

“A generation of
disengaged children
is waiting in the
wings...”

EX CURRICULA

Sonia Sodha
Julia Margo

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Sonia Sodha and Julia Margo
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About the project

This is the final report of a year-long Demos research project on children and young people's disengagement from education. The work was funded by the Private Equity Foundation. The report is based on research including desk-based literature review, conversations with charities and organisations working with children and young people on the issues covered in this paper, a panel of practitioners working with children and young people who discussed with us the symptoms and causes of educational disengagement, quantitative analysis of the Millennium Cohort Study, qualitative research with 75 young people at risk of disengagement in schools and PRUs undertaken in association with the charity BeatBullying, and a roundtable with head-teachers from the National Association of Head Teachers.

Summary

The number of young people not in education, employment or training (NEET) continues to confound policy makers. Policy initiatives have not worked to combat this seemingly intractable problem, largely because they are designed to impact too late, when a young person's disengagement from their education is already endemic.

The focus of resource and policy needs to be turned on its head. We spend vast sums on dealing with the consequences of disengagement. The current generation of 16-18-year-olds who are NEET will cost society an estimated £31 billion over their lifetime, including the costs of unemployment, to health services and to the criminal justice system. Another estimate has put the yearly cost at £4.6 billion.

But we spend far less on successful initiatives to tackle the underlying causes of this disengagement, such as poor literacy and numeracy and support with parenting in the early years. The annual cost of the NEET problem is more than double the annual spend on Sure Start. Initiatives like Every Child a Reader and Every Child Counts – intensive, one-to-one tuition programmes to help children struggling with literacy and numeracy – currently get £79 million a year, and Family Nurse Partnership just £15 million a year: drops in the ocean compared to the overall education budget or the amount we spend trying to mop up the symptoms of disengagement. Yet a pound spent on Every Child a Reader is estimated to save society between £11 and £17 over a child's lifetime; a pound spent on Every Child Counts between £12 and £19; and a pound spent on Family Nurse Partnership at least £4 before a child turns 15. We also spend more than twice as much on average on children after they have been excluded from school rather than targeting extra services and support at them before this has happened.

This report is concerned with identifying the earliest possible point of intervention to prevent disengagement – at the point at which the risk factors for disengagement start to arise. Waiting until a young person is NEET to address the problem does both them and society a huge disservice.

The extent of disengagement

The latest figures show there were 261,000 - one in seven – 16-18-year-olds who were NEET in November 2009. Amongst the current school-age population, there is evidence of disengagement amongst a significant minority of young people, expressed through underachievement, attitudes to school, truancy and challenging behaviour.

- *Educational underachievement:* Pupil attainment data show that at every key stage, significant numbers of pupils fail to make the progress expected each year. These figures are higher for pupils from deprived backgrounds.
- *Attitudes towards education:* The UK has one of the highest proportions of children with poor attitudes towards their reading in the developed world. In a national survey, one in ten children thought the statement ‘I hate school/college’ was mostly true, and a further three in ten that it was partly true. Our qualitative research supports these findings: out of the 75 pupils we spoke to, just under a third of pupils did not find lessons interesting and more than half agreed with the statement ‘lessons were boring and seemed pointless’.
- *Persistent truancy:* One in 20 secondary school pupils persistently truant and almost 2 per cent of primary pupils persistently truant.
- *Bad behaviour and exclusion:* around 5 per cent of pupils display challenging behaviour at some stage in their school career. Violence in primary school is an emerging concern: recent government figures show that the number of children aged five and under suspended from school for violence against fellow pupils and teachers rose by six per cent from 2006/07 to 2007/08.

- *Risky behaviour*: England and the UK have notoriously high rates of young people engaging in unsafe risky behaviours. One in three 13 and 15-year-olds have been drunk at least twice, the highest rate of underage drunkenness in the OECD. The UK also reports the fourth highest rate of teenage pregnancy (after Mexico, Turkey and the USA). Furthermore, just under 10 per cent of 15-year-olds in the UK had used cannabis in the last 30 days prior to responding to the survey. New data shows that young people from poor families are more likely to smoke frequently than their more affluent peers: 6 per cent of 14-year-olds from the poorest fifth of households said they smoked frequently, compared to 1 per cent of those from the richest fifth. But young people from affluent backgrounds are more likely to drink alcohol frequently than their poorer peers: 8 per cent of 14-year-olds from the richest fifth of households said they drunk regularly, compared to 5 per cent of those from the poorest fifth.

Risk factors for disengagement

Persistent disengagement is often underpinned by a range of risk factors that manifest themselves early in a child's life. New data indicates potential rises in problems amongst the primary school age population.

- *Poor literacy and numeracy*: Every year, 8 in 100 primary school pupils leave primary school in England with reading and/or maths skills below those of the average seven-year-old: the equivalent of just over 46,000 11-year-olds in 2009. This is underpinned by earlier issues: up to 50 per cent of children are starting primary school without the language and communication skills they need for school in some deprived areas. A poll of parents in 2010 found that one in five boys (22 per cent) and 13 per cent of girls experience slight or significant difficulty when learning to talk or understand speech.
- *Poor behavioural development*: New analysis of the Millennium Cohort Study by Demos has found that approximately 66,000 five-year-olds – 11.5 per cent – are starting school with

behavioural issues that make it difficult for them to learn in the classroom and form relationships with their peers. The difference between children from the poorest and richest fifth of families is stark – 18.4 per cent from the poorest fifth of families compared to 4.4 per cent of those from the richest fifth.

- *Mental health problems:* Demos analysis has found that approximately 59,000 five-year-olds – 10.3 per cent – are starting school with emotional issues. Almost 10 per cent of children aged 5-15 suffer from a mental health disorder.
- *Risk factors for disengagement:* Data indicate that one in five children in primary schools suffers from consistently low or declining wellbeing, and that these children are most likely to be boys, low achievers and from disadvantaged backgrounds, equating to approximately 820,000 children.
- *Low aspirations:* Low aspirations about educational achievement are linked with poorer educational outcomes, although the relationship between aspirations and attainment is a reciprocal one. Groups that are at particular risk of lower aspirations are boys, young people from some minority ethnic groups, and young people from disadvantaged backgrounds. For example, 49 per cent of 14-year-olds from the poorest fifth of families say they are likely to apply to university, compared to 77 per cent from the richest fifth of families.

A further set of risk factors concern the environment in which children live and grow, their relationship to adults and parental expectations and aspirations:

- *Parenting and the home environment* are the most profound factor influencing child outcomes. *Who your parents are* is strongly associated with outcomes: having a parent with a low level of education, a mother who is young and low-income parents are all factors associated with poorer behavioural and cognitive development.
- But *what your parents do* is more important. High levels of parental warmth and love and good attachment between parent and child, combined with consistent enforcement of rules and boundaries, are associated with better behavioural and cognitive

development. Positive and warm family interactions at age 14 such as having meals together, going out as a family and lower frequency of arguments are associated with improved behavioural outcomes at age 16 – an increase in one standard deviation in the quality of ‘non-education family interaction’ is associated with a 2.1 percentage point reduction in the likelihood of being a frequent smoker, a 1.4 percentage point reduction in the likelihood of frequently drinking alcohol, and a 3.5 percentage point reduction in the likelihood of ever having played truant by age 16.

- Data show that mothers who experience high anxiety late in their pregnancy (32 weeks) were twice as likely to have a child with behavioural difficulties at age 4 (10 per cent compared to 5 per cent). Boys with mothers experiencing high anxiety late in their pregnancy were also twice as likely to have ADHD (attention-deficit, hyperactivity disorders) (one in ten rather than one in 20).
- *Parental expectations*: Parental aspirations are significantly correlated with a child’s academic attainment. Parental aspirations has been found to be more important for children from disadvantaged backgrounds, but are lower in poorer families: 76 per cent of parents of 14-year-olds in the poorest fifth of families want their child to stay on in full-time education beyond the age of 16, compared to 91 per cent of parents in the top income quintile. The gap gets bigger as their children grow older – by the time their child is 16, 28 per cent of poor parents have stopped wanting their child to stay on in full-time education, compared to 10 per cent of parents from the top income quintile. 85 per cent of parents from poorest income quintile talk to their 14-year-old about their year ten choices, compared to 99 per cent of parents from richest quintile. 79 per cent of the poorest fifth of parents say they have attended a parents’ evening at school in the last 12 months compared to 98 per cent of the richest fifth of parents.
- The impact of parental aspirations are felt right into adolescence: having a parent who wants their child to stay in full-time education beyond the age of 16 is associated with an extra 22 points in GCSE score controlling for a wide range of other factors.

- *School factors*: the most important factor in terms of a school's impact on outcomes is the quality of teaching. Other factors that are important to both academic and behavioural outcomes are the emotional quality of the classroom, and the warmth of adult-child interactions in a school.
- *Poverty and schooling*: Young people from the poorest fifth of families are less likely to go to a school in England with an outstanding Ofsted report (16 per cent compared to 27 per cent from the richest fifth of families). They are less likely to say they are happy at school (84 per cent compared to 89 per cent from the richest fifth) and are less likely to say it is valuable (80 per cent compared to 89 per cent).

These findings present a compelling case for an early intervention strategy that operates from birth to protect children who are at risk of falling into the disengaged group. But the current policy approach is not based enough around a strategy of prevention and early intervention.

Problems with the current policy, and how to fix them

Education policy has served children at average attainment levels quite well over the last decade. But it has failed to properly support children at the bottom end of the attainment spectrum. Unless this is rectified soon, there will be a substantial legacy of a future generation of NEETs that could have been avoided.

There are two systemic problems with the current policy approach to disengagement. First, there is a lack of spending on prevention and early interventions, spending on children to prevent their needs escalating in the first place. Although there has been progress on this, it has been far too slow – with the result that for too many children, their needs have to escalate and become very serious before they can receive support. This is bad for the children involved and for society at large.

Second, there is a lack of spending on practice that is evidence-based – and therefore likely to deliver good outcomes – at the national and local levels.

There are excellent, evidence-based initiatives that exist that can improve children's outcomes by intervening early – one-to-one tuition programmes such as Reading Recovery, early parental support programmes such as Family Nurse Partnership, and parenting skills programmes such as Incredible Years. But access to these kinds of programmes is not widespread. This is due to a mix of structural and cultural barriers:

- 1 The national policy framework does not unambiguously promote a prevention and early intervention approach. Despite a national commitment to it, children at the lower end of the attainment spectrum have been poorly served by the standards agenda. In particular, there are systemic issues around how children with special educational needs and persistently poor behaviour are supported.
- 2 Funding for early intervention is too often associated with short-term, unsustainable ring-fenced grants rather than long-term funding given to schools.
- 3 There is sometimes a failure to pick up when children have additional needs early enough.
- 4 There are structural barriers at the local level. In particular, there are unclear lines of responsibility between different agencies and a child's outcomes.
- 5 There are also cultural issues – and a somewhat natural tendency to focus resources on children with the highest level of need, rather than also funding preventative interventions to prevent need escalating.

In specific areas, outlined below, there are serious problems with the current policy approach.

Screening and assessment

Early screening and assessment of a child or family's additional needs is very important. But there is no evidence-based, universal assessment tool for all children in England spanning the full range of needs such as education services, health services and social services. The government's Healthy Child Programmes has

a stronger focus on medical screening and diagnosis than on cognitive, linguistic and behavioural development. This is despite the fact that very effective assessment tools exist, for example to identify the incidence of postnatal depression in mothers and poor behavioural development in children. The government has not put enough emphasis on effective screening of additional needs.

This is a huge issue: many needs are missed because health visitors do not always pick up on postnatal depression, unless trained, and early years professionals do not always pick up on a child's additional needs.

We need a universal assessment tool for all children in order to enable the most at-risk children to be identified early, and directed to appropriate support from early years services. The universal tool should be evidence-based and light-touch, but enable early years and education professionals such as health visitors, nursery nurses and teachers with basic training to recognise underlying issues where they exist and enable them to refer a child and family on for more specialised assessment:

- It should span education, health and social service needs, covering physical development, emotional and behavioural development, cognitive development, linguistic development, attachment and bonding in the early years, and temperament.
- It should make use of evidence-based, validated assessment tools, building on epidemiological tools already in the field.
- It would consist of a streamlined common, light touch assessment for all children at six months, age one, age two to two and a half, age three to three and a half and age five and ongoing through school that could be carried out by professionals such as health visitors, early years professionals, teachers and nurses with basic training.
- This would be used to flag additional needs – including additional learning needs – and would lead to more specialised assessment for children with high levels of need.
- There should be screening for reading/literacy difficulties after one full year at school, and screening for numeracy difficulties after two full years at school.

- This would be streamlined into one additional needs assessment from birth to age 18 that would take into account additional learning needs and Special Educational Needs.

Special Educational Needs (SEN)

The current system for supporting children identified as having special educational needs is no longer fit for purpose. It is failing on numerous accounts:

- It fails to identify children's additional learning needs early on. Many children's SEN needs go undetected in primary school and even secondary school.
- Additional resources are provided only when children have repeatedly failed.
- There is inequity of provision – there are huge postcode lotteries.
- There is inequity in who receives additional support – many have argued that it does not make sense to single out one group of children (those identified as having SEN) for an elaborate system of assessment and resourcing, but not equally needy children such as those who are looked after or in trauma as a result, for example, of abuse or bereavement.
- The system is confusing – engendering high levels of parent dissatisfaction.
- Ultimately, it fails to improve outcomes – this is because SEN resources are not being spent effectively. Too much is spent on assessment and support in class from relatively unskilled teaching assistants and not enough on effective, evidence-based services to improve outcomes.

This is reflected in the poor outcomes for children identified as having SEN. Just one in five children with statements achieve expected levels of attainment in English and maths at age 11, compared to around 90 per cent of their peers. Children identified as having SEN are also around four times as likely to be persistent truants, and are more likely to have been bullied at school.

There are in theory two routes to improving outcomes for children identified as having additional learning needs. The first

is an approach based on access to specified services or inputs, relying on assessment and categorisation to channel access to particular services. The second is a system based strongly on outcomes-based accountability – in which schools and services are held accountable for outcomes rather than inputs.

Our current system is based on the first route – and this has been counterproductive to improving outcomes for children because the huge focus on paperwork and bureaucracy has distracted from the issue of whether resources are being spent effectively to improve outcomes. This is in contrast to the strong outcomes-based accountability in place for other children.

Recommendations for SEN

- *Classification.* The current system of categorising SEN is out of date and has not kept pace with social and medical change. There should be a review of SEN categories, with the aim of moving towards a definition of ‘children with additional learning needs’.
- *Assessment.* There should not be a separate ‘SEN’ assessment system, but the light-touch universal assessment of children aged 0–18 outlined above, with extra assessment as and when required for children with additional learning needs.
- *Funding.*
 - Funding of SEN/additional learning needs services should be ring-fenced before the general schools budgets in any future fiscal consolidation.
 - Funding of SEN budgets should happen jointly by the Department of Health and Department for Children, Schools and Families (DCSF), and should go jointly to primary care trusts and local authorities, with children’s trusts determining the division of funding based on local needs. This is in light of evidence that in many areas, there are difficulties in accessing health services like Child and Adolescent Mental Health Services and speech and language therapy due to the separation of education and health budgets.
 - A certain amount of SEN funding should go direct to schools – this should not be within the prerogative of local authorities.

Schools should be able to ‘delegate’ this back up to local authorities should they wish.

- Funding for additional learning needs should occur on the basis of deprivation and pupil learning needs as assessed by light touch assessment (for example, the entry profile of children at ages 5, 7 and 11).
- *Accountability.* There should be strong outcomes-based accountability to ensure children with additional learning needs access high quality and evidence-based provision that they do not all currently have access to. Accountability needs to span school self-evaluation, any measure like the School Report Card, School Improvement Partners, Ofsted inspection frameworks and targets. Targets should be reformed so they are based on average performance rather than threshold targets, and floor targets should be introduced relating to children at the very low end of the attainment spectrum. There should be a new guarantee for parents whose children are identified as having additional learning needs, based on outcomes, not specific forms of provision.
- *Building the expertise of schools and expanding access to excellent, evidence-based provision.* Schools would be able to use their deprivation and needs-based funding to buy access to high-quality, evidence-based intervention for their pupils. As Jean Gross has argued, schools should be supported by local, specialist multi-agency learning support centres, funded and provided by local authorities. These support centres would have responsibility for assessing the additional learning needs of children flagged up by the light-touch assessment tool, developing a plan of action for children with the highest-level needs including support for schools and parents, and convening local additional needs panels consisting of multi-agency workers and representation from schools and parents, which would assess the need for specialist and expensive interventions for children with the highest level of need.

Managing behaviour and exclusion

Our current systems for dealing with persistently poor behaviour are overly punitive and mechanistic – exclusions are too

commonly the way children with additional learning needs are dealt with. Three-quarters of children who are excluded are identified as having SEN, 27 per cent of children with autism have been excluded from school, and exclusion rates are as much as 17 times higher than the average for some groups of children identified as having SEN. This is in contrast to the international context – most countries do not have provisions for formal exclusion in the law in the same way we do in England. Accountability for a child's outcomes once excluded is weak and unclear – heads are no longer responsible, and accountability passes to local authorities – but systems for holding local authorities to account are very poor.

The quality of alternative provision for children who have been excluded from mainstream school is too often of poor quality – despite the fact that much more is spent per child on pupil referral units (PRUs) than in mainstream schools. There is too often the assumption that children who are excluded may only benefit from vocational provision. There has been a lack of drive in this area from the government with regard to reforms that will practically work in driving up standards of alternative provision.

There is also a lack of early intervention and prevention for children who are starting to display behavioural issues – for example, through initiatives like nurture groups, learning mentors and learning support units. This could be tackled by giving schools more freedom in how to spend long-term funding streams rather than giving them short-term, unsustainable grants for these initiatives – but accompanied by strong outcomes-based accountability for how these children do.

Recommendations for behaviour

- *The process of exclusion.* The formal concept of exclusion – in which a child leaves the school rolls, and the local authority becomes accountable for them – should be abolished. A school should be able to buy in alternative provision for children for whom it is deemed appropriate as an early intervention strategy to improve behaviour – or as a way of dealing with poor behaviour. But

there should be no permanent ‘exclusion’ in the sense of a child leaving a school roll. Heads should remain accountable for children – until they move to a new school. That way, heads are encouraged to buy in the best possible provision for children in alternative provision in conjunction with the local authority.

- *Training.* There should be more and better training on behaviour management as part of initial teacher training and continuing professional development.
- *Improving evidence-based practice in alternative provision.* There needs to be better dissemination of evidence-based practice and early intervention interventions to tackle behavioural issues. Local authorities should be charged with the responsibility of ensuring there is sufficient high quality alternative provision in their planning functions.
- *Accountability.* The quality assurance of alternative provision needs to happen on the same basis of quality assurance of schools – Ofsted should inspect alternative provision provided by the voluntary and community sector and private sector on the same basis it does PRUs.
- *Funding of early intervention.* Schools should have increased deprivation and need-based funding to spend on early intervention approaches (see below).

The funding framework

The way in which schools are funded significantly impacts upon their ability to tackle disengagement – and the early risk factors associated with it (such as additional learning and behavioural needs). The current school funding system is hopelessly complex and is poor at targeting extra funding at schools with the highest proportions of children with additional needs. Local authorities only allocate about 40–50 per cent of deprivation funding towards the schools that children from poor backgrounds (eligible for free school meals) attend. There are a number of key problems with the system:

- There is no accountability for how schools spend funding intended for deprivation and children with additional learning needs.

- The system privileges stability (ie few changes from year to year) over equity (funding reflecting the actual makeup of a school's population).
- Delegation of funding by local authorities to schools for early intervention work varies widely.

Recommendations for the funding framework

A funding system needs to be based on the following principles:

- Simplicity and transparency with respect to a breakdown of responsibility between DCSF, local authority and school there should be a clear statement of what the division of responsibility is between the department, the local authority and the school in terms of provision and funding.
- Equity. Funding should reflect the learning needs of children in a school.

We recommend a pupil premium system of funding. The base level of funding a school received would be based on pupil numbers and an area-based adjustment for costs. The premium element would be based on the following measures of additional need:

- Deprivation. Free school meals eligibility is too blunt a tool to measure deprivation. There should be a more sophisticated, tiered indicator that would also take in children in low-income working households in receipt of working tax credit.
- Additional learning needs, as assessed by the light-touch assessment tool discussed at age 5, 7, and 11. Prior attainment would feed into this tool.

Crucially, if the system is going to work in improving outcomes and access to services for children with higher levels of needs, there needs to be proper accountability in how schools spend their premium. Schools would be required to make public on what extra services they spend their premium. Together with more intelligent targets that value the progress of each child, not just those at the borderlines, this should ensure there is sufficient

accountability to give schools much more freedom to spend increased amounts of flexible funding on early intervention additional services to improve outcomes – including SEN provision, welfare provision, increasing staff salaries to attract staff with higher levels of expertise, and preventative behavioural strategies such as nurture groups and learning mentors.

More money should be devolved directly to schools, which can delegate this funding back up to the local authority to spend on provision of central services should they wish. But some central funding for local authorities must be retained so they can provide services that would not exist if all funding was decentralised to schools – such as services for children with high-level additional needs and early years services.

The exact mechanism and extra amount that should be distributed through the premium funding formula will be the subject of future Demos work. However, any ‘premium funding’ must be ringfenced from any future cuts to future cuts to an education budget as higher priority than the general school budget. There would need to be a gradual move to this system to avoid any big losers with respect to school budgets in the short term.

Parenting and development in the early years

The last decade has witnessed the building of a much-improved infrastructure through which early years services can be delivered – including free universal access to early years education for three and four-year-olds, health visitors and Sure Start Children’s Centres. Significant questions remain however about how to ensure this infrastructure delivers evidence-based services to those who need them.

Health visitors

Universal health visiting is a very popular service with parents and may be the first point of contact a parent has with early years services. Health visitors have the potential to undertake early identification of families with additional needs, provide parenting support, support mothers through postnatal depression if

properly trained, and signpost families onto other early years services. But this vital service is being compromised by low and falling numbers, and a high workload. The availability of the service varies considerably from area to area, with health visitor budgets ranging from £60 to almost £400 per child across different areas of England. The ratio of children to full-time health visitors varies from 165 children to a health visitor to almost 900 in some areas.

Sure Start

Sure Start Children's Centres are the infrastructure through which many of the government's early years services are provided. There is a great deal of freedom for local authorities and children's trusts to determine which services are delivered through local children's centres – spanning early years education, health services and early intervention social services. The co-location of these various services on one site has been a huge step forward for children's policy, and is one the government should be commended for. But evaluation of early Sure Start services has suggested that the positive impact has been fairly modest. There are therefore questions about how to ensure that the Sure Start infrastructure has the maximum impact possible in terms of the services it delivers.

Early years education

There is now free and universal access to early years education. However, the quality of provision varies across the country, and it is poorest in the most deprived areas: 10.8 per cent of nurseries in the 10 per cent most deprived areas were judged as inadequate by Ofsted, compared to 5.3 per cent in the 10 per cent most affluent.

Recommendations for parenting and early years

- *Outreach: ensuring that the most at-risk families access services.* There is a need to continue to build on outreach workers in the community. In order to improve access further, there should be pilots to test the effectiveness of financial incentives (conditional

cash transfers), paid to at-risk, low-income parents who complete evidence-based parenting interventions.

- *Universal health visitors*. There are not enough health visitors to provide a progressive universal service: light-touch health visiting for everyone, with more intensive support available for those who need it. To rectify this there need to be reforms to training and career structure, with a view to increasing the number of health visitors over the next few years, including a fast-track, intensive programme for current nurses who want to train as health visitors; direct-entry courses for people wanting to train as health visitors, as there are for midwifery; and more specialised training for health visitors relating to the broader aspects of the role as well as the medical aspects. There needs to be a proper career structure for health visitors, spanning trainees to senior practitioners qualified to deliver programmes such as the Family Nurse Partnership. All health visitors should be trained in diagnosing postnatal depression and in cognitive behavioural therapy techniques to combat maternal depression in light of the evidence that this can be very effective.
- *Sure Start*. Sure Start needs to be built on from the primarily universal service it is now, to become a service that is much more effectively *progressive universal* – in which intensive interventions are targeted only at the families that need them. This requires a more sophisticated approach than one that is just based on area-based targeting, as the original Sure Start programme was.
 - Sure Start Children’s Centres should be funded on the basis of deprivation and the needs of their population, in the same way that we recommend schools are funded, through a ‘pupil premium’ for Sure Start. Children’s Centres – like schools – should be required to set out how they spend this deprivation and needs-based funding.
 - The accountability framework for Sure Start Children’s Centres needs to be strengthened, so they are held more directly accountable for the outcomes they achieve.
 - There should be financial incentives for local Children’s Centres to commission evidence-based practice (see section below).
- *Early years education*. Our recommendations mirror our recommendations for schools. High quality early years provision

is more expensive to provide because it requires more qualified teachers and better child to staff ratios. We therefore recommend early years education funding should be on the basis of deprivation and needs through a 'pupil premium', as for Sure Start and schools, with early years providers required to set out how they spend deprivation and needs-based funding.

- *A public health approach to parenting.* Building on international evidence from Australia and New Zealand that public health messaging on parenting via DVDs and television programmes can be very effective, the government should undertake consultation work with parents to develop public health messaging on parenting.

Spreading evidence-based, preventative practice at the local level

The case for evidence-based practice is intuitively obvious: only by using evidence-based practice can schools and local authorities be sure that they are improving children's outcomes. But evidence-based practice is not currently widespread. There are five important barriers:

- We do not know enough about what works
- We do not know enough about how to scale up evidence-based practice
- The commitment to evidence-based practice does not always match the commitment to improving children's outcomes at the local level
- There are significant gaps in the supply side of evidence-based interventions
- Funding

The government should play a far more active role than it does in spreading evidence-based practice.

Recommendations for more prevention

Building up the evidence base about what works and scaling up evidence-based practice

There needs to be a government-funded but independent academic centre for evidence-based practice in improving children's outcomes. This should be charged with the following functions:

- pulling together the existing evidence base in an easily digestible tool for practitioners and commissioners
- proactively encouraging evaluation of interventions by channelling government funding towards promising, but yet to be rigorously evaluated, programmes
- kitemarking effective interventions
- providing advice and support on evidence-based practice.
- undertaking and disseminating research on how to scale up evidence-based practice.

Creating the demand for evidence-based practice

- Evidence-based practice should be disseminated using models such as a telephone-based consultancy service or an online social networking service. It should also be disseminated through established networks such as local authorities, Ofsted and school improvement partners.
- There should be a financial 'match' for schools to spend on kitemarked, evidence-based programmes approved by the independent national centre on evidence-based practice in improving children's outcomes.

Ensuring there is enough supply of evidence-based practice

There is a lot of variation in the availability of evidence-based, preventative practice at the local level. Central government has an important role to play in directly subsidising the national infrastructure required for evidence-based initiatives like Family Nurse Partnership, and by providing a financial incentive – such as matched funding – for schools and Children's Centres to spend on evidence-based practice. It also has a role to play in subsidising the 'supply side' of children's services in rural areas, where there is often much less provision.

Funding early intervention programmes

The cost-benefit ratios of early intervention for early intervention programmes can be very high. For example, Life Skills Training (a curriculum school-based programmes to reduce substance and alcohol misuse and smoking in USA schools) is estimated to save over \$25 for every dollar spent on the programme. Given these cost-benefit ratios, it is fair to ask why more early intervention is not happening – and why it seems to require a subsidy from central government. There are two key issues:

- Local budgets stuck in silos: in England, the budgets of different agencies (health, policing and education, for example) are very siloed – there is no agency or local government institution with responsibility for overall budgets. This means spending by one agency (for example, a school) may generate savings for another (for example, health) – but the fact that these are two different budgets means these savings are not taken into account. The establishment of children's trusts was intended to solve this problem, but evidence suggests they have not worked in doing so.
- The long timescales involved in capturing savings: there are long timescales involved before savings can be captured. Many programmes require upfront investment and deliver savings over a long timescale of ten to 15 years. This does not fit in with political time horizons – politicians are held accountable for outcomes today, not in 15 years' time. It is also difficult to capture the benefits of a prevention programme – because doing so requires predicting lower need for services in the future, and cutting those services back, which requires making people redundant and is politically unpopular.

There have been proposals for social investment bonds that allow local authorities to borrow from the private sector, on existing markets, to invest in programmes with long-term social impact. However, before these instruments can work, there needs to be enough examples of replicable, evidence-based practice that is almost guaranteed to deliver results, and we are not yet at this stage.

Introduction

Almost one in seven 16-18-year-olds in England were not engaged in education, employment or training (NEET) in November 2009.¹ Most of this group move in and out of employment or education rather than being permanently disengaged from it, but the personal and social costs are high. For young people, being NEET is associated with a host of poor employment and health outcomes later in life, and a greater likelihood of offending and ending up in prison. And for society, one recent estimate suggested the cost of each person who is NEET between the ages of 16 and 18 in the UK, is almost £120,000 in 2009 prices, accounted for by the costs of unemployment, health services and the criminal justice system.² This puts the cost of the current generation of 16-18-year-olds who are NEET at over £31.3 billion over their lifetimes. Another estimate suggests the cost is around £4.6 billion a year:³ more than double the annual spend on Sure Start.

Reducing the number of young people who are NEET has been a sustained policy focus for the government. But the approach has been flawed, focusing on young people who are already NEET. Being NEET is not a start point but an end point for young people who became disengaged and disaffected from their education earlier on. In fact, educational disengagement is often the key precursor to becoming NEET.

Many of these will have had poor experiences of learning that long predated their NEET status and, for some, began even before they started school. Sir Mike Tomlinson, the government's chief advisor on London schools, recently estimated that at least 10,000 children in England are lost to the school system before they reach Key Stage 4 at age 14. Research suggests he may have underestimated the extent of the problem: there is some evidence that boys, in particular, can become disengaged from their learning as young as 9 and 10, or even earlier.⁴

In the last five years, the number of young people aged 16 to 18 who are NEET in England has increased from 189,800 to 261,000, despite significant investment in trying to tackle this issue, and almost one in five young people aged 16 to 24 were NEET in November 2009 (1.08 million). An effective strategy must respond to disengagement at the earliest point at which risk factors are apparent, rather than once problems have become severe.

Our research reveals risk factors for educational disengagement: behavioural and conduct problems, poor literacy and numeracy, poor communication skills and extreme poverty. In the most severe cases, these factors will have had an effect on a child's engagement with education before the age of seven. The scale of the problem is vast, but not insurmountable.

