal, robust evidence on narrowing the gap for vulnerable groups that expressly linked outcomes with practice and effectiveness. This final section draws out some of the key cross-cutting themes from the evidence reviewed.

Strategies that promote children's health, safety and sense of safety, and economic stability all help to provide the necessary conditions to promote effective and enjoyable learning and raise achievement. Together, they give children a feeling of confidence, being valued and a part of their school and community and improve their life chances. Getting the first three right is crucial to ensuring the other outcomes. Encouraging the more vulnerable children to participate in school life and decision making contributes to raised performance and achievement (Cummings et al., 2007; Younger et al., 2005; Sutton et al., 2004; UEA and NCB, 2007; Edwards et al., 2006).

Programmes and interventions to remediate disadvantage and narrow the gap in outcomes for vulnerable groups need a long-term focus. So many interventions have been short term, with the resourcing reducing or being removed before, or just when, they begin to be effective, and before there is time for them to be properly evaluated (Desforges with Abouchaar, 2003; Scott et al., 2006; Harris and Goodall, 2007). Linked to this, there is a need for interventions to build on existing mainstream provision to aid sustainability and embed learning and effective and innovative practice (Edwards et al., 2006; Dartington Social Research Unit, 2004).

There is strong evidence that strategies and programmes which adopt a holistic and joined-up approach and deal with the range of obstacles and negative influences that are holding children back, rather than single-issue interventions, are the most effective. These tend to value and utilise the perspectives and skills of different service partners (Cummings et al., 2007; Younger et al., 2005; Edwards et al., 2006; Sutton et al., 2004; Prior and Paris, 2005; UEA and NCB, 2007; Utting et al., 2007).

In designing and delivering interventions, it is of prime importance to build upon the positive elements and experiences of children's and family lives, and respond positively to their value and belief systems (Moran et al., 2004; Sutton et al., 2004; Utting et al., 2007). The use and language of deficit models do not work as well. More recently, there has also been an emphasis on interventions increasing resilience to enable beneficiaries to develop the capacity and skills to resist adversity, cope with uncertainty and recover successfully from trauma (NCH, 2007).

Interventions that focus on the whole family and involve children learning and working with their parents and carers are some of the most effective in supporting sustained improvements for children and preventing regression (Demie et al., 2006; Pugh and Statham, 2006, Sutton et al., 2004; Utting et al., 2007). Additionally, interventions which encourage the participation of children and families in the development and delivery of services tend to be more effective (Edwards et al., 2006; Mott, 2006; Dartington Social Research Unit, 2004; Rudolf et al., 2006).
Appendix 1: Search strategy

Appendix 1 provides information on the search strategies adopted when exploring the academic and EMIE at NFER databases. There is a section for each of the databases, containing the list of the search terms used. They are presented in the following order:

- British Education Index (BEI)
- The Educational Resources Information Center (ERIC)
- Applied Social Sciences Index and Abstracts (ASSIA)
- Current Educational Research in the United Kingdom (CERUK)
- Social Care Online
- The EMIE at NFER Star Database.

Search strategies for all databases were developed by using terms from the relevant thesauri (where these were available), in combination with free-text searching. The key words used in the searches, together with a brief description of each of the databases searched, are outlined below. Throughout the lists $ or * symbols have been used to denote truncation of terms, and (ft) denotes the use of free-text search terms.

**British Education Index (BEI)**

BEI provides bibliographic references to 350 British and selected European English-language periodicals in the field of education and training, plus developing coverage of national report and conference literature.

