narrowing the gap in outcomes

further overview of data and evidence on the ECM outcomes for vulnerable groups

progress report and update

Marian Morris
Claire Easton
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1. Introduction and aims

Narrowing the Gap (NtG) is a two-year development and research programme, funded by the Department for Children, Schools and Families (DCSF) and the Local Government Association (LGA), working in partnership with other agencies, including local authorities. It seeks to make a significant difference, on a national scale, to the performance of Children’s Trust arrangements in ‘narrowing the gap’ in outcomes between ‘vulnerable’ children and the rest.

The NFER, through the LGA Research Programme, is providing some research and data analysis support for Narrowing the Gap. Two reports have already been published. The first, a literature review (Kendall et al., 2008), examined the empirical evidence on what is known about the gap in outcomes for vulnerable groups and how the situation may be best remedied. The second, a data review and analysis project (Morris et al., 2008), located and assessed publicly available national data for different vulnerable groups on the five Every Child Matters (ECM) outcomes. It identified the main data gaps, analysing what the available data indicated about the gaps in outcomes and any evidence about how these have changed over time. This current report is the third in a series and provides both a progress report and updated information related to the two main aims of the study:

- To secure and undertake a review of any further data available on vulnerable groups from smaller and more varied national, regional and local sources in order to establish whether a better estimate can be made of the size, characteristics and factors that influence the ECM outcomes for vulnerable groups
- To secure and extract pertinent qualitative evidence on the best ways of redressing disadvantage from recent evaluations of specific programmes and interventions which have focused on improving outcomes for different vulnerable groups.
2. **Background**

It was clear from the first data analysis study (Morris *et al.*, 2008) that there are very considerable gaps in the available national and large-scale data in relation to vulnerable groups for most of the ECM outcome areas, and for some groups it was not possible to find any robust evidence in relation to the outcomes. Identifying the best available evidence for these groups has been a priority focus for this study, which has drawn on data and research studies from a wider range of sources. It has adopted a ‘best evidence’ approach, seeking and using the best available evidence for each vulnerable group and ECM outcome. The emerging evidence – both qualitative and quantitative and a mixture of the two – was of varying size, scope and quality, and used different definitions of vulnerable young people. Wherever possible, we selected the best material available from larger, more robust data collection exercises and evaluations. A balance needed to be struck, however, between the application of quality criteria to the data that was located and the necessity to draw upon interesting evidence that was indicative of an effective intervention or prevention strategy, trend or relationship. Wherever possible, the evidence from individual research or data studies was triangulated with evidence from other sources (national, regional or local) and set against any nationally available data so that reasonable generalisations could be made.

In addition to the groups for whom some robust data was found (looked after children, young people from lower socio-economic groups, young people from different minority ethnic groups, etc.), this study sought, in particular, to find evidence related to:

- young carers
- young offenders
- young mothers
- mobile children
- asylum-seekers/refugees
- children with disabilities
- children at risk from significant harm
- children living with ‘vulnerable’ adults
- children of service families
- pupils not fluent in English
- children in unsatisfactory housing.
For some of these groups, it has been possible to find estimates of population size, for others, an indication of ECM outcomes or some suggestion of the strategies that appear to be most effective in narrowing the gap for vulnerable children and young people. Nonetheless, there remain significant gaps in the evidence base, although, for some of these groups, particularly children and young people with disabilities and children of service families, the indications are that at least some of the gaps will be filled in future years.
3. The report

This report provides:

- An update on information from **publicly accessible data** published in DCSF Statistical First Releases and Statistical Volumes, data from the Office of National Statistics and data from other government offices including the Home Office and Department of Health, for instance (this includes longitudinal data from the Health Survey for England and Hospital Episode Statistics)

- Additional information on effective intervention strategies to reduce the gap in ECM outcomes obtained from **recently published and other relevant national and local research**

- Additional information on effective intervention strategies to reduce the gap in ECM outcomes (along with an indication of potential future insights) obtained from **ongoing longitudinal research studies** including:
  - EPPE (Effective Pre-School and Primary Education) and EPPSE (Effective Pre-School, Primary and Secondary Education)
  - ALSPAC (Avon Longitudinal Study of Parents and Children)
  - LSYPE (Longitudinal Study of Young People in England)
  - MCS (Millennium Cohort Study)
  - TellUs2
  - Family and Child Study
  - Youth Cohort Study
  - National Evaluation of the Children’s Fund Prevention Programme
  - related studies from the Centre for Longitudinal Research.

**Appendix A** provides further details on the scope, extent, focus, periodicity and reporting schedules of each of these studies

- The outcomes of **additional secondary analysis** of data from PIRLS (the OECD’s Progress in International Reading Literacy) for 2001 and 2006 and PISA (the OECD’s Programme for International Student Assessment) for 2003 and 2006. These analyses sought to provide an indication of change over time in relation any changes in the relation to enjoyment of learning and the different years of the study.

- Some information obtained from **local and regional sources**, including local authority Children and Young People Plans, which may give insights into the size, characteristics and factors that influence the ECM outcomes for vulnerable groups or the best ways of redressing disadvantage for different vulnerable groups.
An overview and summary of current and planned research related to ECM outcomes for children and young people in the vulnerable groups, including a summary of plans for some planned national data collections in relation to children and young people in the vulnerable groups. Appendix B provides an overview of the commissioners and contractors of the research; the focus, methodologies and research aims of the studies, along with reporting schedules (where known); and the vulnerable groups and ECM outcomes to which they relate (or may relate).

The final report for this study will also include:

- The outcomes of additional secondary analysis of PLASC (DCSF’s Pupil Level Annual School Census) and the NPD (National Pupil Dataset) from 2001/02 to 2005/06 to include data deemed as sensitive. The use of this dataset has been agreed with colleagues in DCSF and analysis is underway.

- Further information from local and regional sources. The report will include any relevant data that arises as a result of the national Call for Evidence that was sent out by the Narrowing the Gap core team.
4. Updated information on numbers of young people in vulnerable groups

The data table provided in Morris et al. (2008) revealed that no robust national data was available to indicate the total number and/or proportion of young people:

- with disabilities
- who were carers
- who lived with vulnerable adults
- who were 'mobile' children
- who were not fluent in English
- who were asylum seekers or refugees
- who lived in unsatisfactory housing.

In order to get an estimate of numbers in these groups, the research team drew on a range of other data sources. In some cases, the figures for the numbers in each group remain as estimates or are an extrapolation based on data that may no longer be current (such as 2001 Census data). In others they are calculated for some but not all the different age groups that are the focus of the study, or are available only for sub-groups within the listed group. Calculating the proportion of young people in each age group within each vulnerable group is, therefore, not possible as yet so does not enable a reliable estimate to be made for comparative purposes. Table 4.1 provides a best estimate of the possible numbers of young people in these groups.
<table>
<thead>
<tr>
<th>Vulnerable Group</th>
<th>Age</th>
<th>Based on</th>
<th>Numbers</th>
<th>Source</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children with disabilities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deaf</td>
<td>0-17</td>
<td>Registration with local councils</td>
<td>4,100</td>
<td>Information Centre (2006)</td>
<td>Depends upon specific registration</td>
</tr>
<tr>
<td>Blind</td>
<td>0-4</td>
<td>Registration with local councils</td>
<td>590</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>5-17</td>
<td>Registration with local councils</td>
<td>3,235</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>0-4</td>
<td>Registered as new cases during 2005/06</td>
<td>155</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>5-17</td>
<td>Registered as new cases during 05/06</td>
<td>165</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Young carers</td>
<td>Less than 18</td>
<td>2001 Census Data</td>
<td>175,000</td>
<td>Barnardo's (2006)</td>
<td>Data is an estimate based on the situation in 2001</td>
</tr>
<tr>
<td>Children and young people caring for parents with mental illness</td>
<td>Less than 18</td>
<td>Various surveys (from Eurostat to NSPCC)</td>
<td>6,000-17,000</td>
<td>Aldridge and Becker (2003)</td>
<td></td>
</tr>
<tr>
<td>Children living with vulnerable adults</td>
<td>Not specified</td>
<td>National survey of 2,898 adults with learning disabilities for NHS (Emerson et al. (2005))</td>
<td>1 in 19 parents with learning disabilities had children</td>
<td>Norah Fry Research Centre (2006)</td>
<td>Estimates number of families of children living with vulnerable adults, not numbers of children in those families. Emerson found that around 40% of parents with learning disabilities were not living with their children.</td>
</tr>
<tr>
<td>Young offenders</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ASBOs issued</td>
<td>10-17</td>
<td>Court reports to Home Office 2005</td>
<td>1,467</td>
<td>Home Office (2008)</td>
<td>Data based on total number issued, not young people to whom they are issued</td>
</tr>
<tr>
<td>Offending by all children</td>
<td>10-17</td>
<td>Court reports to Home Office for calendar years 2003 to 2005</td>
<td>3.9%</td>
<td>DCSF (2007b)</td>
<td>Percentage based on number convicted or subject to a final warning or reprimand during the year</td>
</tr>
<tr>
<td>Offending by LAC</td>
<td>Over 10</td>
<td>Court reports to Home Office 2006</td>
<td>9.6%</td>
<td>DCSF (2007b)</td>
<td>Percentage based on number convicted or subject to a final warning or reprimand during the year</td>
</tr>
<tr>
<td>Persistent absentees (i.e., those with over 63 sessions of absence during the year – typically they are Primary children (KS1 to KS2))</td>
<td>Over 10</td>
<td>Court reports to Home Office 2006</td>
<td>60,400 (1.8% of 3,355,587)</td>
<td>DCSF</td>
<td>The number of persistent absentees is expressed as a percentage of the total number of enrolments in</td>
</tr>
<tr>
<td>Vulnerable Group</td>
<td>Age</td>
<td>Based on</td>
<td>Numbers</td>
<td>Source</td>
<td>Comment</td>
</tr>
<tr>
<td>------------------------------------------------------------</td>
<td>----------------------</td>
<td>----------------------------</td>
<td>--------------------------</td>
<td>--------</td>
<td>--------------------------------------------------------------------------</td>
</tr>
<tr>
<td>absent for more than 20% of the time).</td>
<td>Secondary age</td>
<td>PLASC data 2006/07</td>
<td>181,305 (6.2% of 2,924,282)</td>
<td>DCSF</td>
<td>schools. These include pupils who are on the school roll for at least one session, which means that some pupils may be counted more than once.</td>
</tr>
<tr>
<td>Mobile children (?)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Missing from school rolls does not necessarily equal mobile children</td>
</tr>
<tr>
<td>Missing from school rolls</td>
<td>KS4</td>
<td>Ofsted</td>
<td>10,000</td>
<td>Ofsted 2003</td>
<td>Estimated data</td>
</tr>
<tr>
<td>All KS</td>
<td></td>
<td>NACRO</td>
<td>50,000 – 100,000</td>
<td>NACRO 2003</td>
<td>Estimated data</td>
</tr>
<tr>
<td>Children who live in unsatisfactory housing</td>
<td>0-15</td>
<td>English Housing Condition Survey 2005. Survey of 16,670 dwellings and 16,509 households April 2004 – March 2006.</td>
<td>6,319,000 out of 21,134,000 children (30%).</td>
<td>DCLG (2007)</td>
<td>Of all children recorded as living in non-decent homes of or poor quality environments, 2,011,000 (31%) were classified as ‘vulnerable’ – i.e. in families in receipt of one or more means tested or disability related benefits.</td>
</tr>
<tr>
<td>Children not fluent in English</td>
<td></td>
<td></td>
<td>Not known</td>
<td></td>
<td>PLASC includes data on speakers of English as an additional language, but does not measure fluency. Data collected from ONS International Passenger Survey provides information on non-British child entrants to the country, but does not measure their fluency in English.</td>
</tr>
<tr>
<td>Asylum seekers/refugees</td>
<td></td>
<td>Accurate figures not known</td>
<td></td>
<td></td>
<td>5,130 dependants of asylum seekers were recorded in 2005, but these may not all be children Heath et al. (2006)</td>
</tr>
</tbody>
</table>
5. **Updated information on gaps in ECM outcomes**

Since the publication of the data analysis report, further data and/or updates have been posted on a number of government websites. These provide additional information on a number of different ECM outcomes for different vulnerable groups. This includes data from the DCSF, relating to looked after children, and to attainment (at key stages 1, 2 and 4) and post-16 outcomes for young people in lower socio-economic groups. In addition, the research team have identified relevant research findings from recently published large-scale research studies (including data from longitudinal studies such as TellUs2 and EPPSE) and the secondary analysis of existing data, to update the information included in Morris *et al.* (2008).