Our analysis of a 2005 survey⁵ suggests just over 11 per cent of children are starting school without the behavioural skills they need for learning; up to half of children in some deprived areas are starting school without basic communication skills; and 8 in 100 children start secondary school with reading and maths ability below that of the average seven-year-old. Intervening early to tackle these issues with evidence-based prevention programmes will save huge amounts of public funds in the future.

To combat the number of young people who are NEET, the government has now wielded what some might consider to be the last tool in the box: compulsion. The compulsory participation age in education or training in England will be raised from 16 to 17 in 2013, and to 18 in 2015. The objective that all young people *ought* to be in education or training until they are 18 is very laudable. However, whether raising the participation age is the best way to do this is another question altogether. Even today, 1 in 20 secondary school pupils in England persistently truants, missing a fifth or more of the school year – despite their education being 'compulsory'.⁶ The ambition that all young people are in education or training until the age of 18 will never be realised through a 'sticking plaster' approach that relies on the law. A preventative approach that seeks to equip all young people with the skills they need to succeed and benefit from their

education would be more effective. The central argument of this report is that a remedial approach to disengagement is ineffective and inefficient. Instead, the education system needs to tackle the root causes of disengagement at the very earliest stages possible.

The issue with government policy is not a lack of drive to change the system: there has been a huge amount of education reform over the last decade. Rather, the approach has, in parts, been misguided. It has served children with average levels of attainment fairly well, but it has failed children who significantly underachieve.

The real problem has been the lack of a successful strategy to tackle children performing very poorly at school. The education system is one that is characterised by acceptable performance at the mean – both England and the UK perform around average in reading and maths in international league tables, and above average in science.⁷ However, overall performance levelled off from 2000 onwards after early successes made in the late 1990s in Key Stage 1 and 2 results at ages seven and 11.⁸ But the most intractable issue has been the ‘long tail’ of underachievement, with a significant minority of children being left behind, particularly those from poorer backgrounds. It has been estimated that, in England, 16 per cent of children make no progress at all in English and maths between the ages of seven and 11,⁹ and 8 per cent of children leave primary school with very low levels of literacy and/or numeracy (below level 3).¹⁰ Children from disadvantaged backgrounds are out-performed by their peers at every stage of the educational system – and this gap widens as children age.

To the government’s credit, early intervention and prevention have been important themes in the policy agenda. Their roots in government policy documentation date back to 2000, and much earlier still in initiatives organised by charities and services. However, there remains a disjunct between the strong commitments to early intervention in statements like *The Children’s Plan*,¹¹ and what is happening before children go to nursery or school and when they are there. A holistic, early intervention approach to children’s outcomes is not widespread across England. There are four key factors underpinning this.

First, while the government has been keen to tug on centrally controlled, and thus easily manipulated, levers like the curriculum taught in schools, it has been reluctant to undertake similarly fundamental reform of the areas that really matter to children at risk of being disengaged. For example, on politically difficult issues such as special educational needs, exclusion and alternative provision, the government has been too wary to make the reforms that could make a positive difference. Given current policy on special needs and exclusion, it is little surprise that prevention is not more widespread. There has been too much dragging of feet, and the time and energy needed to reform these structures properly has not been forthcoming.

Second, the education system has in recent years been characterised by two agendas that have often been in tension: the ‘standards agenda’, and the Every Child Matters (ECM) agenda. The standards agenda is rightly focused on improving standards in schools but it is focused on key stage testing and public examinations: fairly narrow measures of attainment and outcomes with questionable accuracy. Unfortunately, many would argue that what is measured – primarily a narrow measure of academic attainment – is driving the education system. The ECM agenda stresses the importance of improving outcomes for children across a broader range of five outcomes: being healthy, staying safe, enjoying and achieving, making a positive contribution and achieving economic wellbeing. Of course, the two agendas should not be in tension in theory: improving children’s wellbeing across a broad range of outcomes needs to and should be the foundation for improving educational standards – but in practice they have clashed.

The third issue is that politicians and bureaucrats in Westminster and Whitehall have overestimated the power of top-down levers like changes to the curriculum, the school accountability framework, stipulations about teacher training, and centrally directed initiatives from the DCSF. Getting these system-level policies right is essential to creating a school system in which learning can flourish and, as argued above, a failure to do this in areas such as special needs and exclusions has been detrimental to some children. But the decisions being taken

every day in schools and local authorities up and down the country are just as important for children as those taken by the secretary of state. The issue is that there has been little enthusiasm for the grittier job of supporting schools and local services to make the best decisions possible. The services that children have access to are determined locally, not centrally, and much of what can be done to tackle educational disengagement is not within the remit of bureaucrats in Whitehall but of schools and local service providers. Yet there has been a failure to engage with this issue properly in Westminster and Whitehall. The question of how best to support local decision-makers to spread evidence-based practice that improves outcomes and tackles disengagement remains unanswered.

Last, there has been a failure to properly join up different areas of policy – most notably, education, parenting and family policy, and early years agendas. Section 1 of this report discusses what underpins disengagement and draws out the complexity of factors that span school, home and the community. It must be the case that a strategy to tackle disengagement effectively spans this range of factors. But, partly because of the political difficulties involved, there is not an effective strategy for tackling parental and home-based risk factors for disengagement, and this needs to be addressed. Parental engagement with education tends to be discussed in quite mechanistic terms, such as how information travels between, teachers, pupils and parents. Education policy, as it relates to parents, has not taken into account some of the sophisticated advances in the study of parenting in disciplines such as psychology.

The result is that, despite significant education reforms in the last decade, England is still saddled with a system that fails children who are underachieving. This is underpinned by some worrying trends in wellbeing and attitudes towards learning. UK studies suggest that one in five children suffers from declining or consistently low wellbeing during primary school.¹² When it comes to attitudes towards learning, there is a suggestion that the education system is poor at inculcating a love and enjoyment of learning: in 2003, England had one of the highest proportions of 9 and 11-year-olds with poor attitudes towards reading in a

group of 41 countries,¹³ and more recent research has found that there has been no improvement since.¹⁴

A discussion about education reform in 2010 would not be complete without a discussion on the current political and economic climate. Politically, there is a broad consensus across all three main parties that more power should be devolved to schools over their budgets. The Conservatives and Liberal Democrats are both committed to the idea of a ‘pupil premium’: a transparent and national per-pupil funding formula that channels extra resources directly to schools for pupils from deprived backgrounds, with more flexibility for schools on how they spend their budgets. This is a good policy. However, important details still need to be expanded upon.

First, English schools already have a fairly high degree of autonomy over spending decisions compared to other OECD nations when it comes to core areas of education spend (only the Netherlands has more financially autonomous schools).¹⁵ However, English schools have widely differing powers over supplementary funding intended to provide extra services such as welfare support and counselling services. Some local authorities devolve supplementary funding to the schools and give them the power to commission their own services. In other areas, local authorities retain this funding, provide the services themselves, and schools have no choice but to use them. Sometimes they are excellent, but they can also be poor. There is, therefore, an important question concerning which pots of money schools will control in an increasingly decentralised system. Will they universally be able to commission their own support services? This is important because these are the funding sources that are often crucial to children at risk of becoming disengaged.

The second big question is, as more flexibility is given to school over their budgets, what support will there be to make sure they spend the money on evidence-based initiatives that have the most impact? As discussed above, this is a relatively neglected area of education policy.

Economically, this is a time in which all public services are facing cuts in the years to come as the government, of whatever political persuasion, seeks to consolidate the fiscal deficit. Politicians across the spectrum have promised frontline services will be ring-fenced, and it is likely that schools' core budgets will be protected, rightly or wrongly. However, many budgets that impact schools indirectly, for example, local children's services, are likely to be cut. This will put extra pressure on the system and could disproportionately impact the most vulnerable children at risk of becoming disengaged. Questions about what improves outcomes, and what represents value for money, will become even more important as the historic public spending increases come to a halt.

This report has two parts. Part one (chapters 1 and 2) maps educational disengagement in England. It demonstrates that although disengagement is a complex phenomena, its symptoms afflict a significant minority of children and young people who go on to suffer poorer outcomes than their peers in adulthood. It discusses the complex myriad of factors that underpins disengagement, highlighting that there is no simple solution.

Part two (chapters 3 to 8) considers the appropriate policy response. Chapter 3 critiques the current policy approach to educational disengagement. Chapters 4 and 5 look at how children identified as having special educational needs or persistent behavioural problems are supported. The lack of reform in these two areas has acted as a barrier to evidence-based early intervention, and this is in need of urgent review. Chapter 6 considers the school funding framework and discusses how more funding should be delegated to schools according to the needs of their populations in a pupil premium formula. Chapter 7 focuses on parenting and the early years. Finally, chapter 8 considers what reforms are needed to promote the spread of evidence-based education practice at the local level. The appendix sets out the findings from the workshops we held with 75 young people aged 11 to 14 at risk of disengagement in schools and pupil referral units (PRUs).

1 Mapping educational disengagement

Young people who are NEET go on to experience long-term negative outcomes in terms of their future employment and across a broad range of measures. For example, youth unemployment has been estimated to result in a wage scar on individuals in the UK of between 8 and 15 per cent.¹⁶ Young people who are NEET also claim to be less happy and confident across all aspects of their life including education, work and training. In a UK survey of young people who are NEET, a quarter said being unemployed caused arguments with their family; over one in five that they lost the confidence to go to job interviews as a result of being NEET; and more than one in ten said unemployment drove them to drugs or alcohol.¹⁷ They are also more likely to suffer poor health outcomes: an alarming result from a recent small-scale survey in one city in the north of England found one in seven young people who are NEET die within ten years of leaving the school system.¹⁸

As well as these long-term individual costs, young people who are NEET have been estimated to cost society up to £120,000 (in 2009 prices) per individual over the course of a lifetime.¹⁹

As with most indicators of disengagement, there is a strong link with deprivation. The probability of being NEET in England is over seven times greater for children from the poorest fifth of households:²⁰ young people from the richest fifth of families are 8.1 percentage points less likely to be NEET than young people from the poorest fifth of families. This is a huge gap given the overall NEET rates of around 13.4 per cent.

Since disengaging from learning, while still in compulsory education, is the key precursor to becoming NEET, our this study starts here, with a review of the extent of children and young people's disengagement in England. In a sense, this is a journey going back in time, from being NEET in young

adulthood to the point at which disengagement emerges fully-fledged at around age 14.

This chapter maps disengagement amongst the school age population and focuses on teenagers, aged 13 to 17 years old, since educational disengagement is much less prevalent and persistent among primary school aged children. Chapter 2 goes further back to identify the early life experiences that predate and underpin disengagement.

To produce an original and accurate picture, this report uses its own 'metric' to measure disengagement, and while the measures used are necessarily quite crude (educational disengagement is a tricky thing to measure), it has aimed to capture the many different forms that disengagement takes. The findings are an illuminating indication of just how early on negative attitudes can take root. Our review is based on analysis of the Longitudinal Study of Young People in England (LSYPE), the Millennium Cohort Study and our own qualitative research (discussed below and summarised in the appendix).

We are interested in disengagement when it is long-term and persistent. Most children will go through patches of disliking school, teachers and particular subjects, but the group concerned here becomes chronically disillusioned. Disengagement does not necessarily have a visible status: children and young people 'acting out' or physically removing themselves from participation by truanting or exhibiting challenging behaviour. These children and young people are easy to identify. The panel of education practitioners we spoke to as part of our research stressed some groups of children, and particularly girls, passively withdraw from education, cognitively or emotionally, without displaying 'acting out' signs. Our metric therefore includes a range of attitudinal factors including attitudes to learning. We also included educational under-achievement, truancy, exclusion and behaviour both in and out of school.

It should be noted that there is also often a distinct overlap between the causes and symptoms of disengagement. Some factors, for example, teen pregnancy and bullying, can be both a cause and a symptom of disengagement.

To supplement the review of the evidence presented here, we also undertook qualitative research with 75 young people showing signs of disengagement in Key Stage 3 (age 11 to 14) from four schools and two PRUs in England (see the appendix for the full methodology and conclusions). This is in light of the fact that, while there has been much research on disengagement with young people in the 14 plus age group, and particularly those over 16, there has been much less research specifically related to the nature, causes and scale of disengagement in the primary and Key Stage 3 years.²¹ The qualitative workshops allowed us to gain a deeper understanding of how young people themselves view disengagement, and the factors they see as important for making school engaging. Key points from this research are highlighted throughout this report.

This chapter starts with the central thesis: the relationship between educational disengagement and becoming NEET.

The impacts of educational disengagement

Educational disengagement is linked to a wide range of poor life outcomes for young people. There is a close relationship between a young person's attitude towards their learning, their enjoyment of it, and outcomes. The extent to which a young person thinks education is worthwhile is often referred to as their *extrinsic* attitude towards education, and the extent to which they enjoy school as their *intrinsic* attitude towards education. International data suggest that the extent to which children enjoy their learning is, unsurprisingly, linked to their success.²²

Many of the symptoms of disengagement considered here are associated with a much higher chance of being NEET – and other negative outcomes. For example, LSYPE data show young people with more positive attitudes towards their education were less likely to be NEET at age 17.²³ Finding school worthwhile at age 14 is associated with better attainment at age 16, and lower risk of engaging in risky behaviours at age 16. For example, a one standard deviation increase in finding school worthwhile is associated with a 1.7 percentage point decrease in playing truant

at age 16. Young people who said they enjoyed school at age 14 were less likely to be NEET at age 17 and less likely to engage in risky behaviours at ages 14 and 16. A one standard deviation increase in enjoyment of school is associated with a 0.6 percentage point reduction in the probability of being NEET at 16 (but also, unexpectedly, a GCSE score of around seven points less). Children who do poorly at school in England are more likely to be NEET: over a quarter of those who obtain no GCSEs go on to be NEET.²⁴ And only one in ten of those who are below expected levels of attainment at age ten go on to get five good GCSEs.²⁵

Truancy is itself associated with a range of negative outcomes for children and young people that span attainment, anti-social behaviour, drug and alcohol misuse, and youth offending. One study found a quarter of those truanting in year 11 went on to become NEET the following year.²⁶ In the LSYPE, starting to truant between the ages of 14 and 16 was associated with getting ten GCSE points fewer at age 16, controlling for a wide range of other factors.²⁷

Like persistent truancy, exclusion is associated with a range of negative outcomes including a much higher chance of being NEET aged 16 to 18. In LSYPE, being suspended from school between the ages of 14 and 16 was also associated with getting around 26 fewer GCSE points at age 16, controlling for a wide range of other factors.²⁸

Young people who engage in risky behaviours in adolescence also suffer poorer educational outcomes. For example, young people smoking more than six cigarettes a week at age 16 do worse in terms of GCSE outcomes at age 16.²⁹

So how extensive is the problem? Our review of the evidence suggests England does have a problem with disengagement, and this is something that afflicts a significant minority of young people.

Young people's attitudes towards and enjoyment of learning

The UK fares poorly on international measures of attitudes towards learning. It has one of the highest proportions of children with poor attitudes towards reading in the developed world.³⁰ In an English survey, one in ten children thought the statement 'I hate school/college' was mostly true, and a further three in ten that it was partly true.³¹ Our research supports these findings: just under a third of the 75 young people we spoke to in our qualitative research did not find lessons interesting, and more than half agreed with the statement 'lessons were boring and seemed pointless'. They also expressed their negativity towards specific teachers with comments centred on those teachers perceived as never rewarding achievement or good behaviour. What was also apparent was the desire for pupils to have teachers who were more engaged in their teaching and to be 'better trained'.

This was explored in more detail by asking the young people to role-play good and bad teaching styles. Good styles included 'energetic' teachers who used activities and games, and those that focused on rewarding positive behaviour. Bad teachers were too critical, disengaged themselves and focused their attention on the disruptive pupils, rather than praising and recognising those behaving well. Of the 75 pupils that took part four in ten thought 'teachers tend to focus on bad behaviour and ignore the good'. The importance of teaching styles for children's engagement is highlighted by the fact that four in ten said that difficult relationships with teachers was the main reasons for their disengagement.

Our qualitative research also explored the factors that contribute to good and bad learning environments and, hence, affect attitudes towards and enjoyment of learning. Over half said disruption in the classroom was the main barrier to their enjoyment of learning. When asked 'What are the worst things about school?' common responses included: 'people yelling', 'when your lessons get disrupted' and 'mucking about in the class'. What these responses show is that children, engaged or disengaged, prize quiet and calm learning environments.

A comprehensive review of the research on pupil attitudes and perceptions suggests that instrumental attitudes

towards learning are partly created by children internalising implicit messages about the importance of doing well in tests and exams.³²

Children from more disadvantaged backgrounds are less likely to say they have had a positive learning experience.³³ This is likely to reflect different experiences of education however (see discussion below), and research has indicated that poorer attitudes to school among children living in poverty are partly underpinned by a lack of confidence in their own ability.³⁴

Educational underachievement

Educational underachievement is not necessarily a sign of disengagement, but it is an important indicator as children and young people who are disengaged are less likely to make good progress at school. Pupil attainment data show that at every key stage, there are significant numbers not making the progress expected each year. These figures are higher for those from deprived backgrounds. At every key stage, children with good prior attainment who are eligible for free school meals (FSM), a good indicator of deprivation, are less likely to make the expected progress than their peers from more advantaged backgrounds. So, as children grow older, those from more advantaged backgrounds move up the attainment spectrum, and those from poorer backgrounds move down it.³⁵

This pattern is also reflected in absolute attainment levels. In 2008/09, 101,700 pupils failed to reach the expected standard at Key Stage 2 (age 11), and 126,280 at Key Stage 3 (age 14). In 2007/08, 209,383 pupils failed to gain five or more GCSE/NQ standard grade level passes at grades A*-C. Socioeconomic background exerts a stronger pull on attainment in England than in many other OECD countries.³⁶ Although there is evidence the socioeconomic gap has started to narrow,³⁷ it remains significant: seven out of ten non-FSM pupils who reach the expected level of attainment at age seven in English go on to achieve the expected level at age 11, but for FSM pupils the figure is six in ten. Similarly for maths, six in ten non-FSM pupils make the expected progress, compared to 53 per cent of FSM pupils.

The link between deprivation and attainment is strongest for White boys: less than one in five White boys eligible for FSM get 5 A*–C GCSEs including English and maths.³⁸

LSYPE data show that only one in five young people from the poorest fifth of households got five good GCSEs (in 2006) including English and maths (5 A*–C grades), compared to almost three-quarters of young people from the richest fifth of households: a gap of over 50 percentage points.³⁹

Truancy

Truancy can often be a sign of disengagement, particularly when it is persistent. In the autumn term of 2008, almost 4.3 million days of school were missed. Of these, 1.5 million were missed from primary school.⁴⁰ In 2007/08, 1.01 per cent of possible half days were missed due to unauthorised absence and there were around 233,340 persistent absentees in primary, secondary and special schools (or 3.6 per cent of enrolments).⁴¹ The 1 in 20 secondary school pupils who persistently truant account for a third of all school absences. Older pupils truant more: 5.6 per cent of secondary school pupils are ‘persistent truants’, missing more than 20 per cent of the school year. But this report is particularly interested in the 1.7 per cent of primary children who persistently truant.⁴² While not all older pupils who truant will have done so when at primary school, children who persistently truant are much more likely to continue to do so throughout the remainder of their school career – unless the issue is effectively addressed.

Like other indicators of disengagement, there is a strong link with socioeconomic background. Truancy is highest among pupils from deprived backgrounds: over 8 per cent of secondary school pupils eligible for FSM are persistent truants, three times the rate for the rest of the student population. In the LSYPE, one in four 14-year-olds from the poorest fifth of households said they played truant, compared to 8 per cent of 14-year-olds from the richest fifth of households.⁴³ This gap narrows by the time young people are 16, as truancy rates rise among young people from the most affluent backgrounds between the ages of 14 and

16. It should be noted that some of this difference might be partly due to the fact that young people from deprived backgrounds are more likely to be carers. Persistent truancy rates are slightly higher among girls than boys.

Behaviour and exclusion

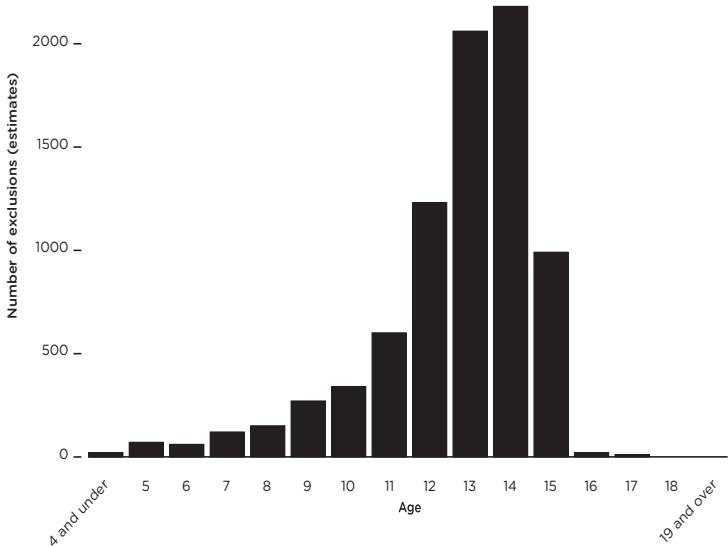
‘Acting out’ in the classroom can be an important sign of a young person switching off their learning, and it can also be linked to the quality of teaching and learning. Poor behaviour has a knock-on impact on other pupils’ learning, often disrupting the whole class. Poor behaviour by one or two individuals triggers poor behaviour on a wider scale. It is important to note, however, that poor behaviour is a symptom of behavioural disengagement and can also be a cause of further disengagement, particularly when it is underpinned by disorders such as conduct disorder or Attention Deficit Hyperactivity Disorder (ADHD). See chapter 2 for a discussion of these.

Ofsted rates behaviour in the majority of primary and secondary schools as ‘good’ or ‘outstanding’, but in a significant minority of secondary schools (one in four) pupil behaviour is no better than satisfactory.⁴⁴ Disruptive behaviour disproportionately occurs in schools in disadvantaged areas.⁴⁵ Research suggests that up to 5 per cent of pupils may display challenging behaviour at some stage in their school career.⁴⁶

As well as being an important sign of disengagement, bad behaviour can have adverse effects on the wider school environment. A key concern for the 75 young people we spoke to in our qualitative research was safety: only three in ten felt their schools was safe, 13 per cent felt unsafe, and 12 per cent said their school was scary. Only 18 per cent of young people agreed with the statement ‘students care about each other’. Bullying and child-on-child violence were both included in response to ‘What are the worst things about school?’.

The result of consistently poor behaviour can be temporary or permanent exclusion from school. About half of the 135,000 pupils a year in alternative provision are those who have been excluded from school or deemed at risk of exclusion.⁴⁷ In

Figure 1 **Permanent exclusions in England 2007/08**



2006/07, the last year for which data is available, 6,080 pupils were permanently excluded from schools in England.⁴⁸ For fixed-term (temporary) exclusions in the same year, there were:

- 363,270 from secondary schools, with an average length of 3.3 days
- 45,730 from primary schools, with an average length of 2.7 days
- 16,600 from special schools, with an average length of 2.7 days.

The peak age for exclusions is between 13 and 14 (year groups 9 and 10). Figure 1 shows approximately 54 per cent of all permanent exclusions were pupils from these year groups.

While national data on the attainment of pupils who have had fixed-term exclusions is not available, Portsmouth City Council has published figures as part of their strategy for

reducing fixed-term exclusions.⁴⁹ In 2005/06 pupils with one or more exclusion attained on average just over two GCSE A*–C grades, compared to an average attainment of five A*–Cs for all pupils. At Key Stage 3 the average point score for excluded pupils was just below 25 compared to just below 30 for all pupils. A similar gap existed at Key Stage 2, with an average score for excluded pupils of fewer than 24, compared to just less than 27 for all pupils.

In 2008, around 70,000 pupils were taught in PRUs after being excluded from mainstream schools: most were boys aged 11 to 15.⁵⁰ There is limited performance data available for pupils in alternative provision, but what there is indicates very poor outcomes. In 2006, only 1 per cent of 15-year-olds in PRUs achieved five GCSEs at grades A*–C or equivalent; 11.3 per cent achieved five or more grades A*–G; and 82.1 per cent achieved one or more qualification.⁵¹ The lack of available data, especially at the local level, hampers accountability.

Certain groups of young people are much more likely to end up excluded: three-quarters of those who are excluded have special needs, almost a third are eligible for FSM, and looked after children⁵² are seven times more likely to be excluded than their peers.⁵³

Risky behaviours outside school

Underage drinking, drug use and risky sexual behaviour are sometimes linked to disengagement from school. It is common for studies that look at educational disengagement to include some measure of risky social behaviours, especially as they can be regarded as a broader form of disengagement.

Some research has suggested that an important factor underpinning young women's risky behaviours, like underage sex and teen pregnancy, is a dislike of school.⁵⁴

Obviously, engaging in risky behaviour is a natural part of growing up, with an increased desire to take risks an important feature of adolescence. However, England and the UK have notoriously high rates of young people engaging in unsafe risky behaviours that are associated with negative outcomes later in

life.⁵⁵ For example, one in three 13-15-year-olds in the UK have been drunk at least twice, the highest rate of underage drunkenness in the OECD.⁵⁶ The UK also reports the fourth highest rate of teenage pregnancy (after Mexico, Turkey and the USA). Furthermore, an OECD survey found that just under 10 per cent of 15-year-olds in the UK had used cannabis in the 30 days prior to responding to the survey.⁵⁷

There is a more complex relationship between socioeconomic background and risky behaviours than there are for most other symptoms of disengagement. For example, data from the LSYPE show that young people from poor families are more likely to smoke frequently than their more affluent peers: 6 per cent of 14-year-olds from the poorest fifth of households said they smoked frequently, compared to 1 per cent of those from the richest fifth. For 16-year-olds, these percentages are 17 and 7 per cent respectively.

Young people from affluent backgrounds are more likely to frequently drink alcohol than their poorer peers: 8 per cent of 14-year-olds from the richest fifth of households said they drink regularly, compared to 5 per cent of those from the poorest fifth. For 16-year-olds, these percentages are 21 and 16 per cent respectively.

Young people from poor families are more likely to engage in anti-social behaviour: four in ten 14-year-olds from the poorest fifth of households say they have engaged in some form of anti-social behaviour, compared to two in ten of 14-year-olds from the richest fifth of households. The incidence of anti-social behaviour falls across the income spectrum for 16-year-olds, and the socioeconomic gap also narrows.

Persistent versus transient disengagement

The literature on anti-social behaviour and offending draws an important distinction between ‘life-course persistent’ and ‘adolescence limited’ offenders – or serious and non-serious offenders.⁵⁸ The research suggests that a young person’s life course up to the point where they offend – and the extent to which offending is caused by deep-seated factors dating back to

early childhood – is important in determining how persistent their offending will be into adulthood. A small group of people, around 5 per cent of the population, account for 50 to 60 per cent of all crimes committed. This group is characterised by early onset of anti-social behaviour, higher rates of offending, and disproportionately violent offending. In contrast, there is a larger group of young people who commit offences in their youth for whom their criminal behaviour occurs later in adolescence – but does not persist into adulthood.

More serious, ‘life-course persistent’ offending patterns are thought to stem back to childhood: the way in which families regulate a child’s behaviour in very early childhood (for example, the extent to which they set clearly defined limits to behaviour and use praise to reward good behaviour) and how children are able to self-regulate their behaviour as they grow older.⁵⁹ The latter is influenced by early experiences of behaviour regulation within the family.⁶⁰

The research on educational disengagement is less developed than the research on youth offending – partly because of its complexity as a symptom, as discussed above. However, it is likely that just as youth offending can be thought of as falling into two categories, so can educational disengagement. While a significant number of children may display one or more transient symptoms of disengagement at some point during their adolescence, there is a smaller group who experience multiple persistent symptoms of disengagement. For example, the recent National Survey of Parents and Children in England suggests that a small but significant minority of children (18 per cent) between the ages of 10 and 19 can be classified as ‘extreme risk takers’, engaging in three or more risky behaviours including getting drunk, smoking, taking illegal drugs, getting into trouble at school, truanting, starting a fight, bullying, getting expelled and engaging in anti-social behaviour.⁶¹ These extreme risk takers had very low levels of self-esteem and were less likely to get on well with their parents, talk to them about things that really matter, enjoy spending time with their family, and say their parent expresses affection. They are also less likely to say they

enjoy school. These are the young people who suffer the most pervasively negative outcomes in adolescence and adulthood.

As is discussed in the next chapter, children's experiences in the early years, before they even start school, are crucial in explaining persistent disengagement among this group of young people.

2 The drivers of educational disengagement

One of the objectives of our research has been to identify the earliest possible point of intervention to prevent young people becoming NEET. Understanding the extent of educational disengagement among the school age population is the first step. Here, the earlier years are looked at, from the antenatal period to primary school age, covering both extrinsic and intrinsic factors. This chapter is both a review of the evidence on the factors that can lead to educational disengagement, and a mapping exercise in which the prevalence of the core risk factors among children who turned five in 2005 is explored. This enables predictions to be made about the likely challenges society faces as the current school population ages.

The focus on early intervention is not to the exclusion of what happens later: studies into brain development suggest that social and behavioural competencies continue to develop throughout adolescence and into early adulthood. The part of the brain responsible for many of the ‘grown-up’ versions of social competencies desirable in adults (for example, the ability to delay gratification, make complex decisions and self-regulate behaviour) does not develop properly until adolescence.⁶²

Nonetheless the early years, particularly from 0 to 3, are a vital developmental stage and a time of rapid cognitive, linguistic, motor, social and emotional development. Emerging evidence from neuroscience suggests a child’s experiences in its first year have a profound impact on lifetime brain development.⁶³ Genetics and early childhood experiences interact in early brain development. In very basic terms, genes determine when specific brain circuits are formed, and early childhood experiences shape how they are formed.

Early brain development forms the foundation for later child development, highlighting the importance of early intervention at this crucial stage. This is when interventions can be more effective and efficient. Experiencing some stress and the accompanying physiological symptoms, such as a rise in heart rate and blood pressure and higher levels of stress hormones such as cortisol, is a necessary part of child development. However, exposure to prolonged and high levels of stress in childhood without the mediating effects of support from parents and adults, known as toxic stress, harms the development of the brain and can lead to poorer outcomes in adulthood.⁶⁴

There is a rich body of evidence on what impacts on child outcomes, spanning both risk and protective factors across a range of domains: a child's personal life and experiences; environment at school and in the community; peer group influences; and structural disadvantage, such as growing up in poverty.⁶⁵ At the root of all of these sits parenting and the early years. As demonstrated below, parenting style and the home environment are able to mediate or undermine the impact of many other factors, particularly disadvantage, on educational engagement and attainment. Parental attitudes and behaviours also strongly determine a child's own attitudes and aspirations towards learning.

