Department for Education

What works to improve the educational outcomes of Children in Need of help and protection

A literature review

December 2018

Contents

Executive Summary

- the Early Intervention Foundation (EIF) was commissioned by the Department for Education (DfE) to conduct a literature review of what works to improve the educational outcomes of Children in Need

- Children in Need are a heterogeneous group experiencing a range of complex family circumstances, and for those in need of help and protection, the risks they experience are associated with atypical development

- when children are exposed to adverse and traumatic experiences, it can have a lasting impact on their ability to think, interact with others and learn

- there is reasonable evidence on a number of parenting interventions which have been shown to be effective at dealing with specific issues or risk factors common to Children in Need

- the majority of interventions aimed at enhancing children's educational outcomes were implemented with children in care. The quality of a number of these studies was weak, and many interventions and their evaluations did not take into account the complex needs of this group of children

- this literature review has highlighted significant gaps and limitations in existing research examining the effectiveness of programmes and education strategies aimed at improving the educational outcomes of Children in Need

- future programme development would benefit from a clear logic model that sets out an explicit theory of change, taking into account the range of risk and protective factors associated with child development

Introduction

The Government committed in its Manifesto to review support for Children in Need. As part of this work the Department for Education has published new data examining the characteristics, experiences and educational outcomes of Children in Need. They are also launched a call for evidence, to understand how practitioners currently support Children in Need.

Children in Need are a heterogeneous group experiencing a range of risk factors (e.g. neglect, abuse, illness, exposure to drug and alcohol abuse) which are associated with atypical development. When children are exposed to adverse and traumatic experiences, it can have a lasting impact on their ability to think, interact with others and learn. There are no simple solutions for meeting the needs of this vulnerable group. According to recent data, there were 405,000 Children in Need in England at 31 March 2018, a figure that has remained relatively stable over the last seven years. Within this cohort, more serious cases are issued with a Child Protection Plan and account for around 13% of all Children in Need. Between 2009/10 and 2016/17, the rate of children issued with Child Protection Plans increased by 24% (from 34.8 to 43.3 per 100,000) and the rate of Looked After Children increased by around 8% (from 57.4 to 62.0) (DfE, 2017). Regarding the educational outcomes of Children in Need, results indicate that this group of children have poorer educational outcomes than other children, from the early years and throughout school (DfE, 2018). It is estimated that 49% of all Children in Need have special educational needs, compared to 14% of all other children (DfE, 2018). At primary school level, analysis suggests Children in Need are half as likely as other children to reach the expected standard in reading, writing and maths at Key Stage 2 (DfE, 2018). In secondary school, negative Progress 8 scores show that overall Children in Need make less progress on average, than all other pupils (DfE, 2018). Children in Need experience more educational instability, including more moves between schools and a much higher rate of fixed term and permanent exclusion than other pupils (DfE, 2018). Crenna-Jennings (2018) also points to outcomes beyond education with evidence indicating that children in contact with children's social care experience worse outcomes through life. Longitudinal findings from the UK birth cohort studies show that being a Looked After Child is associated with poorer economic outcomes in adulthood, as well as smoking, depressive symptoms, low social support, anxiety in women and addiction and criminal convictions in men (Teyhan et al., 2018).

As part of the Department for Education's work on improving educational outcomes for Children in Need, the Early Intervention Foundation conducted a literature review on what works to support the educational outcomes of Children in Need. The key objective of this work was to summarise findings emerging from previous reviews of the literature on effective interventions to improve the educational outcomes of Children in Need. Whilst systematic methods were used to identify relevant literature, this review cannot claim to have identified all of the relevant literature.

For the purpose of this review, Children in Need were defined as children and young people supported by children's social care including children on a Child in Need Plan, Child Protection Plans, Looked after Children, and disabled children.

Methods

The literature review was conducted in two halves. First, all reviews of literature conducted by the Early Intervention Foundation with relevance to this area of research were examined. The purpose of this work was to summarise key findings on interventions with good evidence of improving outcomes for children in vulnerable situations. Key reports that were reviewed included:

- ***Foundations for Life***: a review of 75 programmes being delivered in the UK which aim to improve children's attachment, behaviour and cognitive outcomes (Asmussen et al., 2016)

- ***Evidence-based early years intervention: an enquiry by the Science and Technology Select Committee.*** Written evidence submitted by EIF on Adverse Childhood Experiences (ACEs), what works and gaps in our knowledge (EIF, 2017)

- ***Interparental conflict in the context of poverty and economic pressure:*** a review of the evidence on the links between poverty, economic pressure, family processes and outcomes for children, with a specific focus on the role that inter-parental conflict plays in child and adolescent development (Acquah et al., 2017)

- ***Improving the effectiveness of child protection review – a review of the literature:*** review of the evidence on what has been shown to improve outcomes for children in the child protection system (Schrader-McMillan & Barlow, 2017)

- ***Commissioning parenting and family support for troubled families***: a review of the evidence to help support Troubled Families co-ordinators to ensure that families with complex needs receive evidence-based support in priority areas (Asmussen et al., 2017)

- ***Building trusted relationship for children and young people with public services***: Rapid evidence review on the features of trusted relationships critical to improving outcomes for vulnerable children and young people (Lewing et al., 2018)

The second half of the review conducted a search of the literature to identify relevant reviews and reports concerning effective interventions designed to enhance the educational outcomes of Children in Need. This part of the review involved a systematic search of one academic database, PsycInfo, followed by a search of Google Scholar. In addition, a search grey literature was also carried out Table 1 provides a list of key terms that were used during the search process. Whilst the search focused on published reports between 2008 and 2018, earlier publications that were of relevance to this literature were reviewed.