In summary, some additional information has been found in relation to:

- Mortality rates, conception rates, behavioural disturbance and post-16 outcomes (including housing, education and training) amongst young people who are looked after
- Prevalence of obesity, enjoyment of education, attainment outcomes (including post-compulsory outcomes) and rates of offending behaviour amongst young people in deprived circumstances.

The following sub-sections explore these findings in more detail, referring where possible, to the relevant National Indicators that have been developed for the new Performance Framework. In that framework, some outcome indicators appear under different headings: drug use amongst young people was previously recorded (by DCSF and others) under the ECM outcome of ‘be healthy’ but is now recorded under ‘make a positive contribution’. For some items, however, it is not always clear where the data should be recorded, since no specific National Indicator has been developed for the identified outcome. Where indicators have been developed, a number of the mechanisms for collecting data are not yet established. As the National Audit Office (2006) reported in a review of Children’s Centres, for example:

> Most of the centres we visited were not tracking which excluded groups were using the centre and most local authorities had not finalised their requirements for performance monitoring.
5.1 Be Healthy (Health Survey for England, 2006; DCSF; Barnardo’s; EPPSE)

The most recent update of the Health Survey for England (2008), using data from the 2006 survey, indicate that levels of childhood obesity remain highest amongst children from the manual social classes and that the likelihood of being overweight is significantly associated with low levels of income (NI 55 and NI 56). Children (aged 2 to 15) in semi-routine and routine households had nearly twice the probability of being obese than those from managerial and professional households.

- Between 1995 and 2006 there was:
  - a significant eight percentage point increase (from 13% to 21%) in the prevalence of obesity for boys aged 2 to 15 in (aggregated) manual social class households, compared with a six percentage point increase (from 9% to 15%) in obesity amongst boys from the non-manual social classes.
  - a significant four percentage point increase (from 13% to 17%) for girls from manual social class households, compared with a two percentage point increase (from 11% to 13%) in girls from the non-manual social classes.

- Girls from households in the lowest income quintile\(^1\) had 2.5 times higher odds of being overweight (including being obese) than girls in the highest income quintile (the figures for boys in the lowest income quintile were not significantly different from 1).

- Girls from households in which the mother was also overweight or obese were nearly three times as likely to be overweight or obese themselves and had over 2.5 times higher odds of being overweight (including being obese) if the household was deemed overweight or obese.

- For boys, there was no association with paternal obesity, unless the household was overweight or obese. Maternal obesity was a significant indicator of childhood obesity, however.

- There was no clear indication that the proportion of children meeting the recommended levels of physical activity (a total of at least 60 minutes of at least moderate intensity physical activity each day) changed in relation to household income (NI 57). Nonetheless, participation in sports and exercise on at least one day a week generally increased with (equivalised) household income for:
  - girls of all ages
  - younger boys.

For older boys the two lowest income groups had the lowest levels of participation in sports and exercise on at least one day a week.

\(^1\) Income was ‘equivalised’ to reflect the number of people in the household who were earning.
For looked after children (LAC), additional data has been identified on data on rates of mortality, of teenage pregnancy and disturbed behaviour.

### 5.1.1 Mortality rates amongst LAC

The mortality rates amongst LAC (0.157 per 100) appear higher than amongst all other young people (0.057 per 100), but it should be noted that a high proportion of young people who are LAC (at least in terms of short-term placements) may be in care as a result of a disability or long-term illness. In 2007, this was the reason given for 80% of the 11,200 young people who had been looked after for at least one agreed series of short-term placements between 31 March 2006 and 31 March 2007 (DCSF, 2007c). This figure is significantly higher than the proportion of children who went into short-term placements because of abuse or neglect (5%), as a result of acute family dysfunction (4%) or because their families were in acute distress (7%). Detailed data on the cause of death has been published for LAC, but direct comparisons are not yet possible with all children.\(^2\) With the development of the National Indicator for all age, all cause mortality rate (NI 120), under the New Performance Framework (2007), this may be a more straightforward exercise.

### 5.1.2 Teenage Pregnancy rates amongst LAC

The proportion of young mothers (aged 12 years and over) amongst the young people who were looked after increased from 2% of the cohort to 3% of the cohort between 2005 and 2007 (DCSF, 2007c). Comparisons with other groups of young people are difficult since:

- national rates are based on conceptions for rate per thousand females aged 15-17 (or 13-15 for under-16 rates)
- conception is likely to have occurred prior to becoming a looked after child.

### 5.1.3 Rates of disturbed behaviour amongst LAC

Findings from the Centre for Longitudinal Studies (Jackson et al., 2002) suggest that there is a stronger association between looked after children and disturbed behaviour than is found in the wider population (NI 58): data from a cohort study indicated that some 8% of the LAC population had been referred to Pupil Referral Units (PRUs) compared with only 0.1% of non-LAC children and young people.

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\(^2\) DCSF (2007c). Some data issues (related to matching child records from SSDA903 to death certificates) mean that any longitudinal analysis of the figures for cause of death needs to be treated with caution.
5.2 Stay Safe (DCSF; TellUs2; EPPSE)

Newly published data relating to this outcome for LAC is now on the DCSF website, relating both to the stability of pre-16 placements and to the suitability of accommodation post-16 (DCSF, 2007d). There appears to have a small decrease since 2003/04 in the number of young people who have had multiple placements (three or more during a twelve month period), from 13.7% to 12.3% (NI 62). Over the same period, there was a similar increase (from 63.8% to 65.2%) in the percentage of young people (who had been looked after at least two and a half years) who had been in the same placement for at least two years (NI 63).

Of the young people who were looked after at age 16 in April 2004 (5,800), for example, 87.3% were known to be in accommodation considered suitable at age 19 (an increase of 12.8 percentage points since 2003) (NI 147). For 5%, however, current accommodation was not deemed suitable. The living facilities for a further 8% were not known. Most (43%) lived independently, or in semi-independent transitional accommodation (95), while a further 12% lived with parents or relatives. For some, however, living facilities were in custody (3%), emergency accommodation (1%), or bed and breakfast arrangements (1%). Accurate comparisons with the living circumstances of all other young people in this age group are not available, though the indications from Stein (2004) are that young people leaving care may be more likely to become young householders or become homeless than their peers. The difficulties faced by some young people leaving care were highlighted in the Stein report, which suggested that there was evidence that young disabled people leaving care were not accessing mainstream services.

Young people responding to the TellUs2 survey reported a relatively high incidence of bullying, with almost 30% of respondents claiming to have been bullied at least twice in the last four weeks, although only 15% said they did not feel safe in school (85% of all respondents said they felt at least quite safe in school). At this stage, it is not possible to ascertain the proportion of young people in vulnerable groups who said they had been bullied, although the survey obtained self-reported information on gender, ethnicity, receipt of Free School Meals and disability, and such information may be available in the future. The Jackson report (2002) suggests that children with SEN may be more likely than other children to experience bullying. Out of the 110 children with SEN in the sample for the cohort study, 37% had problems with bullying, compared with 25% of children without SEN who had problems with bullying.
5.3 Enjoy and Achieve

5.3.1 Enjoyment outcomes (PIRLS 2001/2006 and PISA data 2003/2006; EPPSE)

A comparison, over time, of the relative levels of enjoyment of reading for young people in vulnerable groups was possible for data from PIRLS 2001 and PIRLS 2006. A comparative analysis with PISA 2003 and PISA 2006 was complicated by the fact that the 2003 study focused on maths, while that for 2006 focused on science. Nonetheless, for the purpose of this study, it was possible to create a composite indicator of enjoyment and attitudes to school, student–teacher relationships and subject interest and anxiety using this data.

The analyses of international data (PIRLS and PISA) indicated that, over time, the largest gaps for enjoyment were still amongst boys, followed closely by young people from households in which there was low cultural capital (as measured by the number of books in the home) and/or from lower socio-economic groups. In relation to whether or not the gap was narrowing, the analyses suggested that:

- The gap in enjoyment of reading for boys that was noticed in the PIRLS study in 2001 had not changed significantly by 2006 and the gap in related attainment remained evident.
- No such gap in enjoyment of maths (2003) or science (2006) was evident for boys and, indeed, a marginal (though not statistically significant) improvement in boys’ attitudes was noticed in the PISA study, with a marginal related increase in attainment (again, not statistically significant).
- The gap in enjoyment of reading for those with low cultural capital had widened, as had the gap in relative levels of attainment (PIRLS data). In relation to attitudes to school (PISA data), the gap in levels of enjoyment for young people from lower socio-economic groups had also widened.
- For non-UK born pupils, there was a narrowing of the gaps previously noticed in both enjoyment of reading and in attitudes to school (to zero for PIRLS and from negative to positive for PISA), while attainment levels were stable.
- For young people who were speakers of English as a second language (commonly known as EAL), the enjoyment gaps had changed from negative to positive, suggesting a greater enjoyment of learning amongst young people in this group. While PIRLS data showed a related narrowing of the gap in attainment for reading, PISA data suggested that there was still a gap in attainment in science. These findings should be treated with caution, however, as the categorisation of EAL has changed a number of times since 2001.
Data from comparable international studies (TIMSS 2003 and the IEA Civics study, 1999) reflect similar stories, with enjoyment gaps evident for boys and for those in lower socio-economic groups.