It is important to note the complexity and interaction between all these different factors. For example, the extent to which a child develops resilience or displays risk factors (such as low levels of core academic skills and poor social, emotional and behavioural development) will to some extent be caused by their environment (for example, parenting and school). But the interaction will be two-way, with a child's behaviour also impacting on how they are parented. Similarly, the way in which a school responds to a child with special educational needs may worsen a problem or contribute to disengagement.

Table 1 highlights some of the key domains for risk and protective factors and each is discussed in more detail. Parenting is discussed last, given its centrality in this discussion.

Table 1 Risk factors for disengagement

Child-level risk factors	Environmental-level risk factors	Structural factors
Low levels of core academic skills: communication and language, literacy and numeracy	Parenting and family factors	Experiences of disadvantage
Low levels of social, emotional and behavioural competences	School-level factors	
Low aspirations	Community factors	
Poor emotional wellbeing and mental health	Peer group factors	
Temperament		
Special educational needs		
Conduct disorder and ADHD		

Child-level risk factors

Poor cognitive development in language, literacy and numeracy

Core cognitive skills like language, literacy and numeracy have been highlighted as one of the three key protective factors (alongside social and emotional competencies, and parenting support) that increase the likelihood of positive outcomes for children and young people in the early intervention work being done by the Every Child a Chance Trust and the MPs Graham Allen and Iain Duncan Smith.⁶⁶ Each year, 8 in a 100 children

leave primary school in England with literacy and/or numeracy skills below those of an average seven-year-old:⁶⁷ the equivalent of just over 46,000 11-year-olds in 2009.⁶⁸ It has been suggested that up to 50 per cent of children are starting primary schools without the language and communication skills they need for school in some deprived areas.⁶⁹ Children who never acquire good levels of these core skills are much more likely to become frustrated and disengaged with their learning.

Between half and three-quarters of children between 4 and 18 excluded from school are estimated to have significant literacy and/or numeracy difficulties,⁷⁰ and more than half of permanently excluded pupils are in the lowest 2 per cent of the student population with respect to numeracy and literacy.⁷¹ Truancy rates are four times higher in secondary school for children who were very poor readers at the end of primary school, and more than double for children who had very low levels of numeracy at the end of primary school. Over a quarter of all young people who are NEET had poor literacy and/or numeracy skills when at school.⁷²

Poor communication skills are associated with lower levels of self-esteem, and increased incidence of bullying and behavioural problems. There is a strong link between poor communication skills and the incidence of anti-social behaviour and youth offending: in England, between six and nine in every ten young offenders have poor language skills.⁷³ A recent YouGov survey of parents in England found over one in five boys (22 per cent) and 13 per cent of girls experienced slight or significant difficulty when learning to talk or understand speech.⁷⁴

Poor social, emotional and behavioural development

Social, emotional and behavioural competencies, in other words ‘character capabilities’, are the foundation skills that a child needs to fully realise the benefits of learning in the classroom, as well as enjoy a range of other positive outcomes in life. These character capabilities include empathy, self-regulation, application, social skills and self-understanding (see box 1).

These are learned skills – they are not just determined by a child’s temperament or personality traits. The tricky issue for policy makers is they are learnt mainly in the first five years of life, when the majority of time is spent with parents and family. For example, the ability to identify and regulate emotion, and to identify emotions in others, is already fairly developed in the second year.⁷⁵

Box 1 **The character capabilities: core social and emotional competences⁷⁶**

Self-understanding: having a positive and accurate sense of yourself, acknowledging your own strengths as well as recognising your responsibility towards others, and being realistic about your limitations. The child with a good sense of self-understanding will handle academic disappointment better and discipline themselves in the classroom.

Self-regulation: such as knowing how to soothe yourself when you are troubled or angry, cheer yourself up when you are sad, and tolerate some degree of frustration. Self-regulation is associated with more hours spent on homework, better attendance at school and improved attainment.⁷⁷

Application and motivation: showing optimism, persistence and resilience in the face of difficulties, planning and setting goals. A child with strong application is much more likely to continue in education and to succeed academically. Application is strongly related to educational engagement.⁷⁸

Social skills: communicating, getting along with others, solving social problems, and standing up for yourself.

Empathy: being able to see the world from other people’s point of view, understand and enjoy differences, and pay attention and listen to others.

Research in recent years has demonstrated that these skills are just as important as academic skills in explaining life success, and are even more important for children from disadvantaged backgrounds.⁷⁹ One study reported that measured capability for

application at the age of ten has a bigger impact on earnings by the age of 30 than ability in maths.⁸⁰

Character capabilities are cognitive and affective skills, but they are often overlooked in the debate about how children learn, despite the fact that they can often predict more accurately than IQ a child's level of educational engagement. US research published in 2005 found self-regulation was more than twice as important as IQ in predicting educational engagement (specifically, final grades in high school, attendance and time spent on homework).⁸¹ Young people with a high locus of control, a proxy for application and self-understanding at age 14 performed significantly better at age 16, controlling for a wide range of other factors, and made more progress between the ages of 14 and 16.⁸²

How prevalent are these skills in the UK school population? There has been a longstanding 'capabilities gap' in the UK with children from poorer families being much less likely to develop these core capabilities than richer peers. And this appears to be a growing trend. Research in 2006 found that although the development of character capabilities among children born in 1958 was not related to income, it was strongly associated with income among those born in 1970.⁸³

We examined the Millennium Cohort Study (MCS)⁸⁴ to explore the extent of gaps in character capabilities among today's five-year-olds. A well-established measure of social and behavioural competencies was used, the Strengths and Difficulties Questionnaire (SDQ),⁸⁵ and looked at the number of five-year-olds scoring borderline and abnormal on five scales:

- emotional symptoms
- conduct problems
- hyperactivity
- peer problems
- pro-social

The first four scales are summed to give a 'total difficulties score': an abnormal score on this scale can be used to identify children likely to have mental health disorders (see table 7).

Table 2 **Conduct problems: percentage of children with borderline and abnormal scores at age five**

Conduct problems scale on the SDQ	Percentage of children with borderline scores	Percentage of children with abnormal scores
All children	11.9	10.1
Boys	13.4	11.9
Girls	11.1	9.0
Children from the bottom income quintile	15.6	17.1
Children from the middle income quintile	12.2	7.4
Children from the top income quintile	7.8	4.0

The research findings for conduct problems, hyperactivity, peer problems and the pro-social scale are in the tables 2–5. Table 6, relating to emotional symptoms, follows the discussion on poor emotional wellbeing.

This means that approximately 127,000 five-year-olds are starting school today with borderline or abnormal issues with conduct problems, 100,000 with hyperactivity and 95,000 with issues relating with peers.⁸⁶

Unpublished research by Stephen Scott, Professor of Child Health and Behaviour at King's College London, for the Home Office on anti-social behaviour in 2002 suggested that around 15 per cent of five-year-olds display troublesome behaviour that might make it difficult to learn at school: they show 'oppositional and defiant behaviour', are blamed by their parents and generally disliked by their siblings.⁸⁷ Scott estimates a fifth of

Table 3 **Hyperactivity: percentage of children with borderline and abnormal scores at age five**

Hyperactivity scale	Percentage of children with borderline scores	Percentage of children with abnormal scores
All children	6.8	10.5
Boys	8.2	13.5
Girls	6.0	8.1
Children from the bottom income quintile	10.2	14.2
Children from the middle income quintile	5.3	10.6
Children from the top income quintile	4.0	6.1

children move out of this high-risk group during primary school, leaving about 12 per cent of all children, then these numbers go down to around 9 per cent in the first few years of secondary school, around 7.5 per cent in the 14 plus age group, leaving about 6 per cent of all children displaying long-term signs of disengagement, including offending, drug abuse and being NEET. At each stage, there are a small number of young people entering the high-risk group who have not displayed anti-social behaviour in the past.

Looking at adolescent behavioural problems, data on time trends suggest that the prevalence of conduct problems in 15-year-olds have more than doubled from 6.8 per cent in 1974 to 14.9 per cent in 1999, and were highest for boys, with 16.9 per cent of 15-year-olds having conduct problems in 1999.⁸⁸ The same study also found that the prevalence of hyperactivity in 15-year

Table 4 **Peer problems: percentage of children with borderline and abnormal scores at age five**

Peer problems scale	Percentage of children with borderline scores	Percentage of children with abnormal scores
All children	8.7	7.8
Boys	8.8	9.1
Girls	9.1	6.9
Children from the bottom income quintile	12.8	10.8
Children from the middle income quintile	8.2	6.3
Children from the top income quintile	5.5	4.4

old boys increased from 11.1 to 16.9 per cent between 1974 and 1999. The official definition of conduct disorder is:

*A repetitive and persistent pattern of behaviour in which the basic rights of others or major age-appropriate societal norms or rules are violated.*⁸⁹

A survey investigating the prevalence of mental disorders in British children found that 5 per cent of those aged from 5 to 15 years had clinically significant conduct disorders.⁹⁰ The prevalence of conduct disorders was found to be around twice as common among boys as among girls.

One underlying cause of poor behaviour is ADHD. This is a neuro-behavioural developmental disorder characterised by 'the co-existence of attention problems and hyperactivity, with each behaviour occurring infrequently alone'.⁹¹ It affects 3 to 5

Table 5 **Pro-social: percentage of children with borderline and abnormal scores at age 5**

Pro-social behaviour scale	Percentage of children with borderline scores	Percentage of children with abnormal scores
All children	5.1	2.1
Boys	7.2	2.7
Girls	3.2	1.7
Children from the bottom income quintile	6.6	2.2
Children from the middle income quintile	5.5	2.0
Children from the top income quintile	3.0	1.5

per cent of children globally, and symptoms manifest themselves before the age of seven.⁹² Rates in Britain may be higher: one study found a prevalence of 7.4 per cent at age ten in the British Cohort Study in 1980.⁹³ Rates of conduct disorder and ADHD are higher in boys. There is a complex debate about the extent to which symptoms of ADHD manifest themselves as a result of medical factors or contextual environmental factors, for example, whether parenting problems characterised by poor attachment in the early years leads to a permanently high state of neurological alert.

ADHD and conduct disorders are linked to poor language and cognitive development in young children, and the effects can be long lasting.⁹⁴ Children who had ADHD in the British Cohort Study were more likely to have lives typified by social deprivation and adversity at age 30.⁹⁵ Another study found that

those with conduct problems at age 15 experienced poorer life outcomes at age 30:

- 5.6 per cent of those with a conduct disorders at age 15 were unemployed at age 30 compared to 2.5 per cent of those without.
- 28.1 per cent were on benefits, compared to 12.8 per cent who had no conduct problems (more than double).
- Over 20 per cent of those with conduct disorders at age 15 had poor health at age 29 and 30, compared with 14.2 per cent of those without a conduct disorder.
- Just under 60 per cent were smokers, compared with 32 per cent of those with no conduct problems.

The goal for an agenda aimed at early intervention should be to respond to signs of challenging behaviour the moment they emerge. All the evidence suggests that tackling challenging behaviour becomes more difficult the older a child gets.⁹⁶

Poor emotional wellbeing

A child's emotional security and wellbeing grounds learning: unhappy children do not learn well. There is a rich evidence base pointing to the fact that stress and mood affect attention and the ability to concentrate.⁹⁷ Research suggests there has been a growth in poor emotional wellbeing. Analysis of the Millennium Cohort Study shows that approximately 59,000 five-year-olds start school with borderline and abnormal scores on the SDQ emotional symptoms scale (table 6). The percentage of 15-year-olds with emotional problems increased from 10.2 per cent in 1974 to 16.9 per cent in 1999, and over one in five 15-year old girls had emotional problems in 1999.⁹⁸

Data indicate that one in five children in primary schools suffers from consistently low or declining wellbeing, and that these children are most likely to be boys, low achievers and from disadvantaged backgrounds,⁹⁹ equating to approximately 820,000 children.¹⁰⁰ Antidote, an organisation working with schools across the country to improve school cultures and wellbeing, runs an online survey in the schools where they work

Table 6 **Emotional symptoms: percentage of children with borderline and abnormal scores**

Emotional symptoms scale	Percentage of children with borderline scores	Percentage of children with abnormal scores
All children	5.0	5.3
Boys	5.1	5.4
Girls	5.4	5.6
Children from the bottom income quintile	7.3	8.1
Children from the middle income quintile	4.1	4.3
Children from the top income quintile	4.1	2.4

Table 7 **Incidence of mental health disorders in children aged 5-15 in 2000¹⁰²**

Children aged 5-15	Percentage of children with each disorder		
	Boys	Girls	All
Emotional disorders (anxiety and depression)	4.1	4.5	4.3
Conduct disorders	7.4	3.2	5.3
Hyper-kinetic disorders	2.4	0.4	1.4
Less common disorders	0.7	0.4	0.5
Any disorder	11.4	7.6	9.5

Table 8 **Total difficulties score on the SDQ: percentage of children aged five with abnormal and borderline scores**

Total difficulties score on the SDQ	Percentage of children with borderline scores	Percentage of children with abnormal scores
All children	5.9	5.6
Boys	7.2	6.7
Girls	5.2	4.9
Children from the bottom income quintile	8.3	10.1
Children from the middle income quintile	5.4	4.2
Children from the top income quintile	2.6	1.8

that surveys students and staff on general wellbeing and the quality of relationships within the school. Their 2006 survey of 8,000 young people found a 26 per cent decline in reported wellbeing between the ages of 8 and 16, with the most significant drops occurring between years five and six, and years seven and eight.¹⁰¹

Poor mental health

Children with poor mental health are less likely to engage with their education. Table 7 shows the incidence of mental health in 2000 in 5 to 15-year-olds. Conduct disorder is included, as it is a mental health condition.

Our analysis of the Strengths and Difficulties Questionnaire shows the percentages of children aged five with abnormal

and borderline scores on the total difficulties scale (see table 8), used to predict the likelihood of mental health problems.

This suggests that approximately 66,000 five-year-olds are starting school with borderline or abnormal behavioural problems that make it difficult for them to learn in the classroom.

Low aspirations

Low aspirations about educational achievement are linked with poorer educational outcomes, although the relationship between aspirations and attainment is a reciprocal one.¹⁰³ Groups that are at particular risk of lower aspirations are boys, young people from some minority ethnic groups, and young people from disadvantaged backgrounds. However, for some groups of young people there is an aspiration-achievement gap, with higher aspirations not always translating into better outcomes, particularly for those from disadvantaged backgrounds. A child's aspirations are also closely linked to their own perception of their ability and the value they attach to their school.¹⁰⁴

A wealth of new data from the LSYPE demonstrates the centrality of attitudes to outcomes:¹⁰⁵

- 56 per cent of 14-year-olds from the poorest fifth of families say they want to stay in full-time education beyond the age of 16, compared to 66 per cent of those from the richest families.
- 49 per cent of 14-year-olds from the poorest fifth of families say they are likely to apply to university, compared to 77 per cent of those from the richest fifth of families.
- While all young people are likely to become more negative about school between the ages of 14 and 16, this change is most marked in children from the poorest fifth of families (an extra 11 per cent of young people in the bottom income quintile stop feeling happy about school, compared to an extra 7 per cent in the top income quintile).
- 19 per cent of children from the poorest income quintile stop thinking it is likely they will apply to university, compared to 10 per cent from the richest income quintile.

- Young people's own belief in their ability at 14 is associated with improved performance at age 14 and 16, even after controlling for prior attainment.
- Young people who want to stay in full-time education beyond 16 at age 14 in LSYPE do better at age 16, controlling for a wide range of other factors. Thinking it likely they will apply to university at age 14 is associated with higher GCSE scores (of around 18 points), a 3 percentage point decrease in likelihood of playing truant at age 16, and a 2.2 percentage point increase in the likelihood of participating in positive activities compared to young people who say they are not at all likely to apply to university at age 14.
- The difference in attitudes and behaviours towards school of young people in the poorest fifth of households compared to the richest fifth of households explains 51 GCSE points of the total socioeconomic gap in age 16 attainment (180 GCSE points) of these young people in LSYPE,¹⁰⁶ making it one of the most important explanatory factors of the socioeconomic gap in attainment.
- Poor attitudes towards school and behaviour at age 14 play an important role in explaining why teenagers from the poorest fifth of families are much more likely to be NEET than those from the richest fifth: around 3.6 percentage points of the 8.1 percentage point difference in likelihood of being NEET.

Our qualitative research suggests that broadening children's aspirations is an important goal. Although children generally had high aspirations, a significant minority responded to the question 'Where do you see yourself in five to ten years time?' with 'nothing' and 'being on the dole', indicating low aspirations.

Special educational needs (SEN)

Children identified as having SEN are much more likely to be disengaged from their education and suffer a wide range of poorer outcomes. SEN is an extremely broad category spanning conditions as wide-ranging and different as physical disability,

Asperger's Syndrome, visual and hearing impairments, and social, emotional and behavioural problems. Consequently, it is difficult to make generalisations about SEN as a risk factor. We, therefore, leave a detailed discussion of children identified as having SEN until chapter 4.

Environmental-level risk factors

Many of the child-level risk factors described above may stem from issues in a child's broader environment: home life, school life, in the community and peer group factors. Each of these is looked at in turn. It is clear that a child's relationships with the adults around them that is a key protective factor: connection to and attachment with adults is not just important in the early years (as evidence has conclusively demonstrated) but throughout a child's life. This is relationships not just with parents but, as children grow older, with other adults involved in their education and social upbringing.¹⁰⁷ Yet data from Antidote suggests that the quality of relationships with adults declines as children age.¹⁰⁸

It is also worth noting that some children are particularly susceptible to environmental factors. Research by Howard Belsky¹⁰⁹ has suggested that babies with more difficult temperaments (defined as 'stable individual differences in the quality of emotional reaction, activity level, attention and emotional self-regulation'),¹¹⁰ are more susceptible to environmental risk and protective factors. In other words, they flourish to a greater extent in positive parenting, peer and home environments, but are more negatively impacted by negative environments than other children.

School-level risk factors

In raw terms, the impact schools have on children's outcomes is quite limited. One estimate suggests that around 14 per cent of variance in achievement is attributable to school-level factors,¹¹¹ and quantitative evidence suggests the most important factor in terms of school is the quality of teaching.¹¹² It is difficult to be quite so exact about how other features of a school impact on

outcomes as they are less easily measured, and the quality of teaching is probably dependent on many other school-level factors. But there is certainly evidence that teaching styles and school culture has an impact on pupil behaviour, social and emotional competencies, and pupil attainment. In particular, school culture and emotional climate has been highlighted as important. Empirical studies in the USA have found links between the 'emotional quality' of the classroom (as measured by the warmth of adult-child interactions and adult skills in responding to children's needs) and progress in literacy and numeracy.¹¹³ This is echoed in English studies that have found school cultures that support student safety, individual expression, fair treatment and listen to pupils also help to promote better outcomes.¹¹⁴

The 2006 OECD PISA study showed that the UK has greater variation in the performance of different schools, and performance within schools, than most other OECD countries.¹¹⁵

Teachers are particularly important: at age 14, a one standard deviation increase in teacher-pupil relations is associated with getting around nine GCSE points higher at age 16, and an 8.6 percentage point decrease in the probability of playing truant at age 16.¹¹⁶ Other research shows that poor teacher discipline, with lots of negative attention focused on bad behaviour and a lack of praise for good behaviour, is associated with poorer outcomes.¹¹⁷

The transition from primary to secondary school is a particularly troublesome process for some children. The change from a much smaller school in which pupils are taught primarily by one teacher to a larger, more anonymous institution in which pupils are taught by up to 13 teachers in a moving cycle of rooms can unsettle some students. Data from Antidote surveys involving over 20,000 pupils show that there is a significant decline in the quality of staff-student relationships from primary school through to Key Stage 3 and Key Stage 4. Children feel less emotionally safe, there are fewer opportunities to talk about their feelings, and they feel less listened to about their views on teaching and learning as they grow older.¹¹⁸ This conflicts with what is known about early adolescence as a developmental stage:

as young people start secondary school and enter adolescence, they desire and need more autonomy and choice in their learning rather than less. This mismatch is likely to hinder the quality of teaching and learning. It is perhaps unsurprising, therefore, that studies have suggested there is a slowing in academic progress during the first few years of secondary school, underpinned by a drop in attitudes towards learning, particularly in year eight.¹¹⁹

There are also important interactions between children's experiences of poverty and disadvantage and their experiences of school. A Joseph Rowntree Foundation research programme on the interaction between poverty and a child's experience of primary school made a number of conclusions:

- Teacher perceptions of pupils vary according to children's backgrounds. Those from disadvantaged backgrounds, in a small-scale study, were more likely to report that they were shouted at by their teachers.¹²⁰
- Children from more advantaged backgrounds described a richer set of experiences at school, and children from disadvantaged backgrounds were more likely to experience discipline and detention.¹²¹
- Children from disadvantaged backgrounds were more likely to have a negative attitude towards school, but this was underpinned by a lack of confidence in their own abilities rather than a belief that school was not important.¹²²

Research indicates that young people from the poorest fifth of families are less likely to go to a secondary school in England with an outstanding Ofsted report compared to those from the richest fifth of families (16 per cent compared to 27 per cent).¹²³

Young people from the poorest fifth of families are also more likely to attend secondary schools with a relatively high percentage of children eligible for FSM (23 per cent compared to 9 per cent) and live in neighbourhoods with a higher percentage of children eligible for FSM (28 per cent compared to 7 per cent). Young people from the poorest fifth of families were also less likely to say they were happy at school compared to those

from the richest fifth at age 14 (84 per cent compared to 89 per cent), and less likely to say it is valuable (80 per cent compared to 89 per cent).

Schools in disadvantaged areas can find it more difficult to respond to the needs of those from poorer backgrounds, and research has suggested that some teachers find it easier to build relationships with middle-class children and parents.¹²⁴

School quality obviously varies. At the concerning end of the scale, 4 per cent of both primary and secondary English maintained schools (360) inspected by Ofsted were deemed inadequate in 2008/09.¹²⁵

Community-level risk factors

There is now a consensus that place and community-level factors, independent of other outcomes, can impact on young people's outcomes. Even when controlling for a wide range of other factors, including a young person's aspirations and their socio-economic background, the LSYPE found that living in one of the most deprived fifth of neighbourhoods was associated with a 1.8 percentage point increase in the probability of being NEET, compared to living in one of the least deprived fifth of neighbourhoods.

An emerging evidence base from the USA suggests that levels of 'collective efficacy' (the willingness of adults to engage with young people locally and to monitor and control their behaviour¹²⁶) and more positive attitudes towards young people are linked to more positive outcomes for young people on an area-by-area basis. More positive outcomes include lower levels of violence and disorder, lower rates of teen pregnancy and improved health levels among young people.¹²⁷ This is probably explained by the fact that when adults care about young people in the local area, there are higher levels of collective efficacy. They are more likely to act to protect their wellbeing and support local parents in creating a safe environment. But British attitudes towards young people are characterised by fear and negativity, and adults are much less likely to say they would intervene if local young people were misbehaving than in

Germany and Italy.¹²⁸ A further way in which community level factors are likely to impact on children and young people's outcomes is in the provision of positive activities for them outside school: there is a good deal of research linking participation in out-of-school activities with high-quality adult-child relationships and better outcomes.¹²⁹

Taking part in positive activities at age 14 is associated with a 3.2 percentage point decrease in the likelihood of being NEET at age 17.¹³⁰ And the vast majority of 14-year-olds do take part (although there is a socioeconomic gap, with 89 per cent of those from the poorest fifth of households taking part, and 98 per cent of those from the richest fifth).

Peer group risk factors

The quality of a child's relationship with their peers grows more important as they become older: by the age of nine or ten, children rate relations with their peers as being of equal or greater importance than relationships with their parents.¹³¹ Peer norms are important in shaping children's attitudes towards learning: depending on peer cultures within and outside school, learning can become more or less 'cool',¹³² and school cultures need to be sensitive to this. Analysis by the Centre for the Wider Benefits of Learning suggests that three-quarters of children belong to positive, supportive friendship groups but that one in four belong to friendship groups characterised by victimisation and/or bullying.¹³³ These young people suffered from lower levels of wellbeing, lower self-esteem and a higher incidence of depression extending from early childhood through to primary school. This suggests that the relationship is cyclical, with a child's wellbeing impacting on their ability to form relationships with peers, and poor relationships with peers impacting on wellbeing. Children who display aggressive and anti-social behaviour when they start school are more likely to be rejected by pro-social peer groups. This can lead to children joining 'deviant' peer groups that share the same behavioural tendency as them, increasing the risk of anti-social behaviour, drug abuse and offending later on.¹³⁴

Bullying is particularly a problem among pre- and early adolescents: surveys show that it is at its highest among those aged 10 to 13, with four in ten of this age group saying they had experienced one or more forms of bullying in the past 12 months.¹³⁵ Increased access to new interactive media such as mobile phones and the internet has been associated with increased incidence of ‘cyberbullying’.¹³⁶

There are socioeconomic differences: 14-year-olds from the poorest fifth of households are more likely to say they have been frequently bullied than those from the richest fifth (16 per cent compared to 10 per cent).¹³⁷

Parenting and the early years

Parents are without doubt the most important factor in a child’s outcomes. Even before a child is born, who their parents are, and the circumstances of their birth, will have impacted on their future development. But in this section a distinction is made between who parents *are* and what they *do*.

Who parents are

A mother’s highest qualification level is one of the strongest predictors of outcomes at ages 10 and 11,¹³⁸ and one of the most important factors in explaining why young people from poor backgrounds do worse at age 16. In the LSYPE, 45 per cent of mothers in the poorest fifth of households had no educational qualifications, compared to just 3 per cent from the richest fifth, and the difference in maternal educational levels between the poorest and richest fifth of families accounted for around 44 GCSE points of the 180 point gap between young people from the richest and poorest fifth of households.¹³⁹

Parental age also seems to have a separate impact on child outcomes. Studies have linked being born to a mother under the age of 23, and particularly under the age of 20, with poorer cognitive development and increased incidence of behavioural problems,¹⁴⁰ and children born to young mothers are more likely to become offenders and teen parents themselves.¹⁴¹

Children with married parents, both of whom are a biological parent, are twice as likely to develop strong character capabilities than children from lone parent or step-parented families. Children with cohabiting parents fare slightly worse than those with married parents, but better than those with lone parents or step-parents.¹⁴²

Demos analysis of the Millennium Cohort Study has found a clear relationship between family income and child behavioural outcomes. Children from the richest income quintile are about two and a half times more likely to be in the top 20 per cent of behavioural outcome scores than the bottom 20 per cent of scores. Conversely, children from the poorest income quintile are about three and half times more likely to be in the bottom 20 per cent of scores than the top 20 per cent of scores (28.9 per cent of children from the richest quintile were in the top 20 per cent of behavioural outcome scores, and 10.2 per cent in the bottom 20 per cent. In contrast, 11 and 35.8 per cent of children from the poorest income quintile were in top 20 and bottom 20 per cent).¹⁴³

These findings are likely to be partly about the difference in what parents are able to buy for their children in terms of developmentally beneficial activities and services. For instance, only 10 per cent of 14-year-olds from the poorest fifth of families have lessons outside of school compared to 45 per cent of 14-year-olds from the richest fifth; 46 per cent of 14-year-olds from poor families have access to the internet at home, compared to 97 per cent of those from the richest families. Having access to these extra resources has a significant impact on GCSE results: having computer access at age 14 is associated with about 14 extra GCSE points at age 16, controlling for a wide range of other factors, including attainment at 14.¹⁴⁴

But this is only part of the story: access to resources improves stability and security in the home; and, as shown below, a calm and secure home environment is one of the most important factors in positive child development.

What parents do

Although who your parents are, their background, education attainment and income, has a measurable impact on educational engagement and other outcomes, the evidence is that what parents do can trump who they are. Our research shows that parenting style is more significant than any of the structural background factors listed above.

In terms of what parents do, four factors emerge as particularly significant: the stability and security of the home environment; warmth, love and support; consistent rule setting; and parental expectations and aspirations for their child's education. But it is the particular mix of these factors within a broader context of an authoritative parenting approach that works best.

In a recent report from the Demos Capabilities Programme, *Building Character*, parenting styles were classified in four main categories, building on the work of psychologists such as Diana Baumrind.¹⁴⁵ The categories refer to parenting approaches not groups of parents – most parents will display a mix of different approaches:

- *authoritative 'tough love'*: high warmth, high control parenting style
- *authoritarian*: low warmth, high control parenting style
- *laissez-faire*: high warmth, low control
- *disengaged*: low warmth, low control

The analysis found that an authoritative parenting style is associated with better behavioural outcomes for children at age five, regardless of parental status, income or age. Children parented in this way were twice as likely to have developed strong character capabilities by age five (measured by being in the top 20 per cent of behavioural outcomes) than children with disengaged parents. They were also more likely to develop these capabilities than parents who were 'laissez faire' or authoritarian.

For the purposes of this report, the way in which these distinct parenting approaches underpin different approaches to education and learning needs to be understood, for instance:

- *authoritative ‘tough love’* : in relation to education this parenting style suggests an approach characterised by high interest and warmth, strong support, high expectations, firm rules about homework, and consistent enforcement of rules
- *authoritarian*: high interest, high expectations, very strict rules about homework, controlling, easily disappointed and hostile
- *laissez-faire*: high interest, supportive, few expectations, relaxed approach and easily pleased, and few or inconsistent rules about homework
- *disengaged*: low interest, few or low expectations, lack of support, few or inconsistent rules, and lack of involvement

The authoritative ‘tough love’ approach is so successful because these parents create a supportive, loving learning environment, but also set high expectations for their children and establish and enforce firm rules about studying.

Authoritarian parents also have high interest and expectation of their children academically, but they may enforce rules too strictly and be easily disappointed by their child, punishing too often and withdrawing support and love. Several studies show that authoritarian parenting is associated with the poorest outcomes for children, including a higher risk of anti-social behaviour and offending.¹⁴⁶ At the extreme end, children who are victims of child abuse and maltreatment have a much higher chance of offending: some studies suggest that over seven in ten young offenders in secure units have been maltreated.¹⁴⁷

Disengaged parenting is also much less effective than authoritative approaches. Disengaged parenting is associated with lower IQ scores, poorer self-regulation of behaviour, and poor attention even in very young babies.¹⁴⁸ Around 9 per cent of parents can be classified as disengaged, this equates to around 600,000 parents across the UK, concentrated; in lower income groups.