#1 every child matters (ft)
#2 Outcomes of Education
#3 Educational Attainment
#4 Attendance
#5 Evaluation
#6 Literature Reviews
#7 narrowing the gap (ft)
#8 what works (ft)
#9 #2 OR #3 OR #4 … #8
#10 Economically Disadvantaged
#11 free school meals (ft)
#12 Low Income Groups
#13 Poverty
#14 child poverty (ft)
#15 Social Isolation
#16 Disadvantaged
#17 social deprivation (ft)
#18 social exclusion (ft)
#19 Socioeconomic Status
a review of the research evidence

#20 Entrepreneurship
#21 Enterprise Education
#22 economic well-being (ft)
#23 #10 OR #11 OR #12 … #22
#24 #9 AND #23
#25 Citizenship
#26 active citizenship (ft)
#27 civic engagement (ft)
#28 Children's Rights
#29 Social Integration
#30 positive contribution (ft)
#31 #25 OR #26 OR #27 … #30
#32 #9 AND #31
#33 Child Welfare
#34 child protection (ft)
#35 safeguarding (ft)
#36 Children at Risk
#37 looked after children (ft)
#38 young carers (ft)
#39 vulnerable children (ft)
#40 Bullying
#41 #33 OR #34 OR #35 … #40
#42 #9 AND #41
#43 outcome$ (ft)
#44 #1 OR #7 OR #43
#45 Leaders
#46 Leadership
#47 #45 OR #46
#48 #44 AND #47
#49 Parents
#50 Parent Participation
#51 Child Caregivers
#52 #49 OR #50 OR #51
#53 #44 AND #52
#54 Early Intervention
#55 Prevention
#56 #54 OR #55
#57 #44 AND #56
Author searches

#1 Hearn, Barbara
#2 Pugh, Gillian

The Educational Resources Information Center (ERIC)

ERIC is sponsored by the United States Department of Education and is the largest education database in the world. It indexes over 725 periodicals and currently contains more than 7,000,000 records. Coverage includes research documents, journal articles, technical reports, programme descriptions and evaluations and curricula material.

#1 Achievement
#2 Educational Attainment
#3 outcome$ (ft)
#4 narrowing the gap (ft)
#5 #1 OR #2 OR #3 OR #4
#6 England (ft)
#7 Scotland (ft)
#8 Wales (ft)
#9 Northern Ireland (ft)
#10 Great Britain (ft)
#11 United Kingdom (ft)
#12 #6 OR #7 OR #8 ... #11
#13 Economically Disadvantaged
#14 Low Income Groups
#15 Poverty
#16 Socioeconomic Status
#17 free school meals (ft)
#18 #13 OR #14 OR #15 OR #16 OR #17
#19 #5 AND #12 AND #18
#20 Child Welfare
#21 looked after children (ft)
#22 children in care (ft)
#23 #20 OR #21 OR #22
#24 #5 AND #12 AND #23
#25 Disabilities
#26 #5 AND #12 AND #25
#27 Special Education
#28 #5 AND #12 AND #27
#29 Suspension
#30 Expulsion
#31 exclusion (ft)
#32 #29 OR #30 OR #31
#33 #5 AND #12 AND #32
#34 Attendance
#35 Attendance Patterns
#36 Dropouts
#37 School Phobia
#38 school refus$ (ft)
#39 Truancy
#40 #34 OR #35 OR #36 … #39
#41 #5 AND #12 AND #40
#42 Ethnic Groups
#43 asylum seeker$ (ft)
#44 Refugees
#45 gypsy OR gypsies (ft)
#46 traveler$ OR traveller$ (ft)
#47 roma OR romany OR romanies (ft)
#48 Afro Caribbean (ft)
#49 African Caribbean (ft)
#50 Bangladeshi (ft)
#51 #42 OR #43 OR #44 … #50
#52 #5 AND #12 AND #51

**Applied Social Sciences Index and Abstracts (ASSIA)**

ASSIA is an index of articles from over 600 international English language social science journals. The database provides unique coverage of special educational and developmental aspects of children.