A recent publication from the EPPSE study (Evangelou et al., 2008) found that most of the 102 children from lower socio-economic households tended to looking forward to the transfer to secondary education and that this had a positive effect on developing an interest in school and school work. Nonetheless, low socio-economic status was found to have an association with less positive transition. Young people from low socio-economic status households appeared to adjust less well to new routines than their peers from the higher socio-economic groups.3

5.3.2 Attainment outcomes (NPD update)

Additional analyses of attainment data, exploring the ECM outcomes for young people living in the most deprived areas, have also been made available (DCSF, 2007f). Young people living in poorer areas appear to have lower levels of attainment at key stage 5 and at other key stages than those living in more affluent areas. At key stage 5 (age 18/19):

- Young people living in Neighbourhood Renewal Fund (NRF) areas achieved, on average, lower point scores per candidate (681.1 against 728.6) and per entry (220.4 against 205.3) at Level 3 than those in non-NRF areas and a lower proportion (7.5% compared with 9.7%) achieved the equivalent of 3 or more A grades for GCE/VCE/Applied A Level and Double Awards.

- Young people living in the most deprived areas (as indicated by IDACI measures) achieved, on average, lower point scores per candidate (637.7 compared with 756.4 for the least deprived areas) and per entry (200.3 compared with 209 for the least deprived areas) at Level 3 and a lower proportion (6.2% compared with 11.4%) achieved the equivalent of 3 or more A grades for GCE/VCE/Applied A Level and Double Awards.

- Scores in isolated rural areas were also lower than in sub-urban (town and fringe) areas. Those in isolated rural areas achieved, on average, lower point scores per candidate (659 compared with 746.9 for those in sub-urban areas) and per entry (201.1 compared with 201.1 for those in sub-urban areas) at Level 3 and a lower proportion (6.2% compared with 8.5%) achieved the equivalent of 3 or more A grades for GCE/VCE/Applied A Level and Double Awards.

The picture was similar at key stage 4, with 25% of the young people in the most deprived areas (IDACI) achieving five or more GCSEs at A* to C.

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3 The study (Evangelou et al., 2008) found that, of the 102 children living in low socio-economic households, 72% did not find it easy to get used to new routines (compared with 50% of those from the 186 children living in high socio-economic households), while 58% did not settle in very well (compared with 39% of their peers).
including English and mathematics, compared with 68.4% in the least deprived areas (NI 75). At key stage 2, 68% in the bottom decile achieved level 4 or above in English, compared with 91% in the top decile, a statistic echoed in science (79% against 95%) and in mathematics (66% against 88%) (NI 73). At key stage 1, those achieving level 2 or above in reading (73%), writing (68%), science (83%) and mathematics (80%) in the most deprived areas were also lower than levels of achievement in the least deprived areas (93%, 91%, 96% and 96% respectively).

For young people in the lower socio-economic groups, not just those living in more deprived areas, the figures were equally stark. Young people in families who, according to the ACORN index were ‘hard pressed’, achieved lower scores at each of the key stages than their peers who belonged not only to families designated as ‘wealthy achievers’, but to those designated as ‘urban prosperous’, ‘comfortably off’ or of ‘moderate means’. Indeed, at each key stage, the evidence from the basic data from DCSF (which, it should be remembered, has not undergone any multivariate analysis) appears to support the hypothesis that lower attainment is associated with lower socio-economic status (NI 102). This is evident even at the Foundation Stage, with a difference of 17 percentage points in 2006/07 in the proportion of children working securely in Personal, Social and Emotional Development and Communications, Language and Literacy in the 30% most deprived areas (35%) compared with children in all other areas (51%) (DCSF 2007e).

5.4 Make a Positive Contribution (Household Survey of England, 2006; TellUs2; EPPSE; 2005 Families and Children’s Study)

The new National Indicators include substance misuse by young people (NI 115) under the heading of ‘make a positive contribution’ rather than under the heading ‘be healthy’ where it was located previously.

A recent comparative analysis between the Household Survey of England (HSE) and the 2006 survey on Smoking, Drinking and Drug Use among Young People (SDD) (Health Survey for England 2008) suggests that the figures analysed in the HSE may underestimate young people’s alcohol consumption and smoking behaviour, since the survey is carried out with parents present (albeit with a self-completion paper questionnaire). The HSE suggested that alcohol consumption amongst young people aged 8 to 15 may be decreasing (from 39% to 29% of boys and from 34% to 28% of girls who

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4 The most recent analyses suggest that the gaps in Level 2 and Level 3 attainment at key stage 5 between those who had been eligible for Free School Meals may be decreasing slightly. DSCF cross-tabulated analyses indicate a decrease in the gap from 27.5% to 25.2% at Level 2 and from 26.3% to 25.4% at Level 3. Again it should be noted that these analyses do not take account of other background variables (see DCSF, 2007a).
reported drinking alcohol) and that a higher proportion of children and young people from the highest income quartile reported never drinking.

Data from the TellUs2 survey\(^5\) indicated that while 80% of the respondents in Year 8 and Year 10 had never taken drugs,\(^6\) and 6% preferred not to say whether or not they had done so, some 14% reported taking drugs on at least one occasion. Some 7% said that they had not taken any drugs in the last four weeks, but 9% reported taking cannabis, 4% reported solvent abuse and 3% said they had taken other drugs, such as cocaine, LSD, ecstasy, heroin, speed or magic mushrooms.

It is not possible, from the published TellUs2 data, to ascertain the proportion of young people in vulnerable groups who had taken drugs, although the survey obtained self-reported information on gender, ethnicity, receipt of Free School Meals and disability, and such information may be available in the future.

Findings from the Families and Children Study (Hoxhallari et al., 2007) suggested that parents in the lower income quintiles were more likely to report that their child had been involved with the police within the previous year than parents in the higher income quintiles (NI 111).

5.5 Achieve Economic Well-being (Youth Cohort Study)

Of the 5,800 young people who were looked after at age 16 in April 2004, 6% were in higher education by age 19 (DCSF, 2007d). The comparable figure for all young people at age 19 (based on a weighted sample of 4,428 respondents to the 12th Youth Cohort survey) was 38% (DCSF, 2007g). In total, 63% were in education, employment or training, an increase of 14.4 percentage points since 2003 (NI 148). Nearly one third (32%) were in some form of full- or part-time education, by comparison with 44% of the Youth Cohort survey respondents.

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5 The TellUs2 summary sheet can be found on the Ofsted site at: http://www.ofsted.gov.uk/assets/Internet_Content/CSID/files/National_Summary.pdf

6 These figures are broadly in line with the figures from the survey undertaken for the NHS in 2006 in which 24% of pupils said they had ever used drugs, with 17% taking drugs over the previous 12 months.
6. Identifying effective interventions

The literature review (Kendall et al., 2008) identifying the best evidence on how the gaps in ECM outcomes have been narrowed for vulnerable groups looked particularly at four key strategy areas:

- The role of schools and schools working with other organisations
- The engagement and role of parents and carers
- Early intervention and prevention
- Local professional and political leadership.

This phase of the study sought:

- To identify any relevant research published since the completion of the previous review that might add to an understanding of effective interventions
- To collect quantitative and qualitative information from a broader range of sources (including local authorities) that might give specific insights, particularly in relation to those groups about whom least appears to be known, including:
  - young people with disabilities
  - young carers
  - young people who lived with vulnerable adults
  - young people who were ‘mobile’ children
  - young people who were not fluent in English
  - young people who were asylum seekers or refugees
  - young people who lived in unsatisfactory housing.

The research findings that have been identified have broadly been in agreement with the effective practice that was summarised in Kendall et al. (2008). In some cases, particularly for, young carers, for young offenders, for children and young people who are looked after, for children who have been permanently excluded, for young mothers, for young people from some minority ethnic groups, and for young people from disadvantaged backgrounds the recently identified studies (at both national and local level) have provided additional insights.\(^7\)

\(^7\) It should be noted that the studies included in this stage of the research were reviewed on a ‘best evidence’ approach and were not subject to the same rigour of appraisal as those included in the systematic review. Some, though not all, of the studies would have been included under the previous review process.
6.1 What works for young carers?

More effective support strategies may be needed in schools and in Integrated Children’s Services to identify and address the needs of young carers. Recommendations from the work of Barnardo’s (2006), from Aldridge and Sharpe (2007) and from Deardon and Becker (2002), for instance, suggest the necessity of additional support within schools to mitigate some of the potential disadvantages experienced by many young carers in relation to educational outcomes, and to transitions into adulthood, independence and the labour market. The studies variously suggest:

- the appointment of a designated member of staff with responsibility for young carers
- specific training and information packs for teachers and other school staff to enable them to identify the signs that might indicate a young carer not yet known to the school
- liaison with parents (where possible) to explore the child’s caring role and working with the appropriate agencies, identify other external support that may be available
- developing a culture where young carers can talk
- developing more effective transfer of information (and so on) to enable social services, health services and schools to work together.

The Extended Pathfinders for Young Carers project (an extension of the £16 million Family Pathfinder programme launched in January 2008) allows areas to ‘incorporate a young carers component which will address in more detail the support needs of families with young carers, and test preventative support’. The outcomes of this initiative will not be available for some time.

6.2 What works for young offenders?

A concern highlighted by Phoenix (2006), was the difference between the explanations that young people gave for their law-breaking (including lack of help for family conflict, abuse, alcohol or drug problems – their own or their parents’ – and lack of work) and those that were presented to the court by practitioners:

All practitioner groups commented that most young lawbreakers came from areas of deprivation, that poverty marked their lives, that it created general difficulties at home, in school, in leisure, but these factors were not taken into account in the highly individualised explanations they offered for young people’s lawbreaking. (Section on Risk and Need, Phoenix, 2006)

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8 For information on Family Pathfinders on the Every Child Matters Website see: http://www.everychildmatters.gov.uk/parents/pathfinders/ [1 February 2008].
Many young people felt that being too truthful placed them in jeopardy of bad reports, harsh sentences and the like – not due to further incrimination but because they sensed that YOT and magistrates did not want to hear ‘their truth’. (Section on Young People’s Stories, Phoenix 2006)

In order to engage young people more fully in the youth justice system and to reduce the rate of offending and re-offending, what insights does recent research provide? A number of studies suggest that an exploration of different strategies to address anti-social behaviour and re-engage young offenders might prove more effective than some current approaches in reducing rates of re-offending (NI 30).

- Evidence from a number of randomised control trials in the UK and in the US suggest that using the restorative justice approach for young offenders had a positive impact on reducing the rate of repeat offending for both property crimes and violent crimes (Sherman and Strang, 2007). An additional outcome appeared to be the reduction in post-traumatic stress amongst the victims of crime and a reduction in the apparent desire for revenge. The studies suggested that an increased number of offences were brought to justice, since the perpetrators could own up without the need to make a full admission to the crime.

- Most (79%) of the 258 survey respondents from police forces and housing officers from local authorities implementing Acceptable Behaviour Contracts believed the schemes were positive (Bullock and Jones, 2004). While some young people breached their contracts (15% of all those issued in the survey areas), respondents believed that the contracts were an effective means of reducing antisocial behaviour. The evidence from one pilot in Islington suggested that the overall number and average numbers of antisocial acts by young people decreased by about half while on contract.

- The findings from Sharp et al. (2006) suggest that there may be some value in focusing more on the activities of delinquent youth groups. Rates of offending for members of such groups (aged 10 to 19) were significantly higher than for non-members (even those who had ‘delinquent friends’).