As table 9 shows, authoritative parenting (high warmth and discipline) is most common in income quintiles three and four, authoritarian parenting (low warmth and high discipline) is most common in the most affluent households, and laissez-faire parenting (high warmth and low discipline) is most common in

Table 9 **Parenting style by income group**¹⁴⁹

Percentage of primary carers predominantly using this style in each income group					
Income quintile	Authoritative 'tough love'	Laissez faire	Authoritarian	Disengaged	Other (not clearly classifiable)
1 (poor)	9.8	10.4	8.9	12.0	58.8
2	11.6	10.1	8.9	8.3	61.1
3	13.1	8.5	9.3	7.3	61.9
4	15.1	7.8	11.0	5.9	60.1
5 (rich)	12.8	5.4	13.3	5.6	62.9

Table 10 **Warmth (measured by maternal attachment) by income group**¹⁵⁰

Maternal attachment: percentage of mothers showing different levels of maternal attachment in each income group

Income quintile	Weak	Medium	Strong
1 (poor)	28.6	37.8	33.7
2	25.5	39.9	34.7
3	23.2	41.2	35.6
4	23.9	40	36.2
5 (rich)	28.2	41.7	30.1

Table 11 **Consistent discipline (measured by enforcement of rules) by income group¹⁵¹**

Enforcement of rules: percentage of primary carers in each income group			
income quintile	Weakly enforced	Medium	Strongly enforced
1 (poor)	33.9	37.8	28.4
2	28.1	38.2	33.7
3	24.8	40.2	35
4	20.9	38.7	40.4
5 (rich)	16.6	41.2	42.2

the poorest households. Lack of warmth is found most commonly in the poorest and richest income quintiles, but the gap in warmth across the income distribution (table 10) is not as big as the gap in consistent use of discipline (table 11).

The themes that emerge in our typology as particularly conducive to educational engagement are explored in more detail. In each case, the socioeconomic ‘gap’ is examined. Although parental style trumps parental background factors, there are relevant structural factors: poorer parents are less likely to be authoritative, and more likely to be disengaged.

Consistent and secure home environment

Even before a child is born, stability at home is important. Data from the Avon Longitudinal Study of Parents and Children (ALSPAC), which tracks a cohort of children born in Avon in 1990, show that mothers who experienced high anxiety late in their pregnancy (32 weeks) were twice as likely to have a child with behavioural difficulties at age four (10 per cent compared to

5 per cent).¹⁵² Boys with mothers experiencing high anxiety late in their pregnancy were also twice as likely to have ADHD, 1 in 10 rather than 1 in 20). These effects were found to occur while controlling for maternal depression. This echoes findings in other, smaller studies, with one study finding that around 13 per cent of new mothers suffer from depression in the first year after birth.¹⁵³

For children from disadvantaged backgrounds who manage to ‘buck the trend’ it appears that the single most important factor in doing so was their home environment: there was more likely to be a number of supportive adults in the family who supported learning. Education tended to be valued highly within these families and parents had higher expectations for their children.¹⁵⁴ A difficult and chaotic home environment can make focusing on learning in school much more difficult, and students who have experienced poor relations at home are more likely to ‘act out’ in the classroom.

It is of course much more difficult to enforce rules and structure in a deprived setting and, as table 11 suggests, it is hardest for parents from poorer backgrounds. It is very likely that the strain of parenting under financial stress and insecurity makes it more difficult for parents from low-income backgrounds to display a consistent approach to discipline and boundaries than parents from higher-income backgrounds.

Love and warmth

Research shows the centrality of attachment between parent and child in year one to later life outcomes. The Demos research found it to be strongly linked to the development of empathy, application and self-regulation by age five.¹⁵⁵ Insecure attachment is associated with lower IQ scores, poorer self-regulation of behaviour, and poor attention even in very young babies.¹⁵⁶

Positive and warm family interactions at age 14 such as having meals together, going out as a family, and lower frequency of arguments between the main parent (or primary carer) and child were associated with improved behavioural outcomes at 16 in the LSYPE. An increase of one standard

deviation on a ‘non-education family interaction’ scale was associated with a:

- 2.1 percentage point reduction in likelihood of being a frequent smoker
- 1.4 percentage point reduction in likelihood of frequently drinking alcohol
- 5 percentage point reduction in the likelihood of ever having tried cannabis by age 16
- 3.5 percentage point reduction in the likelihood of ever having played truant by age 16.

Parental aspirations and expectations

One study found maternal aspirations were the single most important parental value or behaviour in predicting Key Stage 2 scores after previous attainment and family background had been controlled.¹⁵⁷ Another study found that parental aspiration was relatively more important for children from disadvantaged backgrounds.¹⁵⁸

Analysis of the LSYPE found strong socioeconomic gaps in parental aspirations: 76 per cent of parents of 14-year-olds in the poorest quintile want their child to stay on in full-time education beyond the age of 16, compared to 91 per cent of parents in the top income quintile.¹⁵⁹ The gap gets bigger as children grow older: by the time a child is 16, 28 per cent of poor parents have stopped wanting their child to stay on in full-time education compared to 10 per cent of parents from the top income quintile.

Most parents are involved in their child’s education, but again there are socioeconomic differences. For instance, 85 per cent of parents from poorest income quintile talk to their 14-year-old about their year ten choices, compared to 99 per cent of parents from richest quintile. 79 per cent of the poorest fifth of parents say they have attended a parents’ evening at secondary school in the last 12 months compared to 98 per cent of the richest fifth of parents. The impact of parental aspirations are felt right into adolescence: having a parent who wants their child to

stay in full-time education beyond the age of 16 is associated with an extra 22 points in GCSE score, controlling for a wide range of other factors.¹⁶⁰

The evidence in this section is compelling: risk factors for disengagement are visible from an early age and already prevalent among a significant minority of children. The question is what to do to prevent them from developing into endemic problems of disengagement. The next section considers the extent to which current policy achieves the objective of intervening effectively at the earliest point and reaching the children and families most in need.

3 What's wrong with the current policy framework?

This chapter sets out an analysis of what is wrong with the current policy approach to tackling educational disengagement. To recap from the introduction, the government has placed a much stronger emphasis on early intervention to improve young people's outcomes, but there remains a disjunct between this commitment and what is actually available for children at school and in the community. There is still not a universal, joined-up early intervention approach to disengagement. In the words of David Bell, former HM Chief Inspector of Schools, there is 'a stubborn core of pupils at the bottom end of the scale [who] are being let down by the system'. The long tail of achievement has remained intractable despite a number of specific initiatives designed to try and tackle it.

There are two key issues:

- There is a lack of spending on prevention and early interventions, targeting children with lower levels of need in an attempt to stop them escalating and their needs becoming more serious. This is partly due to cultural and structural barriers.
- There is a lack of evidence-based practice at both national and local levels. This is discussed in more detail in chapter 8.

Where should early intervention and prevention efforts be focused?

The work on early intervention by the Every Child a Chance Trust, in association with Graham Allen MP and Iain Duncan Smith, has highlighted interventions based on key protective factors. The interventions deal with the risk factors above and focusing on them can improve outcomes for young people.

The core academic skills: language, literacy and numeracy

Research suggests that there is a need to focus on these core skills early on in a child's school life, once they have had a chance to develop these skills through whole-class teaching, and before falling behind which leads to significant disengagement from their whole learning experience.¹⁶¹ The cost to the English public purse of failing to master basic numeracy skills during primary school has been estimated at up to £2.4 billion a year, and of literacy up to £2.5 billion a year.¹⁶² Reading Recovery, an intensive 20-week one-to-one reading tuition programme for children age six who have made no progress in reading and writing, brings 80 per cent of children who take part up to average levels for their age by the time they finish.¹⁶³ The Numbers Count Programme, a 12-week one-to-one numeracy tuition programme for children aged seven brought 83 per cent of children back to average levels in the deprived areas of London in which it was piloted.¹⁶⁴ With speech and communication skills, there needs to be a continual focus from the pre-school years with interventions designed to support parents and families in developing these skills in their children, but development can be supported when children start school through evidence-based initiatives that support language development such as Talking Partners and Primary Talk.¹⁶⁵

Social and emotional competences

Given the importance of social and emotional competences as a foundation for learning, it is crucial that evidence-based interventions are initiated to improve these core skills. Because parenting and a child's home environment are so important in the development of these competences, particularly in the early years, parents need to be supported in developing these skills in children (see below). However, the evidence above also suggests that a supportive school climate and culture is important in fostering these competences, and can act as a protective factor against a chaotic and difficult home environment. There is space for evidence-based interventions that seek to improve these competences from within the school too; examples are the PATHS (Promoting Alternative Thinking Strategies)

Programme, on which the English Social and Emotional Aspects of Learning (SEAL) programme is based, and Life Skills Training (see chapter 5 for a fuller discussion).

Building aspirations

High aspirations are the foundation for a motivation to learn, and research has found that primary school and the first couple years of secondary school are a critical time for building aspirations.¹⁶⁶ Qualitative research with young people also suggests that diverse role models are important in making children and young people aware of their options, and broadening horizons and aspirations.¹⁶⁷

Parenting support

As outlined above, a child's home environment is key in developing both core academic skills, and social and emotional competencies. This is such an important issue that parenting and early years policy is discussed in chapter 7.

A lack of prevention

Despite the national commitment to prevention and early intervention, there is evidence it is not manifesting itself at the local level. Several charities spoken to in the course of this research felt that there was something being 'lost in translation' in the move from central to local policy. The Audit Commission's evaluation of children's trusts revealed that only half of local authority directors of children's services say they are working with children's trust boards to shift resources to early prevention and intervention.¹⁶⁸ Well-respected and high profile practitioners such as Sir Alan Steer have pointed to the lack of early prevention work going on in schools.¹⁶⁹ There are key problems with access to early intervention, for example, in a national poll of parents, only just over 50 per cent of parents who said their child had experienced difficulty learning to talk or understanding speech had received help from a speech and language therapist.¹⁷⁰

Perhaps the most damning statistics concern how much is spent on the consequences of disengagement with education. The total lifetime costs of being NEET at age 16–18 have been estimated at £7 billion resource costs and £8.1 billion public finance costs.¹⁷¹ Each young person NEET is estimated to cost society around £120,000 over their lifetime, and each excluded child costs over £65,000. Yet much smaller amounts are spent tackling the issues that underpin these consequences. Admittedly, many early intervention projects are only in their pilot phase in England, but the amount begin spent on programmes like Every Child a Reader and Every Child Counts, £79 million,¹⁷² and very successful programmes to improve parenting in families at risk such as the Family Nurse Partnership, £15 million,¹⁷³ are drops in the ocean compared to the overall education budget, or the amount spent trying to mop up the consequences of disengagement.

Why a lack of prevention and early intervention?

There are a range of factors underpinning this lack of prevention and early intervention.

First, the national education policy framework does not promote prevention and early intervention. Despite a vocal commitment to it, the tensions between the ECM agenda and the standards agenda get in the way. Children at the bottom end of the attainment spectrum have been poorly served by the latter agenda. In particular there are two systemic issues: the way in which children with SEN are supported, and the way in which behavioural problems are dealt with. These frameworks get in the way of early intervention. They are considered in more detail in chapters 4 and 5.

Second, funding for early intervention is too often associated with short term, unsustainable and ring-fenced funding streams rather than long-term funding delegated to schools. For example, positive initiatives such as learning mentors, learning support units, and behaviour and education support teams have all been funded from short-term pots of money and, despite being successful, evaluations have found

their sustainability is jeopardised due to funding being stopped.¹⁷⁴ See chapter 5 for more detail.

Third, there can be a failure to realise when children have low-level needs and, thus, require extra support. Often, a child's needs have to escalate to a very high level before support is accessed (and even then, it sometimes is not). We recommend a light-tough universal assessment tool for all children that covers social, behavioural and cognitive development as well as physical development, and made to work effectively with the government's Healthy Child Programme. This is outlined in more detail in chapter 7 on early years and parenting.

Fourth, there are political barriers to early interventions that derive from short-term political horizons: the gains from early intervention work are realised over 15 to 20 years, which does not match the political time horizons of national and local politicians.¹⁷⁵ There are also structural barriers at the local level because of the unclear lines of responsibility for many of the outcomes. Multiple agencies, for example, PCTs, local authorities and the police, are responsible for achieving outcomes and spending from one service with an independent budget (for example, early years) required to save money elsewhere (for example, on policing) and spending earlier on (for example, by a primary school) making savings for services later down the line (for example, secondary schools). This is discussed in more detail in chapter 8.

Fifth, there is also a somewhat natural tendency to prioritise fire fighting rather than early prevention work, with respect to resources.¹⁷⁶ Resources are therefore channelled towards children with the highest levels of need at the expense of children with lower levels of needs (whose needs may be escalating). Of course, this is important but one should not be at the expense of the other: effectively allocating resources to earlier prevention will reduce the resources required for fire-fighting later.

Most of the issues above are dealt with in the following chapters, but it is worth discussing the broad national policy framework here.

The national policy framework

As argued in the introduction, national policy has played under the influence of two trends: the tensions between the standards agenda and ECM agenda, and the fact that politicians tend to over-estimate the power of top-down levers such as the curriculum, the school accountability framework, and stipulations about teacher training. These are looked at only briefly here (for a more detailed discussion, see the publications *Thursday's Child* and *A Stitch in Time*).¹⁷⁷

Curriculum

The national curriculum is an oft-utilised tool when a government decides it wants a change to teaching and learning in school. The government has often been criticised for overloading the curriculum by tacking on 'extras' such as citizenship and personal finance education when it decides it wants schools to cover an issue. However, the curriculum is also an over-rated and fragile tool. It is true that the published national curriculum sets the tone for learning in schools up and down England, but it is not the case that tweaking the curriculum automatically leads to change. For example, when the Early Years Foundation Curriculum was introduced to nursery and reception classes in schools, it entitled children to a play-based curriculum. But it had a limited impact on teaching and learning because it was not accompanied with a programme of teacher training on how to teach through play.¹⁷⁸

Recent developments in curriculum reform are overwhelmingly positive: both primary and Key Stage 3 levels have moved away from an overly prescriptive focus on content to more flexible curricula that stress the importance of social and emotional foundational competencies, so important to grounding learning. These should help schools and teachers tailor learning so that it is relevant to their pupils, which will help maintain engagement. However, these reforms will need to be accompanied by reforms to teacher training so teachers are equipped with the curriculum design skills they need to make full use of the new flexibilities. There also need to be reforms to assessment and testing, as discussed below. The new curricula

could also do with a more explicit entitlement to broader forms of learning, including out-of-classroom, experiential and interactive, that evidence demonstrates is key to engaging children and young people. They can improve outcomes over a wide range of measures, not just educational attainment.¹⁷⁹ There needs to be provision in place that allows schools to access these broader forms of learning. There is also very good evidence that children and young people need to feel a sense of autonomy and choice over their learning, and the curricula need to make space for this.¹⁸⁰

The testing and accountability framework

There is a huge debate about testing and accountability.¹⁸¹ But it is suffice to say that this is where the national framework is failing. Alongside their less high-profile Ofsted inspections, the way in which English schools are primarily held accountable is through a testing regime that measures a fairly narrow range of academic progress, and a series of threshold and progress targets, based on these tests and negotiated with local authorities, must be met each year. Following the announcement in 2008 that Key Stage 3 tests were being scrapped due to the logistical issues involved with testing that year, issues related to testing are now primarily of concern to primary schools (although secondary schools are still held accountable for attainment at Key Stage 4 through GCSE qualifications and equivalent).

There are a number of issues with this system of testing and accountability. First, there are doubts about how accurate a picture it gives of a school's performance. These tests are often privileged over other forms of accountability such as Ofsted inspections, which are, in theory at least, more holistic. They do not measure performance on the wider range of skills the new curricula are now explicit about encouraging in young people, including creativity, communication skills and team-working, not to mention the broader range of social and emotional competences. It has also been shown that the tests give an inaccurate picture of pupil progress, and probably of school performance too: experts have estimated that at least 32 per cent

of Key Stage 2 and 42 per cent of the old Key Stage 3 tests are misclassified by at least one level, and that the only way to make the tests statistically accurate would be to make them over 30 hours long in each subject!¹⁸²

Second, there is convincing evidence that testing has had a significant impact on teaching and learning, shifting the focus of schools to that which is measured and away from broader forms of learning. Testing has had a negative impact on children and young people's self-concept as a learner and their attitudes towards learning.¹⁸³

Last, there are concerns that targets, particularly threshold targets, encourage schools to focus on children who are most easily helped over the threshold. The Department for Children Schools and Families has argued that the adoption of progress targets alongside threshold targets should alleviate this – although this is partly undermined by the evidence showing that it is children from disadvantaged backgrounds who are least likely to progress, so it may remain easier for schools to target easier-to-reach groups who are not progressing (although this remains to be seen).

The government's announcement that it will be introducing a broader measure of school performance, in the form of the school report card (see below), may go some way to addressing these concerns.

Teacher training and continuing professional development

Again, there is an extended debate about teacher training but there is not the space to address this here. But, if schools are to be properly supported in tackling disengagement there is a good argument that teacher training, continuing professional development (CPD) and the training of other school staff needs to more effectively cover the following:

- pupil behaviour – and strategies for improving it
- SEN – nearly half of newly qualified teachers say they do not feel confident teaching children identified as having SEN, and training is often purely theoretical and minimal on some teacher

training courses (see chapter 4 for a more detailed discussion of this)¹⁸⁴

- teaching children from different socioeconomic, ethnic and cultural backgrounds
- emotional literacy training on how to create the kinds of emotionally-literate classroom and whole-school cultures that the evidence shows is most conducive to learning and the development of social and emotional competences
- age-appropriate pedagogies – for example, teaching cognitive and behavioural skills to very young children through play, and teaching early adolescents at Key Stage 3

Recent developments

The government's white paper, *21st Century Schools*, published in 2009, contains some positive reforms:¹⁸⁵

- An announcement that there will be an extra 4,000 teachers trained in teaching dyslexic children.
- Improvements to the personalisation agenda, with Pupil and Parent Guarantees setting out existing and new rights for children including access to one-to-one tuition if they are falling behind in primary school; and one-to-one or small group tuition if they are behind in year seven and a personal tutor; and new and strengthened Home School Agreements.
- Some limited extra decentralisation of funding to schools. For example, the national strategies' budgets are being handed directly to schools for them to decide on how to spend on improvements.
- A pledge has been made to reduce the vast number of prescriptive policy initiatives issued by central government over the last decade, and to establish centrally funded programmes only when a national need is unlikely to be met by a devolved system. However, it should be noted that the white paper also restated a commitment to some incredibly centralised stipulations for schools, such as setting out a specific model for pastoral care and personal tutoring, when there is little evidence that this model will work better than others schools might employ.

- A slightly reformed accountability framework for schools. The most significant reforms being the use of the school report card rather than SATs tests to judge the performance of a school, and Ofsted inspections focusing more on the quality of teaching and learning than they have in the past. The school report card will cover a broader set of outcomes including pupil progress, attainment and wellbeing; a school's success in reducing the impact of disadvantages; and parent and pupil perceptions of a school and the support they are receiving. In principle, this is a step forward: but the devil will be in the detail as to the exact measures the report card uses.

But this white paper does not address some of the fundamental issues outlined above. It does not tackle the systemic failures of the school system to properly support children with additional needs; it barely mentions children identified as having SEN, although many of these children will be helped by the tuition promised in the Pupil and Parent Guarantee. The personalisation and standards agendas to date have been mainly about children who are just missing thresholds, not children who have fallen further behind, and the white paper does not adequately address this.¹⁸⁶

There need to be bigger-scale reforms, and this is discussed in the chapters that follow. The accountability and personalisation frameworks need to be applied to children who have fallen further behind. This should mean moving to a system of accountability in which targets are not threshold based, but are based on average performance, so that every child's progress counts. And targets should include specific targets for the children who at the bottom of the attainment spectrum.

4 Special educational needs

The last chapter looked at how general features of the education system, curriculum, assessment and accountability, and teacher training, are functioning in terms of disengagement.

The next two chapters look at two systemic issues profoundly related to disengagement: special educational needs (SEN) and exclusion from school. The two are closely related in practice, children identified as having SEN are eight times more likely to be excluded than children without (often because schools fail to adequately address their learning needs). However, in theory, they are very distinct issues and should be treated as such.

This chapter explores SEN. What follows is a searing critique of the current system, which drastically fails children identified as having SEN across the board. Our review of current proposals for reform from political parties and other interest groups revealed very few examples of ideas that would genuinely address the problems facing a growing group of school children, and an apparent reluctance to contemplate hard-hitting reform. If society is to produce a fit-for-purpose workforce and emotionally healthy population, immediate changes need to be made to the way in which provision and support for children identified as having SEN is approached. This may come with a price tag, but the status quo, genuinely, cannot be maintained.

What is clear from the evidence is that until the education system gets better at providing appropriate and evidence-based extra support for children with additional learning needs, it will be impossible to help children who are significantly underachieving. The intractable ‘long tail’ of underachievement discussed in previous chapters will simply not be addressed until there has been a fundamental review of the system of support children with additional learning needs.

The current system

A very significant minority of children, one in five, are identified as having SEN and so it must be considered as part of the mainstream education system. But it is often treated as an aside to 'mainstream' education issues; even the government's recent white paper on twenty-first century schools made very little mention of SEN. This is extremely concerning in light of the statistics presented here.

Until 1978, children identified as having SEN were considered to suffer from a medical disability. The 1944 Education Act included the terms 'maladjusted' and 'educationally sub-normal' to capture their predicament.

In 1978, the Warnock Report introduced the ideas of SEN, 'statementing' and statutory provision for children with high levels of need. It argued there should be an integrative approach to children with special needs, so all children have common educational goals regardless of disability or need.

Although minor adjustments have since been made, the current system is still very much based on the 1978 framework despite very significant change in other parts of the school system. Unsurprisingly, there is growing evidence that this framework is no longer fit for purpose.

Children identified as having SEN fared poorly through the various incarnations of mainstream education policy in the last two decades. For example, the creation and development of the national curriculum, assessment and league tables in the 1980s and early 90s left them strongly disadvantaged. There have also been significant changes in the nature of SEN and the way in which society views them. The old framework is struggling to cope and letting children down.

The way the current system works

The most significant change to the 1978 system affecting the experience of children identified as having SEN has been that more responsibility and funding for special needs has been delegated from local authorities to schools, a trend discussed in more detail below.

Children identified as having SEN are classified as falling into one of the following categories of primary need:

- specific learning difficulty
- moderate learning difficulty
- severe learning difficulty
- profound and multiple learning difficulty
- behaviour, social and emotional difficulty (BESD)
- speech language and communication difficulty
- hearing impairment
- visual impairment
- multi-sensory impairment
- physical disability
- autistic spectrum disorder
- other difficulty/disability

Children's needs are classified into three levels:¹⁸⁷

- *SchoolAction*: where extra or different help is given from that provided as part of a school's usual curriculum as a result of a child being identified as having SEN. It could be further assessment, additional or different teaching materials or a different way of teaching. It may, but does not have to, include additional adult support. Provision and funding comes from the school's budget, with funds delegated to schools from the local authority's SEN budget.
- *SchoolAction Plus*: where a class teacher or special education needs coordinator (SENCO) receives advice or support from outside specialists (a specialist teacher, an educational psychologist, a speech and language therapist or other health professional). Funding might be from delegated budget or services or paid for by the local authority.
- *Statemented*: these are children with the highest level of needs. These children get a statutory assessment from the local authority, involving submissions from parents and evidence from a range of agencies, and always including an educational psychologist. A statement of educational needs from the local authority sets out their needs in detail and the provision to which they are entitled.

The test for whether a child's needs should be classed as School Action, School Action Plus or statemented is whether or not they are making adequate progress. The definition of 'adequate progress' is set out in the SEN Code of Practice but it is essentially a matter of a teacher's professional judgement, parental views, and the availability of resources in terms of, for example, available time from a local authority learning, behaviour support or educational psychology services.

There are, in theory, two routes to improving outcomes for children identified as having additional learning needs. The first is an approach based on accessing specified services or inputs. It relies on assessment and categorisation to channel particular services.

The second is a system based strongly on outcomes-based accountability in which schools and services are held accountable for the *outcomes* of children identified as having additional learning needs.

As discussed below, the current system of providing support to children identified as having SEN is very much based on the first route. The evidence reviewed in this chapter illustrates that this has, in many ways, actually been counterproductive to improving outcomes. It has been extremely cumbersome, with a huge focus on paperwork and bureaucracy. The process of deciding exactly who is entitled to what has distracted from the issue of how resources are spent once allocated. Too often, they are spent on extra provision, such as teaching assistant time, which has very little impact on improving outcomes for the child in question.¹⁸⁸

In fact, some aspects of the current system actually detract from outcomes-based accountability. If a school over-identifies the prevalence of SEN, this is a mitigating factor in measures of outcomes at the school that is taken into account in its contextualised value-added (CVA) scores. These scores provide a measure of attainment taking the school's context into account. Thus, there are clear incentives for a school to over-identify SEN in order to increase its CVA scores.

It should be noted that the system for identifying children as having SEN runs counter to the grain of the broader efforts to

improve outcomes for children who have not been identified as having SEN. For these children, the emphasis has been, rightly, on holding schools accountable for outcomes and giving them the flexibility to support a child appropriately through the personalisation agenda, rather than guaranteeing access to certain inputs. The idea that there needs to be a separate system for children identified as having SEN gives weight to the flawed idea that these children are somehow in a different category to other children, or that they have a deficit that needs to be addressed.¹⁸⁹ The personalisation agenda rests on the idea that schools should assess and plan for the unique needs of every child – not just those identified as having SEN or a disability. However, the separate system for children identified with SEN means that, too often, they are catered for outside this system.

This helps to explain the failure to significantly improve outcomes for children identified as having SEN, discussed below. Identification of SEN is often used as an excuse for lack of progress rather than as a way of getting the evidence-based and effective support that can improve outcomes for the children who need it.

Statistics for the current system

Just over one in five children (21 per cent) are identified as having SEN: 1.7 million in total. The number increased both by number and proportion during the 1990s, peaking in 2001. Numbers have declined gradually in England since 2001.¹⁹⁰

The number of children with statements, those with the highest level of need and representing a small proportion of the overall group of children identified as having SEN, has fallen slightly from 3 per cent of children in 2004 to 2.7 per cent (222,000) in 2009.¹⁹¹ Over the same period the percentage of pupils classed as School Action and School Action Plus has increased from 14.9 per cent to 17.8 per cent.

For children with statements, the most common primary needs category is moderate learning difficulty, followed by autistic spectrum disorder, BESD, speech language and communication difficulties.

For children in the School Action Plus category, the most common primary need is moderate learning difficulties, followed by BESD, and speech, language and communication difficulties.

BESD is one of the fastest-increasing categories. In January 2009, just under one in three (30.6 per cent) of all secondary pupils categorised as School Action Plus or with statements had BESD. For primary schools, this was the most common category of primary need for children categorised as School Action Plus or with statements. (See chapter 2 for a much more detailed discussion of behavioural disorders, including autistic spectrum disorder, conduct disorder and ADHD.)

Perceived incidence of SEN varies widely across schools. As there are no fixed criteria, incidence is a matter of teacher and school perception, and the amount of time available from the school SENCO to coordinate provision is reflected in the numbers identified. Most schools identify 10 to 25 per cent of pupils as having SEN. But, in 2006, there were 250 primary schools and 72 secondary schools where more than half of pupils were reported to have SEN.¹⁹²

SEN is a complex and tricky phenomenon that teachers tend to identify in certain groups more than others. Boys are more likely to be identified as having SEN: 23 per cent compared to 14 per cent of girls. Boys are also more than 2.5 times more likely to have a statement. And age is a factor: the percentage of children identified as having SEN (without statements) peaks in school year five (age 9 to 10), with 22 per cent affected. The incidence of pupils with statements peaks at age 14, and is approximately 1 in 40 pupils. One reason for this is schools need to provide, in good time, an explanatory context for children not likely to attain nationally expected levels in their Year 6 SATs (age 10 to 11).¹⁹³ Table 12 shows the number and percentage of pupils identified as having SEN, with and without statements in 2009.

Experts say that the reasons why boys are more likely to be identified as having SEN are unclear, but that it is likely to be a mix of factors: teachers' perceptions of what constitute problematic behaviour are more likely to be seen in boys, and boys are more likely to be afflicted by disorders such as autism and ADHD.¹⁹⁴

Table 12 **Number and percentage of pupils with SEN without statement and with statements in 2009 by age at the start of the academic year**

Age	Pupils without statements		Pupils with statements	
	Number of pupils	Percentage of school population at that age	Number of pupils	Percentage of school population at that age
2 and under	710	1.9	40	0.1
3	12,890	5.2	660	0.3
4	47,260	8.4	4,080	0.7
5	88,930	16.2	5,670	1.0
6	108,540	20.5	6,780	1.3
7	118,570	22.2	7,970	1.5
8	124,250	22.9	9,390	1.7
9	126,930	22.8	11,050	2.0
10	124,130	22.1	12,420	2.2
11	126,040	22.2	11,950	2.1
12	119,940	21.5	11,590	2.1
13	116,490	20.7	12,350	2.2
14	113,340	19.7	12,610	2.2
15	113,860	20.1	12,680	2.2
16	15,320	7.2	2,360	1.1
17	7,470	4.6	1,210	0.7
18	1,250	7.6	280	1.7
19+	90	7.2	30	2.0

Source: Department for Children, Schools and Families¹⁹⁵

There is overlap between different categories of SEN. For example, some behavioural and emotional problems may actually be caused by a failure to properly tackle a child's problems with speech, language and communication early on. Research has found that children with communication disorders are more likely to develop behavioural difficulties than their

peers.¹⁹⁶ Another study assessed a group of men in their thirties who had been diagnosed with developmental language disorders (DLDs) in their childhood years. The DLD cohort had significantly worse social adaptation, including prolonged unemployment and few close relationships compared with both their siblings and control groups.¹⁹⁷

Children from poorer backgrounds are much more likely to be identified as having SEN. For instance, children identified as having SEN are around twice as likely to claim FSM than children not identified as such. For children identified as having SEN eligible for FSM, the most common category of primary need is moderate learning difficulties, followed by BESD (30.9 per cent of children without statements who are eligible for FSM had BESD, and 19.4 per cent of those with statements).¹⁹⁸

But deprivation is not a failsafe indicator for SEN. It tends to be associated with those aspects of SEN that are ‘social’ rather than ‘medical’. For instance, autism, Asperger’s Syndrome and dyslexia are neural development disorders not linked to deprivation (although the way a child is assisted in coping with the symptoms and, thus, the way they manifest themselves may well be). However, the category of social, emotional and behavioural disorders within SEN includes social, emotional and behavioural symptoms caused by social as well as medical conditions, and this category (together with moderate learning difficulties, a catch-all label for those who are slow to learn) accounts disproportionately for the link with deprivation.¹⁹⁹ This is an important indication that the root causes or explanations for even one category of SEN will vary, and therefore the likely solution or treatment has to vary on a case-by-case basis.