#1 Achievement
#2 Academic Achievement
#3 Need Achievement
#4 Outcome Based Education
#5 Learning
#6 Outcomes
#7 #1 OR #2 OR #3 … #6
#8 Absenteeism
#9 Absence
#10 Attendance
#11 Dropping Out
#12 Exclusion
#13 Nonattendance
#14 School Exclusion
#15 School Phobia
#16 Suspension
#17 Truancy
#18 #8 OR #9 OR #10 … #17
#19 #7 AND #18
#20 Afro Caribbean Communities
#21 Asylum
#22 Bangladeshi Communities
#23 Ethnic Groups
#24 Ethnic Minorities
#25 Gypsies
#26 Refugees
#27 Travellers
#28 West Indian Communities
#29 #20 OR #21 OR #22 … #28
#30 #7 AND #29
#31 Disabled Children
#32 Learning Disabled Children
#33 Special Needs Adolescents
#34 Special Needs Children
#35 Special Needs Preschool Children
#36 Special Needs Students
#37 Special Needs Young Children
#38 Special Needs Young People
#39 #31 OR #32 OR #33 … #38
#40 #7 AND #39
#41 Child Welfare
#42 In Care
#43 #41 OR #42
#44 #7 AND #43
#45 narrowing the gap (ft)
#46 every child matters (ft)
#47 Head Teachers
#48 Heads of Department
#49 Leaders
#50 Leadership
#51 Management
#52 Management Teams
Current Educational Research in the United Kingdom (CERUK)

CERUK is a database of current or ongoing research in education and related disciplines. It covers a wide range of studies including commissioned research and PhD theses, across all phases of education from early years to adults.

#1 Achievement
#2 Attainment
#3 Academic Achievement
#4 Pupil Performance
#5 Learning Outcomes
#6 Learning Progression
#7 Outcomes
#8 Outcomes of Education
#9 #1 OR #2 OR #3 … #8
#10 Child Welfare
#11 Pupil Welfare
#12 Looked After Children
#13 Vulnerable Children
#14 #10 OR #11 OR #12 OR #13
#15 #9 AND #14
#16 Disabilities
#17 Disabled Children
#18 Special Educational Needs
#19 #16 OR #17 OR #18
#20 #9 AND #19
#21 Disadvantaged
#22 Poverty
#23 Educational Exclusion
#24 Social Exclusion
#25 Low Income Families
#26 Socioeconomic Indicators
#27 Free School Meals
#28 #21 OR #22 OR #23 … #27
#29 #9 AND #28
#30 Exclusions
#31 Permanent Exclusion
Social Care Online

This database, compiled by the Social Care Institute for Excellence (SCIE), provides information about all aspects of social care, from fostering, to mental health and human resources.

#1 Outcomes
#2 Educational Performance
#3 School Attendance
#4 #1 OR #2 OR #3
#5 Citizenship
#6 Children's Rights
#7 Social Exclusion
#8 Social Inclusion
#9 #5 OR #6 OR #7 OR #8
#10 #4 AND #9
#11 Poverty
#12 Socioeconomic Groups
#13 #11 OR #12
#14 #4 AND #13
The EMIE at NFER Star Database

EMIE's document collection encompasses a wide range of local authority and other documents describing policy and practice in local authority education and children's services. These include committee reports, policy statements, strategies and consultation papers.

#1 Every Child Matters AND Outcomes
#2 Early AND Intervention
#3 Parent AND engag* OR involv*
#4 Be healthy
#5 Stay safe
#6 Enjoy and achieve
#7 Make a positive contribution
#8 Achieve economic well-being
#9 Early AND intervention AND strategies
#10 Children's services AND outcomes
#11 Needs AND outcomes
#12 Extended schools
#13 Schools AND improvements AND outcomes AND non-local authority documents
#14 Disabled children OR disabilities AND non-local authority documents
#15 Health AND care
#16 Safeguarding
#17 Looked after children
#18 Exclusion
#19 Underachievement
#20 Enterprise
#21 Children from poorer economic groups
#22 Deprivation
#23 #17 AND what works OR improving outcomes OR evidence in improving outcomes
#24 Attainment AND Gap
#25 Children with disabilities AND what works OR improving outcomes OR evidence in improving outcomes
#26 Outcomes AND evidence
#27 Children with SEN AND what works OR improving outcomes OR evidence in improving outcomes
#28 Children excluded from school AND what works OR improving outcomes OR evidence in improving outcomes
#29 Children with poor records of attendance at school AND what works OR improving outcomes OR evidence in improving outcomes
#30 Children with different ethnic backgrounds AND what works OR improving outcomes OR evidence in improving outcomes