6.3 What works for LAC?

Evidence from the Stein report (2004) suggested that positive education and career-related outcomes for LAC were more closely associated with:

- placement stability
- foster care rather than residential care
• gender (young women were more likely to succeed than young men who were looked after)
• a supportive environment for study.

This issue of educational success and supportive environments for study was also identified by Gilligan (2007). In addition to schools needing to promote learner well-being and a supportive framework for learning, he highlighted the importance of promoting a culture of achievement within school and amongst carers, echoing Blyth (2001) and Harker et al. (2003). As Gilligan argued, some young people in care make good progress both in education and in care. Others, however, make singularly little progress, a finding duplicated in other European and OECD countries. What is it that makes that progress possible? Young people in care, he argued, may need more support than other students, quoting from Heath et al. (2001):

Is it perhaps so surprising if, when ‘average’ educational inputs are given to children with ‘above average’ educational needs, they fail to make ‘greater than average educational progress’ [in order to get into line with national average performance]? (Heath et al., 2001, p. 90)

In order to engender educational progress, Gilligan believed that maintaining contact between the school and carers was paramount and emphasised the need for both care facilities and social workers to recognise the importance of school:

Many social workers don’t seem to have education as a focus. They need training to make them think more carefully about who goes where, who they’ll be living with, will they share, will their foster carers support them with studying and appreciate that they want to do well at school and college.
(16 year-old in foster care, quoted in Harker et al., 2003)

The importance of education was also recognised by Stein (2004), who suggested that resilience amongst young people leaving care could be promoted, amongst other things, through ‘providing young people with stability, helping them develop a positive sense of identity, enabling a positive experience of education’.

6.4 What works for those who have been permanently excluded?

Kendall et al. (2008) highlighted the need for schools that to promote the right positive ethos, emotional climate and culture in a school. In an ESRC funded study of permanent exclusions in one local authority area, Macrae (2005) identified schools with that positive approach, anchoring the exclusion process – or rather the avoidance of exclusion – in promoting mental, emotional and
social health in the school ethos. Macrae also identified schools that tended to isolate the child and treated the child and its family as a problem. This spectrum of approaches, from seeing exclusion as a whole structural problem to seeing it an individual or family problem was also echoed in the very different interpretations of social inclusion and approaches to permanent exclusion in the various professional groups within the local authority. These interpretations ranged from the individualised approach (prevalent amongst Child Health staff) that dealt primarily with the behaviours that led to pupil exclusion to the more longer-term, therapeutic interventions to support children and families ‘at risk’ that were prevalent amongst Sencos and other welfare specialists.

It is likely that this range of schools, as well as these different types of professional approaches, is more widespread. In itself, this is not an issue and can even lead to a healthy debate as to what combating exclusion (social or educational) is about. Nonetheless, it can become an issue when competitive practices between disciplines or individual agency targets hamper communication (as Macrae identified), or when some members of the partnership (in the Macrae study, these were the parents) become subordinated.

6.5 What works for young mothers?

Harden et al. (2006), in a systematic review of interventions related to reducing teenage pregnancy, found evidence of the positive impact of two approaches to targeting the social exclusion associated with unintended parenthood. They highlighted the value of early childhood interventions (consisting of pre-school education and parenting support) in reducing the rates of teenage pregnancy amongst the young women who had taken part in the programmes (the results were not statistically significant for young men reporting becoming fathers). They also found sound evidence of the value of social skills development and youth development programmes combining community service and student learning (or a programme of academic and social development) in promoting the employment and economic status of those who had taken part in them (though the impact on rates of teenage pregnancy was less clear).

Once girls had become mothers, the most promising intervention programmes (most of which appear to have been conducted in the US), in terms of reducing repeat pregnancies, appeared to be the provision of daycare for their children. Other interventions seemed to have promising short-term outcomes, though none showed any long-term effects. Education and career development programmes showed a positive impact on the proportion of teenage mothers who went into further education or training programmes (a statistical meta-
analysis showed that these increased by 213%). Alongside daycare, welfare sanctions or bonus programmes had positive short-term effects.

### 6.6 What works for young people from different minority ethnic groups?

In a briefing paper prepared by Barn (2006) for Research in Practice, a number of prerequisites for working with young people from minority ethnic groups were identified. The author acknowledged that outcome-based research in the field was limited, but that practice-based materials (and some research, though not cited) suggested the need for:

- Cultural competence amongst social services departments, particularly in order to assess why some services (including respite care and counselling and advice services) had a much lower take-up than services such as children’s services
- Culturally appropriate carers and kinship placements
- Emotional and therapeutic work with children and their families, such as family group conferences, networking and family therapy (all supported by research in the US) and programmes such as Strengthening Families, Strengthening Communities (SFSC) run by the REU (formerly Race Equality Unit
- Partnership work, such as that run by and in liaison with voluntary sector groups (including Kids Company in Southwark; Kashmiri and Pakistani Professional Association working with young Muslim boys in Birmingham; NAZ in south London working with young South Asian people).

A critical factor in assuring future success, however, was better monitoring and evaluation, with improvements needed to monitoring, data recording, utilisation of data at a local level and so on.

### 6.7 What works for disadvantaged children?

According to Melhuish (2004), there is little conclusive evidence that high quality childcare in the first three years of a child’s life makes any significant difference to cognitive and language development for those who are not disadvantaged in their home environments. Yet, in a literature review for the National Audit Office, he found that there was good evidence that high quality childcare in the first three years of life can produce benefits for cognitive, language and social development for disadvantaged children. He concluded that high quality childcare with associated home visits appears to be the most effective package of services. Older children (age 3 onwards) benefited
particularly from high quality pre-school provision, especially when this was in socially mixed groups rather than in homogeneously disadvantaged groups.

6.8 In summary – what works?

At this stage in the study, the findings from the additional research reported here support those included in the earlier literature, and appear to emphasise, in particular, the additional need for:

- A coordinated multi-agency approach that is based on shared data, shared philosophies and a clear understanding of the issues at hand
- Strategies that aimed at community integration rather than separation from the community
- The use of agencies and personnel with in-depth cultural understanding of the issues faced by the different vulnerable groups.

The final report for this study will include additional information, when it is obtained, on best practice at a local level.\(^9\)

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\(^9\) The National Children’s Bureau have recently forwarded the outcomes of the literature searches that they had undertaken (by August 2007) on a range of programmes and projects (nationally and internationally), targeted at younger children and early years, in the areas of children’s enjoyment of learning, physical and emotional well-being. The data from this paper is being reviewed and any relevant outcomes in relation to young people in vulnerable groups will be included in the final draft of this report.
7. Local and regional evidence

The final report for this study will include any relevant data that arises as a result of the national Call for Evidence that was sent out by the Narrowing the Gap core team. In addition, it will include local authority and other data that is obtained through Children’s Services and their partners. The research team adopted a snowball approach to data gathering, with 20 key contacts in research and data teams in local authorities contacted by NFER to ascertain information on local data collection, collation and analysis (over and above those that would be done for PLASC or OC2 returns) and any locally commissioned or ongoing research on young people in the vulnerable groups. Similar contact has been made with staff in LERN (the London Education Research Network) and during a presentation of the data study at the Children’s Services Network (CSN) annual conference on 5 February 2008.

To date, the response from local authorities suggests that, while there is a great deal of interest, the extent of additional data gathering may be limited. In some cases, having contacted local authorities we have been referred to other agencies (including national agencies); in others we have been told that the capacity, infrastructure or expertise is not yet available to carry out such data collection and analyses (or to support the current data request). The proposed advent of Contactpoint has been heralded by some as a potential support to a more multi-agency approach to data collection and sharing, but there are still concerns about issues such as double-counting, inconsistent data definitions, and potential difficulties in identifying ‘hidden’ groups of young people such as young carers.

Some respondents felt that, with the forthcoming EMIE survey of all local authorities in England, they did not have the time or resources to respond to the current call for evidence (whether via the NFER or to the Narrowing the Gap core team). The EMIE survey (which was launched in mid-February 2008 and was due to report in June 2008) aims to explore how local authorities organise and provide research and data activities to support children’s services. It investigates the impact of recent changes and new areas of work on research and data teams and identify any areas of good practice as well as areas of difficulty and challenge. The questionnaire covers structures, staffing, skills and qualifications, training and development, recruitment, partnership working, clients, funding and areas of work. This survey may identify more accurately who within authorities collects this specific data on vulnerable groups; it may well be that this data is collected and retained by practitioners rather than by central data and analysis teams.

Permission to use their (anonymised) outcome data (where relevant) will also be sought from a number of local authorities that are known to have commissioned large-scale surveys of the attitudes and experiences of their young people in relation to the ECM agenda. Some authorities have been doing so over five or more years. To date, however, and based on information
we have received from local contacts, it appears that the extent of
disaggregation by different groups of young people varies and that many of
the analyses that have been carried out appear to be of cross-tabulated data
alone. Few authorities (if any) appear to use multivariate analyses to identify
relationships between attitudes and specific groups of children and young
people.
8. Current, commissioned and planned research on vulnerable groups

Appendix B provides an overview of the relevant ongoing and future research that has been identified during the course of this study and which may contribute, in the near future, to our greater knowledge of who the most vulnerable young people are, the ECM outcomes with which they are associated (including gaps in outcomes between them and other young people) and the strategies that may be most effective in narrowing any identified gaps. Three have recently been completed, but most are in the process of being conducted or are yet to be contracted. In addition to the various longitudinal studies that are summarised in Appendix A, it is likely that the 29 research projects (funded variously by the DCSF, DIUS, the Joseph Rowntree Foundation and the Nuffield Foundation) will provide insights into some areas that we, as yet, know relatively little about. They may also provide additional information that would contribute to the New Performance Framework (2007). Potential contributions of individual projects to understanding to inform the indicators are shown in each sub-section. This does not mean that each study will be able to provide clear insights for the identified indicators.

8.1 Studies related to assessing the scope and extent of an issue

Four projects to be funded by the DCSF (two of which are yet to be contracted) aim to shed light on issues for disabled young people and for their parents/carers and would contribute to national indicator NI 54. Acknowledging the lack of definitive data, these studies include explorations of different types of disability and the numbers of children and young people that may be in each group. In particular, the Thomas Coram Research Unit, in a study that began in October 2007 and was funded to March 2008, aims to collect-up-to date information on the numbers of children with disabilities and the numbers receiving services in each local authority via a questionnaire census of all DCSs.10 The University of Bath, in a one-year study that was due to be completed in February 2008, aims to develop a typology of disability and to identify the type of data that would be most appropriate for schools, social services, local authorities and central government to collect.

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10 A comprehensive survey of all Visual Impairment Units in local authorities is currently being carried out in England, Scotland and Wales by the NFER, on behalf of the RNIB. This survey aims to provide an accurate estimate of the numbers and ages of all children and young people who are blind or who have a visual impairment and to ascertain the type and level of service they receive from the local authority (or consortium of authorities). BATHOD is carrying out a similar survey exploring provision for children and young people who are deaf or have a hearing impairment.
Two research reviews, one funded by the Nuffield Foundation on adolescent stress and one funded by Joseph Rowntree on young homeless, seek to provide an overview of the scale of the problems and identified changes over time. The former, conducted by UCL and the University of Teeside between January 2008 and July 2008, examines research findings on adolescent stress over the last three decades, and may provide insights into the mental health of different groups of young people (NI 50 and NI 51). The latter, which has been under way at Centrepoint and the Centre for Housing Policy since 2006, was due to complete its desk review of patterns of homelessness amongst young people during the past 10 years in April 2008. This study has been augmented by six local authority case studies, three of which were in England and may provide insights into effective practice in enabling young people to secure adequate and satisfactory housing (NI 46 and NI 71).