Yet the strategy to address SEN neither explicitly addresses the link between certain categories of SEN and deprivation, nor allows for this more complex reading of the drivers of SEN.

How well is the system working?

The key test is how well SEN children do in mainstream education. Children with SEN experience a wide range of very poor outcomes. Interestingly, on measures of disengagement

such as exclusions and truancy it appears to be children in the School Action Plus category who suffer the worst outcomes, suggesting that, in some ways, children with high-level needs who do not qualify for statements (or whose parents do not push to acquire statements) are the children who are most poorly served by the system.

Poor SEN outcomes

The gap in attainment between children identified as having SEN and those not has narrowed in recent years, but it remains big:²⁰⁰

- Children identified as having SEN do worse at every key stage level, and the worst outcomes are for children with statements. For example, just one in five children with statements achieve expected levels in English and maths at Key Stage 2, compared to 92.9 per cent of other children in English and 89.5 per cent for maths.
- Only 1 in 20 children with statements achieve the expected level at GCSE (5 A*–C GCSE grades including English and maths).
- For children identified as having SEN who are also eligible for FSM, the figures are even lower: just over one in ten reached expected level of attainment in English at Key Stage 2.

Children identified as having SEN also do more poorly over a wider range of outcomes:

- They are more likely to have unauthorised absences from school, and more likely to be persistent absentees: 10.1 per cent of children with School Action Plus and 9.4 per cent of those with statements, compared to 2.4 per cent of children without SEN. Children identified as having SEN disproportionately account for absences: 47 per cent of primary and 42 per cent of secondary persistent absentees were recorded as having SEN in 2006/07.²⁰¹
- Rates of fixed-term exclusion are higher: 1.8 per cent for children without SEN, 5.7 per cent for those with School Action, 12.1 per cent for those with School Action Plus and 8.8 per cent with

statements:²⁰² 27 per cent of children with autism have been excluded from school and 23 per cent have been excluded on more than one occasion.²⁰³

- They are more likely to be permanently excluded. Less than 0.05 per cent of students without SEN are permanently excluded, compared to 0.2 per cent of students with School Action, 0.85 per cent of pupils with School Action Plus, and 0.35 per cent of pupils with statements. 70 per cent of permanent exclusions are of children identified as having SEN – and it varies hugely between 43 and 92 per cent from one local authority to another.²⁰⁴ The figure is highest for primary schools: 87 per cent of primary exclusions and 60 per cent of secondary exclusions were of children identified as having SEN.²⁰⁵ A significant proportion of these had ADHD, autistic behaviour and mental health problems. In other words, a punitive approach is too often being used to deal with these forms of SEN rather than specialist provision.
- Some parents report informal exclusions (for example, when they are asked to take a child home without reference to formal procedures or a record being made) are still happening, despite the fact this is illegal.²⁰⁶
- They were less likely to say they had good relationships with friends and family in the Ofsted Tellus3 survey (58.9 per cent compared to 63.3 per cent of children without SEN).²⁰⁷
- They are more likely to have been bullied (61.4 per cent compared to 48 per cent of children without SEN).²⁰⁸
- They are more likely to say they have used illicit substances (14.4 per cent compared to 10.9 per cent of children without SEN).²⁰⁹
- 15 per cent of children in young offender institutions have SEN statements, five times the rate in the general school population.²¹⁰ 25 per cent of young offenders have reading and/or numeracy levels below those of the average seven-year-old.²¹¹
- 52 per cent of prisoners have literacy difficulties, 20 per cent have dyslexia and other related learning difficulties, and this is estimated to cost £300 million in prisons, probation and school exclusions each year.²¹²

What's going wrong?

It is clear the education system is failing children identified as having SEN. These poor outcomes are underpinned by a system that is widely acknowledged as broken. In few other policy areas have there been so many reports depicting a system riddled with flaws, yet the government has failed to undertake proper reform. The government has articulated a vision for SEN that includes child-centred and joined-up services, much better outcomes, a highly trained workforce, and better measurements of success.²¹³ It has put in train a welter of initiatives to achieve these goals. But it has not paid sufficient attention to the accountability framework that would make schools take up these initiatives. This contrasts hugely with the government's accountability framework in other areas, notably the national targets for attainment in English and maths. Indeed, the SEN system does not actively incentivise schools to take ownership of outcomes for pupils with SEN and disabilities, built as it is on an assumption that if a child's progress is not sufficient, it proves the case for more support. Instead, it should prompt the more apt response of reviewing whether the teaching and learning strategies in the classroom were effective in the first place.

The irony is that a system designed to offer high-quality provision has perverse incentives that act to reduce that quality. The system encourages schools to push children up the funding ladder rather than reflect on their own practice and, where necessary, change it.²¹⁴

There have been many authoritative reports criticising the system: by the Audit Commission (which called for review of statementing back in 2002),²¹⁵ a House of Commons Education and Skills select committee inquiry in 2006,²¹⁶ the commission set up by David Cameron in 2005 and led by Sir Robert Balchin,²¹⁷ the independent Lamb Inquiry set up by the government,²¹⁸ and the independent Steer Review of Behaviour.²¹⁹ Even Baroness Warnock, the architect of the original special needs framework, called for the government to set up a commission in 2005 to examine the case for wide reform including inclusion, statementing and the link to deprivation.²²⁰ There is a consensus that the system is no longer fit for purpose, and it is struggling to keep up with the changing nature of

children's additional needs due to medical advances and social change, for example, the increasing incidence of autism and social, emotional and behavioural difficulties.

Huge issues are yet to be resolved, including consistency and standards of SEN provision, access to provision, and the statementing process. The system is failing on numerous counts:

- Additional learning needs are not identified early on. Many children's SEN needs go undetected in primary school and even secondary school.²²¹
- Even where a child's additional needs have been identified, the system only provides additional resources when the child has repeatedly failed.²²²
- There is an inequity of provision – and huge postcode lotteries.
- There is inequity in who receives additional support. Many have argued that it does not make sense to single out one group of children (those identified as having SEN) for an elaborate system of assessment and resourcing, but not equally needy children such as those who are looked after or in trauma as a result, for example, of abuse and bereavement.
- The system is confusing, which engenders high levels of parent dissatisfaction.
- Ultimately, the system fails to improve outcomes because SEN resources are not being spent effectively. Too much is spent on assessment and support in class from relatively unskilled teaching assistants and not enough on effective, evidence-based services to improve outcomes.

There are a number of key systemic problems that underpin children with SEN's very poor outcomes. The question now is what really needs fixing? Do proposals for reform, like those from the Balchin Commission, tackle the key issues or will they create new ones of their own?

Problems with the definition of SEN

The current definition of SEN is not adequate. It relies on a framework conceived of in the late 1970s. Since then, there have been a number of important trends. Medical advances have meant that children born with serious and multiple disabilities survive birth and live much longer than they would have done otherwise – obviously a good thing but this has created pressure on the SEN system. Babies born very prematurely are also more likely to survive – and very premature birth has been linked in some studies to higher incidence of symptoms associated with autism.²²³ There is a correlation between deprivation and the incidence of BESD – our analysis of the Millennium Cohort Study presented in chapter 2 highlights the higher incidence of behavioural problems amongst children from poor families, suggesting social change has also had an impact on the incidence of SEN.

SEN is seen too much as one category and includes children with a hugely diverse range of needs, from physical disability to autism.²²⁴ The system is particularly ill suited to dealing with needs like BESD and autism spectrum disorder.²²⁵

It is time for a rethink of how SEN and additional learning needs are talked about, reflecting how society views SEN. Those opposed to rethinking how SEN is defined argue that the focus on disabled children and those with SEN, as currently defined, will be lost if the definition is widened.²²⁶ But it shouldn't matter *why* a child has additional learning needs; what is most important is that they are catered for.

The quality of SEN provision

Historically, the debate about the quality of SEN provision used to be a very dichotomised one around inclusion: about whether children would be better off in inclusive, mainstream settings or in special schools. This is a huge debate, which is too big to tackle fully here. But it is important to note that there are two viewpoints: one which argues that there is a need for a continuum of provision in each local area, and the other that a system in which local authorities run two systems of support, a system of special schools and a system of support for mainstream

schools, is expensive and has detracted from the latter's support to children in mainstream schools, to the detriment of outcomes for children identified as having SEN, the majority of whom are in mainstream schools.²²⁷

Beyond this debate, however, there is a very important issue about the quality of SEN provision, and how well it services each child's needs. As is discussed in more detail below, there is evidence that quality of provision varies widely and in too many cases is poor. This is what lies behind the poor outcomes reviewed above.

In terms of statutory (statemented) provision, local authorities still, sometimes, place too much emphasis on providing an easily quantifiable, rather than *effective*, service (see the more detailed discussion of statementing below).²²⁸ And a statement is not always a guarantee of access. The National Autistic Society found that only 55 per cent of children on the autistic spectrum, for whom speech and language therapy was stipulated in their statements of SEN, actually receive that speech and language therapy.²²⁹

Schools have more control than ever over provision funded from delegated local authority budgets. But Ofsted has found few schools evaluate SEN provision for effectiveness and value for money.²³⁰

Too often, money spent on provision for children identified as having SEN, including statemented funding, is spent on teaching assistants. But a large-scale study of the impact of teaching assistants and classroom support staff on outcomes by the Institute of Education found that teaching assistants do not have an impact on improving the attainment of the children they support. The study found that teaching assistants improve teachers' wellbeing and classroom discipline, because they enable teachers to spend time with the rest of the class without interruptions. But for children receiving support from a teaching assistant, the more support they receive, the fewer gains they make compared to children with similar ability, background and gender not receiving this additional support. This is because the more time pupils spend with a teaching assistant, the less time they spend being taught by a teacher.²³¹ In some cases, this

funding would be better diverted to more expensive but time-limited interventions that can genuinely work in improving outcomes for children with SEN such as one-to-one literacy tuition with highly-skilled teachers in programmes such as Reading Recovery.

So, in too many cases, the process of statementing generates additional resources and a guarantee about the *quantity* of provision, but does not result in high *quality* interventions being available to the child.²³²

The problems of a needs-based system

The system is needs-based in the law. But funding means that, in practice, there has to be rationing – just as there has to be in the NHS. How should limited total resources be best balanced with an individual child’s needs? This is a key question that the system does not explicitly address at the moment (and which no current proposals for reform have addressed either).

Of course, there is plenty of anecdotal evidence amassed by various inquiries that rationing happens on a widespread basis in some areas. But, because the system is supposed to be needs based, this rationing is not explicitly acknowledged, and does not happen in a fair way. There is anecdotal evidence that parents from more affluent backgrounds are more likely to be successful in securing additional resources for their child. The system is also perceived to be unfair because local authorities are responsible for both assessing a child’s need and providing the funding: educational psychologists who undertake the assessment are almost always employees of a local authority and often sit within the part of the local authority responsible for SEN. Inquiries have found anecdotal evidence of professional opinion being fettered in some areas. For example, the Lamb Inquiry found that while some educational psychologists were clear their local authority had never sought to fetter their advice, others did say they worked in a culture where it was expected that they would not make certain recommendations.²³³

In the reviews undertaken by the House of Commons Select Committee on Education and Skills, Sir Robert Balchin

and Sir Brian Lamb have a consensus that new models of separating assessment from funding need to be piloted. However, as discussed below, this will not solve some of the more fundamental issues involved with an approach based on a bureaucratic assessment exercise rather than outcomes-based accountability.²³⁴

Issues with assessment – both statutory and non-statutory

Statutory assessment and statementing

There are further perceived issues with the system of statutory assessment and statementing generated by the fact that so much of the current system of SEN support is geared around assessment and access to a certain amount of resource rather than access to quality support. At the moment, there is a huge amount of variance in what kind of provision pupils who have a statement access, and it is a postcode lottery of provision.²³⁵ This stems back to the emphasis on assessment and access rather than holding local authorities and schools properly accountable for the outcomes of children with additional needs.

There is also a huge amount of local variation in the number of children with statements. It varies between local authorities: from just under 1 per cent (for example, 0.9 per cent in Newham) to 4 per cent (for example, in West Berkshire and Torbay).²³⁶ It is wrong, however, to assume, as many commentators do, that local authorities with higher statementing rates are necessarily better at providing additional support to children with SEN. In some cases, it *may* be a signal of unequal access to provision. But in other areas, local authorities have effectively reduced reliance on statementing in order to improve the speed at which specialised services, beyond what a school can provide through delegated resource, can be channelled to a child. For example, Nottinghamshire has a local panel made up of an educational psychologist, headteacher, a SENCO, parents and PCT representatives to make decisions about the services a child needs. It does not have to go through a very slow, cumbersome statutory process.

The process of statutory assessment takes far too long. Under the SEN Code of Practice, local authorities have to

provide a draft statement within 18 weeks and a final statement within 26 weeks: this is too long for an approach aiming to intervene early to prevent children from suffering as a result of their conditions. The process of statementing is also over-wieldy and cumbersome, taking up a disproportionate amount of limited educational psychologists' time. It reduces their capacity to undertake early intervention work with schools.²³⁷ In terms of the process, too many children have to wait too long to have their needs met.²³⁸

Statements are also not being reviewed as frequently as they should be because the process of updating and amending a statement is also time-consuming. The Lamb Inquiry found that not all schools monitor the progress and attainment of children with SEN, and that local authorities were not always reviewing statements annually as they should. There were examples of children having a statement at age nine or even older that was written when they were three or four. This is particularly problematic when a child has a condition like BESD that might manifest itself with varying levels of symptoms at different points in the child's life or when there are different levels of need associated with a stable condition like dyslexia. From day to day and week to week symptoms vary making it difficult for the system to work because it is based on guaranteeing access to inputs and particular services, rather than improving outcomes.

The appeals process for the statutory process of statementing is extremely adversarial and quasi-legal. Tribunals pit parents against local authorities, and anecdotal evidence suggests they privilege some parents. Of course, in any system where there are limited resources, there will be conflict. Parents want the absolute best for their child, and the state has to assess the child's needs in terms of the bigger picture. But the consensus is that this conflict between parents and local authorities is poorly managed,²³⁹ and poorly serves children and parents.

It is unsurprising, therefore, that there are high levels of parental dissatisfaction with the system.

Non-statutory assessment

Even a brief examination reveals significant problems in the process for non-statutory assessment. Non-statutory assessments in schools tend to mirror the cumbersome, time-consuming and over-wieldy statutory assessment process. There is too often too much emphasis placed on excessive paperwork documenting what has been done for a child so that the necessary groundwork is prepared for the case to be made for them to be moved up to a higher tier of need should the current extra resources not work. As Jean Gross has argued, this system encourages schools to argue automatically that a higher level of resource is needed rather than the *right* high-quality extra support being available to the child in the first place.²⁴⁰

As discussed above, schools are both under- and over-identifying children with SEN,²⁴¹ both of which can, of course, be damaging. Some schools conflate a general lack of academic progress with having SEN. In comparison to England, which has 21 per cent of children registered as SEN, OECD data show the USA, Canada, France, Spain, Mexico and the Netherlands register five to 7 per cent of children as needing extra educational support.²⁴² The biggest difference between England and these other countries is children categorised as having SEN but not statements. Internationally, the figure for children with serious needs at the equivalent level of statementing is 3 per cent, just over the figure in England. Over-identification is most dangerous when it is used as a labelling device to account for underperformance, often reducing expectations even further rather than the identification of need being a device to effectively address children's additional learning requirements.

Some schools under-identify SEN, and children with SEN are not identified in either primary or secondary school.²⁴³ Recent research, for example, has shown that while a majority (60 per cent) of young offenders have speech, language and communication needs when assessed post-offence by a speech and language therapist, only 5 per cent of these had this detected early in their lives.²⁴⁴

Lack of funding

Funding in England increased from £2.8 billion to £4.1 billion in the four years leading up to 2005/06.²⁴⁵ This spending increased further to £5.1 billion in 2008/09,²⁴⁶ equating to approximately £3,000 per child with SEN.

In 2005/06, the breakdown of the £4.1 billion on SEN funding included:

- £1.4 billion for maintained special schools
- £2 billion for mainstream schools
- £481 million for placements at independent and non-maintained special schools
- £264 million for local authority duties such as educational psychologists, administration and monitoring, parent partnership and child protection.²⁴⁷

Is this enough? There could definitely be more, as the Education and Skills Select Committee Inquiry recommended in 2006,²⁴⁸ but that will always be the case, and the big increase by Labour should be seen in context of years of underfunding during the 1980s and early 1990s. But in tight fiscal times, there are definite priorities:

- Spend more efficiently on early intervention and interventions that are evidence-based and shown to work.
- Money for SEN should be ring-fenced as a higher priority above schools budget in fiscal consolidation in years to come (see recommendations below).

Problems of responsibility – who should be in charge?

In the current system, funding for SEN is paid to local authorities in various grants that make up schools budgets. They then delegate funding to schools, and retain some to pay for central services including SEN services and PRUs. In 2006/07, local authorities on average held back 12 per cent of their total schools budget, but this varied widely from less than 5 per cent to over 20 per cent.²⁴⁹ In some areas, most funding is delegated to schools and they choose to buy in extra provision. In other

areas, local authorities retain funding and provide services to schools free at the point of delivery, covering extra provision needed under School Action and School Action Plus.

There is a debate about *how much* funding should be delegated to schools. At the moment it is at the discretion of local authorities within certain limits to decide, in conjunction with their Schools Forums²⁵⁰ (at which schools are represented). This is what leads to substantial variance. Increasingly local authorities are, however, complying with government guidance and are delegating funding for most SEN (apart from low-incidence needs) to schools, based on deprivation or prior attainment.

In theory, schools are best placed to implement early intervention work, and there is a consensus that unless a good proportion of funding is delegated to schools, early intervention work will not happen.²⁵¹ However, in practice, the problem with delegating funds is that the money for SEN is not ring-fenced, and there is little accountability for whether or not schools have spent it on SEN. Ofsted research shows that some schools simply spend the funding intended for SEN elsewhere,²⁵² or on low-cost, low-skilled support from teaching assistants that serves only to make the child dependent and isolated from their peers (this is not unique to delegated funding, the extra resource associated with statements is also too often spent in this way). The Lamb Inquiry found that the delegation of funding to schools has led to a reduction in the quality of services in some areas. The House of Commons Select Committee Inquiry in 2006, therefore, argued that increased delegated funding needs to happen in the context of other reforms, such as better training, better assessment in schools, and a clearer national framework.

There can also be a lack of clarity in individual areas about what local authorities and schools are each responsible for providing: local authorities are not always fulfilling their statutory duty to give guidance to schools on what they are expected to meet from their delegated budgets, and what local authorities are responsible for from their retained budgets. Parents have to be able to understand what the relative roles are of schools and local authorities.²⁵³

The Commission on Special Needs set up by the Conservatives has argued that *all* funding for special needs should go directly to schools, who would get to spend it as they see fit. However, there are some significant flaws in this model. First, there is the very real danger that with lots of smaller pots of money, there will be coordination issues and a lack of planning for children with high levels of complex and/or multiple needs. Some services may simply stop existing. The role of local authorities and children's trusts in planning provision based on the local needs profile of these children is very important and has to continue. Second, for children with high levels of complex and/or multiple needs, it is important other professionals are involved in making decisions about what interventions are accessed, not just schools.

There should be a presumption that a greater amount of funding is delegated to schools. Currently, there is too much variance and, in conversations with headteachers, some say the amount of delegated funding is too little to give them the flexibility they need to respond quickly to a child's needs. With larger budgets, schools would have the flexibility to collectively buy services for children with lower levels of need from the local authority, if there are good experiences locally. But, crucially, there needs to be a much stronger accountability framework for schools that ensures there is as much of a focus on improving outcomes for children identified as having SEN as children that sit just below a threshold target. As argued in chapter 3, there needs to be a shift to targets based on average attainment and floor targets (targets specifically relating to children at the bottom end of the attainment spectrum). This would remove the disincentive to focus on children at the bottom of the attainment spectrum. However, local authorities should retain a certain level of funding to provide and commission services for children with high levels of need.

The other key issue relates to the fact that the funding of health services is completely separate to education-based SEN services despite the fact that many special educational needs require health-based interventions like speech and language therapy and child and adolescent mental health services

(CAHMS). These are resourced from local PCT budgets, which is an issue in many areas.²⁵⁴ Statements are not enforceable for local health services. This partly explains why the National Autistic Society found such poor access to speech and language therapy for children with speech and language problems included in their statements. This is a very important issue that has not been properly tackled.

Lack of training

Training is a big issue. SEN training has historically not been given the same priority as other areas such as the government's national literacy and numeracy hours (both of which were made a core part of initial teacher training and CPD),²⁵⁵ although this will hopefully change under recently announced reforms. Until relatively recently, SENCOs did not have to be qualified teachers, and a significant minority of schools had non-teacher SENCOs. In practice, SEN training is often purely theoretical and minimal on some teacher training courses.²⁵⁶ Given one in five children is identified as having SEN, every teacher needs to be able to teach these children.

The evidence suggests that teachers do not feel well equipped. This came out strongly in the 2002 Audit Commission review of SEN provision.²⁵⁷ Teacher training via the Post Graduate Certificate in Education (PGCE) pays scant attention to issues of emotional and psychological wellbeing, and many teachers graduate with a poor knowledge of how to tackle these issues and, in particular, challenging behaviour.²⁵⁸ A Times Educational Supplement survey in 2005 revealed that over a third of teachers received no training on SEN in initial teacher training, and 23 per cent had no more than a day's training. Only 12 per cent of headteachers and 36 per cent of teachers said their school had adequate resources to assist children with special needs.²⁵⁹

The government's forthcoming reforms of teacher training do not properly address these issues (see below).

Admissions

There is some evidence that some schools are reluctant to take children with SEN because of the impact on league tables. The Sutton Trust found that the top 200 non-selective state schools in England do not take their fair share of children identified as having SEN or entitled to FSM.²⁶⁰

Attempts to reform the system

There have been proposals for reform, but none of these wholly address the fundamental problem of a system based on entitlement to an input for a few children with the highest need rather than a system based on strong outcomes-based accountability for all children.

Recent reforms by the government

The government has introduced some minor but welcome reforms, such as to accountability and teacher training in its 2009 white paper *21st Century Schools*. These are the ‘easy wins’ in this policy area, because they are relatively easy to implement and could make a difference. However, the reforms do not go far enough. Decent SEN training as part of initial teacher training is not mandatory: the Teacher Development Agency has argued it cannot mandate providers to do this because this would impinge on academic freedom. The new Ofsted inspection framework will also have a stronger focus on children identified as having special educational needs or a disability, in response to the Lamb Inquiry (see below). However, outcomes-based accountability for children identified as having SEN has to be introduced *across* the accountability framework, not just in Ofsted, and there need to be proper reforms of targets as discussed above. Ed Balls, The Children’s Secretary, has also announced other changes such as a new requirement for SENCOs to be teachers and extra funding for dyslexia and literacy provision. These reforms do not tackle the fundamental issues with the system, as outlined above.

The government has also set up the Achievement for All pilot, which started in September 2009 in ten local authorities

and 460 schools to improve outcomes for children with SEN and disabilities. As part of this pilot, there will be £31.5 million for initiatives including more extra-curricular activities for SEN facilities, more training and development for school staff and better parental engagement.

Paradoxically, though, the reforms that have probably had the most impact on SEN are reforms to the system outside SEN such as the expansion of one-to-one tuition through the Every Child a Reader and Every Child Counts programmes. More than half of children benefitting from these programmes were identified as having SEN, and eight in ten reached average levels of literacy and numeracy for their age after 20 to 40 hours of daily one-to-one tuition from a trained teacher.²⁶¹

The Lamb Inquiry²⁶²

The independent Lamb Inquiry made its final report in December 2009. Although a welcome and very useful contribution to the debate in this area, the report failed to address the key issues.

Lamb's recommendations include:

- more training on SEN as part of leadership training
- more training on SEN for the whole children's workforce
- PRUs, like schools, should be required to have a SEN policy
- better commissioning of SEN services at a local level
- school report cards should have more inclusive measure of progress
- those involved in the accountability system, governors, SIPs and inspectors, should have SEN training
- evaluation of different Educational Psychology Service models
- parents should have direct access to multi-agency teams working in schools (some educational psychology services already operate on this basis)
- the piloting of alternative arrangements for separating assessment and funding, such as educational psychologists working at arm's length from local authorities

However, the inquiry shied away from more fundamental reform – perhaps because of the review’s limiting remit of only looking at parental confidence in relation to SEN. It did not tackle the issue of variation in the quality of provision. Despite acknowledging that there are issues in the current statementing system, the inquiry’s core argument was that statements are too important to parental confidence (which is low in relation to non-statutory provision). Therefore the report argued statementing might organically reduce as parental confidence in non-statutory provision increased, but should not be reduced as a policy objective. But this is a classic ‘chicken and egg’ situation: if the fundamental problems in the system are not addressed, it seems unlikely that parental confidence will increase.

House of Commons Education and Skills Select Committee Inquiry 2006

The Select Committee Inquiry in 2006 went further than Lamb later did saying statements should be transferrable between local authorities as this would reduce the administrative costs of reassessment and give more resources to SEN provision. As others, including the national SEN audit,²⁶³ have argued, The Select Committee called for a proper national SEN strategy, setting out a national framework. It recognised success was dependent on such a national framework allowing local authorities to plan local provision, based on local need, for a range of services including special schools.

It also recommended assessment and funding be separated. Specific recommendations concerning assessment included not just assessing children identified as likely to have SEN. Rather, all children should have an ‘assessment of learning needs’.

The following models for assessment were recommended for piloting:

- assessment function commissioned out by local authorities and children’s trusts (the committee saw this as the most practical option)

- assessment function delegated to schools (this drew in part on a model from the Netherlands)
- educational psychology services more independent from local authorities and working at arms length from them

However, these main recommendations fail to address the fundamental issues discussed in this chapter.

Commission on Special Needs set up by the Conservative Party, 2007

This was chaired by Sir Robert Balchin, and reported in 2007 with a number of recommendations:²⁶⁴

- Clearer categories of SEN, with funding attached. Statements should be replaced by ‘special needs profiles’, drawn up by profile assessors (educational psychologists, and other professionals), as early as possible. Profiles would be dynamic and subject to review (unlike statements, which are not always often reviewed).
- Categories of SEN should be redefined, with clearer levels of need. There should be distinct support categories matching differing levels of need and the different levels of provision or intervention required. This mirrors what happens in the USA, Canada, most of Europe, and post-19 provision in England (Learning and Skills Councils have five bands of SEN need).
- Each support category should attract a clearly defined level of funding (that could differ from area to area), which children would take with them wherever they were educated: mainstream or special school. The recommendations do also say each level of support would attract a certain amount of funding so local authorities could add to it if they wanted. However, the commission foresaw level of funding varying very little. It thought there would be about a dozen categories. The first two or three categories would cover School Action and School Action Plus.
- Parents should be able to negotiate for a place at the school of their choice regardless of local authority boundaries.

- Schools should have professional autonomy regarding how these funds are spent.
- The assessment process should be triggered either by a professional from education, health or social services, or by a parent with agreement from a professional.
- Profile assessors, working independently of the local authority, would make an assessment and create the special needs profile, based on the clearly defined support categories. This process would guarantee a minimum level of funding attached to the child. The commission hoped this would lead to earlier diagnosis of issues and interventions. It recommended this be piloted in two or three local authorities on a voluntary basis. It argued this would not lead to higher and higher amounts of funding being required because assessors are independent and, therefore, scrutinised externally, and the criteria for support categories would be more objective.
- A ‘special needs mediation scheme’ should be created to avoid the current adversarial nature of tribunals (and these should be the last resort). There should be increased government funding for charities helping and advising parents through the system.
- Local authorities would have to say how much they spend on SEN administration.

The commission saw the advantages of its recommendations as:

- an end to the postcode lottery
- money following the child
- money from health and social care budgets could, in principle, be included in education funds in each support category

There are some significant issues with these recommendations:

- If all funding is delegated to schools, there will be issues for the effective planning of services at the local level.
- A dozen categories, with a set amount of funding attached, are not going to be flexible enough to cater for the needs of children

with widely differing needs and underlying issues including physical disability, autistic spectrum disorder and BSED. The amount of time, money and paperwork it would take to decide which category a child falls into would be better used in providing services to meet needs. This system has the potential to be even more bureaucratic than the current system of statementing, and does not address the fundamental problem of guaranteed resource being used to buy in ineffective provision, such as teaching assistant time.

- It is unclear if there is a blank cheque from the DCSF to meet funding requirements as generated by independent assessments or whether local authorities would get a block grant to be distributed directly to schools based on these assessments. As in the current system, there is no acknowledgement of the need to ration provision due to limited resources.

Box 2 **Case study – Scotland**

In 2004, Scotland moved away from a definition of SEN to a definition of children requiring additional support, for whatever reason, so they can benefit from education, in the Education (Additional Support for Learning) (Scotland) Act 2004. The 2005 Code of Practice lists possible reasons for needing additional support as learning environment, family circumstances, disability or health need, and social and emotional factors.

- *Children with longer term difficulties arising from one or more complex factors or multiple factors, and requiring significant additional support from education and other agencies, qualify for a statutory ‘coordinated support plan’.*
- *Other children with additional needs have their needs recorded in an individualised education programme.*
- *Parents and children have the right to participate in the decision-making process. They have right of appeal to a tribunal or to independent adjudication. Mediation is also available, and appeals are seen as a last resort.*

- *Education authorities are legally obliged to identify and make 'adequate and efficient provision' for children with additional support needs.*
- *Changes were intended to broaden the definition of needs and to provide better coordination of multi-agency support.*

The Lamb Inquiry visited Scotland and met with professionals and parents involved with the system. They commented on the commitment to using mediation before going to a tribunal.

The difference between England and Scotland relates to:

- *the definition through which statutory provision is made, the Scottish definition is broader and relates to a broader set of factors underpinning additional needs (see above)*
- *statutory provision also kicks in at a higher level (see above)*

Recommendations for reform

All of the above reviews reveal fundamental problems in the system, but do not go quite far enough to tackle the issues. There needs to be a proper, wholesale review of the entire SEN system not just on one aspect of it (like improving parental confidence). Such a review needs to look at how the SEN system can be properly reformed to improve outcomes for children identified as having SEN. The underlying premise should be that children's additional learning needs are considered as part of mainstream education policy – and this is long overdue.

We suggest the following principles be included in the review. These are not detailed recommendations, rather the principles on which a reformed system need to be based, and they draw on the work of Jean Gross – the government's 'Communications Champion'.