#31 Asylum seeker pupils AND what works OR improving outcomes OR evidence in improving outcomes

#32 Refugee pupils AND what works OR improving outcomes OR evidence in improving outcomes

#33 Gypsy AND what works OR improving outcomes OR evidence in improving outcomes

#34 Traveller AND what works OR improving outcomes OR evidence in improving outcomes

#35 Roma AND what works OR improving outcomes OR evidence in improving outcomes

#36 African-Caribbean AND what works OR improving outcomes OR evidence in improving outcomes

#37 Bangladeshi AND what works OR improving outcomes OR evidence in improving outcomes

#38 Schools improving ECM outcomes

#39 Schools working with other children’s services to improve ECM outcomes

#40 The engagement of parents and carers in their children’s education and in improving wider outcomes

#41 Local OR professional AND leadership

#42 Local OR political AND leadership
### Appendix 2: Literature summary template

<table>
<thead>
<tr>
<th>Full Reference:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ECM area</strong> (be healthy, stay safe, enjoy and achieve, positive contribution, economic well-being)</td>
</tr>
<tr>
<td><strong>LGA focus</strong> (schools improving ECM outcomes; schools working with other children's services to improve ECM outcomes; the engagement of parents and carers in their children's education and in improving wider outcomes; early intervention and prevention; local professional and political leadership)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Review of Source</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Purpose/focus of literature</strong> (e.g. as stated in abstract)</td>
</tr>
<tr>
<td><strong>Project/programme focus</strong> (e.g. if source is about a particular intervention, what was the focus/brief description of the project)</td>
</tr>
<tr>
<td><strong>Impact/outcomes of programme</strong> (e.g. if source is about a particular intervention, what was the impact/were the outcomes of the project)</td>
</tr>
<tr>
<td><strong>Factors that facilitate effective working/good outcomes</strong> (for project/programme sources)</td>
</tr>
<tr>
<td><strong>Factors that challenge/hinder effective working/good outcomes</strong> (for project/programme sources)</td>
</tr>
<tr>
<td><strong>Key findings</strong></td>
</tr>
<tr>
<td><strong>Implications for good practice</strong></td>
</tr>
<tr>
<td><strong>Any other conclusions, key findings or recommendations</strong></td>
</tr>
<tr>
<td><strong>NARROWING THE GAP</strong></td>
</tr>
<tr>
<td><strong>Does the source include information on NARROWING THE GAP in outcomes/ What works in NtG?</strong></td>
</tr>
<tr>
<td>Description of Source</td>
</tr>
<tr>
<td>-----------------------</td>
</tr>
<tr>
<td>Geographical focus</td>
</tr>
<tr>
<td>(e.g. area/region/LA)</td>
</tr>
<tr>
<td>When data collected</td>
</tr>
<tr>
<td>(also duration i.e. 2002–04…)</td>
</tr>
<tr>
<td>Participants</td>
</tr>
<tr>
<td>(e.g. sample size, age, ethnicity, key characteristics, etc.)</td>
</tr>
<tr>
<td>Method(s)</td>
</tr>
<tr>
<td>(data collection methods, instruments, etc.)</td>
</tr>
<tr>
<td>Source/document type</td>
</tr>
<tr>
<td>(e.g. journal article, website, etc.)</td>
</tr>
<tr>
<td>Key references</td>
</tr>
<tr>
<td>(e.g. those that majorly inform the article)</td>
</tr>
<tr>
<td>Vulnerable groups focused on</td>
</tr>
<tr>
<td>(e.g. SEN, looked after children, minority, black, ethnic groups, asylum seekers, children with medical needs, young carers, etc. etc.)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Review of Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biases/caveats</td>
</tr>
<tr>
<td>(e.g. to what extent is the research based on empirical evidence?)</td>
</tr>
<tr>
<td>Reviewer’s comments</td>
</tr>
<tr>
<td>• Is the reported analysis adequate and correct?</td>
</tr>
<tr>
<td>• Are the author’s interpretations supported by the evidence?</td>
</tr>
<tr>
<td>• Are there any biases/caveats raised or to be aware of?</td>
</tr>
<tr>
<td>• Is there corroboration or triangulation of sources?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Relevance to review</th>
</tr>
</thead>
<tbody>
<tr>
<td>(high, medium, low)</td>
</tr>
</tbody>
</table>