One further study, which was begun in October 2006 by the University of Warwick and the Institute of Education, funded by the DCSF, is gathering baseline data to inform the introduction and embedding of the Child Death Review Process. The study was due for completion in June 2008 (NI 120).

8.2 Studies related to understanding issues

At least seven of the studies have, as a primary aim, the need to develop a better understanding of the issues faced by different vulnerable groups. These include:

- Literature reviews, which include:
  - a review to be carried out by the University of Durham and Queen Mary, London to map the links between young people, neighbourhoods, schools and families and mental health (NI 51). This is funded by the Nuffield Foundation and was due for completion in October 2008.
  - a review to be carried out by the Institute of Education and the University of Michigan to look at the ways in which social structures influence the ways in which young people use their time and the relationship with adolescent welfare (NI 51 and NI 110). Funded by the Nuffield Foundation, this study was due for completion in December 2007.

- Longitudinal studies, which include:
  - a Joseph Rowntree funded project to be carried out by the University of Glasgow studying families in deprived areas in London, Leeds and Glasgow, which is due to be completed in October 2010 (NI 102, NI 106, NI 116, NI 117 and NI 118).
  - a DCSF funded project to be conducted by the NFER, exploring the issues faced by Gypsy/Roma/Traveller pupils schools. This is due for completion in July 2010 (NI 69, NI 87, NI 107 and NI 108).
• Projects using secondary analysis of data:
  – a Joseph Rowntree funded project to be carried out by the IFS, the University of Bristol, Bristol Institute of Public Affairs and CMPO. This will use existing large-scale datasets to explore the determinants of soft skills, attitudes and aspirations to education amongst children in poverty (NI 102). This will be completed in December 2008.
  – DCSF project (not yet contracted) to understand the drivers and barriers to educational success using evidence from LYSPE (NI 83, NI 95 to NI 98).
  – A DCSF project, carried out by the University of East Anglia, involving an analysis of serious case reviews (from 2003 to 2005) on child deaths and serious injury through abuse and neglect. This reported in January 2008 (Brandon et al., 2008).

8.3 Studies related to understanding practice

Five studies with a focus on understanding practice were identified. All five were commissioned (or will be commissioned) by the DCSF and while most have an evaluative edge, a key emphasis is on understanding and gaining insights into practice. These studies include:

• An evaluation of education-related parenting contracts, exploring implementation and impact on attendance and behaviour outcomes (NI 87?). The study conducted by TNS was due for completion in December 2007.

• An exploration of the reasons for variation in practice in incidence and categorisation of children and young people with disabilities and/or SEN (NI 54). This study is yet to be contracted.

• An evaluation of 10 Pathfinder projects, looking at how the projects identify, place and assess vulnerable young people in participating boarding schools. Due to report in October 2008, the project was conducted by the Thomas Coram Research Unit – Institute of Education.

• An evaluation of a pilot scheme using outreach approaches with families of vulnerable 2-year-old children, looking at how schemes have been designed, managed and delivered across six local authorities. This project, conducted by the National Centre for Social Research, was completed in 2007 and reported in January 2008 (Kazimiri et al., 2008).

• An examination of the effectiveness of the case review process for children at risk of neglect or abuse. Commissioned from the Open University in 2001, this reported in January 2008 (Rose and Barnes, 2008).
8.4 Studies related to identifying outcomes

Only one project specifically designed to look at outcomes for young people (as compared to looking at the impact of different interventions on outcomes) was identified. This was a study commissioned by the DCSF (and being undertaken by the University of Glasgow – Scottish Centre for Research into On-line learning and Assessment) to look at the outcomes for pupils who had been excluded from PRUs and Special Schools for children and young people with Emotional and Behaviour Disorders. The study is due to report in March 2009.

8.5 Studies related to ascertaining the impact of interventions

A total of 12 new, ongoing, or potential national projects seeking to discover the impact of particular interventions were identified. These included:

- A review and scoping study, to be carried out by the Thomas Coram Research Unit – Institute of Education from February 2008, to ascertain which forms of targeted intervention for children at risk show most promise for development

- Longitudinal studies, including:
  - An evaluation of the 25 TMHS pathfinders to see which evidence-based models of mental health support in schools are most effective in leading to improvements in children’s mental health – and why (not yet contracted by DCSF) (NI 51)
  - An evaluation of Early Intervention Pathfinders in Local Authorities (a DCSF funded study being conducted by CEDAR at the University of Warwick), which was due for completion in March 2008. This study aims to see how effective evidence-based parenting programmes have been in preventing anti-social behaviour of young people at risk (NI 111).

- Projects using secondary analysis of data:
  - A DCSF funded project (not yet contracted) to see whether attending an extended school is associated with variations in outcomes such as attainment and attendance (NI 87 and NI 92 to NI 98)
  - A DIUS funded project, being undertaken by the University of Surrey, to look at the longer-term impact on families of training adults to gain new skills and qualifications. This was due for completion in December 2007.

- Survey-based studies such as the DCSF evaluations of Children’s Centres (not yet contracted), Extended Schools (not yet contracted) and evaluation
support to the RE-Ach project (York Consulting – due to be completed in November 2008)

- Mixed methods studies:
  - The evaluation of Early Learning Partnerships, which includes an examination of the impact of outreach services on reluctant or disadvantaged parents, due to be completed by University of Oxford – Nuffield College in May 2008 (NI 118)
  - Evaluation of the key stage 4 Engagement Programme, conducted by York Consulting and due for completion in August 2008. The case studies are examining the effectiveness of the experimental programme on developing young people’s skills, many of whom were potential NEETS (NI 91 and NI 117).

- A development project to design a survey, for the PSA, for parents of disabled children and young people (NI 54).
9. Emerging issues

These exercises revealed a number of specific issues that may need to be taken into account in order to narrow the gap more effectively for young people in vulnerable groups. Two of these, the need for targeted research on specific vulnerable groups and the need for greater clarity on data collection and use, are summarised below.

9.1 The need for targeted research on specific vulnerable groups

There may be a need to review the focus and balance of some of the publicly funded academic and other research – does it provide the type of insights that are most needed by policy makers and practitioners? Much of the completed recent research that was identified on young carers, for example, focused on young people’s feelings and concerns (for example, Aldridge and Sharp, 2007). Only a few projects explored the scale of the issues (such as that conducted by Aldridge and Becker, 2003), while most evaluations of the specific impact of particular projects were relatively dated or were not accessible.\footnote{11} While attitudinal and experiential research is entirely necessary in order to address the factors that may act as a barrier to full-time engagement in learning or other positive activities, a key issue that has emerged is the need for a more effective mechanism by which young carers can be identified. The culture of secrecy referred to in the Barnardo’s (2006) report (with families and young carers often being reluctant to discuss the situation) and the lack of awareness of the support mechanisms available (so that relatively few young carers may access them) has meant that it has been difficult to assess the actual levels of support that may be needed – or how effective they are in all circumstances.

9.2 The need for greater clarity on data collection and use

In collating the data and reviewing the research for this study, one issue emerged on a frequent basis. This was the lack of comprehensive, clear and related data on many of the vulnerable groups in the study. This was particularly evident in relation to looked-after children. The concerns highlighted by Fletcher-Campbell and Archer (2003) were echoed by Jacklin \textit{et al.} (2006). In a study of looked after children in one local authority, following the introduction of the national baseline data collection in

\footnote{11} A number of these evaluation studies, completed by the Young Carers Research Group at Loughborough University, have been identified but specific permissions need to be sought to cite them or to quote from them.
1999/2000, Jacklin reported that they could not be certain, because of inconsistencies in the data whether she was following 132 or 138 young people. Furthermore, of the 132 (138), 42 (48) were recorded on the Social Services Department (SSD) database, but were not referred to by the local education authority. A further 47 were on the education database but not on the SSD database. In total, only 43 children and young people were included on both databases. Later, when filed data on 108 young people was requested from the authority, information on 58 (59) was sent by schools. These files were often incomplete, with attainment in key stage tests and at GCSE and other data missing for many. Jacklin’s view was that many of file keepers appeared to have little idea of the purpose of the file, the uses to which it might be put, or who it might be for.

9.3 Where next?

Since the data on which the Jacklin report was compiled, it is likely that the situation she outlined may well have improved. The indications are that the sharing of what might be deemed as sensitive data, data that might have some particular professional links, or data that is located within an authority other than the child’s current home base, remains, however, a difficult area within Children’s Services. The establishment of Contactpoint may alleviate some of these issues and provide a professional base from which different agencies are able to access appropriate information (or the contact details of those who do).

In the meantime, there are issues related to capacity within local authorities. Feedback from those local authorities with whom we have been able to make contact suggest that not all authorities have a dedicated research and analysis capacity that is able to do more than the statutory minimum data collection and collation that is required, particularly given the development of the forthcoming Common Area Assessment (2009) and the new set of National Indicators, which include a number of indicators (across all areas) for which data was not previously collected. The EMIE survey of DCSs, due to be sent out in February 2008, should shed some light on internal structures. Where research and analysis groups do exist, local priorities may vary. Some may not be in tune with the current priorities of the Narrowing the Gap programme.

The final report from this stage of the research will include further information from local authorities, where it has been possible to obtain it either via contacts made or through the national Call for Evidence, which may shed a clearer light on capacity, focus and activity within local authorities that may be of relevance to Narrowing the Gap.

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12 Inconsistencies were evident in the ways that names were recorded between databases, for instance.

13 In 2009, areas will be subject to both the CPA (January/February) and the CAA (October/November).
Appendix A

This section provides details of the scope, aims and time scales of longitudinal studies.

Avon Longitudinal Study of Parents and Children (ALSPAC)
ALSPAC is a study of families, with children up to the age of 11, which explores the biological, environmental and social factors that influence individual health. It is a large scale study, which started in 1991/2 when the 14,000 children were born and continued until they reached age 11. Focusing on the former county of Avon, data was collected via physical health examinations of children, self-completed questionnaires and health records. There is no further information about this study to provide an update from previous reports.

Future work and what the data could tell us
The ALSPAC website is currently being updated; as a result no publications or further information is currently available.

ECM indicators covered by ALSPAC
Progress towards the following ECM indicators is, or could be, fully or covered by this data:

- Emotional health of children (NI 50 – PSA 12) (ALSPAC looks at cognitive development, mental health, development of anti-social behaviour)
- Obesity among primary aged children (NI 55 and 56).

In addition, data on young mothers and children at risk is likely to be available in the future.