Classification

The current system of classifying SEN is not fit for purpose. There should be a review of SEN categories that aims to move towards a definition of 'children with additional learning needs'

similar to the Scottish model. In other words, the system should recognise there are broader reasons for a child having additional learning needs than those in the SEN categories. There is no underlying theoretical reason why the current SEN categories exist as they do, and they have failed to keep up with medical and social change.

Assessment

There should not be a separate SEN assessment system. As argued in chapter 7, there needs to be a light-touch universal assessment for *all* children aged 0 to 18 across education, health and social service needs. This would consist of a streamlined common, light-touch assessment of all children at six months, age one, age two to two and a half, age three to three and a half and age five, and ongoing through school. With basic training, assessments could be carried out by health visitors, early years professionals, teachers and nurses. They should be based on evidence-based diagnostic measures spanning physical, behavioural, cognitive and linguistic development. Such assessments could be used to highlight additional needs, including additional learning needs, and lead to more specialised assessment for children with high levels of need. There should be screening for reading and literacy difficulties after one full year at school, and screening for numeracy difficulties after two full years at school.

Funding

Funding of SEN and services for children with additional needs should be ring-fenced before the general schools budget in any future fiscal consolidation:

- Funding of SEN budgets should happen jointly by the Department of Health and DCSF, and go jointly to PCTs and local authorities. There should be a mechanism through which children's trusts determine the division of funding based on the local needs profile. It is not good enough that health is funded

entirely separately from SEN when so many children with SEN require health-based intervention like speech and language therapy and CAHMS.

- There should be a presumption that a certain amount of SEN funding goes to schools, and this should not be up to local authorities. Schools can ‘delegate’ this back up to local authorities, if they wish.
- Funding for additional learning needs should occur on the basis of deprivation and learning needs as assessed by the light-touch assessment, for example, the entry profile of children at school at age 5, 7 and 11. The full details of this would need to be defined, and this is considered in more detail in chapter 6.

This system would require very strong safeguards, based on outcomes-based accountability, to ensure that children with additional learning needs access high quality and evidence-based provision. As argued above, the current entitlement-based system does not ensure this. The safeguards should also include the provision of expertise and high-quality services for schools through local authorities.

Accountability

Any system of channelling support to children with additional learning needs will only work if strong accountability for outcomes is built into the system. The review needs to look at how this accountability can be built into the system, spanning:

- school self-evaluation
- school assessment measures like the school report card
- school improvement partners who act as an expert consultant to a headteacher, providing support on self-evaluation, priority-setting and planning with a focus on progress and attainment
- Ofsted frameworks, including the suggestion by Jean Gross that schools should not be able to get a satisfactory rating unless provision for children with additional learning needs is of a certain standard

- outcome targets: they should be reformed so they are not based on threshold targets, but targets based on average performance, and specifically relating to children at the very low end of the attainment spectrum (in other words, the bottom 10 to 20 per cent)

There should be new guarantees for parents whose children have been identified as having additional learning needs based on *outcomes* for their children, not specific forms of provision.

Building the expertise of schools – and expanding access to excellent, evidence-based provision

Schools should be able to use their deprivation and needs-based funding to access high quality, evidence-based intervention for their pupils. Jean Gross has argued that schools need to be supported by local, specialist multi-agency learning support centres funded and provided by local authorities.²⁶⁵ Under this system, these centres would have responsibility for:

- Assessing the additional learning needs of children within their school and home contexts, that have been flagged up in the light-touch universal assessment tool.
- Developing action plans for children with the highest-level need including, for example:
 - a specialist advisory teacher to help the child's school teachers plan lessons or model teaching strategies
 - specialist advice on environmental adaptations a school might need to make
 - a specialist to work with parents to help them support their child in the home environment
 - specialist advice for teaching assistants working with the child
 - specialist services provided directly to the child by the centre, for example, speech and language therapy
 - an assessment of the need for very high-level resources from a local needs panel consisting of a range of multi-agency workers with school and parent representation

In other words, the emphasis would be on providing much better specialist provision and support to schools.

5 Behaviour, exclusions and alternative provision

With Max Wind-Cowie and William Bradley

This chapter looks at the issue of behaviour and, more importantly, what happens to the worst behaved school children: the processes of exclusion and alternative provision. A systemic failure on the part of the government to address behaviour problems in a comprehensive and effective way has been identified. The UK has one of the most punitive and oppositional approaches to behaviour and exclusion in the developed world. As a result, ‘problem children’ have poorer outcomes than their counterparts in other countries, cost the taxpayer more and are excluded much more frequently. Here, the reasons for this are explained, and suggestions made for what could be done differently.

Consistently bad behaviour in school is generally a symptom of more serious underlying issues: neurological and emotional problems, an unsolved learning difficulty, ineffective parenting or poor teaching, to name a few. A comprehensive strategy addresses the behaviour and its root causes. But to what extent is the current approach achieving this? In this chapter, the focus is on three aspects of behaviour in school:

- the process of exclusion
- the quality of alternative provision
- the potential for an early intervention approach to behavioural issues that are caused by underlying issues

Broader issues about how schools deal with less serious behavioural problems are not discussed: there has been a great deal of policy development in this area in recent years. Teachers and other school staff now have a ‘statutory power to discipline’, and there are new legal measures improving parent’s accountability for the behaviour of their child at school.

Fixed-term and permanent exclusion are, for too many children, the way their schools deal with their disengagement and associated ‘acting out’. There is a significant overlap between children with SEN and children who are excluded, suggesting that exclusion, to some extent, is the result of schools failing to deal with children’s additional learning needs. The focus in this chapter is on children whose poor behaviour is caused by underlying issues rather than the natural tendency for all children to ‘act out’ from time to time. Too often a punitive approach involving exclusion is taken with children that have underlying issues rather than properly catering for their additional learning needs through services such as CAHMS.

Behaviour and exclusions: the statistics

Ofsted figures suggest that behaviour is good or outstanding in 93 per cent of primary schools and 72 per cent of secondary schools.²⁶⁶ This means that one in four schools have inadequate or ‘satisfactory’ systems for dealing with poor behaviour (the latter term is misleading: satisfactory is considered ‘not good enough’ by the DCSF).

Evidence suggests standards of behaviour in school have, in general, risen since 2005.²⁶⁷ The largest ever primary school observation study conducted in 2008 found that standards of behaviour are higher than they have ever been in the last 20 years – reflecting high average standards of teaching and levels of pupil engagement in their work.²⁶⁸ The 2008 National Union of Teachers’ (NUT’s) members survey on their perceptions of the state of pupil behaviour in schools showed that teachers believed there had been a reduction in the level of pupil disobedience since the last survey (2001).²⁶⁹ Although the 2008 survey found that the behaviour of the majority of pupils had improved, it also found more severe problems with a small minority. The survey also found that the majority of teachers had not received behaviour management training. The 2008 Derrington report on behaviour in primary schools showed that teachers believed that the behaviour of a minority of pupils had got worse but that the majority of pupils were behaving better than in the past.²⁷⁰

Survey evidence suggests newly qualified teachers are more concerned about behaviour than their more experienced colleagues. A survey of 30 recently qualified teachers by the teaching union NASUWT indicated poor pupil behaviour regularly affects newly qualified teachers and they are offered variable support for managing behaviour. These findings are supported by evidence from Ofsted inspections: satisfaction levels were lower among less-experienced teachers, although 83 per cent believed that their training had equipped them well to manage classroom behaviour.²⁷¹

The evidence seems to suggest general behaviour is getting better, but the behaviour of a small minority of children is posing greater difficulties for schools and teachers. This is borne out by the evidence reviewed in section 1 about children with behavioural issues: studies suggest 7.4 per cent of children may have ADHD; 15 per cent of 15-year-olds have conduct problems; around 15 per cent of children start school at age five have troublesome behaviour that might make it difficult to learn; and research suggests that up to 5 per cent of pupils display challenging behaviour at some stage in their school career.²⁷² It is these children, and children with SEN, who are disproportionately excluded (see box 3), and who go on to suffer the worst outcomes as discussed in detail in section 1.

Box 3 Exclusions in England

In 2006/07, the last year for which data is available, 6,080 pupils were permanently excluded from schools in England.²⁷³ For fixed-term exclusions in the same year, there were:

- 363,270 from secondary schools, with an average length of 3.3 days
- 45,730 from primary schools, with an average length of 2.7 days
- 16,600 from special schools

The peak ages for exclusions are 13 and 14 (year groups 9 and 10: approximately 54 per cent of all permanent exclusions were from these age groups).

Certain groups of young people are much more likely to end up excluded: three-quarters of those who are excluded have special needs, almost a third are eligible for FSM, and looked after children are seven times more likely to be excluded than their peers.²⁷⁴

Pupils with SEN are more likely to be permanently excluded. Less than 0.05 per cent of students without SEN are permanently excluded, compared to 0.2 per cent of students with SchoolAction, 0.85 per cent of pupils with School Action Plus (19 times more likely), and 0.35 per cent of pupils with statements (seven times more likely). And it is getting worse: pupils with statements are seven times more likely to be excluded, an increase from five times more likely in 2003/04 and six times more likely in 2006/07.²⁷⁵ Children with SEN make up 70 per cent of permanent exclusions, and it varies hugely between 43 to 92 per cent from local authority to local authority.²⁷⁶ The figure is highest for primary schools: 87 per cent of primary exclusions and 60 per cent of secondary exclusions were of children with SEN.²⁷⁷ A significant proportion of these had ADHD, autistic behaviour, and mental health problems. In other words, a punitive approach is too often being used to deal with these forms of SEN rather than specialist provision.

In 2008, around 70,000 pupils were taught in PRUs after being excluded from mainstream schools (just over half of the total number of pupils educated in PRUs) and most were boys aged 11 to 15.²⁷⁸

The most common reason given for both fixed-term and permanent exclusions is persistent disruptive behaviour.²⁷⁹

New Philanthropy Capital's report Misspent Youth²⁸⁰ estimated that the average excluded child costs £63,851 to society over their lifetime. This calculation includes costs to the child in future lost earnings resulting from poor qualifications but also to society in terms of crime, health and social service.

Problems with the policy context in England

The process of exclusion

Legally, schools have the right to exclude pupils on a fixed-term or permanent basis if they commit a disciplinary offence and remaining in the school would harm the education or welfare of other pupils.

DCSF guidance states:

[The] child or young person should be invited and encouraged to state their case at all stages of the exclusion process, where appropriate, taking account of their age and understanding.²⁸¹

Before deciding to exclude, headteachers have to:

- ensure a thorough investigation has been carried out
- consider all of the available evidence, taking into account equal opportunities and disability and race equality legislation
- allow and encourage the pupil to give their version of events
- check whether the incident may have been provoked by bullying or harassment
- keep a written record of actions taken

Informal and unofficial exclusions are illegal. Headteachers are allowed to exclude a pupil for one or more fixed period that does not exceed 45 days a year. Where a pupil is given a fixed-term exclusion of a duration of six school days or longer, the school has a duty to arrange suitable full-time educational provision from and including the sixth school day of the exclusion: this does not apply to pupils of non-compulsory school age.

During the first five days, the school or PRU should set work for the pupil to complete and arrange for it to be marked, unless the school or local authority has made arrangements, on a voluntary basis, for suitable full-time provision to commence earlier than the sixth day.

The headteacher and class teacher must notify the governing body, or management committee in the case of a PRU, and local authority of the types of exclusion listed in. Where school governing bodies and PRU management committees are notified

of an exclusion, they must (whether or not the parent requests this) review any exclusion which is permanent exclusion, or a fixed-term exclusion that would result in a pupil being excluded for more than 15 school days in any one term, or missing a public examination.

The local authority must make arrangements for an independent appeal panel to hear an appeal against a permanent exclusion where the governing body or management committee upholds the exclusion.

In the case of a permanent exclusion, the pupil remains on the roll of the school or PRU until an appeal is determined; until the time limit for the parents to lodge an appeal has expired without an appeal being brought; or the parent has informed the local authority in writing that no appeal is to be brought.

From the sixth school day of a permanent exclusion, the local authority is statutorily responsible for ensuring that suitable full-time education is provided to pupils of compulsory school age. This will be the pupil's home local authority in the case where the school is maintained by a different local authority.

A critique of exclusion

As the earlier statistics show, exclusions are too common a way of dealing with children with additional learning needs and from deprived backgrounds. The process of exclusion is an overwhelmingly punitive one. Carl Parsons argues that DfES policy papers and circulars referring to exclusion are particularly negative:

The tone and orientation are controlling and oppositional. Even the discussion about pastoral support programmes is about confronting and diverting the unwanted behaviour and not, for the most part, about meeting unmet needs.²⁸²

This punitive approach is unique to the UK. In most other countries, exclusion is considered abnormal and unacceptably punitive.²⁸³ Yet in the UK, and especially in England, exclusion

is relatively commonplace. Both Scotland and Northern Ireland exclude at far lower rates than England, and Wales has a marginally lower rate.²⁸⁴ The only countries to share a similar approach to England are the USA and Australia.

In most countries, policy rests on the fundamental principle that all children should be receiving full-time education; there is not the provision for regulating the exclusion of a child that exist in English law.²⁸⁵ Thus, in Europe:

*It remains the case that, if a child is to be expelled from school, it is the headteacher's responsibility to find another placement for the child before the exclusion occurs. This is the situation in Denmark, Holland, Belgium, France, Germany, Austria, Luxembourg, Spain and Ireland.*²⁸⁶

The idea that the headteacher remains responsible for the wellbeing of a child once excluded is an anathema to policy. Yet the process of exclusion creates an accountability gap for the child in question, and this is the crux of the problem. Local authorities assume responsibility directly for a child's education once they have been permanently excluded. But systems of holding local authorities accountable for these outcomes are inadequate. The current system allows schools to 'pass the buck' to local authorities: once a child has been excluded, they are no longer on their school roll. For some schools, the process of exclusion may therefore be more attractive than utilising in-school early interventions or getting a statement from the local authority.²⁸⁷

Like the process of statementing, exclusion is a costly process in administrative terms for the school and local authority. In 1999 Carl Parsons,²⁸⁸ using a sample of local authorities, estimated the cost in England of managing the exclusion process to be £720 per exclusion; £831 in 2005 prices (or around £930 in 2008 prices).²⁸⁹

The Conservatives have proposed that independent appeals panels for parents be abolished, with the only right of appeal being to a school's governing body.²⁹⁰ However, as Sir Alan Steer has argued, this removes a level of protection for pupils and their parents, creating a potentially unfair system, and could mean

schools become embroiled in time consuming and costly legal processes.²⁹¹

Alternative provision

Schools and local authorities are required to provide full-time and suitable education for pupils from day six of fixed-term and permanent exclusions. Most local authorities either run a range of specialist or alternative provisions, or fund access to facilities provided by other local authorities or the charitable sector.²⁹² This provision is often in the form of local-authority-run PRUs, set up in 1994 to provide education for those outside mainstream education. Provision is also offered through further education colleges, work experience, home tuition or education delivered at centres attached to the school. There are around 450 local authority PRUs, which provide the main form of alternative education to pupils permanently excluded from school.²⁹³ Around one-third of placements are to PRUs, with the other two-thirds in other forms of alternative provision (as mentioned above).

Under the Education Act 2003, when a school permanently excludes a pupil the local authority deducts from the excluding school's budget the appropriate remaining part year proportion of the allowance for that pupil (according to the local authority mechanism for calculating it). The sum is then distributed to either the school to which the excluded pupil moves or to the unit to which the pupil goes.²⁹⁴

In their 2006/07 annual report, Ofsted noted that PRUs 'lack a clear vision for their pupils and offer an uninspiring curriculum. As a result, they fail to improve the pupils' attendance or reduce days lost through exclusion.'²⁹⁵ There have been worries that PRUs are seen as 'sin bins' or 'dumping grounds', and that enforced association with anti-social peers may exacerbate rather than improve behavioural problems. PRUs have developed a reputation as 'holding units' as opposed to educational centres.²⁹⁶

A recent survey by Ofsted evaluated the extent to which a sample of schools and local authorities were meeting their

requirements, the provisions in place, and how they ensured education for excluded pupils was of good quality.²⁹⁷ It made a number of key findings:

- Eight of the 28 secondary schools, and two of the three special schools surveyed, did not comply with the requirements to provide suitable and full-time education from day six for pupils on fixed-term exclusions. One special and five secondary schools provided education on their own site but, contrary to the requirements in the regulations, failed to share the arrangements with partnership schools. They felt more able to ensure continuity for pupils' learning if they provided exclusively for their pupils on their own site.
- Seven of the 26 schools that complied with the requirements used PRUs to support pupils; and 13 educated them on site or within the partnership. Only a handful of schools used alternative providers and two used local authority provision, such as the youth service.
- All but two of the 18 local authorities identified their own PRU for day six provision for permanently excluded pupils, but eight of them did not provide full-time and suitable provision for all permanently excluded pupils from day six. A lack of capacity in PRUs was the main reason for non-compliance.
- Eleven of the local authorities monitored the outcomes for permanently excluded day-six pupils effectively and ten had evaluated, or were in the process of evaluating, the overall effectiveness of such provision.

These findings are echoed in other studies of alternative provision: one study conducted by the Joseph Rowntree Foundation investigated the provision provided for permanently excluded children and those at risk from permanent exclusion in two local authorities in the Midlands. The research, which used a mixed methodology of surveys, interviews, spatial mapping and observation, found that in the areas they looked at:

To determine what will be on offer to a pupil, they [local authorities] tend not to use any directory of provision, but rely on their own networks, their

*'diagnosis' of what the young person needs and the funding they have available [...]. Depending on the time of year and available funding, caseworkers may have a wide choice of options or very restricted ones. Our data contain several examples of pupils being sent on specialist programmes because nothing else was available.*²⁹⁸

In other words, there is a real issue over the quality of supply when schools are looking to source in high quality alternative provision.

The state spends much more on children in PRUs than it does those in mainstream education. The latest government figures estimate a cost of £15,000 a year for a full time PRU placement. This compares with around £4,000 for mainstream secondary schools.²⁹⁹

A number of issues with alternative provision are widely acknowledged. The current framework is very complicated, and parents are often confused by the plethora of programmes offered to their children.³⁰⁰ The same Midlands study found that:

*Parents/carers and young people appeared to have no formal structures for input into discussions about what kind of alternative provision was available within their locality. But, more importantly, they seemed relatively powerless in the process of allocation to programmes.*³⁰¹

Research has found the type of provision offered to children may not match their aspirations and interests, further driving their disengagement: two local authorities were found to have poor 'academic' provision for excluded pupils with only seven out of around 180 types of provision offering academic courses, the rest were vocational, despite widespread academic aspirations among many students.³⁰²

The government attempted to address some of these concerns in its 2008 white paper, *Back on Track*. It announced the government's intention to rename PRUs as 'short stay schools'. It also included reforms to accountability: the government has made it a requirement for all PRUs to have a management committee, with significant representation from the headteachers of local schools in order to improve accountability and respon-

siveness to school needs.³⁰³ Powers have also been taken to direct failing PRUs to advisory support. £26.5 million has been promised in the government's 2007 *Children's Plan* for piloting alternative provision for unruly pupils, including using small studio schools.³⁰⁴ The white paper also said minimum standards will be put in place for alternative provision, although these are yet to materialise. Sir Alan Steer has recommended the government go further, with minimum standards for alternative provision in place by September 2011; the DCSF should define best practice for various types of alternative provision; and Ofsted should produce inspection guidance for all forms of out-of-classroom provision.³⁰⁵

But the white paper did not go far enough in suggesting how the quality of alternative provision can be raised. The reforms on accountability are a welcome step in the right direction, but they still do not put accountability for the outcomes of excluded children on the same footing as those who are on a school roll.

Accountability is obviously an important part of this, but so is spreading evidence-based practice and improving outcomes-based commissioning of alternative provision from private, voluntary and public sector providers. Voluntary and community sector (VCS) and private sector provision is significant: around two-thirds of the 135,000 children per year who receive alternative provision do so from these sectors.³⁰⁶ The government acknowledged in the white paper that there were issues concerning the commissioning process for alternative provision that needed to be improved. It announced the launch of an alternative provision commissioning toolkit for schools and a national database of providers. However, the toolkit barely goes beyond standard commissioning guidance, and the national database comes with no information about evaluation and quality. The national database comes with the disclaimer:

Providers should note that inclusion on the register does not constitute a mark of quality assurance or endorsement by DCSF. The providers who complete the form and appear on the register are not inspected, audited or appraised. Inclusion on the register is not, therefore, an indication that DCSF has 'approved' a provider or the provision it offers.³⁰⁷

When compared to the government's efforts to spread evidence-based practice and improve commissioning in other areas, such as parenting (see chapter 7), this is clearly not good enough.

Early intervention – or lack of it

The current system discourages early intervention to some extent because schools may find it easier to pass the buck than tackle issues using in-school provision.³⁰⁸ The range of services, quality of provision and availability of funding are also hugely varied depending on the local authorities involved. Sir Alan Steer's review also found that there is a lack of early intervention, meaning that some children are unnecessarily being excluded and, as a result, suffering poor outcomes.³⁰⁹

One of Sir Alain Steer's key observations was that schools should have good systems of pastoral care, including learning mentors, in place to enable early intervention in issues that may underlie poor behaviour. However, the answer is not a mandate that every school should use a particular pastoral system (as the government set out in its *Children's Plan* with personal tutors³¹⁰) but to allow schools to develop their own, suitable and personal approach.

So what systems should be in place to support an early intervention approach? The following need to form the basis of a good early intervention strategy.

A whole-school approach to improving social, emotional and behavioural competencies

A preventative approach to improving behaviour needs to be grounded in a universal model. There is much evidence from the USA that whole-school programmes to improve children's social, emotional and behavioural competencies improves behaviour in a school (as well as equipping children with a vital set of life skills). For example, the Promoting Alternative Thinking Strategies (PATHS) programme in the USA has been evaluated particularly positively. It is a programme helping children develop social skills via a range of teaching methods and covers

readiness and self-control, feelings and relationships, problem solving and supplementary lessons. PATHS is designed to be used by the whole class throughout the primary years. The programme has been more widely used in the USA and fits well alongside the Social and Emotional Aspects of Learning (SEAL) programme in the UK.

- An evaluation of PATHS found a significant difference between the intervention and control groups in a survey in terms of development of externalising behaviours; in the reduction of depression scores; and in the size of vocabulary for negative feelings.³¹¹ Crucially, these effects were sustained two years after the intervention.
- The PATHS programme has also been evaluated in UK schools. Research across five schools and three control schools found that those who received a PATHS intervention scored a significant change in behavioural outcomes.³¹²
- An evaluation of the scheme by a local authority found that there was a positive and statistically significant change in behavioural outcomes after the introduction of PATHS.³¹³

Early intervention has seen an impressive amount of policy development over the last decade. The government has introduced the Social and Emotional Aspects of Learning (SEAL) programme, based on USA programmes. It is a whole-school intervention, but there are also more targeted elements (such as small-group SEAL and family SEAL). The aim is to promote the social and emotional skills that underpin effective learning, positive behaviour, regular attendance and emotional wellbeing.³¹⁴ It was first implemented as part of the national Behaviour and Attendance Pilot in 2003 and was subsequently introduced into more than 80 per cent of primary schools in England.

SEAL is delivered in three waves, the first of which aims to create a 'whole school climate' within which social and emotional skills can be developed. The second wave involves small group interventions for children who require extra support to develop their social and emotional skills.³¹⁵ Wave three involves one-to-one sessions with children who have not benefited from either of

the first two interventions. A quantitative impact evaluation has shown that these primary SEAL small group interventions have a statistically significant positive impact on children's emotional and social skills, although the average effect is small.³¹⁶

The government-funded evaluation of SEAL is poorly designed in terms of measuring the long-term impacts of the programme, which is a great shame.³¹⁷ However, a recent Ofsted report compared schools that had excluded four to seven-year-olds with those who had not, and found that the use of 'circle time' and SEAL were particularly effective in managing complex behaviour in primary schools and taking a preventative approach to problem behaviour with young children.³¹⁸

Learning mentors and learning support units

Learning mentors and learning support units (LSUs) have been widely acknowledged as successful interventions in promoting good behaviour. LSUs are school-based centres for pupils who are at risk of exclusion, have family or social issues, or are disaffected. The units provide short-term individual and tailored teaching and support programmes to pupils in need of help to improve their behaviour, attendance or engagement with learning.³¹⁹ The Excellence in Cities programme provided ring-fenced funding to LSUs and learning mentors between 1999 and 2006. But concerns have been expressed that when schools are expected to fund them from their own budgets, the money may not be there.³²⁰

Good quality alternative provision as a form of early intervention

High quality alternative provision can be used to re-engage children who are poorly behaved and disengaged from their learning and, as Sir Alan Steer has argued, should be used as part of a planned early intervention strategy before serious incidents of misbehaviour occur.³²¹

Multi-agency working

The evidence has consistently demonstrated the importance of multi-agency working, such as multi-agency support teams for schools, for effectively tackling the underlying causes of poor

behaviour.³²² The government has provided ring-fenced funding for behaviour and education support teams (BESTs) in the past but these are under-resourced in some areas; serve a very large number of schools; and there are concerns about their sustainability once ring-fenced funding has ceased.³²³ Ring-fenced funding for BESTs ended in 2006.³²⁴

Nurture groups

A nurture group is a small supportive group of up to 12 children, usually located in a mainstream primary school.³²⁵ A nurture group focuses on social, emotional and academic development. It provides a closed-group environment in which children are encouraged to develop more positive behaviour patterns and learn within a structured and supportive environment.

Ofsted's recent report on the exclusion of primary school children explored the ways that some schools manage to avoid using exclusion.³²⁶ The report detailed how nine of the schools surveyed (from a total of 69) had 'nurture groups' and found these essential for supporting young children most in need and displaying complex and compound behaviours. However, many schools said they could not afford them.

The Ofsted report also noted that schools that had not excluded pupils and had implemented some of these strategies were no better funded than other schools. Schools that had a nurture group, for example, stressed that to fund one properly was 'a struggle', but saw the group as a prime factor in reducing or preventing exclusions and radically improving the behaviour of some children. Those that had implemented strategies such as nurture groups emphasised that this had sometimes required imaginative use of funding in order to 'stretch' the budget.

One of the schools, for example, relied on income it received as a result of having advanced skills teachers and being a training school. Another had involved a Catholic charity that worked with some families who were having difficulties at home, and this had a positive impact on the children at school. One of the headteachers had opened a private nursery on the school's site with very low fees, which was giving greater support, in particular, to some of the single parents.

In summary, a common issue around these early intervention practices seems to be whether schools have the funding and resources for early intervention practices. A common theme has been early intervention approaches tied to short term, specific ring-fenced funding from the department which ceases after a few years, and jeopardises the stability of these interventions.

There are also two other fundamental problems that act as barriers to early intervention to prevent exclusion.

Poor provision of Child and Adolescent Mental Health Services (CAMHS)

A significant number of pupils who behave badly in school are likely to be suffering from mental illness, but this is not been sufficiently recognised. Sir Alan Steer found in his review that the quality of CAMHS support is an issue of wide concern for headteachers.³²⁷

For example, a survey for the Association of School and College Leaders (ASCL) found that 80 per cent of schools said that once emotional and behavioural difficulties had been identified, it took more than a month for the school to access appropriate support from mental health services; 40 per cent said it took more than three months; and 4 per cent that they could not access services at all.³²⁸ Ofsted has also noted how a third of PRUs have found it difficult to gain sufficient support from CAMHS.³²⁹

In response to such criticisms, the government has laid out plans to develop a national minimum standard of provision for alternative provision that will include minimum standards regarding the length of time for the engagement of support services such as CAMHS.³³⁰

Funding of early intervention

Only 1 per cent of 15-year-olds in PRUs achieved five GCSEs at grades A*–C or equivalent. This success rate compares poorly to equivalent alternative provision in, for instance, Canada. Outreach schools operating in many of Canada's provinces cater for students unable to attend mainstream schools for a wide

variety of reasons. Some of these have a graduation rate on a par with, and even exceeding, average graduation rates of mainstream schools.³³¹

Rather than spending this money on very expensive provision once a child has been formally excluded, it would be better to buy in services that are alternative forms of learning and support services much earlier on.

Preventative programmes and interventions are not a legally binding element of local authority spending, unlike provision for excluded pupils which is an obligation under the Education Act 2003. For these reasons the legal impetus on local authorities is retrospective, rather than proactive, when it comes to tackling disengagement. This has led to a situation where, as one piece of research based on two local authorities found:

*In order to get into alternative provision, pupils must either transgress their school disciplinary code or be so disengaged that they take themselves out of the school system.*³³²

This issue echoes the wider issue discussed in our analyses in chapters 3 and 4: not enough money is spent on evidence-based preventative intervention in England.

Recommendations

The process of exclusion

The formal concept of exclusion, in which a child leaves the school rolls and the local authority becomes accountable for them, should be abolished. A school should be able to buy in alternative provision for children for whom it is deemed appropriate as an early intervention strategy for improving behaviour or as a way of dealing with poor behaviour. But there should be no permanent ‘exclusion’ in the sense of a child leaving a school roll. Headteachers should remain accountable for children and they should remain on the school roll rather than passing to local authority accountability. In this way, headteachers are encouraged to buy in the best possible provision for children needing alternative provision in conjunction with the local authority.

Training

There should be more and better training on behaviour management as part of initial teacher training and CPD.

Improving evidence-based practice to generate high-quality alternative provision

There needs to be dissemination of evidence-based practice in alternative provision, as well as early prevention initiatives to tackle behavioural issues. These issues are considered in more detail in chapter 8 on spreading evidence-based practice. There urgently needs to be a review of alternative provision and the range of evidence-based practices in each area. Local authorities should be charged with the responsibility of ensuring there is high quality alternative provision in their planning functions for children and young people.

Accountability

Aside from the reforms above, the quality assurance of alternative provision needs to happen on the same basis as quality assurance for schools. Ofsted should be charged with inspecting alternative provision regardless of sector (in other words, voluntary and community sector and private sector provision should be inspected by Ofsted in the same way that PRUs are). Alternative provision settings should also get report cards like schools, when they are introduced.

Funding of early intervention

Schools should have increased deprivation and needs-based funding to spend on early intervention approaches to tackling behavioural issues. This is considered more fully in the next chapter, on funding.

6 The funding of schools

This chapter follows on from the two previous chapters on special educational needs and behaviour. Both of these chapters illustrated the importance of funding. The ability to effectively tackle these problems and disengagement, more broadly, rests on where the funding for interventions lie, who holds the purse strings, and what accountability is in place for how the money gets spent.

At the moment, the funding system is hopelessly complex and poor at targeting funds allocated for deprivation at the schools with the higher proportions of children in need. In these financially tight times, the priority should be to ring-fence spending on the disadvantaged: children with additional learning needs (including those resulting from SEN, English as an additional language (EAL), and social deprivation). And schools should be more effectively held to account for how they hold these funds. It is clear that without radical reform of the funding framework, schools and teachers will remain powerless to influence the life chances of the children in their care. This chapter explains how this can be done.