Table 1: Search terms used to identify relevant literature

Education terms	Children in Need terms
education interventions	Children in Need
early intervention	Troubled children
effective interventions	Vulnerable children
effective services	At risk children
school-based interventions	Looked after children
targeted interventions	Vulnerable families
academic interventions	Childhood diversity
academic outcomes	Adverse childhood experiences
educational performance	Children in foster care
educational achievement	Foster children
education outcomes	Children in care
	Children in state care
	Children in social care system
	Special health care needs
	Children with disabilities
	Young carers

Summary of key findings from EIF reports on effective early intervention programmes in the home environment

A number of reviews and reports produced by the Early Intervention Foundation have examined vulnerability in the early years. A range of interventions have been identified as having good evidence of addressing the needs of vulnerable children. Although much of this work has focused on the effectiveness of programmes implemented in the home environment with children at risk of poor outcomes, they are of relevance for DfE's work on Children in Need, given the need to provide a range of support at both child and family level to address multiple and complex problems experienced by this group of children.

A summary of effective interventions to address the needs of children living in vulnerable or adverse circumstances will now be provided. Interventions identified in these reviews cover a range of prevention / support activities depending on the level of need of the target population. The four main categories of activities include:

- universal prevention – interventions made available to all families

- targeted-selected – interventions that support families where circumstances place them at greater risk of experiencing problems

- targeted-indicated – interventions that support families on the basis of a specific, pre-identified issue or diagnosed problem requiring more intensive help

- specialist –interventions developed for families experiencing high-need, where there is an ongoing problem or serious child protection concern

Providing effective parenting support to vulnerable families is rarely a straightforward process. Studies suggest that a variety of requirements must be met before positive benefits can be achieved:

1. the programme **content** must be consistent with what is known about children's development, parent wellbeing and the needs of parents and children living in adverse circumstances. These circumstances include economic hardship, single parenthood, parental and child mental health problems and an increased likelihood of family and/or neighbourhood violence

2. the programme content must be provided in a **format** that allows families to learn and apply it (Kaminski et al., 2008). For example, studies consistently suggest that vulnerable parents and children benefit from intensive, high frequency interventions involving one-to-one support from a highly skilled practitioner who is available to work with an individual family for a period of at least three to six months

3. the programme content must be appropriate for its primary **target population**, which should be specifically tailored to the age of the children and the needs of the parents

4. the programme should provide significant benefit **over current provision** – i.e. what participants would typically receive as part of 'business as usual'. This requires a good understanding of the strengths and weaknesses of current services to make an informed judgement as to whether the intervention is likely to produce measurable benefits

5. sufficient **resources and workforce** are available to deliver the programme to a high standard. This means that practitioners with the required qualifications are available to deliver the programme and that these practitioners are appropriately supervised and supported by their managers. This also means that practitioners have access to the resources to deliver the programme (e.g. transportation, venue, time, materials)

6. the programme should be embedded in wider system of care that includes **robust referral systems** for identifying eligible families, recruiting them into the programme and referring them onto other services when required

It is highly unlikely that a single intervention will be sufficient for meeting the needs of parents of Children in Need. Instead, families likely require access to a 'portfolio' of interventions, which address multiple levels of need during each stage of the child's development. Table 2 provides an overview of the interventions found to have good evidence of preventing or reducing negative outcomes in children exposed to adverse

childhood experiences. It is important to recognise that the needs of Children in Need and their families are likely to be much more extensive than what could be addressed through targeted-selected interventions identified. Nevertheless, targeted-selective interventions would likely be beneficial as part of early intervention strategy. Intervention options more suitable for Children in Need include those listed as targeted-indicated and specialist interventions. The majority of targeted-indicated interventions are developed to be delivered by specialist practitioners to improve specific child and parent outcomes. Ideally, these programmes could be offered as part of the package of support. The following section provides a summary of interventions for vulnerable families with evidence of improving child outcomes.

Table 2: Prevention and treatment interventions found to have good evidence of preventing or reducing negative outcomes associated with adverse childhood experiences in the early years

		At risk of physical abuse	At risk of emotional abuse	Sexually abused	Neglected	Exposed to intimate partner violence	Exposed to domestic abuse	Parents abuse drugs /alcohol	Parents with mental health problem
Targeted Selective	Family Nurse Partnership	X	X		X	X			
Targeted indicated	Parent-child interaction therapy	X							
	Triple P Pathways	X	X						
	Child First	X	X		X				X
	Incredible Years Advanced		X						
Targeted indicated / specialist	Infant Parent Psychotherapy	X	X		X				X
	Child Parent Psychotherapy	X	X		X		X		X
	Treatment Foster Care Oregon	X	X		X				
	Multi-Systemic Therapy				X				

Interventions for children at risk of physical abuse and where physical abuse has taken place

- effective targeted selective interventions made available to families ***Family Nurse Partnership*** is designed for low-income pregnant mothers and aims to improve the outcomes of pregnancy, improve infant health and development and improve

mother's own personal life-course development through instruction and observation during home visits. The programme begins during the mother's pregnancy and continues until the child's second birthday. Programme content includes (i) parent education about influences on foetal and infant development (ii) the involvement of family members and friends in the pregnancy, birth, early care of the child and support of the mother (iii) linkage of family members with other formal health and human services. Large scale randomised control trials of the programme, carried out in the US, provide evidence of improved attachment security and responsiveness in children at age two, improved early cognitive skills and mental development, reduced risk of child maltreatment at age three, reduced behavioural problems at age 6, reduced use of substances and internalising mental health problems at age 12, reduced arrests and convictions at age 15. Parental outcomes include increased sensitivity, reduced smoking, reduced relationship problems, fewer subsequent pregnancies (Olds et al., 1997; 1998; 1994; 1986; 1986, 2010, 2004; 2007; 2014, 2002, 2004). Many of the programme's early benefits were replicated in a Dutch randomised control trial (RCT) (Mejdoubi et al., 2013; 2014). However, some of these benefits were not upheld in an RCT carried out in the UK with 1,645 pregnant women aged 19 years or younger (Robling et al., 2015). Positive outcomes included, maternally reported cognitive development at 24 months, language development at 12 and 18 months, early language milestone at 24 months, levels of social support, partner relationship quality and general self-efficacy