Effective Pre-school, Primary and Secondary Education (EPPE and EPPSE)
The effective provision of pre-school Education (EPPE 3–7) project is a longitudinal study which started in 1997. It started as a study of progress and development of children in various pre-school settings looking at about 3,000 children aged three and seven. It was extended in 2003 to follow the same children until age 11 (EPPE 3–11) and has been extended again to track progress into secondary school (EPPSE 3–14). The projects sought to identify effective pre-school provision which positively impacts on children’s attainment, progress and development.
Evangelou *et al.* (2008) reported that children in low socio-economic groups tended to have less positive experiences of transition, despite looking forward to it subsequently then increased interest in school work. The data also found that children with SEN were more likely than other children to experience bullying.

**Future work and what the data could tell us**

The final reporting of EPPE 3–11 was due later in 2008 and the data collection is currently taking place for EPPSE 3–14. Further reports from the EPPE project are forthcoming and will further provide insight into the educational experiences of children and young people in different vulnerable groups.

**ECM indicators covered by EPPE and EPPSE**

Progress towards the following ECM indicators is, or could be, fully or covered by this data:

- Emotional health of children (NI 50 – PSA 12)
- Obesity among primary aged children (NI 56).

**Family and Child Study (FACS)**

The Family and Child Study (FACS) seeks to understand the relationship between different aspects affecting the lives of families in England to ensure that government policy is sensitive to their issues. The study also seeks to monitor any impact of policies on reducing childhood poverty and promoting work incentives for adults. Over 7,500 CAPI interviews were carried out for the most recently reported wave (wave 7, 2005). In addition to interviews with mothers, partners were also interviewed and children aged 11 to 15 were given a self-completion questionnaire.\(^{14}\)

Hoxhallari *et al.* (2007) found that of the children who were reported as having SEN, the most frequently reported types of disability were ‘physical disabilities’ and ‘dyslexia’. A third of respondents stated that their child’s disability limited their ability to attend school.

The report also found that parents in the lower income quintiles were more likely to report that their child had been involved with the police within the previous year than parents in the higher income quintiles.

**Future work and what the data could tell us**

Although for the purposes of this study, limitation apply, it may be possible to use the dataset in the future to track change over time and provide insight into issues related to outcomes for poor attenders, SEN, children with disabilities

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\(^{14}\) The questionnaire was not administered in 2005 but was in 2006. The 2006 data is not yet available.
and those living in potentially unsatisfactory housing. The survey asked about homes in which children live, including whether the house was a ‘bed and breakfast’ and the extent to which repair was required.

**ECM indicators covered by FACS**
Progress towards the following ECM indicators is, or could be, fully or covered by this data:

- SEN/non-SEN gap (NI 105)
- Rates of permanent exclusions (NI 114)
- Proportion of children in poverty (NI 116 – PSA 9).

**Health Profile for England**
The Health Profile for England annually collates national and regional data to provide a baseline from which we can compare data from the local health profile, providing a current picture of health and well-being in England. First collected in 2006, it also uses data from other national surveys on adults and children, including the Health Survey for England.

**Future work and what the data could tell us**
Data is collected on teenage conception rates and homelessness amongst adults with children living in temporary accommodation. The 2006 data suggest that 71,560 families were homeless living in temporary accommodation but that this number had fallen from the previous years. This may provide a snapshot of some families who live in unsatisfactory housing.

**ECM indicators covered by Health Profile for England**
Progress towards the following ECM indicators is, or could be, fully or covered by this data:

- Under 18 conception rate (NI 112 – PSA 14)
- Proportion of children in poverty (NI 116 – PSA 9).

**Health Survey England (HSE)**
The aim of the annual Health Survey for England (HSE) is to provide more reliable and detailed information about people’s health and to monitor national health targets. The survey started in 1991 with those aged over 16. In 1995, it included CAPI interviews with parents of those aged 2–15 and 4,000 children were involved. Since then the sample of children and young people has increased (up to 7,000) and in 2001, those under two years of age were also included with the focus on children and young people’s health. Children aged over 12 also complete a questionnaire booklet.
Recent HSE reports (Jotangia et al., 2005; Zaninotto et al., 2006) provide information about obesity among children under the age of 11 and forecasts the nation’s obesity levels for 2010. Looking at obesity levels among those aged 2–11 shows that those living in areas of higher deprivation have higher levels of obesity.

Zaninotto et al. (2006) forecasts that by 2010 there will be a 6% increase in the proportions of girls who are obese (rising to 910,630 in 2010). The increase in obesity levels amongst boys is expected to rise from 746,662 in 2003 to 792,321 in 2010. It is predicted that boys and girls living in manual households will have increased levels of obesity than those living in non-manual households (a 7 percentage point increase for boys and 9 percentage point increase for girls from manual households compared to 2% and 3% for those living in non-manual households respectively).

**Future work and what the data could tell us**

No further breakdown by vulnerable group is available from the above reported data. However, the focus of the 1999 and 2004 surveys was ethnic minority health, therefore there may be scope for further analysis of the datasets.

**ECM indicators covered by HSE**

Progress towards the following ECM indicators is, or could be, fully or covered by this data:

- Obesity among primary aged children (NI 56).

**Longitudinal Study of Young People in England (LSYPE)**

The Longitudinal Study of Young People in England tracks the progress of a cohort of 20,000 young people who were exposed to government initiatives (for example EMA), in terms of how they make choices associated with education and work. The first wave of data collection commenced when the young people were in year 9 (in 2004) and will continue until they reach age 25. The sample included 5,000 young people of BME origin to ensure that ethnic minorities living in disadvantaged areas were adequately represented. Young people were sampled using PLASC and data were collected via face-to-face CAPI interviews.

Two recent papers (Ethnicity and Education, 2006; Strand, 2007), not previously reported, used LSYPE data to explore ethnicity and educational outcomes which relate to NI 106 – PSA 11, NI 108 and NI 109). The findings corroborated findings reported in NFER’s previous reports that:
• Of children and young people not eligible for FSM, those from Bangladeshi, Pakistani and Black origin tended to live in areas of higher deprivation than White British children and young people.

• There was strong association between children and young people with SEN and their socio-economic status and gender than ethnic origin. That said, Black Caribbean pupils were more likely to be identified as having SEN than White British.

• Black Caribbean, White and Black Caribbean and ‘Other Black’ were more likely to be excluded from school (both permanent and fixed term) than other pupils.

• Across all key stages, children and young people from Black Pakistani, Bangladeshi and Roma/Traveller backgrounds have consistently lower attainment than other groups.

• In relation to attitudes towards school, those from Asian ethnic minority groups have the most positive attitude compared to those from mixed heritage who had the least positive attitudes towards school.

Strand (2007) also found that:

• There is a ten point achievement gap between children and young people from families within ‘professional’ socio-economic group and those long-term unemployed. This is the biggest gap in achievement between groups.

• Those from Black Caribbean and White and Black Caribbean ethnic groups are between 2.0 and 2.5 times more likely than White British pupils to be excluded from school.

• However, it was also found that controlling for socio-economic factors, the differences in attainment levels by ethnicity is significantly reduced.

**Future work and what the data could tell us**

LSYPE could provide further insight into vulnerable groups as the data can be matched to PLASC, therefore it may be possible to do analysis by:

• ethnicity

• socio-economic group (if linked to PLASC and using FSM eligibility)

• White working class boys (based on cross-tabulated analysis of gender and socio-economic group)

• looked after children (if data linked to PLASC)

• excluded from school (if data linked to PLASC)

• poor attenders (if data linked to PLASC)

• Roma/traveller children (if data linked to PLASC)
• Children of services families (from 2008, if data linked to PLASC).

Findings from data collected during waves 2 and 3 (during 2005/6) were due to be reported during 2008.

**ECM indicators covered by LSYPE**

Progress towards the following ECM indicators is, or could be, fully or covered by this data:

- Young people from low income backgrounds progressing to higher education (NI 106)
- Key stage 2 and 4 attainment for BME groups (NI 108 and NI 109).

**Millennium Cohort Studies (MCS 1, 2, 3 and 4)**

The Millennium Cohort Study is a longitudinal study exploring the first year of life and long-term impact of social conditions for almost 19,000 families across the UK. The sample, stratified to ensure it represented areas of high deprivation with high concentration of Black and Asian families, was drawn in 2001/2 (MCS1\(^{15}\)). Data, collected through CAPI and CASI interviews with the families (where both parents were present) is being collected for the fourth and final sweep in 2008.

Following the two previous NFER reports, there are no further findings to present from the MCS main survey data. Data from MCS3 (2006) has not yet been reported. However, two recent reports have been published that further analysed the MCS1 data. Although these papers did not specifically explore impacts on the children, the findings may provide insights into family characteristics and circumstances which may affect ECM outcomes.

- **Demographic and socio-economic characteristics of ethnic mothers in England**

Based on the MCS1 sample of 11,476 mothers who gave their ethnic origin, the research (Jayaweera *et al.*, 2007) found that Indian and Black African mothers had more educational advantage if born in the UK than elsewhere. Pakistani and Bangladeshi mothers were most socially disadvantaged and this is likely to be associated with, among other characteristics, lower levels of English fluency. A third of Bangladeshi and a quarter of Mixed and Black Caribbean mothers were teenagers when they had their first child (NI 107 and NI 108).

- **Interim findings from the ‘Heath Visitor Survey’**

\(^{15}\) This data will be available from the ESRC Data Archive in early 2008.
In 2002, the survey (Grundy-Bassett, 2004) gathered Health Visitors’ perceptions on services available to support MCS families and found that Drug Action Teams are mostly accessed in disadvantaged areas. It also reported that the second mostly commonly mentioned ‘bad thing for MCS babies’ is ‘inadequate housing’ and that young mothers are often isolated. The next stage of this research is to match responses from the Health Visitor Survey to MCS responses. When the next stage of analysis and reporting is complete, it may provide useful insight into further characteristics of the following vulnerable groups and how they are supported by local services to improve ECM outcomes: young mothers, children in unsatisfactory housing, Roma/Traveller children, those with SEN and services available for children with disabilities and socio-economic groupings. (Data could potentially support NI 105, NI 106 – PSA 11 and NI 115 – PSA 14.)

**Future work and what the data could tell us**

Data from MCS3 will be reported shortly, and data collection for MCS4 is taking place in 2008. A paper called ‘Maternal Smoking during pregnancy and infant temperament in the Millennium Cohort Study’ was published in 2008 and any follow-up to this study may provide insight into factors affecting the emotional health of children and young people (NI50 – PSA 12) if data is broken down by sub-groups.

In terms of what MCS main surveys could tell us about specific vulnerable groups, it would be possible to do analysis by:

- ethnicity
- socio-economic group
- White working class boys (based on cross-tabulated analysis of gender and socio-economic group)
- looked after children (if data linked to PLASC and FSP)
- excluded from school (if data linked to PLASC and FSP)
- poor attenders (if data linked to PLASC and FSP)
- Roma/traveller children (if data linked to PLASC and FSP)
- Children of services families (from 2008, if data linked to PLASC and FSP).

MCS data could be matched to PLASC and FSP to ascertain the proportion of children and young people with EAL, but this would not provide insight into levels of fluency in English.
ECM indicators covered by MCS
The following ECM indicators are, or could be, covered by this data:

- Emotional health of children (NI 50 – PSA 12)
- SEN/non-SEN gap (NI 105)
- Young people from low income backgrounds progressing to higher education (NI 106 – PSA 11)
- Key stage 2 and 4 attainment for BME groups (NI 107 and NI 108)
- Substance misuse (NI 115 – PSA 14).