The overall picture on school funding

Education funding has increased by 4.3 per cent each year in real terms over the last decade, although in the period from 2008/09 to 2010/11 it slowed to 3.4 per cent. Schools have done well out of this, having experienced a 6 per cent increase every year in real terms. As a result, school spending per pupil has increased by 6.4 per cent a year in real terms, compared to 4.7 per cent in the private sector. Although the gap has closed slightly, school funding per pupil still lags behind the private sector: it is now 58 per cent of the private sector level in 2006/07, compared to 50 per cent in 1997/98.³³³

In the 2006 budget, when Gordon Brown was Chancellor of the Exchequer, he made a pledge to increase state school spending per pupil to private sector levels in 2005/06. No timeframe was given for this, making it rather tricky to judge success. But Institute for Fiscal Studies economists have estimated that if state sector funding was brought up to 2005/06 private school levels in 2010/11, this would require £18 billion – an unlikely cash injection given the tight fiscal context. However, in the pre-budget report in December 2009, Alistair Darling, Chancellor of the Exchequer, said schools will continue to get above-inflation rises post-2011, so they will be protected from fiscal consolidation.

The current school funding framework³³⁴

The current school funding system is over-wieldy and complex, and fails to achieve what we consider to be key objectives. Here is a summary of how the current system works.

- 1 Central government decides the total education budget, and how this is to be split between schools (around 70 per cent, £41.5 billion in 2007/08)³³⁵ and other education funding for, for example, universities and skills.
- 2 The money for schools is transferred from Whitehall to local authorities in the form of grants. Growing portions of these are directly allocated to schools based on a formula set by the DCSF. In these cases, local authorities pass on the money in a specified way, acting as middlemen:
 - *The Dedicated Schools Grant* (£28.3 billion). This is the primary source of funding for current expenditure on schools. It is ring-fenced in that local authorities have to spend it on schools, and cannot hold any of it back. It is allocated to local authorities using a ‘spend plus’ method – the per-pupil amount each local authority gets depends on the historic amount local authorities have received plus an extra amount dependent on DCSF priorities. Local authorities and schools get information on the amount of funding for three years at the start of each comprehensive spending review period based

on estimates of pupil numbers, which are adjusted in light of actual numbers each year.

- *Capital spending (investment in school buildings and ICT)* (£4.6 billion). Local authorities have some discretion in how they distribute this to schools.
 - *Schools Standards Grant* (£1.6 billion). This is a direct grant from the DCSF to schools via the local authorities which have no freedom in how it is allocated. It is a block grant per school topped up with per-pupil funding. Schools are free to spend this as they wish.
 - *School Standards (Personalisation) Grant* (£300 million). This is intended to support personalised learning during and beyond the school day. It is a direct grant from the DCSF to schools via local authorities and is calculated according to pupil numbers. It is weighted according to measures of deprivation and need (number of pupils eligible for FSM and low prior attainment). Local authorities have no control over how it is distributed.
 - *School Development Grant* (£1.7 billion). This is for schools to spend on anything that ‘supports improvements in teaching and learning’. Local authorities have some discretion in how it is allocated. Schools get a flat rate per pupil increase on their previous year’s funding, plus there are extra amounts for specialist and training schools. Some of this can be retained by local authorities for central functions that ‘support teaching and learning’ but the government introduced a provision that states they could not retain any more than they did in 2005/06 in 2006/07 and 2007/08 – giving local authorities incentives to keep retaining as much as they did for future purposes.
 - *Academies* are funded directly from the DCSF via the local authorities (£1.2 billion)
- 3 Local authorities set their total schools budget – which must be at least as large as the Dedicated Schools Grant. Local authorities can add to this from other school grants and local taxation.
 - 4 Local authorities hold back some of the schools budget for ‘central services’ such as high-level SEN provision and PRUs. The remainder goes into Individual Schools Budget (ISB). The

average amount retained is 12 per cent but varies widely from less than 5 per cent to over 20 per cent of the school's budget. The central services budget cannot grow faster than the ISB, giving local authorities an incentive to not reduce their expenditure in case they want to increase it in future years.

- 5 The ISB is distributed to schools on the basis of a 'fair funding formula'. Each local authority determines their own, but there are constraints:
- Until recently, local authorities had to distribute at least 75 per cent on the basis of pupil numbers.
 - Schools are guaranteed a minimum per pupil increase in their funding, the Minimum Funding Guarantee (MFG), and the local authority funding formula is over-ruled if it contradicts this: 25 per cent of schools got increased funding as a result of the MFG in 2007/08.
 - Several grants (School Standards Grant and School Standards (Personalisation) Grant) are allocated to schools directly by the DCSF.

Local authorities, therefore, have a limited amount of discretion for allocating funding to schools in the 'fair funding formula', although it must be used within the constraints set out above. Local authorities have an obligation to consult their school forum when determining the funding formula. These were set up by the government to give schools a greater say in how local authorities distribute their funds. Local authorities must consult them throughout the budgeting cycle, and they have some limited decision-making power, for example, being able to overturn the MFG in a particular area. They have to consist of at least 15 members.

A local authority 'fair funding formula' will usually be based on age-weighted pupil units; in other words, a set amount of per-pupil funding by age group (secondary schools usually get more than primary schools).³³⁶ Other elements of the formula include additional pupil-based funding (for example, for school sixth forms), social deprivation funding to account for children eligible for FSM and with EAL, and funding for children with SEN both with and without statements. The

funding formula may also take into account school factors and site factors such as the cost of energy and the size of a school.

Over the last decade, the government has made increased use of direct grants to schools.

The problems with the current system

It is extremely complicated

Even the government acknowledges the high level of complexity in the current system. Qualitative interviews with a small number of headteachers suggest they do not understand how and why they receive the amount of money they do.³³⁷ The fact that the system is so complicated muddies accountability and understanding of who is responsible for what aspects of targeting (the DCSF or local authorities).

Of course, to some extent there will always be a trade off between targeting and the effectiveness of a funding system, and complexity. A funding system that is properly aligned to needs must be more complex than a system that is not. But, as discussed below, not only is this system hopelessly complex, it is poor at targeting deprivation funding at the schools with higher proportions of children in need.

Funding intended for deprivation and children with additional needs does not wholly get distributed to the right schools

This is not a new finding. A 2005 DFES review of deprivation funding concluded:

*Local authorities' decisions on the balance of funding between schools are not leading to deprivation funding being accurately or consistently targeted towards schools in deprived areas.*³³⁸

More recent analysis has been undertaken by IFS economists on the extent to which money goes to children with additional learning needs (defined as children eligible for FSM, children with English as an additional language (EAL), and children identified as having SEN).³³⁹ They found that on

average children with FSM attract over 70 per cent more in terms of funding from local authorities than those ineligible, and this has increased over time. Deprivation-related funding has grown more quickly than non-deprivation-related funding over recent years.

But the picture is not uniform: there can be huge differences of up to £1,000 per child in schools with similar levels of need.³⁴⁰ And local authorities only allocated 40 to 50 per cent of this extra funding towards the schools that children eligible for FSM attend. In other words, school funding is less redistributive than the government intends: local authorities ‘flatten’ it out. The degree of this flattening has stayed the same for secondary funding but increased for primary funding in recent years.

If deprivation funding went directly to schools, the FSM premium would be more than doubled in primary schools and 50 per cent higher in secondary schools.³⁴¹

There is no accountability for how schools spend funding intended for deprivation and children with additional needs

As discussed in the previous chapter on special educational needs, there is currently little accountability for how schools spend their delegated funding that is intended for deprivation and children with additional needs – indeed, the system is so complicated that it is difficult for schools themselves to keep track of what is intended for these children. There is evidence that some schools do not spend their delegated funding on these children, and the delegation of funding has, in some areas, led to a reduction in the quality of services (see chapter 4 on SEN for a fuller discussion).

If anything, the incentive is to spend time and resource on children who are mostly likely to contribute to a school meeting its threshold targets, in other words, children just below a particular threshold, for example, for getting five good GCSEs, rather than children who are struggling to come even close (see the discussion in chapter 3).

The system needs to imbed proper accountability for how delegated funding is spent, and this should be a stronger part of

the accountability framework including self-evaluation and Ofsted. Targets also need to be reformed to make them more intelligent: they should reflect average attainment in a school rather than threshold attainment, and there should be floor targets (targets specifically for the progress of children at the bottom of the attainment spectrum), as discussed in chapter 3.

It privileges stability over equity

In the system outlined above, the approach is ‘spend-plus’: the most important factor for per-pupil funding for local authorities and schools is what they received *last* year. The system does not respond to changes in school populations: disadvantaging schools may see increases year-on-year in children with additional learning needs through factors like SEN, EAL and social deprivation.

The IFS statistical analysis looked at how a school’s funding responded to *changes* in FSM levels, children with SEN and EAL between 2005/06 and 2007/08.³⁴² It made a number of conclusions:

- Schools experienced no statistically significant increase in funding as a result of changes to numbers of FSM children (at the five or 10 per cent level).
- Primary schools get an extra £640 per added EAL pupil and secondary schools get £488 (both statistically significant at the 1 per cent level).
- Primary schools get an extra £1,824 per extra pupil with a statement (significant at the 1 per cent level). There is no statistically significant secondary school increase at the five or 10 per cent level associated with an extra pupil with a statement.
- There is no statistically significant increase in funding as a result of an extra pupil with School Action or School Action Plus.

In other words, there is a great deal of inertia in the system generated by the ‘spend plus’ approach. However, the IFS found the system is pretty static in terms of deprivation: in other words, there is not much of a change in FSM levels in a particular

school from year to year. This is partly accounted for by the fact that the inertia in the funding system means schools have an *active disincentive* in funding terms to increase the diversity of their intake with respect to FSM, EAL and SEN because funding for these extra needs lags far behind the increase in numbers. Of course, schools are forbidden from selecting their pupils based on family background but there continues to be concern, and anecdotal evidence, that some schools find ways to do this. Recent research by the London School of Economics (LSE), for example, suggests that some schools may be employing underhand tactics such as manipulating waiting lists and courting parents of bright children.³⁴³ The LSE describes how one school, using distance as an admissions criterion, was taking measurements from a different building half a mile away.

Delegation for early intervention varies widely

As noted above, the amount of funding retained by local authorities for central services varies widely from less than 5 per cent to over 20 per cent, with an average of 12 per cent. This means that schools are getting differing amounts of delegated funding for early intervention services to deal with issues and additional needs arising from SEN, EAL, deprivation and behaviour.

Of course some local authorities might be retaining funds and providing excellent early intervention services to schools free at the point of delivery. However, as discussed in chapter 4 on SEN, there is a consensus that unless a good proportion of funding is delegated to schools, early intervention work will not happen as schools are best placed to implement this, in theory.³⁴⁴

But in our discussions with headteachers, in association with the National Association of Head Teachers (NAHT), some were clear that they did not have enough flexibility to buy in their own early intervention services and, if they had the choice, they would not choose to buy them in from their local authority.

Some schools accrue surpluses, rather than spending their yearly budget on provision of pupils' education

In 2008/09, 91 per cent of schools in England had budget surpluses totalling £1.92 billion.³⁴⁵ A third of schools had 'excessive balances' (defined by the DCSF as over 8 per cent for primary schools and 5 per cent for secondary schools) totalling £495 million. Many local authorities do operate excessive 'claw back' mechanisms, but not all. So, some schools are holding on to funds, and generating surpluses, even though they are intended to be spent in their entirety on the current cohort of pupils each year. This is something that needs addressing.

There are some important constraints in how schools spend their money

Staff salaries are one of the biggest areas of expenditure for schools accounting on average for 80 per cent of all costs (60 per cent on teachers, 20 per cent on support staff).³⁴⁶ Yet they are also one of the areas where schools are most constrained. Teacher pay scales, promotion paths and salary rises are set out in the School Teachers' Pay and Conditions Document (STPCD), which all maintained schools must abide by. Additional guidelines govern rules about sick pay, maternity cover, working-time arrangements and notice periods. The salary scales are extremely rigid: all teachers begin on a six-increment pay scale, moving up an increment each year subject to satisfactory performance review. While there were reforms to the performance management system (in 2001) and the introduction of an upper pay scale, evidence suggests the system still fails to act as a performance-related pay scale. It also hugely constrains the management freedoms of headteachers.

The only schools that are able to set their own pay, conditions and working-time arrangement are academies. The DCSF has rejected calls for all schools to get similar management freedoms.

Recommendations for reform: the pupil premium

The concept of a pupil premium, originally introduced in England by Julian Le Grand in the 1980s, has rapidly been gaining traction in policy circles. It is based on a central funding formula that allocates funding to schools based on pupil numbers and need. Need is usually defined as a mixture of deprivation, SEN, additional learning needs and EAL. The proposal effectively eliminates the role of local authorities in distributing funding. Instead, the money goes directly from central government to schools.

There are two key arguments in favour of a pupil premium. First, there is the argument that it would incentivise schools to accept a more diverse intake in terms of needs, (a ‘drag in’ effect). There is a good deal of evidence about the benefits of having schools with more mixed intakes for children from deprived backgrounds:

- Children from deprived backgrounds do better in schools with more diverse populations.³⁴⁷
- But the best schools tend to have less diverse populations. The top 200 comprehensives had an average of 5.6 per cent of pupils eligible for FSM compared to the national average of 14.3 per cent in 2006.³⁴⁸
- An enormous 85 per cent of schools achieving fewer than 30 per cent of pupils getting five good GCSEs have higher than average FSM.³⁴⁹

There is currently little evidence about the extent to which a positive drag-in effect would exist. Certainly, the premium might have to be large to encourage headteachers to take in children with complex and multiple needs. But, a pupil premium would fix the active financial disincentive that currently exists for schools to change the diversity of their population because of the stickiness of the current system: there is an incentive that is counter to a drag-in effect. Even without firm evidence about the extent to which a drag-in effect would occur, these admissions incentive arguments for a pupil premium approach hold firm.

It should be noted that these issues are often connected to a wider debate about pupil-led funding that relates to

contestability and choice in the system. However, the current system of funding is significantly pupil led – around 85 per cent of a school’s funding is related to the number and characteristics of pupils rather than other factors, so this is not really a debate for here.

Second, a pupil premium obviously targets more money towards schools with greater numbers of pupils with extra learning needs. There is a challenge here, though, in ensuring this money is spent on evidence-based early intervention through accountability mechanisms and incentives, which are discussed below in the recommendations section. First we look at the current political debate about a pupil premium.

The political context around the pupil premium

There is a certain degree of consensus amongst the parties that schools should get increased choice in how they spend their funds, but only the Liberal Democrats and Conservatives have embraced the idea of pupil premium.

The Labour government has been cautious. The recent white paper *21st Century Schools* announced the launch of a major review of allocation of the Dedicated Schools Grant,³⁵⁰ to provide a funding system better reflecting need and supporting partnership working. It said that this review would be based on the following principles:

- Money allocated at the national level for deprivation should be allocated locally to schools with the pupils that need it.
- The system should be more responsive to changes in the characteristics of pupils in schools and local authorities.
- The proportion of resources allocated nationally on deprivation should be maintained or increased so the money spent on deprivation at the local level grows.

The government has been critical of the idea of a pupil premium. It has argued it would not guarantee deprivation funding is spent on the children with highest need. It says a

pupil premium could result in a smaller proportion of school funding allocated at the national level for deprivation and less money reaching schools with the most deprived pupils if the premium replaced more generous streams of funding for deprivation, or if money was taken from other funding pots supporting deprived children.

Of course, a bad pupil premium system (just like any bad funding system) could result in these outcomes. But the problem with this analysis is that it compares a yet-to-be-developed system, whose details have not been specified, with a pupil premium 'straw man'.

The white paper *21st Century Schools* does, however, increase delegated funding to schools via the abolition of the national strategies with schools getting more of a say over how they spend money on school improvement. This could potentially free up more money for early intervention.

In contrast, both the Liberal Democrats and the Conservatives have enthusiastically embraced the idea.

The Liberal Democrat policy includes the following points:

- Additional deprivation funding to be channelled into the system via a pupil premium initially totalling £2.5 billion. This would increase per-child funding for children from deprived backgrounds to the average level of funding in day private schools. They argue there is a strong rationale for making the premium higher in primary schools.
- A 5 to 16 pupil premium would cover children with FSM, low and medium level special needs, children in care, and children with EAL (for the first year of a child's education only). The end aim would be for children from low-income families in employment (for example, those in receipt of working tax credit) to also be eligible for the pupil premium, costing in the region of £5 billion.
- The premium would be paid directly to maintained schools (in other words, would not be used as a voucher). Schools would be free to spend it as they wish.
- Local authorities would receive separate funding for providing central children's services.

The Conservatives have also said they would adopt a pupil premium to increase per capita funding for pupils from deprived backgrounds – although not as much detail has been given.³⁵¹

The most detailed proposal for pupil premium thus far has come from the Policy Exchange.³⁵² This proposal involves each school receiving per-pupil funding based on pupil numbers and an area cost adjustment, with a pupil premium paid on top for children with additional needs. The money would be paid directly to schools, bypassing local authorities altogether. Local authorities would get a limited amount of funding from central government to cover their expenses; this would be standardised so it would only be for services that have to be provided centrally such as transport. The report makes clear that money that would have been retained for central services, like SEN and alternative provision, would go directly to schools.

Unlike the Liberal Democrat proposal, there is no proposal for *additional* education funding via the pupil premium. Instead, the £4.6 billion pupil premium would be paid for by scrapping the School Standards Grant, the School Development Grant, the Standards Fund and the Education Maintenance Allowance and an implicit cutting back in funding to local authorities for central services: a zero-sum reorganisation of current education budgets.

There are two key issues with this proposal:

- The dramatic scaling back of the role of local authorities would be extremely damaging to children with SEN and coordinated early intervention approaches. The proposal also does not discuss what would happen to early years services for those under age five that are funded from the funding streams that it recommends abolishing to pay for the premium.
- While deprivation and low-level SEN needs are linked, deprivation is not a failsafe indicator for low-level SEN (see chapter 4). A pupil premium would also need to be, in part, dependent on the learning needs of the intake of a new school cohort either as measured by prior attainment, or by a light-touch assessment, which is discussed below.

Critique of the pupil premium

The main critique that could be made of the pupil premium is that it is too centralising: it takes power away from local authorities to distribute deprivation funding as they see fit because the pupil premium would be a national funding formula. There are two responses to this point.

First, it is true the pupil premium would take some power away from local authorities but it would give more power to schools, at an even lower level. Schools can choose to ‘delegate back’ some funding to local authorities to provide an expanded set of central services in cases where a local authority is providing good early intervention services and they are happy with this arrangement. This system starts from the presumption that more power should reside with schools rather than local authorities. This subsidiary principle is important. Of course, local authorities should continue to receive funding to provide some level of central support services to schools for children with high levels of needs (for example, the learning support centres for children with additional learning needs proposed in chapter 4), and they would continue to have their role in planning and coordinating children’s services across the whole area.

The second point to note is that local authorities have increasingly had reducing amounts of power over how funding is distributed, anyway, because of the central requirements from the DCSF. This means that not only is the system complicated, it is also one in which local authorities do not have as much power as they used to, and it is poor at targeting deprivation funding.

Recommendations for reform

A funding system needs to be based on the following principles:

- Simplicity and transparency with respect to a breakdown of responsibility between the DCSF, local authorities and schools with a clear statement defining the division of responsibility in terms of provision and funding.
- Equity: funding should reflect the learning needs of children in a school.

The pupil premium should be based on pupil numbers and an area-based adjustment for costs. The premium element would be based on the following measures of additional need:

- Deprivation: FSM eligibility is too blunt a tool to measure deprivation and there should be a more sophisticated tiered indicator that takes in children in low-income working households in receipt of working tax credit.
- Additional learning needs at ages 5, 7, and 11, assessed by the light-touch assessment tool discussed in chapters 4 and 7. Prior attainment would feed into this tool.

There is further work to be done in terms of what the eligibility criteria would look like, and this will be the subject of future Demos work.

Crucially, if the system is going to work in improving outcomes and access to services for children with higher levels of needs, there needs to be proper accountability of the way schools spend their pupil premium. Schools would be required to make public this information. Together with more intelligent targets that value the progress of each child, not just those at the borderlines, this should ensure sufficient accountability to give schools much more freedom to spend increased amounts of delegated funding on additional services for early intervention to improve outcomes. Such services include SEN provision, welfare provision, increasing staff salaries to attract staff with higher levels of expertise, and preventative behavioural strategies covered in chapter 5 including nurture groups and learning mentors. There should be financial ‘match’ incentives for schools to spend on evidence-based practice (see chapter 8 for an explanation of how this would work).

There should be a clear statement of the relative responsibilities of the DCSF, local authorities and schools in relation to education and service provision for children:

- *DCSF*: the priority for direct departmental funding should be setting up the national infrastructure required to expand access to evidence-based interventions that improve children’s outcomes

like the Family Nurse Partnership and Reading Recovery (see chapter 8). This is a legitimate role for centralised funding: without this funding, it is difficult to see how evidence-based interventions could ever be replicated properly so all children can access them.

- *Local authorities*: should be responsible for funding services that would not otherwise exist if all funding was decentralised to schools, for example, services for children with high-level additional needs (see chapter 4) as well as, of course, other services such as early years services.
- *Schools*: should have all other funding delegated to them via the pupil premium.
- A transparent national formula should set out the level of funding retained by the DCSE, given directly to local authorities and schools in accordance with this.

The extra amount that should be distributed through the pupil premium funding formula will also be the subject of future Demos work. However, any premium funding must be ring-fenced from any future cuts to an education budget over the general school budget. There would need to be a gradual move to this system to avoid any big losers with respect to school budgets in the short term.

7 Parenting and development in the early years

This report centres on the need for a progressive and universal policy approach based on earliest intervention in the crucial first few years of life. This chapter raises big questions about the current slant of early years and parenting policy in the UK: not enough is being done through universal services to identify and reach the families who most need support, and targeted interventions do not always follow the path indicated by the evidence of what works. The last decade has witnessed the building of an improved infrastructure through which services can be delivered including free universal access to early years education for three and four-year-olds, and Sure Start children's centres. Significant questions remain, however, about how to ensure this infrastructure delivers evidence-based services for those who need them.

This chapter is concerned with how policy and services can best deliver effective, supportive and sustainable interventions in parenting from the earliest possible point. This is no easy discussion: as with other areas of children's policy, there is a lack of information about what works. However, through exploring what is available, clear patterns of evidence emerge about what works best, and when and how to help families at risk.

The recent Social Exclusion Taskforce review, *Families at Risk*, estimated that 140,000 of the 13.8 million families in England experiences entrenched problems that are passed from one generation to the next, with their children ten times more likely to be in trouble with the police and eight times more likely to be excluded from school.³⁵³ But they are not always likely to be able to access the support they need because the local support on offer is poorly coordinated and does not take into account the root causes of the issues they experience.

Below, national and international evidence of what improves outcomes in the early years is examined; the current

UK policy landscape and its impact assessed; and the steps that must be taken to improve the life chances and education prospects of younger generations are set out.

It is worth stating upfront, though, that although this chapter is mainly focused on vulnerable families and parents of children at risk of poor outcomes, as a nation there is evidence to suggest that parenting practices are improving. For example, 62 per cent of parents thought rewarding good behaviour was an action that would help parents teach their children the difference between right and wrong in 2006, up from 57 per cent in 2001.³⁵⁴ And 10 per cent of parents thought smacking was an action that would help teach their children the difference between right and wrong in 2006, down from 17 per cent in 1999.

What works in the early years to improve child outcomes?

The approach parents take to parenting their children is deeply personal and an active decision. They are often proud of their approach and confident in their abilities. But the evidence shows that parents who lack confidence and either passively or actively adopt detrimental approaches, which can jeopardise their child's future, respond very well to interventions, particularly if these are offered early enough. This highlights the need for some form of targeting. In this section, five types of interventions that can be targeted at the most in need groups, are explored:

- intensive home visiting programmes in very early years
- other interventions in the early years that promote improved outcomes including early diagnosis and treatment of postnatal depression, baby massage, the use of front-pack baby carriers and programmes designed to improve communication between parent and child
- parenting skill programmes, which have mostly been evaluated for parents of older children (age three plus)
- early years education programmes
- family literacy and numeracy programmes

Intensive home visiting programmes

Home visiting is a crucial component of any early intervention strategy. The evidence suggests that the best home visiting service would offer an initial light-touch and universal service, followed by more intensive support for at-risk parents.

Our analysis reveals that the most successful intensive and targeted home visiting programmes are characterised by the following features:³⁵⁵

- serving targeted populations
- provided by well-trained and adequately supervised staff
- a range of services guided by clear goals
- engage families for the duration of the programme

Nurse Family Partnership

The most successful home visiting programme, which has been replicated in many countries, is the US Nurse Family Partnership (NFP) (known as the Family Nurse Partnership in England). What sets it apart is its intensity: it features 50 visits from the prenatal period to two years, plus weekly visits prior to and immediately after birth. The focus of the visits is on improving pregnancy outcomes and enhancing child health and development through improvements in parenting and access to healthcare. It also aims to facilitate education, employment, and partner and family involvement in the pregnancy.

Results from international case studies are persuasively positive, with particularly high success rates for children of first-time at-risk mothers (risk factors include being young and living in poverty).³⁵⁶ Key outcomes include:

- fewer subsequent pregnancies
- increased maternal employment
- higher cognitive performance among children
- better social behaviour by children in pre-school years
- fewer arrests of children when they reach adolescence

The programme is also cost-effective: every £1 spent on the programme saves £4 by the time the child is 15.³⁵⁷

Not all home visiting programmes have been as effective. Healthy Families America was a home visiting programme in several states, delivered by paraprofessionals for three to five years. It had mixed results, with negative as well as positive outcomes.³⁵⁸ But this programme may have been poorly implemented in some states, showing the importance of consistent implementation (discussed in chapter 8 on evidence-based practice). The issue of who delivers the service is also relevant: the success of NFP has been attributed to the use of skilled nurses. Effects were twice as large in NFP for nurse-delivered interventions than when paraprofessionals were used.³⁵⁹

Other evidence-based interventions in the very early years

There are a number of other interventions in the very early years proven to have a positive impact on child outcomes.³⁶⁰ These are all interventions that can be targeted through a light-touch universal health visitor service.

Treatment of postnatal depression

Evidence suggests health visitors have an important role to play in detecting and treating postnatal depression: 13 per cent of mothers suffer postnatal depression in the first year after birth,³⁶¹ and, as discussed in section 1, postnatal depression impacts negatively on a child's cognitive and behavioural development. Research suggests it is only diagnosed, however, in about half of the affected women.³⁶²

UK-based research shows that home-based and individual support provided weekly during the first few months after birth over eight to ten sessions reduces postnatal depression. This can be just as effective when provided by trained health visitors as by experienced psychotherapists.³⁶³ This has been substantiated by more recent research showing that postnatal depression can be treated successfully if addressed early by trained health visitors.³⁶⁴

Effective training for health visitors can be achieved in around six sessions, and involves counselling skills and cognitive-behavioural therapy techniques to help the mother manage infant behaviour and bond with the baby.

Research on the incidence of clinically-diagnosed postnatal depression is poor in terms of social breakdown.³⁶⁵ However, the Millennium Cohort Study contains data on maternal depression and anxiety in the first year after birth. It found that over one in five mothers suffered from depression or anxiety in the first year after birth (23.5 per cent).³⁶⁶ Depression was most common in the most disadvantaged areas (27.5 per cent of mothers suffered from depression compared to 23.2 per cent in the most advantaged areas). But these figures show it occurs across the income spectrum, which is why a universal but light-touch health-visiting service is so important. Depression later on is much more common for poorer mothers: when their children were age three, 30 per cent of mothers in less skilled occupations were diagnosed with depression, compared to 20 per cent of mothers in more skilled occupations.³⁶⁷

Programmes to improve communication between parent and child following an early screening for language difficulties

Evidence-based programmes designed to improve communication are particularly effective if delivered in the very early years. For example, It Takes Two To Talk is a Canadian programme targeting at children aged two to six and their parents.³⁶⁸ It aims to improve parent–child interaction and promote better communication skills. It involves eight weekly group sessions and three individual videotaped sessions at home, lasting approximately two hours. Two studies in Canada, based on children with developmental delays, showed improvements in language and social skills plus positive results in terms of parent–child communication and interaction.³⁶⁹

The UK-based Wilstaar programme has also achieved promising results. Health visitors screen babies from ten months for language development as part of a specialist home visiting intervention. A child with developmental difficulties is then treated by a trained therapist at least once a month until significant improvement has been achieved. The treatment involves parents and encourages them to interact positively with the child in appropriate settings. A study of 122 children in Manchester showed substantial difference in language

development at age three between those enrolled in the programme and a control group.³⁷⁰

Baby massage

There is some evidence that baby massage – particularly when accompanied by talk, touch and gaze – can improve parent–child bonding. In hospital settings, it has been associated with improved weight gain, reductions in the baby’s stress hormone cortisol, and less crying. Mothers have also reported feeling less anxious and depressed.³⁷¹

Front-pack baby carriers

Research in the USA indicated that mothers using front-pack baby carriers were more responsive to their child than mothers who used backpack carriers, and babies carried in this way were significantly more emotionally attached to their mothers.³⁷²

The Neonatal Behavioural Assessment Scale

The Neonatal Behavioural Assessment Scale (NBAS), developed by Brazelton in the UK, has been shown to encourage bonding by helping parents to better understand their babies’ cues and signals. Professionals can use this scale to construct a profile of the baby, for example, their temperament and response to stimuli. Parents using the scale were found to feel more self-confident and to rate their babies as temperamentally easier than the control group parents.³⁷³ It is most effective when used as part of a sustained relationship between parents and practitioner. When used by just the parents, it was found to be less helpful with parent–child bonding.³⁷⁴

So, early intervention programmes work when they are delivered by appropriately trained staff, in home settings, and are properly implemented.

Parenting skills programmes

Parenting skills programmes have mostly been evaluated in use with parents of children aged three plus, although that does not mean that they would not be effective for parents with younger

children.³⁷⁵ The most evidence-based programmes tend to be based on cognitive behavioural therapy (CBT). CBT parenting programmes are based on the idea that parenting is a behaviour that can be learned. They tend to use techniques like role-play, group discussion, modelling and practising newly-acquired skills at home. There are, however, many parenting programmes that have never been evaluated for their effectiveness due to a lack of data.