- effective targeted-indicated programmes for children and parents with pre-identified issues or a diagnosed problem requiring more intensive support:

  - ***Parent- Child Interaction Therapy*** – dyadic behavioural intervention for children age 2-7 years with behaviour and parent-child relationship problems and their parents. The programme focuses on decreasing externalising child behaviour problems, increasing child social skills, co-operation, and improving parent-child attachment relationships. Parents are taught and practice skills with their child in a playroom while coached by a therapist. The programme has been evaluated with families of children with conduct disorder / displaying oppositional defiant behaviour and with children of physically abusive parents. Results from one randomised control trial carried out in the US with parent child dyads (N=110 abusive parent and abused child aged 4-12 years) showed reduced rates of future child physical abuse among physically abusive parents, although the reduction did not reach significance (19% parents in PCIT group compared with 49% of parents in community group). Reductions in negative parent behaviour were significant (Chaffin et al., 2004)

  - ***Triple-P Pathways*** – developed as an intensive intervention for parents who have difficulty regulating their emotions and as a result are considered at risk of physically or emotionally harming their children (aged 16 or younger). Can

be completed in a group format or on an individual basis. Three core modules provide parents with support to learn new attributional styles and anger management techniques that will assist in improving or maintaining positive parenting skills. The intervention has been evaluated using a randomised control trial with 98 children at high risk of maltreatment and has shown significant improvements in parent behaviours and reduced child problem behaviours (Sanders et al., 2004). Results from a randomised control trial carried out in Australia with families who had an open child welfare case following reports of child physical abuse and neglect (N = 119) revealed improvements in parenting behaviours and child behaviour outcomes (Kohl et al. unpublished report)

- *Child First* – home-based psychotherapeutic intervention targeting vulnerable young children (prenatal through to age 5 years) and their families, most of whom have experienced adversity and significant trauma (including poverty, domestic abuse, maternal depression, substance abuse and homelessness). The goal is to decrease serious mental health concerns in both the child and the parent, reduce child developmental and learning problems, abuse, and neglect. It has two core components (i) a system of care approach providing comprehensive, integrated services and supports to the child and family (e.g. early education, housing, and substance abuse treatment), (ii) a relationship-based approach to heal the effects of adversity and trauma by enhancing nurturing responsive parent-child relationships and promoting positive social-emotional and cognitive development. Results from a trial carried out in the US with multi-risk mothers and children age 6 – 36 months showed significant improvements in children's language and behaviour and reduced symptoms of depression and stress in parents. At two-year follow up, families that received the programme had significantly less protective service involvement relative to usual care mothers (Lowell et al., 2011)

- effective targeted-indicated and specialist interventions (depending on the population they are implemented with, interventions can be classified as either):

  - *Infant Parent Psychotherapy* – psychoanalytic treatment intervention for parents and infants following the incidence of domestic abuse and trauma, including maltreatment and neglect of the child. The programme is based on attachment theory and is designed to improve the parent-child relationship. It does this by examining the insecurities that have developed in maltreating parents from negative experiences during their own childhoods. Results from an RCT trial conducted in the US with 137 mothers at risk of maltreating their 12 month old infants revealed a significant drop in the number of children classified as having a disorganised attachment after one year of treatment (Cicchetti et al., 2006). These results were maintained at one-year follow up (Lieberman et al., 2005)

- **Child Parent Psychotherapy** (Lieberman model) – psychoanalytic treatment intervention for trauma exposed children aged 0-5 years. Typically, the child is seen with his or her primary care giver and the dyad is the unit of treatment. CPP examines how the trauma and the caregiver's relational history affect the caregiver-child relationship and the child's developmental trajectory. A central goal is to strengthen the caregiver-child relationship as a vehicle for restoring and protecting the child's mental health. This intervention's most robust study (RCT) was carried out in the US with 75 preschool-aged children exposed to marital violence. Results indicated significant improvement in mothers and children's symptoms of post-traumatic stress disorder. There were also significant improvements in the child behaviour at post-intervention and at six months follow up. (Lieberman et al., 2005, 2006; Toth et al., 2002)

Treatment Foster Care Oregon and **Treatment Foster Care Oregon Adolescent** – these programmes are for families with a looked after child or adolescent who are in foster placements or residential placements. The programmes aim to increase social, emotional and relational skills and reduce antisocial behaviour. Treatment Foster Care Oregon has been shown to improve secure behaviour in children, decrease avoidant behaviour and reduce caregiver stress. Two randomised control trials of Treatment Foster Care Oregon Adolescent in the US reported significant improvements across a number of outcomes including fewer days spent in a lock up, reduced rates of running away from placement, reduced rates of criminal referrals, reduced delinquent behaviour. A recent randomised control trial of the programme was carried out in Sweden with 46 male youth (aged 12 – 17 years) who had met the diagnostic criteria for a conduct disorder and were in out-of-home placement (Bergstrom & Hojman, 2016). Results from this trial showed that significantly fewer youth were placed in locked settings in the first year of being included in the study. Youth assigned to the intervention group committed fewer violent crimes. Results from a number of robust trials in the US have shown improvement in youth behaviour, relationships with adults and associations with deviant peers, fewer arrests, reduced criminal and delinquent behaviour, reduced incidences of violence and reduced pregnancy rates among females (Chamberlain & Reid, 1998; Leve & Chamberlain, 2005; Eddy et al., 2004).

Interventions for children at risk of emotional abuse and where emotional abuse has taken place

- effective targeted selective intervention: **Family Nurse Partnership**

- effective targeted-indicated programmes for children and parents requiring more intensive support:

  - there is some evidence of the potential value of enhanced versions of behavioural parent training as part of a stepped care approach. Enhanced versions of **Triple P (Triple-P Pathways)** and **Incredible Years (Incredible Years Preschool Advanced)** can assist in the reduction of parental

depression, interparental conflict and enhancement of positive parenting behaviours

- *Child First* – can be implemented with young children at risk of emotional abuse or children who have been exposed to abuse

- effective targeted-indicated and specialist interventions (depending on population they are implemented with, interventions could be classified as either):

  - *Infant Parent Psychotherapy / Child Parent Psychotherapy*

- specialist intervention:

  - *Treatment Foster Care Oregon*

Interventions for children who have been sexually abused

To date, reviews have failed to identify interventions with strong evidence of improving outcomes for children where sexual abuse has been identified as the primary issue. Trauma-focused cognitive behavioural treatment approaches are recommended as part of a flexible, staged approach for children who have experienced sexual abuse (MacDonald, 2012). Other forms of cognitive-behavioural therapy can improve specific mental health outcomes for sexually abused children with post-traumatic stress symptoms.