TellUs2
The purpose of TellUs2 is to gather the views of children and young people on services provided by local authorities and their partner agencies. It explores children and young people’s (in years 6, 8 and 10) perception of experiences of living in the local area in relation to the five ECM outcome areas.

The online survey, administered in schools during April and June 2007, covers 141 local authorities. The sample of 111,325 respondents is weighted to be representative based on school and classes (using school size, deprivation measures, and linking class characteristics to the PLASC dataset). Ofsted has published data at national and local levels. Access to the data file is not currently available, but it is being considered whether it is appropriate to add it to the ESRC data archive.

Data is not reported by subgroups and it is not evident whether this analysis has been conducted. It would, however, be possible for sub-group analysis by the following groups:

- social economic group (based on self-reported FSM-eligibility status)
- White working class boys (based on self-reported FSM-eligibility status and gender)
- looked after children (based on self-reported LAC status)
- Ethnicity (based on self-reported ethnic origin from five categories: White, Mixed race, Asian or Asian British, Black or Black British, Chinese or other and Unknown).

Although there are limitations to the published data for this study, in the future TellUs2 data might provide an insight into differences in ECM outcomes for

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16 TellUs2 dedicated webpage: http://www.ofsted.gov.uk/portal/site/Internet/menuitem.455968b0530071c4828a0d8308c08a0c/?vgnextoid=69e46c472b6b1110VgnVCM1000003507640aRCRD
the following (Please note: Caution would need to be taken when using figures related to SEN as special schools were not included in TellUs2 but it is expected that special schools will participate in future surveys):

- **children with disabilities**
  Respondents were asked to indicate whether they were disabled, blind or deaf. No one indicated that they were blind and 1% of respondents each indicated that they were disabled or deaf. In addition, 2% of children and young people said that they had a disability, sight or hearing problem that prevented them from participating in activities in which they wanted to participate.

- **Special educational needs**
  Respondents were asked if they received extra help at school with their learning or behaviour from someone other than a teacher; they were also asked if they received help in completing the questionnaire. The question may have been open to interpretation by children and young people so caution may need to be taken with this data in relation to defining children and young people with SEN. Some 22% of respondents indicated that they received support, but 13% said they were unsure.

- **Children at risk**
  Children and young people were asked about feelings of safety in relation to being hurt by other people at home. This data may provide insight into children at risk from harm or abuse at home. Some 4% of children and young people indicated that they felt either ‘a bit’ or ‘very unsafe’; whereas 1% said that they did not know.

- **Children living in unsatisfactory housing**
  TellUs2 asked respondents about the number of adults living at home. Although this does not provide a definitive indication of the number of children and young people living in unsatisfactory housing, this data might provide an insight into those potentially living in over-crowded accommodation. Data is not reported for this question.

**Future work and what the data could tell us**

The TellUs series of questionnaires will continue in the future, with Ofsted hosting TellUs3. TellUs3 is likely to be shortened version of TellUs2.

Data is not currently reported by vulnerable group but analysis could be done to potentially provide an insight into the following: socio-economic groups, White working class boys, looked after children and ethnicity. To a more limited extent, TellUs2 might provide data about children with disabilities, those with SEN, children at risk and those living in unsatisfactory housing.
ECM indicators covered by TellUs2
Progress towards the following ECM indicators is, or could be, fully or covered by this data:

- Services for disabled children (NI 54 – PSA 12)
- Children who have experienced bullying (NI 69)
- Substance misuse by young people (NI 115 – PSA 14).

Youth Cohort Study
The Youth Cohort Study is an annual longitudinal study exploring young people’s education and labour market experience and other socio-economic characteristics. Starting in 1985, it tracks a sample of 16 year-olds each year who have just completed compulsory education and follows them up to age 20.

Future work and what the data could tell us
No further data is available since the previous report. The Youth Cohort Study could provide insight into reasons for rates of exclusion in years 10 and 11, and for the education achievement of young people in lower socio-economic groups and those not in education, employment or training.

ECM indicators covered by Youth Cohort Study
Progress towards the following ECM indicators is, or could be, fully or covered by this data:

- Young people from low income backgrounds progressing to higher education (NI 106)
- Rates of permanent exclusions from school (NI 114)
- Rates of permanent exclusions from school (NI 117 – PSA 14).
### Appendix B

#### Ongoing/current research (other than the longitudinal studies)

<table>
<thead>
<tr>
<th>Vulnerable group(s)</th>
<th>Strand</th>
<th>Commissioned by</th>
<th>Being done by</th>
<th>Title</th>
<th>Aims/Research questions</th>
<th>Methods</th>
<th>Start date</th>
<th>Completion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vulnerable children (unspecified)</td>
<td>Enjoy and Achieve</td>
<td>DCSF</td>
<td>Thomas Coram and IoE</td>
<td>Evaluation of Pathfinder projects: Boarding School Provision for vulnerable children</td>
<td>How are children identified, assessed and placed? What is the experience for young people?</td>
<td>Quarterly monitoring questionnaires to 10 LAs; interviews and group discussions with eight children and families etc. survey of 50 boarding schools</td>
<td>Dec-07</td>
<td>Oct-08</td>
</tr>
<tr>
<td>Lower socio-economic groups</td>
<td>Enjoy and Achieve and Economic Well-being</td>
<td>Joseph Rowntree</td>
<td>IFS, University of Bristol, Bristol Institute of Public Affairs and CMPO</td>
<td>Children in Poverty: Aspirations, Expectations and Attitudes to Education</td>
<td>What are the determinants of soft skills, attitudes and aspirations to education amongst children in poverty? How do these determine educational attainment?</td>
<td>Analysis of existing large-scale datasets (MCS, BCS70, ALSPAC, LSYPE) using statistical and econometric analyses</td>
<td>Sep-07</td>
<td>Dec-08</td>
</tr>
<tr>
<td>Vulnerable group(s)</td>
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<tr>
<td>Gypsy/Roma/Traveller</td>
<td>Enjoy and Achieve</td>
<td>DCSF</td>
<td>NFER</td>
<td>Improving the Outcomes for Gypsy, Roma and Traveller Pupils</td>
<td>What are the issues faced by GRT pupils at key stages 2 to 4? How and why do key measures for GRT pupils differ from other minority ethnic groups and the national average? What are the current developments to improve outcomes?</td>
<td>National data analysis (2007 to 2010). Progress mapping via questionnaires from approx 200 primary and secondary schools (from 2007 to 2010). Case studies (15) in 2008. Literature review.</td>
<td>Sep-07</td>
<td>Jul-10</td>
</tr>
<tr>
<td>Adolescents at risk of mental health problems</td>
<td>Be Healthy</td>
<td>Nuffield</td>
<td>University of Durham and Queen Mary, University of London</td>
<td>Mapping links between young people, neighbourhoods, schools and families with respect to mental health</td>
<td>How are neighbourhood effects associated with individual characteristics, family conditions and parenting that are important for the mental health of young people? Do neighbourhood influences relate to changes over time in the mental health of adolescent populations?</td>
<td>Review</td>
<td>Nov-07</td>
<td>Oct-08</td>
</tr>
<tr>
<td>Vulnerable group(s)</td>
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<tr>
<td>Adolescents at risk of mental health problems</td>
<td>Be Healthy</td>
<td>Nuffield</td>
<td>UCL and University of Teeside</td>
<td>Review of Adolescent Stress</td>
<td>Appraisal of adolescent stress and changes in its level over three decades</td>
<td>Review</td>
<td>Jan-08</td>
<td>Jul-08</td>
</tr>
<tr>
<td>Lower socio-economic groups</td>
<td>Economic Well-being</td>
<td>Joseph Rowntree</td>
<td>University of Glasgow</td>
<td>Shaping educational attitudes and aspirations: the influence of parents, place and poverty</td>
<td>How do the parental attitudes and circumstances, the school and the opportunity structures of the neighbourhood influence children's identities and aspirations towards education and employment?</td>
<td>Longitudinal studies of pupils at age 13 and then 15 (and their parents and guidance teachers) in three schools in deprived areas (one in London, one in Leeds and one in Glasgow)</td>
<td>Unknown</td>
<td>Oct-10</td>
</tr>
<tr>
<td>Young homeless</td>
<td>Stay Safe</td>
<td>Joseph Rowntree</td>
<td>Centrepoint and the Centre for Housing Policy</td>
<td>Youth homelessness in the UK</td>
<td>Patterns of homelessness over last 10 years. Nature and profile of current young homeless. Impact of policy developments on outcomes. Priorities for the future.</td>
<td>Desk-based review and six LA case studies (3 in England)</td>
<td>2006</td>
<td>Apr-08</td>
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</table>
## Ongoing/current research (other than the longitudinal studies)

<table>
<thead>
<tr>
<th>Vulnerable group(s)</th>
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<th>Methods</th>
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<th>Completion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children at risk of exclusion and poor attenders</td>
<td>Enjoy and Achieve</td>
<td>DCSF</td>
<td>TNS</td>
<td>An evaluation of education-related parenting contracts</td>
<td>How are education-related parenting contracts being implemented? How effective are they in contributing to improvements in attendance and behaviour?</td>
<td>Questionnaires and interviews with school staff and parents in representative sample of LAs</td>
<td>May-07</td>
<td>Dec-07</td>
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<tr>
<td>Excluded pupils</td>
<td>Enjoy and Achieve, Make a Positive Contribution</td>
<td>DCSF</td>
<td>University of Glasgow – Scottish Centre for Research into On-line Learning and Assessment</td>
<td>What happens to pupils excluded from PRUs or Special Schools for EBD?</td>
<td>What happens to pupils who are excluded? How appropriate are alternative forms of provision for them?</td>
<td>Not known</td>
<td>Oct-06</td>
<td>Mar-09</td>
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<tr>
<td>Potential NEET</td>
<td>Enjoy and Achieve, Make a Positive Contribution</td>
<td>DCSF</td>
<td>York Consulting</td>
<td>Evaluation support to the Re-Ach project</td>
<td>What has been the impact of the Re-Ach project? How has it made a difference in young people's lives?</td>
<td>Use of MI data; data gathered from young people on attitudes; outcome data on behaviour and attainment etc.</td>
<td>Jun-07</td>
<td>Nov-08</td>
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### Ongoing/current research (other than the longitudinal studies)

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</tr>
</thead>
<tbody>
<tr>
<td>Potential NEET</td>
<td>Enjoy and Achieve, Make a Positive Contribution</td>
<td>DCSF</td>
<td>York Consulting</td>
<td>Evaluation of the KS4 Engagement Programme</td>
<td>How effective has the experimental programme been at developing functional skills, personal, social and employability skills etc.? To inform national roll-out</td>
<td>(15) case studies, including questionnaires and interviews with pupils, families, key workers etc. and analyses of SEF</td>
<td>Jan-07</td>
<td>Aug-08</td>
</tr>
<tr>
<td>Potential young offenders</td>
<td>Make a Positive Contribution</td>
<td>DCSF</td>
<td>University of Warwick – Centre for Educational Development, Appraisal and Research</td>
<td>Early Intervention Pathfinders in Local Authorities</td>
<td>How effective have the three main evidence-based parenting programmes been at preventing anti-social behaviour of young people at risk?</td>
<td>Not identified</td>
<td>Sep-06</td>
<td>Mar-08</td>
</tr>
</tbody>
</table>
## Newly commissioned research