| Date of review: | Reviewed by: |
Appendix 3: Overview of the research

1 Introduction

This section provides a little more detail of the identification and analysis of the 42 sources summarised for the literature review, as well as an overview of the literature in terms of:

- the vulnerable groups focused on
- the focus of the work
- ECM outcome areas
- who has been involved in commissioning research in this area
- who conducted the research in this area.

Identification of sources

In order to begin the identification process, researchers examined the available information (e.g. abstracts, executive summaries for documents available online) and compiled a reading list based on this information and the criteria above. This reading list initially contained 176 documents and was organised under the five ECM outcomes, with additional sections on literature covering several or all outcomes and on literature published prior to 2000. This initial list was refined to include information about 56 of the most relevant sources, under these same headings, and was circulated to members of the core- and wider-working groups for the Narrowing the Gap project in August 2007 (Grayson et al., 2007). Concurrent to the production of the reading list, researchers refined search terms, which were used by the library to search the academic databases.

As a result of the selection process (based on initial abstract information and using the criteria above) all the documents identified from websites and more than 100 from the searches were selected for closer examination.

Analysis of the evidence

Detailed examination of these sources led to the final selection of 42 sources that fitted the criteria. These sources were then summarised more fully into a template (see Appendix 2), thereby capturing information relevant to the review. The summary template allowed researchers to review the evidence in terms of the quality of the research. This was assessed by considering:

- the appropriateness of the analysis that was reported
- any author interpretations
- any biases or caveats to be aware of
- the extent of corroboration or triangulation of sources.

Once the templates had been completed for each source, a coding system was developed and applied to each of the summaries. This process enabled the research team to account for the range of evidence, to locate the evidence in context and to draw out key themes across the different sources. A detailed summary of the literature, in terms of the ECM outcome(s) area it related to: the focus (e.g. schools working [with other
organisations] to improve ECM outcomes; parents and carers; early intervention and prevention; and local leadership); the evidence on narrowing the gap; any target groups; the geographical focus; the dates of the research; and research methods is provided below. The team additionally referred to approximately a further 30 sources in carrying out the review.

2 The vulnerable groups focused on

There were a number of constraints for this review, primarily the limited number of sources to be selected for review, which meant that more general sources were more likely to be selected than those focusing on specific vulnerable groups. Therefore, whilst the initial searches highlighted a number of sources relevant for particular vulnerable groups, the specificity of their focus meant that they were not included in the final selection. A more detailed review (or indeed, reviews by vulnerable group) would provide the opportunity for a greater focus on specific vulnerable groups. Table A.1 provides an overview of the vulnerable groups focused on in the selected sources (some sources are in more than one category). It shows that the majority of texts in this review either did not focus on a specific vulnerable group or looked at outcomes for a range of vulnerable groups.

3 The focus of the work

The sources reviewed were selected because they provided evidence (albeit in some cases relatively limited evidence) of narrowing the gap in outcomes for vulnerable children. The sources selected were made up of (the numbers in brackets denote the number of sources):

- project or intervention evaluations (23)
- literature or evidence reviews (14)
- good practice guidance documents (3)
- discussion documents (2).