Interventions for children that have been neglected (physical and emotional)

- effective targeted selective intervention: *Family Nurse Partnership*

- effective targeted-indicated programmes:

  - *Child First*

- effective targeted-indicated and specialist interventions (depending on population they are implemented with, interventions could be classified as either):

  - *Infant Parent Psychotherapy*

  - *Child Parent Psychotherapy*

- specialist interventions:

  - *Treatment Foster Care Oregon*

  - there is some evidence to support *Multi-Systemic Therapy for Child Abuse and Neglect (MST-CAN)* to improve parent-child interaction and child outcomes in cases on emotional neglect. MST-CAN is an adapted version of MST that has been specifically designed to treat children and youth aged 6-17

and their families who have come to the attention of child protection due to physical neglect and/or neglect. Common treatment strategies include safety planning, cognitive behavioural therapies for managing anger and addressing the impact of trauma, reinforcement therapy for adults' substance misuse, family therapy focused on communication and problem solving

Interventions for children exposed to intimate partner violence

- effective targeted selective intervention: *Family Nurse Partnership*

- effective targeted-indicated programmes: There is evidence regarding the effectiveness of intimate partner violence counselling when integrated into routine antenatal care

Interventions for children exposed to domestic abuse

There is some evidence to support the use of multicomponent interventions which combine parent-child therapeutic treatment (e.g. cognitive behavioural therapy), child-centred play therapy, parent skills training, advocacy (emotional and instrumental support e.g. listening and supporting, help to access housing or legal services, help with developing problem-solving skills) and psychoeducation (e.g. helping child to understand safety, emotions and respect for themselves and others, educating women about the effects of domestic abuse on themselves and their children, building parental competence and managing child behaviour, helping parents to understand and correctly attribute children's emotions).

Child-Parent Psychotherapy (Leiberman model) has evidence of reducing both parent and child symptoms of trauma in families who have experienced domestic abuse.

Therapeutic treatment that involves mothers and children together appear to be more effective than community case management or child-only treatment on a range of outcomes for both mother and child. Intervention approaches include mother-child psychotherapy, shelter-based parenting interventions combined with play sessions for children, parent-child interaction therapy and experiential, activity-based and interactive therapy.

Interventions for children exposed to parents who abuse drugs and/or alcohol

To date, reviews have failed to identify interventions with strong evidence of improving outcomes for children where parental substance abuse has been identified as the primary issue. There is evidence that integrated programmes (those which combine a focus on substance use and parenting) can be effective in improving outcomes for children (Niccols et al., 2012).

Interventions for children exposed to parents with mental health problems

There is evidence that maternal mental health screening during pregnancy and through early childhood can assist in preventing parental mental health problems. Pharmaceutical interventions, cognitive behavioural therapy and other forms of psychotherapy are recommended as targeted indicated support. The following programmes have evidence of being effective with families where maternal depression was identified as an issue.

Effective targeted-indicated and specialist interventions:

- *Child First* – suitable for parents experiencing multiple adversities living in disadvantaged communities

- *Infant-Parent Psychotherapy,* and *Child-Parent Psychotherapy* – identified as suitable for mothers at risk of a mental health problem or child maltreatment

Summary of key findings from systematic reviews of interventions aimed at enhancing educational outcomes of Children in Need

Five systematic reviews were identified through our search of the literature. All five reviews examined the effectiveness of school-based interventions aimed at supporting Looked After Children. The majority of interventions were aimed at improving attendance, literacy and numeracy. Whilst a number of promising interventions (e.g. tutoring interventions) have been implemented and evaluated with looked after children, the quality of these studies was, on the whole, weak. Furthermore, the majority of education interventions identified did not take into account the complex needs of this group of children and tend to provide more generalised support. It would be highly beneficial if programmes for this group of children develop a clear logic model that sets out an explicit theory of change, taking into account these children's needs and the range of risk and protective factors associated with their development at the individual and family level and broader social context. A brief summary of the key findings emerging from these reviews will now be provided.

Forsman & Vinnerljung (2012) conducted a narrative review of interventions aimed at improving the school achievement of Looked After Children. Eleven studies were identified in this review. Five were tutoring interventions, two focused on the distribution of learning materials (e.g. reading materials and maths games) and four interventions were behavioural modification/management programmes. The tutoring interventions had the most rigorous evaluations and the strongest theoretical foundation. Four of the five tutoring interventions reported an impact on Looked After Children's academic performance; however, the relatively large-scale evaluation of the Early Start to Emancipation Preparation (ESTEP) tutoring programme did not show any improvements in educational outcomes. Other interventions with positive results focused on distribution of learning materials, tailored individualised support or the use of an education liaison.

Literacy was improved in most studies, while evaluated attempts to enhance numeracy skills yielded mixed results. Forsman & Vinnerljung (2012) concluded that tutoring projects have the best empirical evidence, but the scarcity of studies in this area limit the conclusions that can be drawn from this review.