<table>
<thead>
<tr>
<th>Vulnerable group(s)</th>
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<th>Methods</th>
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<th>Completion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adolescent sub-groups (unspecified)</td>
<td>Be Healthy</td>
<td>Nuffield</td>
<td>IoE and University of Michigan</td>
<td>Time trends in the activity patterns and time use of adolescents</td>
<td>How do social structures influence the ways in which young people use their time? How does this explain mediate trends in adolescent welfare?s</td>
<td>Review</td>
<td>Feb-07</td>
<td>Dec-07</td>
</tr>
<tr>
<td>Children at risk</td>
<td>Stay Safe and Enjoy and Achieve</td>
<td>DCSF</td>
<td>IoE – Thomas Coram Research Unit</td>
<td>Review and scoping study on earlier intervention and intervention with children at risk</td>
<td>What forms of targeted earlier intervention show promise for development? For children who erupt later, what opportunities have been missed for earlier intervention? Etc.</td>
<td>Scoping study</td>
<td>Feb-08</td>
<td>Not known</td>
</tr>
</tbody>
</table>
## Research to be contracted

<table>
<thead>
<tr>
<th>Vulnerable group(s)</th>
<th>Strand</th>
<th>To be commissioned by</th>
<th>Being done by</th>
<th>Title</th>
<th>Aims/Research questions</th>
<th>Methods</th>
<th>Start date</th>
<th>Will finish</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lower socio-economic groups</td>
<td>All 5 ECM outcome areas</td>
<td>DCSF</td>
<td>Not yet contracted (2007121)</td>
<td>Children’s Centres Evaluation: Survey of Parents in CC areas</td>
<td>How effective are CCs in reaching parents, particularly the most disadvantaged?</td>
<td>CAPI with representative sample of parents of 0–5 living in areas with a CC</td>
<td>Feb-08</td>
<td>September 2008 Interim report March 2008</td>
</tr>
<tr>
<td>Lower socio-economic groups, minority ethnic groups, SEN</td>
<td>All 5 ECM outcome areas</td>
<td>DCSF</td>
<td>Not yet contracted (2007119)</td>
<td>Extended schools – survey of schools, pupils and families</td>
<td>School provision, demand, take-up and details of implementation</td>
<td>Proposed telephone survey with representative sample of schools and face-to-face interviews with pupils and families</td>
<td>Feb-08</td>
<td>Aug-08</td>
</tr>
<tr>
<td>Lower socio-economic groups, minority ethnic groups, SEN</td>
<td>Enjoy and Achieve</td>
<td>DCSF</td>
<td>Not yet contracted (2007120)</td>
<td>Extended schools – analysis of school and pupil level data and feasibility study of use of other data</td>
<td>Is attending an ES associated with variations in outcomes such as attainment and attendance?</td>
<td>Statistical modelling of existing data, plus trend analysis</td>
<td>Feb-08</td>
<td>Mar-08</td>
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<tr>
<td>Children at risk of mental health problems</td>
<td>Be Healthy</td>
<td>DCSF</td>
<td>Not yet contracted (2007103)</td>
<td>Evaluating the schools-based mental health project</td>
<td>Which evidence-based models of mental health support in schools are most effective in leading to improvements in children's mental health and why?</td>
<td>Not yet known, but working with 25 TMHS pathfinders</td>
<td>Feb-08</td>
<td>Not yet known, but to inform roll-out of the project nationally (2009-2010 and 2010-2011)</td>
</tr>
<tr>
<td>Lower socio-economic groups</td>
<td>Enjoy and Achieve, Make a Positive Contribution, Economic Well-being</td>
<td>DCSF</td>
<td>Not yet contracted (2007107)</td>
<td>Drivers and barriers to educational success: evidence from LSYPE</td>
<td>Particular focus = what contributes to children from lower SEG recording poorer achievement than less able peers (at pre-school stage) from higher SEG?</td>
<td>Secondary analysis of LSYPE using data from first three waves of cohort 1 (i.e. Y9 to Y11), matched to NPD, plus some data from wave 4 (post-16 activity)</td>
<td>Mar-08</td>
<td>Not known</td>
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</tbody>
</table>
## Related (current, newly commissioned or to be contracted) research

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<tr>
<td>Low socio-economic groups</td>
<td>Economic well-being</td>
<td>DIUS</td>
<td>University of Surrey</td>
<td>Education and Social Mobility: A review of longitudinal data</td>
<td>What is the longer-term impact of training adults to gain new skills and qualifications on their families</td>
<td>Secondary analyses of existing UK and international data (BHPS, BCS70, NCDS, ALSPAC)</td>
<td>Jun-07</td>
<td>Dec-07</td>
</tr>
<tr>
<td>Low socio-economic groups, SEN, minority ethnic groups etc.</td>
<td>Enjoy and achieve</td>
<td>DCSF</td>
<td>University of Oxford - Nuffield College</td>
<td>Evaluation of the Early Learning Partnerships</td>
<td>Includes impact on outreach services to reluctant or disadvantaged parents</td>
<td>Process mapping of multi-agency services, interviews and questionnaires with parents and practitioners</td>
<td>Apr-07</td>
<td>May-08</td>
</tr>
<tr>
<td>Children at risk</td>
<td>Stay Safe</td>
<td>DCSF</td>
<td>University of Warwick - Institute of Education</td>
<td>Preventing Future Child Death</td>
<td>Gather baseline data to inform the introduction and embedding of the Child Death Review Process</td>
<td>Regular data collection and analysis, interviews with stakeholder officials and surveys of 6 to 8 LA areas over 20 months</td>
<td>Oct-06</td>
<td>Jun-08</td>
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<td>Disabled children and young people</td>
<td>Be healthy</td>
<td>DCSF</td>
<td>Not contracted</td>
<td>Disabled Children's Services Indicator Survey Development</td>
<td>Develop and test questions that give a valid measure of parents' experiences (for PSA); set out costed options for: a) survey design and methodology and provide analytical advice and b) for sampling frame; and proposals for ensuring high response rates</td>
<td>Design of sampling frame, survey etc.</td>
<td>Mar-08</td>
<td>Not known but to inform first wave survey in 2009</td>
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<tr>
<td>Disabled children and young people and those with SEN</td>
<td>Be healthy</td>
<td>DCSF</td>
<td>Not contracted</td>
<td>Disability and SEN: understanding local variations in service provision and support</td>
<td>What are the reasons for wide variation in incidence and categorisation of children with disabilities and/or SEN by LA? What good practice on planning and providing services is in place?</td>
<td></td>
<td>Mar-08</td>
<td>Not known</td>
</tr>
<tr>
<td>Disabled children</td>
<td>Be healthy</td>
<td>DCSF</td>
<td>Thomas Coram Research Unit</td>
<td>Disabled Children: numbers, characteristics and local service provision</td>
<td>To collect up-to-date information on numbers of children with disabilities and the numbers receiving services in each LA</td>
<td>Questionnaire census of DCSs</td>
<td>Oct-07</td>
<td>Mar-08</td>
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<td>Disabled Children</td>
<td>Be healthy</td>
<td>DCSF</td>
<td>University of Bath (Department of Education)</td>
<td>Disability data collection for Children's Services (including schools' pilot)</td>
<td>To identify the most appropriate data for schools, social services, local authorities and central government to collect. To trial the typology so developed with volunteer LAs and schools</td>
<td>Not identified</td>
<td>Jan-07</td>
<td>Feb-08</td>
</tr>
<tr>
<td>LAC</td>
<td>All 5 ECM outcomes</td>
<td>DCSF</td>
<td>various</td>
<td>6 projects on adoption initiatives</td>
<td>Various</td>
<td>Various</td>
<td>ranged from 2001 to 2006</td>
<td>ranged from 2007 to 2008</td>
</tr>
<tr>
<td>Children at risk of neglect and abuse</td>
<td>Staying safe</td>
<td>DSCF</td>
<td>University of East Anglia – Social Work and Psychosocial Studies</td>
<td>Analysing child deaths and serious injury through abuse and neglect: what can we learn? A biennial analysis of serious case reviews 2003–05</td>
<td>To identify themes and trends in child deaths and serious injury (through abuse or neglect) to inform policy and practice.</td>
<td>Analysis of 161 case reviews between April 03 and March 05</td>
<td>Not known</td>
<td>2007</td>
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<tr>
<td>BME, GRT, asylum/refugee seeking families, families living in unsatisfactory housing, young mothers, LAC, CWD, SEN, those at risk, young carers, Low SES.</td>
<td>Enjoy and Achieve</td>
<td>DSCF</td>
<td>National Centre for Social Research</td>
<td>Pilot scheme for two-year old children – evaluation of outreach approaches</td>
<td>To investigate how outreach strategies have been designed, managed and delivered across six LAs involved in the Two Year old pilot.</td>
<td>33 interviews across six case study local authorities</td>
<td>Apr-06</td>
<td>2007</td>
</tr>
<tr>
<td>Children at risk of neglect and abuse</td>
<td>Stay Safe</td>
<td>DSCF</td>
<td>Open University</td>
<td>Improving safeguarding practice: study of case reviews 2001–03</td>
<td>To examine the effectiveness of the case review process and identify emerging themes and recommendations</td>
<td>Documentary analysis, telephone interviews with inspectorate staff and national study seminar (further interviews carried out).</td>
<td>2001</td>
<td>2007</td>
</tr>
</tbody>
</table>
References


Department for Children, Schools and Families (2007f). *National Curriculum Assessment, GCSE and Equivalent Attainment and Post-16 Attainment by Pupil*


Home Office (2008). ‘Table A2: Persons aged 10-17: Number of anti-social behaviour orders issued at all courts as reported to the Home Office.’


Macrae, S. (2005). *Starting Young: Challenging Exclusion in Primary Schools* [online]. Available: http://www.esrcsocietytoday.ac.uk/ESRCInfoCentre/ViewOutputPage.aspx?data=%2fFrXHTI993q0VhMZ4R9QyD5HQR2ovrfDgNjfi1Dvg9u3m09M9f5t2Yuwsq29Ev g2j8l7dgXdMZaKo-CS5Err-ND01rYcCqDqR8jVbIeyDSmv6%2fcEwinKyzJvRgiok08KSqFCpPBvjiEPChAJN uIyu66VYLz9DuJGOOEIYdez72zprQRgI895wcvdeWTF3qyeL%2bpXTglXXalnY %2fz4cfBbo6eagcu3n2s9bxIb6zCDKPa9bCAM67hWoaFZY2z%2bQMOgHERYATg U4kkqBFkj5P4LsmcLg%3d%3d&xu=0&isAwardHolder=&isProfiled=&AwardHolderID=&Sector= [12 November, 2008].


http://www.homeoffice.gov.uk/rds/pdfs06/rdso1r1406.pdf [28 January, 2008].