The project or intervention evaluation studies represented around half of the selected sources. These ranged from large-scale national evaluations of, for example, Sure Start (Anning et al., 2007) and the Children’s Trust Pathfinders (e.g. UEA with NCB, 2007), to small-scale reviews of interventions within individual local authorities (e.g. Demie et al., 2006). A third of the selected sources were either literature or evidence reviews, reflecting the need for the literature review to provide an overview of the research evidence across a wide range of possible intervention areas. The good practice documents and discussion documents identified for inclusion focused on guidance relating to multi-agency working (DfES and DOH, 2006); interpreting and implementing statutory responsibilities and policy guidance for elected members (I&DeA, 2007) and school leaders (NCSL, 2006).
Table A.1 Vulnerable groups identified in selected sources

<table>
<thead>
<tr>
<th>Vulnerable group</th>
<th>Number of sources</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>None specified</td>
<td>17</td>
<td>Anning et al. (2007); Beecham and Sinclair (2007); Bell et al. (2003); Brandon et al. (2006); Cummings et al. (2007); Davies et al. (2005); Desforges with Abouchaar (2003); DfES and DOH (2006); Harris and Goodall (2007); Leithwood et al. (2006a and 2006b); NCSL (2006); Ofsted (2007); Pugh and Statham (2006); Sammons et al. (2007); Sorhaindo and Feinstein (2006); Wood and Caulier-Grice (2006)</td>
</tr>
<tr>
<td>Range of vulnerable groups</td>
<td>7</td>
<td>DCSF (2007a and 2007b); Edwards et al. (2006); IDeA (2007); McNeish et al. (2002); Moran et al. (2004); Scott et al. (2006); UEA (2007)</td>
</tr>
<tr>
<td>Children with emotional and behavioural difficulties/at risk of developing anti-social and/or criminal behaviour</td>
<td>5</td>
<td>France et al. (2004); Lovering et al. (2006); O’Connor and Colwell (2002); Sutton et al. (2004); Utting et al. (2007)</td>
</tr>
<tr>
<td>Children at risk/in need</td>
<td>3</td>
<td>Bostock et al. (2005); Buchanan (2007); Hallam et al. (2004)</td>
</tr>
<tr>
<td>Looked after children</td>
<td>2</td>
<td>McNeish et al. (2002); Valios (2005)</td>
</tr>
<tr>
<td>English as an additional language (EAL)/Black and minority ethnic (BME)</td>
<td>2</td>
<td>Benton and White (2007); Demie et al. (2006)</td>
</tr>
<tr>
<td>Children in poverty/ educationally disadvantaged</td>
<td>2</td>
<td>Hirsch (2007); Lovering et al. (2006)</td>
</tr>
<tr>
<td>Children with/ at risk of SEN</td>
<td>2</td>
<td>Lovering et al. (2006); Sylva et al. (2004)</td>
</tr>
<tr>
<td>Children at risk of exclusion</td>
<td>2</td>
<td>Panayiotopoulos (2004); Webb and Vulliamy (2004)</td>
</tr>
<tr>
<td>Obese children</td>
<td>1</td>
<td>Rudolf et al. (2006)</td>
</tr>
<tr>
<td>Children with disabilities</td>
<td>1</td>
<td>Sloper et al. (2006)</td>
</tr>
<tr>
<td>Underachieving boys</td>
<td>1</td>
<td>Younger et al. (2005)</td>
</tr>
</tbody>
</table>
4 ECM outcome areas

The 42 selected sources covered all ECM outcome areas between them (it should be noted that some sources focused on more than one outcome area) (see Table A.2). There was a dominance of sources focusing on enjoyment and achievement and a lack of sources focusing on achieving economic well-being (this is not surprising given the age range (3 to 13 year olds) focused on in the review).

5 Who commissioned research in this area?

The guidance and discussion documents and inspection reviews were not commissioned pieces of research (e.g. NCSL, 2006; DfES, 2006; Ofsted, 2007), but were produced by, for example, the National College of School Leadership, to provide an overview of work in this area (in the case of NCSL the importance of the ECM agenda to school leaders). The following organisations commissioned the research (or conducted their own) included in this review (in some cases more than one organisation commissioned the research):

- DCSF (25) including NCSL
- the Department of Health (6)
- Charitable foundations (5) e.g. Joseph Rowntree Foundation (JRF)
- Individual LAs (4)
- Government department/office (6) including the Social Care Institute for Excellence (SCIE)
- Local Government Association (LGA)/I&DeA (1)
- Unknown (1).