Liabo and colleagues (2013) carried out a systematic review of interventions to support Looked After Children (aged 10-15) in mainstream schools. Intervention were aimed at improving attainment, preventing dropout or exclusion and reducing absenteeism. Interventions (N = 11) included a community project, residential educational programme, tutoring programme, strategic interventions (e.g. changes to policy and practice, educational specialist advising social workers on educational issues and pilot of virtual school heads pilot), and programmes designed to encourage reading. Overall, the quality of the studies was weak, the main concerns being lack of a control group, lack of accurate reporting of number of pupils, small sample size and high attrition rates. No study provided robust evidence of improvements in educational outcomes; however, some individual study results were deemed encouraging and merit further exploration. The Letterbox evaluation (Griffiths, 2012) reported some encouraging results in reading and mathematics attainment. However, a more recent evaluation of this intervention using a randomised control trial (Mooney et al., 2016), found no evidence of improved outcomes across reading skills, attitudes to reading and attitudes to school.

Liabo and colleagues (2013) also reported encouraging results from a pilot study (Connelly et al., 2008) of spending targeted money (£6 million) on improving the education attainment of Looked After Children across local authorities in Scotland. Pilot projects were characterised by five forms of intervention:

(i) provision of direct support to children and young people e.g. extra tutoring in school or at home, work placements and activities aimed at developing social skills and educational competencies

(ii) personal education planning which involved conducting education needs assessments and monitoring progress of individual children and young people

(iii) support for children at transition points in the education system including transition from preschool to primary school, between primary and secondary school and between secondary school and further education

(iv) developing staff capacity (through the use of specific training materials e.g. Learning with Care materials) and developing parent/carer capacity (such as providing support on homework and understanding school systems)

(v) using information technology /computer-based approaches e.g. use of a web-based software package in which young people could make use of a series of mini-lessons covering different areas of the foundation and general levels of Standard Grade maths and English

Impact findings indicated improvements in attendance across all age groups (significant among 9-10 year olds and those over 15 years of age). The instances of exclusion and the number of days excluded reduced significantly amongst young people over 15. About 40% of the young people participating in the pilots advanced by one 5-14 National Assessment level, a finding that was significantly better than the average progress reported for all Looked After Children and similar to advances made by non-Looked After Children nationally.

Factors that were identified as crucial in achieving successful outcomes across these pilot projects included: the positive attitudes and qualities of staff (commitment, involvement, being non-judgemental, available and listening); the opportunity for young people to develop a trusting individual relationship with an adult; providing support not just to the child but also other significant people in the wider system; giving children high but realistic expectations and practitioners not giving up on children. Many of the interventions involved resilience building and strength-based approaches. Connolly et al. (2008) reported that the use of these approaches affected children's confidence and competence in one area, which made them more able to develop in other areas. Pilot projects, which provided support at key transition points, provided particularly positive results. A key factor in the success of these projects was the experience for young people of being 'held' through these transitions by a relationship with a particular individual whom they trusted and felt safe with and which bridged the two settings. This appeared to be important throughout all age ranges. The effectiveness of a number of projects was reduced because of organisational difficulties. Organisational factors, which improved the success of the projects, included strong leadership, clear and achievable aims, detailed planning, interdisciplinary training, positive communication and good management. Factors that negatively affected projects included problems with data management systems, lack of clarity, difficulties in recruitment and retention of staff, poor communication and problems emerging from the short-term nature of the funding.

Evans and colleagues (2017) reported on their systematic review of educational interventions for looked-after children and young people. Fifteen studies (12 interventions) met the inclusion criteria. Interventions included a classroom-based intervention addressing literacy, social and emotional skills; a tutoring intervention, one-to-one or group instruction delivered by trained foster carers or university students, training for foster parents, a gifting intervention that distributes learning materials, an education specialist that works with services to support children's educational outcomes, a wraparound set of services for Looked After Children and young people and a 12 month intervention to support the transition of youth as they reintegrate into the home following a stay in out-of-home care. Seven studies reporting on five interventions reported some evidence of effectiveness on academic skills including Kids in Transition to School (Pears et al., 2013); Head Start (Lipscomb et al., 2013); Teach Your Children Well individual (Flynn et al., 2011; 2012) and group level (Harper & Schmidt, 2016). Three interventions reported an effect for school attendance, suspension or drop-out: Multidimensional Treatment Foster Care (Leve & Chamberlain, 2007); fostering

Individualised Assistance Programme (Clark et al., 1998) and On the Way Home (Trout et al., 2013). The authors highlighted the extensive variation in methodological rigour across the studies, thus limiting the conclusions that would be drawn about the efficacy of these interventions.

Riitano and Pearson (2014) conducted a similar review examining the effectiveness of interventions designed to improve the academic outcomes of children and adolescents in out-of-home care. Six studies were deemed to be of moderate quality and included in the review. Results from two studies indicated the positive impact of a school readiness programme (Kids in Transition to School, Head Start) on preschool aged children's early maths and literacy skills (Lipscomb et al., 2013; Pears et al., 2013). A further two studies examined the impact of a direct instruction tutoring programme (Teach Your Children Well) on primary school aged children's academic outcomes (Flynn et al., 2012; Harper, 2012). Results indicated significant improvement in students' maths, computation, reading, spelling and sentence comprehension skills (Flynn et al., 2012; Harper, 2012). No evidence was found for interventions aimed at improving young people's academic skills in secondary school (age 14-17 years). The authors concluded that multi-components intervention that target individual-level barriers to education attainment can improve the short-term academic outcomes of children in foster care. Replication of these studies using research that is more robust is required before conclusions that are more firm can be drawn about these interventions.

The Rees Centre conducted a review on behalf of the NSPCC on what works in preventing and treating poor mental health in Looked After Children(Luke et al., 2014). One hundred and six studies were included in the synthesis. Similar to previous reviews, methodological limitations of the research studies meant it was not possible to identify a particular intervention or factor that has been shown to 'work' with looked after children. This research did, identify a set of common principles that require more rigorous testing:

- structured programmes focusing directly on the child are more effective when they have core components with some flexibility to meet individual needs, and a 'joined' up approach from services with follow-up support

- approaches to behavioural issues that focus on the carer (and indirectly the child) are more effective when they are underpinned by a combination of attachment theory and social learning theory that informs relationship-building, focusing on caregiver sensitivity and positive reinforcement, behavioural consequences and limit-setting

- approaches to behavioural and emotional issues are more likely to be effective when they include some focus on developing relationships and understanding, targeting both the caregiver's understanding of the causes of the child's behaviour and the child's understanding of their own emotions and identity

- consistent approaches that reflect fidelity to the programmes are associated with better outcomes

- high levels of commitment from both carers and young people enhance the efficacy of the intervention.

In reviewing the evidence from these studies, the authors concluded that it is unlikely that one single intervention or one that focuses on only the child will address all of the complex needs of looked after children. They recommend the need to adopt a mixed methods approach, which targets the child and the system around them including the carer, school and social worker.

No reviews of the literature were identified outside of looked after children. A number of education interventions implemented with Looked After Children reported promising results including improved literacy skills (reading accuracy, comprehension and rate), spelling, numeracy skills, and pre-academic skills. Tutoring interventions appear to have the most rigorous evaluations and the strongest theoretical foundation. A common finding across all of the reviews is that whilst some individual study results are encouraging and merit further exploration, the field as a whole is not well evidenced. It is dominated by single evaluation studies, which have not been replicated.

A brief summary of a number of 'promising' education interventions, which were identified during this literature review, will now be provided.

The Letterbox Club

The Letterbox Club was developed in the UK to improve achievements in reading and literacy in children in foster care during the summer break. Children aged 7-11 years receive monthly personalised parcels posted between May and October each year. Parcels consist of a brightly coloured envelope which is addressed to the child at their foster carer's home and which has as its contents: a personalised letter; two books (one fiction and non-fiction); stationery items (pencils, exercise books, stickers and a maths game (comprising puzzle sheets/practice papers, games with a die/plastic coin etc.). The intervention does not rely on or expect foster carer involvement and as such, there is no manual or guidance for carers about how to engage with the children in using the parcels.

This programme has been rolled out across the UK. Several studies have investigated the effectiveness of the programme. Findings from its most robust evaluation, however, showed no impact on education outcomes. A study with a pre-, post-test design (Winter et al., 2011) with 268 children found small significant improvements in reading accuracy and comprehension. However, a small percentage of children in this study (2% among children aged 7-9 year, 4% among children aged 9-11 years) had worse reading skills at post-intervention, compared with pre-intervention scores. One other study with an unspecified design, reported improvements in reading and maths skills (Griffiths, 2012).

Results from a recent randomised control trial, however, found no differences between the intervention (N = 56) and control group (N = 60) on reading skills (reading accuracy, comprehension, and rate), attitudes to reading, and attitudes to school (Mooney et al., 2016). Results from this study highlight the importance of interventions being underpinned by a clear theory of change that is empirically and theoretically based and that supports foster carer engagement (Mooney et al., 2016). Qualitative findings from this study showed that whilst carers were enthusiastic about the Letterbox Club, they lacked the knowledge about what to do and when to do it. Work in revising and refining the Letterbox Club is proposed by Mooney and colleagues, specifically combining parcel delivery with training for foster carers and the provision of accessible guidance regarding the importance of and practicalities involved in reading with foster children.

Attachment Aware Schools Programme

This programme was developed in the UK through a partnership between Leicestershire Virtual School and Kate Cairns Associates. The programme is based on the premise that all children in school need to be ready to learn and achieve and that children who have experienced adversity or trauma are often not able to do so. The programme is delivered as part-time continuing professional development (including e-learning and a practical project) for educational staff such as teachers, teaching assistants, and family support workers and helps them understand and deal with children's emotions and behaviour. Core training covers understanding of attachment theory and the evidence base to support it, the impact of trauma on the developing brain and subsequent behaviours and strategies to address these.

Two studies with a pre-/post-test design investigated the effectiveness of this programme (Dingwall & Sebba, 2018; Fancourt & Sebba, 2018). In Dingwall and Sebba's (2018) study, staff (N = 25) from sixteen schools took part. Staff reported to better understand pupils' behaviour because of the programme, feeling more confident and knowledgeable about emotion coaching and attachment, and changing their practice. Staff described that they recognised emotions before managing behaviours, and changed their communication styles, applying emotion coaching. The quality of training was reported to be a major factor in this. Data on vulnerable pupils (N = 46) were available from six primary schools. Results showed significant improvements in their academic outcomes (reading, writing, and mathematics) and, for 41 pupils, their behaviour. Twenty-five schools took part in Fancourt and Sebba's (2018) study. Staff noted improved understanding of both attachment theory and emotional coaching. Staff and pupils reported improvements in pupils' wellbeing because of the programme. Senior leader commitment, support and resource allocation were seen as crucial to effective engagement in the programme and to it having an impact on the school.

Results from these pilot studies highlight the potential value of training education staff in attachment theory and emotion coaching. The limited evidence available on pupils' outcomes means that we cannot draw clear conclusions about the effectiveness of this

approach. A five year programme of research has recently been announced which aims to build the evidence base around staff development on attachment and trauma in a minimum of 300 schools nationally.

Teach Your Children Well

Teach Your Children Well is a Canadian-developed tutoring programme. It has been implemented within both the general population and child welfare settings to enhance reading, language and maths skills. The programme has been implemented as one-on-one direct instruction tutoring programme in which foster parents teach their foster children 3 hours per week or as a group-based programme in which tutor volunteers teach 3-5 children according to their skill level for two hours each week. Tutoring consisted of direct instruction in reading and maths. Both the reading and maths tutoring consist of four levels. For each level of the reading and maths series, there is a detailed instructor's manual and a student reader and for some levels a student workbook. After the children learn basic skills associated with their reading and maths lesson, they complete a fluency test. If the child were able to achieve a target number of works or maths problems, she/he would be considered to have achieved 'mastery'. If they did not, they would need to repeat the lesson until mastery is achieved. To teach and promote behavioural self-regulation, the programme also incorporates a behaviour-management component to help motivate the children to maintain appropriate behaviour during each lesson. The behaviour management component uses a reward system, in which the child is awarded points for positive behaviour in a given tutoring session. Collection of a predetermined number of points results in a reward for the child (e.g. playing on the computer). Tutors are trained over two days. During the training, tutors are provided with an overview of direct instruction and behaviour management techniques.