6 Who conducted the research in this area?

More than two-thirds (31) of the selected sources were based on research conducted by university departments, either solely, or in collaboration with colleagues from other universities. A small number of these university studies (5) were conducted in collaboration with:

- local authority staff (e.g. Demie et al., 2006)
- hospitals (e.g. Lovering et al., 2006)
- charitable foundations, such as the National Children’s Bureau (NCB) (e.g. UEA with NCB, 2007) and the JRF.

Other research in this area was conducted by independent research organisations such as NFER (Benton and White, 2007) and the Policy Research Bureau (Moran et al. 2004), as well as government funded research centres such as SCIE (Bostock et al., 2005). The remaining sources were collections of evidence by advisors (e.g. Hirsch, 2007) and guidance documents produced by government departments, for example the DCSF, NCSL, I&DeA and the LGA (e.g. DfES and DoH, 2006).
## Table A.2 The link between reviewed sources and ECM outcomes

<table>
<thead>
<tr>
<th>ECM Outcome</th>
<th>Number of Sources</th>
<th>Reviewed Sources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Be Healthy</td>
<td>12</td>
<td>Anning et al. (2007); DFES/DoH (2006); Edwards et al. (2006); McNeish et al. (2002); O’Connor and Colwell (2002); Ofsted (2007); Pugh and Statham (2006); Rudolf et al. (2006); Sammons et al. (2007b); Sorhaindo and Feinstein (2006); Sutton et al. (2004); UEA (2007)</td>
</tr>
<tr>
<td>Stay Safe</td>
<td>9</td>
<td>Anning et al. (2007); Cummings et al. (2007); Davies et al. (2005); Edwards et al. (2006); McNeish et al. (2002); Ofsted (2007); Pugh and Statham (2006); Sutton et al. (2004); UEA (2007)</td>
</tr>
<tr>
<td>Enjoy and Achieve</td>
<td>31</td>
<td>Anning et al. (2007); Bell et al. (2003); Benton and White (2007); Buchanan (2007); Carpentier and Lall (2005); Cummings et al. (2007); Davies et al. (2005); DCSF (2007a and 2007b); Demie et al. (2006); Desforges with Abouchaar (2003); Edwards et al. (2006); Hallam et al. (2004); Harris and Goodall (2007); Hirsch (2007); Leithwood et al. (2006a); Lovering et al. (2006); McNeish et al. (2002); Moran et al. (2004); NCSL (2006); Ofsted (2007); Pugh and Statham (2006); Sammons et al. (2007); Scott et al. (2006); Sorhaindo and Feinstein (2006); Sutton et al. (2004); Sylva et al. (2004); Valios (2005); Wood and Caulier-Grice (2006); UEA (2007); Younger et al. (2005)</td>
</tr>
<tr>
<td>Make a Positive Contribution</td>
<td>21</td>
<td>Anning et al. (2007); Bell et al. (2003); Buchanan (2007); Carpentier and Lall (2005); Cummings et al. (2007); Davies et al. (2005); Edwards et al. (2006); France et al. (2004); Hallam et al. (2004); Hirsch (2007); Lovering et al. (2006); McNeish et al. (2002); Moran et al. (2004); O’Connor and Colwell (2002); Ofsted (2007); Pugh and Statham (2006); Sammons et al. (2007b); Sutton et al. (2004); Sylva et al. (2004); UEA (2007); Webb and Vulliamy (2004)</td>
</tr>
<tr>
<td>Achieve Economic Well-being</td>
<td>6</td>
<td>Anning et al. (2007); Bell et al. (2003); Edwards et al. (2006); McNeish et al. (2002); Ofsted (2007); UEA (2007)</td>
</tr>
</tbody>
</table>
References