A randomised controlled trial evaluating the efficacy of the one-on-one programme with children aged 6-13 years found that the intervention group (N = 42) had significantly greater gains than the control group (N = 35) in sentence comprehension (Hedges g = 0.38), math computation (Hedges g = 0.46), and a reading composite score (Hedges g = 0.29) (reported in Flynn et al., 2011; Flynn et al., 2012). No differences emerged on word reading and spelling. Another RCT (Hickey, 2018) investigated whether a shorter version of the programme (15 weeks) was as effective as a longer (25 weeks) version in children aged 5-17 years. There were no differences between the two versions and an analysis of the combined data (N = 83) revealed significant improvements in letter-word identification (d = 0.22), reading fluency (d = 0.36), calculation (d = 0.38), math fluency (d = 0.47), applied problems (d = 0.30), broad reading (d = 0.30) and broad math composite scores (d = 0.40). Another RCT (intervention group: N = 30, control group: N = 34) of the one-on-one intervention found a moderate significant effect on math computation (d = 0.43) but not on reading skills (Marquis, 2013).

Regarding the group-based programme, an RCT with children aged 6-13 years (intervention group: N = 51, control group: N = 50) reported significant improvements in

reading (word reading: $g = 0.40$, spelling: $g = 0.25$) and math skills ($g = 0.34$) and partial spill over effects into mental health and social-developmental domains. The groups did not differ on sentence comprehension, ADHD symptomatology, externalising, or internalising behaviour (Harper, 2012). A more recent RCT (intervention group: $N = 45$-46, control group: $N = 45$-46) found a significant increase in reading decoding, spelling, and mathematic skills in the intervention group with small-to-moderate effect sizes. The groups did not differ on sentence comprehension (Harper & Schmidt, 2016).

Skolfam Model

The Skolfam model was designed in Sweden to improve, as the primary outcome, Looked After Children's academic achievements, and, as the secondary outcome, their well-being. It is targeted at Looked After Children attending preschool and those in the first six grades of primary school. Based on an initial assessment of the child on standardised psychological and pedagogical measurements, an interdisciplinary team draw up an individually tailored plan and initiates and implements the interventions specified in it. Single interventions delivered within Skolfam have been shown to be effective in previous research, such as Paired Reading (improves literacy skills) and computerised memory training (improves numeracy skills). The child's progress is regularly monitored during the remainder of primary school, with the ambition that the child can progress to secondary school at the expected level of their peers.

The effects of Skolfam were recently evaluated in a quasi-experimental study with Looked After Children aged 6-12 years and compared to usual support for Looked After Children (Durbeej & Hellner, 2017). Children who had been supported in accordance with Skolfam ($N = 54$) showed significant but small improvements in perceptual reasoning ($d = 0.24$), general cognitive ability ($d = 0.22$), and literacy skills ($d = 0.25$) relative to the comparison group ($N = 37$). These improvements were found regardless of gender, native language, signs of intellectual problems or having been placed in a new placement. The intervention did not influence psychosocial problems and prosocial behaviour.

Summary of key findings from broader literature on Children in Need

In addition to identifying systematic reviews of the evidence, a number of key reports relevant to this area of research were identified. These reports covered a range of topics including:

- barriers to school progress for children and youth in care (Ferguson & Wolkow, 2012)

- factors that support Looked After Children transitioning from primary to secondary school (Brewin & Statham, 2011)

- factors associated with education progress of children in care (Sebba et al., 2015)

- policy changes needed to improve educational outcomes for children and young people growing up in care (Beauchamp, 2015)

- changes required to support the emotional wellbeing of children in the care system (Luke et al., 2014)

- effective strategies underpinning the most promising approaches to supporting children living in special circumstances (e.g. children whose parents had drug, alcohol or mental health problems, children living with domestic abuse) (Statham, 2004)

- adverse childhood experiences and interventions within the education system (Smith, 2018)

    Across these reports, a series of recommendations have been made for improving these children's educational outcomes. It is important to note, however, that (i) the majority of these reports focus specifically on children in care which limits the generalisability of these recommendations to Children in Need more generally (ii) these recommendations are based on the expert opinions of sector leaders, and have not yet been rigorously evaluated.

The following is a summary of the most frequently reported recommendations and principles, which could be used to inform educational support for Children in Need:

1. **Co-operation and co-ordination between agencies**

    The need for improved co-operation and co-ordination between the various agencies in charge of children's needs was the most frequently reported recommendation across these reports (Beauchamp, 2015; Ferguson & Wolkow, 2012; Sebba et al., 2015; Statham, 2004). As part of this, there is a need to clarify clear responsibilities and processes for joint work in addressing children's educational needs. It was acknowledged, however, that this is not always easy given the complex issues faced by these children and the range of services that can be involved. Stratham (2004) highlights the beneficial effect of a staff member working across agencies to facilitate communication and improve children's access to services, especially when their needs have traditionally gone unrecognised. It is also recommended that collaborative approaches should also include proactive support to children and young people around the time of key transitions such as starting school, moving to secondary school and post-compulsory education and training for young people (Beauchamp, 2015).

2. **Improved school records and information sharing**

    Related to the previous recommendation, there were numerous calls for an increased emphasis on planning and information sharing among key stakeholders

including educators, social services, parents and carers (Beauchamp, 2015; Brewin & Statham, 2011; Ferguson & Wolkow, 2012; Sebba et al., 2015). It was recommended that education and health services work together to use data linkage approaches to develop a robust system for collecting and tracking data on the educational experiences and outcomes of children and young people. This should include both individual and aggregated information on:

- educational supports provided

- school attendance and reasons for absence

- fixed or permanent exclusion rates and reasons for these

- school changes

- measures of academic performance

- measures of behavioural and mental health outcomes

In addition, stronger monitoring processes are suggested in order to support the inclusion of education in plans for children. This should include a focus on ensuring the plans are developed in participation with the child or young person, and the parent or carer (Beauchamp, 2015).

3. Support should be individualised

Given the complex histories and needs of Children in Need, it is clear that a 'one size fits all' approach is not possible. It was recommended that approaches to working with children take into account the complexity of children's needs and offer support that suits their individual circumstances (Sebba et al., 2015; Brewin & Statham, 2011; Luke et al., 2014). Furthermore, support should be holistic taking into account not just the educational needs of children and young people but also their social, emotional and behavioural needs (Luke et al., 2014; Sebba et al., 2015). Sebba et al contend that initiatives to support children and young people's social, emotional and mental health difficulties need to be more widely implemented and studied as a means to addressing education difficulties experienced by children. They highlight a number of initiatives that are worthy of further attention including Attachment Aware Schools (Rose, 2014) and emotional coaching for pupils (Rose et al., 2015).

4. Training for all staff

The need for more comprehensive training for school staff in working with children with complex needs was recommended across a number of reports (Sebba et al., 2015; Ferguson & Wolkow; Beauchamp, 2015). One suggestion included the development of a training package to support school staff in understanding the experiences, needs and behaviours of children and young people with complex

needs (Townsend, 2011). As part of this, there were calls to increase the capacity of teachers to deal with challenging issues that contribute to emotional and behavioural concerns such as family breakdown, disability and learning difficulties.

5. Importance of stability and one trusted adult

Children and young people with complex needs require consistent relationships with adults who are committed to caring for them (Luke et al., 2014). A review of research on factors that make children in difficult circumstances more resilient highlighted the importance of at least one unconditionally supportive parent or parent-substitute or a committed mentor or other person outside the family in promoting such resilience (Newman & Blackburn, 2002).

Results from in depth interviews with Looked After Children in England (N = 26 youth) indicated that young people attributed their educational progress to their characteristics, skills and the commitment of individual teachers and carers. Interviewees named individual teachers who knew what they were doing, persisted, engendered respect and genuinely cared (Sebba et al., 2015). A separate study into what high-achieving care leavers believe are the best ways to enhance the educational experiences of Looked After Children identified the importance on one caring adult. Young people reported that having a special relationship with a least one person within or outside the care system who made time to listen to them and made them feel valued was significant in enhancing their educational experience (Martin & Jackson, 2002). These results mirror findings from other studies, which consistently show that both parents and children value similar characteristics in the people, and services who support them when they are experiencing difficulties. These include reliability, respect, practical help, the ability to give support, time to listen and respond and seeing their lives from a holistic point of view rather than just the problem (Department of Health, 2001; McNeish & Newman, 2002).

6. Importance of child's voice

Two UK reports highlight the importance of engaging children and young people in decisions being made about them (Sebba et al., 2015; Luke et al., 2014). Sebba and colleagues (2015) reported that young people in care who were interviewed during their research demonstrated considerable insight into factors that helped and hindered their education. Understanding the needs, views and wishes of children and young people's with complex needs is central to decisions being made around the support that is provided. This requires practitioners actively listening to them, speaking the same language and working together to meet their needs (Luke et al., 2014).

7. Interventions and solid theoretical basis

In reviewing the evidence of what works in preventing and treating poor mental health in looked after children, Luke et al. (2014) identified the importance of selecting interventions with a clear theoretical basis. Whilst many interventions identified in the review were underpinned by attachment theory, it was, argued that attachment theory should not be regarded as the sole framework for understanding children's behaviour. Social learning theory is highlighted as another important theory that places emphasis on learning taking place in a social context with interventions helping to develop the relationship between the child and adult as opposed to focusing on the behaviour alone.

8. Continuum of support

Several authors identify the need for a continuum of support for children with complex needs, ranging from the promotion of competencies and skills to, at the other end of the spectrum, high intensity services for complex problems (Fisher, 2015). Regarding the mental health needs of looked after children, Luke et al. (2014) argue that these children have the right to the support they need to promote good emotional wellbeing at the earliest opportunity rather than waiting for a crisis before they can access support. It is thus important that schools are equipped with the knowledge and skills to provide a solid universal base aimed at supporting the development of a range of social, emotional and behavioural competencies. The development of these competencies requires the school to take an explicit approach through evidence-based classroom and whole school interventions.

There is substantial international evidence that well-designed, well-implemented universal interventions aimed at enhancing social and emotional competencies can produce long term benefits for children and young people's emotional and social functioning, behaviour and academic performance (Clarke, et al., 2015; Durlak et al., 2011; Sklad et al., 2012; Taylor et al., 2017; Ttofi & Farrington, 2011; Weare & Nind, 2011).

Limitations of research

This literature review has highlighted significant gaps and limitations in existing research examining the effectiveness of programmes and education strategies aimed at improving the educational outcomes of Children in Need. Whilst a number of reviews of interventions for Looked After Children were identified, the findings from these reviews highlight the lack of robust evaluation studies. Methodological issues included lack of randomisation, small sample size, use of non-standardised measures, high attrition, lack of follow up period to assess the long-term effectiveness of the intervention and lack of robust replication studies.

Conclusions

Children in Need are a heterogeneous group, with many experiencing adversity and trauma due to a wide range of risk factors. Reviewing the evidence on interventions aimed at improving outcomes for children in vulnerable situations revealed a number of programmes offered to children and their families which have been shown to be effective at dealing with risk factors common to the Children in Need population.

The EIF's view is that children and families are more likely to benefit when services commissioned by local authorities have been rigorously evaluated, and are known to make a difference to outcomes. In order for positive benefits to be achieved from these evidence-based programmes, however, it is important they are carefully matched to the child's age and to the specific needs of a family, which must be appropriately assessed.

A literature review on effective interventions to support the educational outcomes of Children in Need found that we cannot say what works, for whom and under what circumstances as there are significant limitations to existing evidence. Whilst some individual study results were encouraging, the quality of these studies is, in too many places, weak and does not account for the complex needs of this group of children and their families.

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