The three most evidence-based and widely used parenting programmes are:

- The Incredible Years Programme was developed by Caroline Webster Stratton in Seattle and is being delivered as part of Sure Start in Wales (see discussion below). This is a programme based on watching video clips of parenting situations that parents then discuss and role-play in groups facilitated by highly skilled group leaders. It covers the importance of play, the use of rewards and praise, and strategies for dealing with difficult behaviour. It has been shown to have positive outcomes in randomised controlled trials in several different countries.
- The Positive Parenting Programme (Triple P) has five different levels of intervention depending on parental need. The first level is a universal, ‘public health’ approach to parenting that aims to make parenting support culturally acceptable through media strategies and community awareness. In New Zealand, a peak-time programme about parenting based on Triple P has been trialled with positive results. Level four is for children with already identified behaviour problems. Randomised control trials in Australia have shown positive results.
- Parent Management Training is a parenting skills programme based on CBT on which many other programmes (including the above two) have been based.

For older children with higher levels of need, more intensive therapeutic work with families might be required: family therapy like Multi-Systemic Therapy, and Functional Family Therapy and the Intensive Treatment Programme have been shown to be effective.³⁷⁶

As with all parenting interventions, the key difficulty is in reaching those who would benefit most: those need parenting programmes are often the hardest to reach.³⁷⁷

Early years education

Evidence suggests that very high quality early years care for vulnerable toddlers can lead to better social and emotional and cognitive development.³⁷⁸ But quality is key. The following factors have been associated with success:³⁷⁹

- highly skilled teachers
- small class sizes and high adult to child ratios
- age-appropriate curricula and stimulating materials in a safe physical setting
- language-rich environments
- warm, responsive interactions between staff and children
- high and consistent levels of child participation

These findings have been replicated in the largest England-based study of effective pre-school provision (the Effective Provision of Pre-School Education Project, EPPE).³⁸⁰ In this study, attending pre-school was associated with better cognitive development, sociability and concentration than in children who did not attend. It had a stronger impact on children at risk of developing SEN: one in three children were at risk of developing learning difficulties at the start of pre-school but, by the time they started school, this fell to one in five. However, the impact on cognitive, and social and behavioural development was greatest for children who attended *high quality* pre-school provision. Better outcomes were associated with:

- staff with higher qualifications
- having a trained teacher as manager, and a good proportion of trained teachers on the staff
- warm relationships with children
- viewing educational and social development as equally important, in others words, a holistic view of child development

- effective pedagogy with a mix of adult-initiated and child-initiated interactions, not just free play. High-quality settings mixed free play and direct instruction, encouraging ‘sustained shared thinking’ in which practitioners interact with, rather than direct, children in their learning.

A good example of a programme fulfilling these requirements is the Abecedarian programme. This is a day long centre-based educational programme in the US for children at high risk of educational failure. The programme starts in early infancy, continuing to school entry. It costs US\$18,000 per child per year, but has been found to save US\$4.10 for every dollar spent by the time the child is 21.³⁸¹

But studies of actual large-scale centre-based programmes in operation are not *as* positive as the above, showing the issues in replicating smaller scale studies on a national scale. For example, evaluation of universal pre-kindergarten programmes across five USA states has suggested small impacts on vocabulary and maths. The EPPE evaluation in England found positive effects but they are more modest than in the Abecedarian programme.³⁸²

Evidence in the USA and in England suggests there is a wide variation in the quality of pre-school settings. In the USA, the National Institute for Child Health and Human Development (NICHD) study of early child care and youth development found 26 per cent of childcare settings characterised by moderately or highly-insensitive care giving, and 75 per cent were only minimally or not at all stimulating.³⁸³ A fifth of childcare centres failed to meet established standards for the care of 6-month and 15-month-olds.

In England, a similar variation in the quality of early childcare settings has been found.³⁸⁴ The EPPE study found that the best quality childcare settings were integrated centres combining strong focus on education and trained teachers with social care, and nursery schools: all had the focus on education with trained education professionals discussed above. Play groups, private day nurseries and local authority day nurseries tended to be of lower quality. Worryingly, there is evidence that

children from the most deprived backgrounds are more likely to be in poor-quality early years education: the proportion of nurseries judged inadequate by Ofsted was 10.8 per cent in 2009 in the 10 per cent most deprived areas, compared to 5.3 per cent in the 10 per cent most affluent.³⁸⁵ Children from disadvantaged backgrounds are also less likely to be accessing the universal free offer for 3–4-year-olds.³⁸⁶

There has been an important debate about whether long hours in out-of-home care impacts negatively on social and behavioural development. Negative effects have been found for some children but they are, on average, very small both in the USA,³⁸⁷ and in England,³⁸⁸ and the larger positive impacts on cognitive development outweigh these.

Programmes combining home visiting and early education in out-of-home settings

The well-known Perry Pre-school programme in the USA provided a high-quality pre-school programme for three and four-year-olds in the 1960s, combined with a home visiting programme. It is estimated to have achieved a cost saving of US\$16.14 for every dollar spent by the time each child was 40.³⁸⁹

Larger-scale programmes such as Head Start and Early Head Start in the USA also focus on early education integrated with broader support for families, including home visits. Early Head Start is a programme for children up to the age of three, and offers intensive family support services with services also provided directly to children in centres or in the home. Small positive effects were found on parenting and children's developmental outcomes by the age of three.³⁹⁰

Head Start combines early education with parental involvement, social services, physical health, mental health and community involvement. It differs from Sure Start in the sense that it is much more prescriptive than both Sure Start in its original form (the Sure Start Local Programmes (SSLPs)) and in its children's centre form, which is more of an infrastructure (see discussion below). The results have been more modest, producing small effects on around half of outcomes.

Family learning programmes

Family literacy, language and numeracy (FLLN) programmes are learning programmes that address parent and child learning together. They tend to focus on families with poor levels of literacy, language or numeracy skills and their pre-school children.

The evidence base on FLLN programmes is not as developed as in some other areas, for example, the broader early years education field or parenting support. However, a meta-analysis of the existing evidence on family learning programmes suggests they can benefit children's cognitive development (the evidence on parental skill is less firm, they probably do impact parental skills but more evidence is needed).³⁹¹ As always, though, there exist good family learning programmes, and those that have no measurable impact on outcomes. A 2009 Ofsted evaluation of family learning programmes also found evidence of positive effects – and that they were well received by parents.³⁹²

There are, however, issues with the framework within which family learning programmes are funded in England. Consequently, they are not as widespread as they could be.³⁹³

Conclusion

The evidence, then, is consistent. Programmes work best when delivered by properly trained professionals in appropriate settings. Parents must be engaged and intensive programmes achieve better results than the less-intensive approaches do.

In the next section, the government's current approach is assessed, drawing out concerns and flaws. The key question is: does our universal offer allow proper identification of at-risk families early enough for action? And do targeted approaches work?

The policy context in England

Policy in England is costly, broad and has been considered a lynchpin of the Labour government's approach to social policy. It begins with large-scale universal programmes that aim to support all families from pregnancy onwards. This reflects our view that:

- Targeted services need to be based within a more universal, light-touch service so that the most vulnerable and at-risk families in need of these services can be identified in the first place.
- More targeted interventions work best when woven into a universal service that everyone can access, otherwise vulnerable families see services as stigmatising and are reluctant to access them even when identified as being in need of extra support.³⁹⁴

As part of a universal offer, families have access to services including health visitors, Sure Start and free early years education. The efficacy of these services, and the extent to which they enable early identification of and target service at at-risk families, are explored below.

Health visitors

The health visitor may be the first point of contact a new parent has with the government's universal early years service. A universal health visitor service is important for fulfilling a number of functions (see box 4).

Universal health visiting is a very popular service with parents. In a 2007 YouGov poll for the Families and Parenting Institute, 76 per cent of parents of under-fives said they wanted parenting support and advice on their child's health and development from a trained health visitor with up-to-date knowledge.³⁹⁵ This was more than the number of parents who said they wanted it from family (58 per cent), a nurse (33 per cent) or a volunteer with children of their own (15 per cent).

Box 4 **The functions of a universal health visitor service**³⁹⁶

- *Identify vulnerable families and offer support.*
- *Early diagnosis and support of mothers suffering from post-natal depression or domestic violence, and referral to appropriate services.*
- *Support for post-natal depression, attachment problems and relationship difficulties.*
- *Parenting support.*

- *Preventative health advice.*
- *Signposting to early years services like Sure Start, baby groups and nurseries.*
- *Support for breastfeeding and healthy eating.*
- *General advice and support for parents, for example, on housing or financial difficulties that may result from having a new child.*

Over eight in ten (83 per cent) of parents of under-fives said they wanted that help within the home (41 per cent of parents said children's centres, and 39 per cent said doctor's surgeries).

Parents saw the most important services health visitors offer as being health related: 'offering health advice' (86 per cent), 'providing practical parenting advice, for example, on feeding and weaning' (85 per cent), 'having someone to talk to if you are worried' (84 per cent) and 'carrying out regular child development checks' (84 per cent).

Support with parenting and local services was rated slightly less highly: 'telling you about local services' (80 per cent), 'giving advice on parenting toddlers and young children' (73 per cent), 'noticing where there may be abuse/neglect or where parents are having serious problems and involving other professionals' (71 per cent) and 'supporting parents with their own emotional health and relationships' (71 per cent).

The majority of parents said they were satisfied with the level of support they received from their health visitor (74 per cent). The average amount of time parents said they spent with a health visitor in the first year was four hours and six minutes: 42 per cent said they spent less than two hours with them.

Yet this vital service is being compromised by low and falling numbers of health visitors and a high workload. NHS workforce statistics show there were 292 fewer full-time health visitors in England in 2008 than in 2007.³⁹⁷ The population of health visitors is ageing, with 20 per cent aged over 55, and 40 per cent over 50.³⁹⁸ Currently, there are just under 12,000 health visitors – and the figure has decreased in recent years.

These overall figures mask a huge amount of regional variation. The Family and Parenting Institute (FPI) surveyed all 152 PCTs on health visitor provision in December 2008 (139 responded to their survey).³⁹⁹ They found that, since 2007, provision had improved in some areas, but it had got worse in others. While the most affluent areas tend to have the poorest health visitor to child under-five ratios, there is a lack of health visitors in some of the most deprived areas of the country. Four out of ten of the most deprived areas of England were in the bottom 40 PCTs in terms of health visitor provision. The ratio of children under-fives to whole-time equivalent (WTE) health visitor varies enormously from 165 per WTE health visitor in County Durham PCT, to 894.25 per WTE health visitor in Lambeth PCT.

This is reflected in surveys of health visitors. In a 2008 omnibus survey of health visitors by Unite and the Community Practitioner and Health Visitor Association (CPHVA), 57 per cent of health visitors said they were responsible for 400 children or more, and 20 per cent for more than 1,000.^{400, 401} In the survey, 69.2 per cent of health visitors said no in response to the question: 'Within your current caseload responsibilities, do you feel you have adequate resource to respond to the needs of the most vulnerable children?' The percentage of health visitors saying their caseloads were so large they were losing track of vulnerable families was 29 per cent.⁴⁰²

CPHVA guidelines state that for a universal service to be effective, health visitors should have a maximum caseload of 250 families. But only 15 of the 139 PCTs in the FPI survey were meeting this target in December 2008.⁴⁰³ Indeed, only 54 PCTs had an average caseload of 400 families or lower.

These regional variance figures are unsurprising in light of the discrepancies in PCT health visitor budgets. In 2008, they varied from as little as £60.03 per child under five in Essex Teaching PCT to £386.35 in Wirral PCT in 2008/09. The average PCT spend per child under five was £160.29. The CPHVA has estimated that to reduce caseload to 250 children per health visitor, the NHS would need to employ an extra 8,000 health visitors. It argues that as a result of understaffing, health visitors

are missing issues such as postnatal depression and are being instructed to focus on vulnerable families and child protection, rather than provide a universal health service.⁴⁰⁴

Even government officials have admitted difficulties with the universal health-visiting model. Health visiting in England takes place within the remit of the Healthy Child Programme (HCP). Dr Sheila Shribman, National Clinical Director for Children, Young People and Maternity Services, wrote in October 2009 in the Healthy Child Programme:

*Health visiting and paediatric colleagues have reported that it is proving difficult to provide a universal HCP, and to meet the needs of vulnerable children and families.*⁴⁰⁵

Issues with caseload are accompanied by problems in the current system with training for health visitors and career structure. Although parents are overwhelmingly positive about health visitors, a common complaint is that their advice is sometimes out of date, contradictory and excludes fathers.⁴⁰⁶ This reflects the fact that there is not enough current training for health visitors that specifically addresses the needs of very young children and their families, particularly in respect to recent developments in health science, and child development in the early years and its importance in terms of later life outcomes and evidence-based practice.⁴⁰⁷ Only 26 per cent of parents say they had advice from a health visitor about their child learning to talk and understand language.⁴⁰⁸

The current training structure means health visitors have to qualify as nurses and spend three years in pre-registration nursing before becoming a health visitor. While the medical aspects of nursing training and practice are of course crucial, some aspects (such as caring for terminally ill patients) may be unnecessary to being a health visitor.⁴⁰⁹ Training places have fallen in recent years, but remain over-subscribed: in 2006/07, there were 329 health visitor training places – and 798 applications.⁴¹⁰

The career structure also hinders people from moving in and out of the profession. Health visitors are more expensive than nursery nurses and staff nurses (and there are no established

training routes from one to the other), but they start on a lower salary band than midwives, so there is little incentive for midwives to become health visitors (a career progression that used to be popular).⁴¹¹ This emphasises the importance of health visitors having their own career track, from junior to senior practitioners.

The analysis here suggests that health visitors are compromised in their ability to identify the most in need, may lack training and have too many caseloads.

The Conservatives have pledged to increase health visitor numbers by 4,200 and increase health visitor training: a very welcome development. They have also set out a minimum access guarantee, that would be in the place at the end of the next parliament were they in government:⁴¹²

- a minimum of two visits during late pregnancy
- a minimum of six hours of health visitor support in the home during the first two weeks after birth
- visits at least every two weeks after that for the first six months of a child's life
- visits at least every month from six months to one year – either at home or at the health visitor's base
- at least two visits every year for children aged between one and five

This minimum guarantee is very intensive, and would probably be seen as intrusive by some families who already have adequate support from informal networks. It is no longer a light-touch universal scheme but seeks to expand more intensive provision. They have not asked whether this is needed or whether this intensity of support should be reserved for vulnerable families – or if it is affordable in the current climate. The Conservatives have suggested it would be partly funded by cutting spending on Sure Start outreach workers but, as argued below, service outreach and health visiting are not the same thing. The effect of the Conservative reforms would be to divert spending away from a service trying to get more vulnerable families to access services to an expensive universal programme.

Sure Start

Sure Start children's centres are the infrastructure through which many early years services are delivered. It is a universal service available to all families with young children. There is a high degree of local flexibility as to what it involves, but programmes cover outreach and home visiting, support for families and parents, play-based activities, learning and childcare, healthcare, and support for children with special needs. In 2008/09 it cost £1.7 billion – about 2.1 per cent of the total education budget.

Sure Start began life as Sure Start Local Programmes, a series of services targeted at deprived areas. There was a high degree of flexibility as to what services were delivered in each local area. In 2005, Sure Start was subsumed into newly created children's centres, which unlike SSLPs were under local authority control. From April 2006 onwards, PCTs and health agencies were legally obliged to cooperate with local authorities in the provision of services by children's centres.

The early childhood services provided by children's centres are defined in section two of the Childcare Act 2006. They can include:

- early years provision (childcare and early learning for young children)
- local authority social services relating to young children and their parents, for example, supervised contact and early intervention for families identified as needing support
- health services relating to young children and their parents, for example, health visitors, antenatal and postnatal care
- services provided under section 2 of the Employment and Training Act 1973, assisting or encouraging parents (and prospective parents) to obtain or retain employment (in practice these services are currently delivered by Jobcentre Plus)
- the information services for parents and prospective parents provided by local authorities under the duty in section 12 of the 2006 Act

Since 2009, local authorities have had a statutory duty to make sufficient arrangements for children's centres to meet local need.⁴¹³ They are required to ensure each children's centre (or

group of children's centres) has an advisory board. Local authorities are also responsible for scrutinising children's centres. The centres are also subject to Ofsted inspection. Local authorities, PCTs and Jobcentre Plus (local authorities' two statutory partners delivering children's centres) have a statutory duty to consider whether each of their early childhood services should be delivered through a children's centre.

So Sure Start is an infrastructure – not a *particular* service. There is a great deal of freedom for local authorities and children's trusts to determine exactly what a children's centre looks like: local authorities have the freedom to use them to deliver a broad range of interventions. This does not necessarily have to include early education although, since 2009, they must have some form of direct services for children as well as parents.

It is a good infrastructure through which to deliver services. The co-location of children's services in one site is a very positive development in light of the international and English evidence that this helps to promote the multi-agency working so important to improving children's outcomes.⁴¹⁴

But in many ways it is unsurprising that effect sizes are modest (see below) because the impact of a system is being measured rather than a particular intervention. It is a very different beast to Head Start in the USA, on which it was based. Head Start was much more prescriptive about the particular interventions and services that were on offer at each local level.

Outcomes in Sure Start

There here have been two major impact studies of Sure Start, reporting in 2005 and 2008. The 2008 study found evidence of moderate impact on 7 out of 14 measured outcomes, comparing outcomes for children who lived in SSLP areas in the evaluation with children who did not in the Millennium Cohort Study at age nine months and three years. It found children living in Sure Start areas:⁴¹⁵

- enjoyed better health outcomes (they were 50 per cent more likely to have received all immunisations; and 30 per cent less

likely to have had an accident in the year preceding the data collection)

- experienced lower levels of problematic parenting
- experienced a higher quality home learning environment
- lived in families more likely to access children and family services
- showed greater positive social behaviour and independence/self-regulation – partly due to better parenting

The positive effects appear to hold across the population, as opposed to particular groups of children and families as earlier evidence suggested.

The 2005 impact study presented a more mixed picture. It found the most disadvantaged children living in SSLP areas had worse outcomes, while less disadvantaged children had better outcomes. The reasons for this difference is likely to be that the first evaluation was of relatively new SSLP programmes and compared children in the same cohort in SSLP and non-SSLP areas; the second evaluation was of children benefitting from more established SSLP programmes, and the comparison was with a much larger sample of non-SSLP children from the Millennium Cohort Study.

These results can be contrasted with a different approach taken in Wales.⁴¹⁶ Incredible Years, a highly structured and evidence-based parenting programme was initiated under the auspices of Sure Start, contrasting with the more decentralised approach in England. Incredible Years is a USA-developed programme targeted at children at risk of significant behaviour problems. Children who took part in this programme displayed significantly reduced anti-social behaviour compared with those placed on a comparable waiting list. While it is difficult to directly compare effect sizes because of the more targeted groups, it is likely Incredible Years, delivered through Sure Start, had a greater impact on children at risk of significant behaviour problems than more general Sure Start services.

There is also a debate about access to Sure Start. The evaluations of SSLPs suggest that in the first few years of Sure Start, access to the service in each area was between 25 and 30 per cent of families in the local area, and that very few SSLPs

reached as much as 60 per cent of the population.⁴¹⁷ It seems that at first, SSLPs reached families with less need: in general, the families in most need only started to access the service over time. The National Evaluation of Sure Start has stressed the importance of home visiting and outreach services to ensure it reaches the most vulnerable families. The Conservatives have pledged to cut spending on Sure Start outreach services (£79 million over the next three years)⁴¹⁸ instead investing it in a universal health visitor service. But service outreach for the most at-risk families and a universal health visitor service are not mutually exclusive, and cutting outreach services designed to encourage the most at-risk families to use services to fund an expensive and overly intensive universal health visiting system is not justified.

While it is positive that the Conservatives are behind Sure Start, we must not risk moving to payment by results as suggested by David Cameron. This would lead to shrinkage in supply. Instead, improving outcomes has to be about deprivation-based funding and properly holding Sure Start centres to account for their outcomes. The key issue is how to improve outcomes and efficiency for money invested – moving from a universal to a progressive universal approach for Sure Start with much better targeting of expensive services. We discuss how this might be achieved in the recommendations.

Early years education

The EPPE project in 2004 identified a variance in the quality of early years education in the UK, discussed above.⁴¹⁹ Since then, the government has expanded rights to early years education: from 2010, all three and four-year-olds are entitled to 15 hours of early years education a week for 38 weeks of the year. This was extended from 12.5 hours a week for 33 weeks. In 2009, the government's white paper on social mobility extended this provision to 10–15 hours a week for the 15 per cent most disadvantaged two-year-olds, which has been in effect since September 2009.⁴²⁰

Funding

Funding of early years education has historically been dependent on the type of setting. ‘Maintained early years education’ (for those in maintained nursery schools and infants/primary schools) is funded by local authorities from their ISB. Most local authorities fund this provision in terms of places provided rather than places actually taken up. Early years education provided by the private, voluntary and independent sectors was funded by local authorities from the Dedicated Schools Grant. This funding was almost always provided on the basis of places taken up.

In 2008/09, the mean funding per pupil in maintained nursery schools was £3,800, an average of £6.80 per hour. In maintained primary schools the level was £1,800, an average of £4.33 per hour. In private, voluntary and independent (PVI) schools the level was £1,830, an average of £3.72 per hour.

From 2010 onwards, local authorities will have to use a single funding formula to fund PVI and maintained settings, based on participation not provision: the same principles will have to be applied to different settings, but there can still be different funding levels for different kinds of provision.

Apart from the relatively small sector of maintained nursery provision, funding levels are much lower than funding of primary and secondary school. This is, of course, partly because provision is part time. But if the approach were genuinely an early intervention one, the scales would tip in the other direction.

PVI settings have the lowest average per-hour funding, which may well help to explain why they tend to be the lowest quality settings.⁴²¹ Yet, they are also where the majority of children are. In 2008, 55 per cent of three-year-olds were in PVIs, while 38 per cent of three and four-year-olds were in maintained settings.⁴²² This is rather worrying: the younger children should be in as many high-quality settings as the older children. As discussed above, the evidence is that the quality of nursery provision is better in affluent areas, and poorer in deprived areas.

The early years universal offer has, therefore, undergone significant change over the last decade. The question this chapter now goes on to address is to what extent they are being used to channel targeted, evidence-based interventions such as those for vulnerable families discussed in the evidence section above.

Beyond the issues with access to health visitors, Sure Start and quality of early years education discussed above, two key questions remain. To what extent do targeted and evidence-based interventions exist at the local level? And to what extent are vulnerable or at-risk families having their needs accurately assessed, and being directed to these targeted and evidence-based interventions?

Evidence-based, targeted interventions at the local level

The above section has already shown that the current system is not fully capable of directing the most at-risk families to targeted support. In this section, the extent of the targeted support that does exist is examined.

There have been particular initiatives from the centre to try and expand access to evidence-based and targeted interventions for vulnerable families, coordinated by the DCSF.

The Family Nurse Partnership pilots

The Family Nurse Partnership (FNP) currently being piloted in England is based on the Nurse Family Partnership in the USA, discuss above. Pilots were started in ten areas in 2006, and a further 20 local authorities in 2008. A total of £30 million is being spent on the pilots from 2008/09 to 2010/11. Early evaluations have shown promising results, with high take-up rates (87 per cent).⁴²³ Other positive outcomes included a 17 per cent relative reduction in smoking rates during pregnancy and an increased take up of breastfeeding: two-thirds of FNP mothers breastfed compared with one in two in a national sample. FNP costs around £3,000 per family around the same as in the USA programme.

Although early results are good, there are issues with getting local authority commissioners to understand the strengths of an evidence-based approach.⁴²⁴ Some suggested modifying the programme and sharing materials with other colleagues like nurses so that a 'pared down' version could be offered. All the evidence suggests, as above, that proper training is crucial to the effectiveness of an intervention: cutting corners

will simply not work. There have also been issues around the level of commitment to an early intervention approach: commissioners were concerned about upfront cost, especially because benefits are long term and may not be health-related.

The Think Family Initiative

This aims to secure better outcomes for children and their families through good coordination of the support they receive from children, youth, adult and family services in their local area.⁴²⁵ As part of this initiative, local authorities have been receiving additional funding from 2009 to implement Think Family reforms in local authority and health services; set up youth crime ‘family intervention projects’ (FIPs) that provide intensive support to families in the greatest difficulty (these will reach 10,000 families a year from 2011/12); offer parenting early intervention projects (PEIPS) to parents of children aged between 8 and 13 at risk of poor outcomes; and continue to fund parenting experts and practitioners.

These are some of the most recent additions to national policy around supporting the most vulnerable families. However, as discussed in chapter 8, there is an issue with using national initiatives and multiple modest and short-term funding streams to try and bed in evidence-based practice at the local level. There are also questions to be asked over the approach: for example, why is it parenting programmes for 8 to 13-year-olds that are being targeted for funding, in particular, when evidence suggests that if these programmes were to reach families in need when children are younger, they could have a greater impact?

A much more fruitful way that the government has sought to spread evidence-based practice is in the creation of the National Academy of Parenting Practitioners (NAPP). In many ways, evidence-based practice in parenting provision is ahead of evidence-based practice in other areas of children and young people’s services due to the creation of NAPP.

NAPP has been charged with developing expertise in evidence-based parenting programmes and disseminating that knowledge. The efforts in this area have been much better than in other areas, for example the DCSF’s database of alternative

provision, which makes no reference to outcomes-based evaluation or quality at all.

NAPP has produced a commissioning toolkit, and a database of parenting interventions for local authorities and PCT commissioners where developers put forward their programme for inclusion, the programme is included (with the developer's self-evaluation) and self-evaluation is eventually replaced with an independent NAPP rating giving a zero to four score across four different criteria, one of which is outcomes-based evaluation.

This is an example of very good practice. But there are some flaws. First, it relies on looking at existing evidence, which is sparse. Only 63 out of a total of 128 programmes on the database are evaluated by NAPP. But, tellingly, only five of these programmes scored four on the outcome-based evaluation criteria.⁴²⁶ And these are mostly focused on school age parenting programmes, reflecting the stronger evidence base on these. Furthermore, it is very difficult for commissioners to compare and contrast the impacts of different programmes because they usually use different outcomes measures. This relates to making evaluation evidence useful to commissioners of services, which is looked at in chapter 8.

So the NAPP approach has to be accompanied with greater encouragement and funding for pilot programmes and assessing their impact on outcomes using comparable and kite-marked outcome measures like validated cognitive tests and the SDQ. There needs to be a body that combines the NAPP role but is much more proactive across all of family, children and young people's services (as set out in chapter 8 on evidence-based practice).

Evidence suggests that this approach is paying off and targeted, early intervention evidence-based practice is slowly but surely becoming more available across England. A survey of local authorities by the FPI in 2009 (in which 110 out of 150 local authorities responded) found:⁴²⁷

- 57 per cent spent money on Incredible Years
- 41 per cent spent money on Triple P
- 23 per cent spent money on Strengthening Families, another evidence-based parenting programme

- 17 per cent spent money on Strengthening Families in Communities, a variation of the above
- 81 per cent spent money on at least one of the above evidence-based interventions.

However, there is still not enough evidence-based provision for families who need it, and too much provision remains unevaluated for its effectiveness. Almost three-quarters of local authorities said they were still funding a total of 118 other parenting programmes: they said they were using evidence-based programmes but were keen to use locally-developed programmes and others that were yet to be evaluated.⁴²⁸ The Director of Research at the National Academy of Parenting Practitioners, Stephen Scott, has recently commented that there are still too many parenting interventions being used across England that are ineffective.⁴²⁹

There are key problems in evidence-based practice at the local level. Many local authorities reported they had trained staff but they were not being used to deliver programmes due to lack of funding. More than half of the local authorities in a study said they were using less than half of the trained staff to actually deliver programmes.⁴³⁰ Funding was a real issue: 45 per cent of local authorities were concerned about the sustainability of their parenting skills training programmes. They said multiple funding sources made it difficult to secure funding for parenting programmes. It is also unclear whether the commissioning of parenting programmes falls under the remit of health (PCTs) or education and social care (local authorities).

This reflects the analysis above: too much of central government promotion of parenting programmes has been in delivering multiple short-term streams of funding for particular programmes. There needs to be a rethink of the role of central government in *sustainably* supporting the embedding of evidence-based practice at the local level. This is an issue that applies to the whole of children and family services, and it is considered in more detail in chapter 8 on evidence-based practice. As argued there, the emphasis needs to be on a clear division of labour between central government subsidising the

national infrastructure needed to deliver evidence-based programmes at the local level (such as free-at-the-point-of-delivery training); and local government having the freedom and flexibility to commission evidence-based services from one funding stream. Receiving multiple funding sources tied to different uses, makes the planning of local services very complicated indeed. There should be financial incentives for local areas to spend on programmes that are evidence-based, such as free training and matched funding.

Being able to plan local parenting support services also requires being able to assess parenting support needs at the national level. But evidence suggests the procedures, measurements and tools for assessing parenting support needs are underdeveloped, and there are weaknesses and inconsistencies in the current approaches being used.⁴³¹

Diagnostic assessment and signposting to services

Research has shown the importance and effectiveness of early screening and assessment. There is, therefore, a core need for effective screening and referral.⁴³² Currently, however, there is not an evidence-based, progressive and universal diagnostic assessment tool for children in England, and this is hindering a properly progressive universal and early intervention approach to services: the children and families who really need services are not getting directed to them.

The government's Healthy Child Programme includes screening and assessment as one of its core functions, but it remains pretty vague on what that actually means. It sets out appropriate opportunities for screening tests and developmental surveillance (12th week of pregnancy, at the neonatal examination, at the new baby review (at 14 days), at the baby's six- to eight-week examination, at age one, and between two and two and a half).

But in terms of guidelines, it says only what developmental surveillance should cover rather than how it should be covered: pregnancy; child development (social and emotional, cognitive, speech and language); and parenting, including assessment of

need for parenting support and/or access to formal parenting programmes. The only specific screenings mentioned are for medical conditions such as the New Baby Hearing Screening Programme, the specific physical examination at 72 hours, five days and six to eight weeks, and the age five hearing screen and sight test.

This is a huge issue: many needs are missed because health visitors do not always pick up on postnatal depression, unless trained, and early years professionals do not always pick up on additional learning needs. There is a clear need for a proper diagnostic tool to enable the most at-risk children to be identified early, and directed to the appropriate service.

Our analysis highlights key issues in current provision. First, there is the issue of access. The model is 'progressive universal'. But, as argued throughout this chapter, there is an issue over how well the progressive and needs-based elements are working because there is too much emphasis on the universal at the expense of the progressive. A light-touch universal system is needed to ensure no child with needs slips through the net. David Utting has argued there should also be a universal assessment tool to identify any difficulties in parent-child relations.⁴³³

Screening and needs assessment are key to this, but the government has done very little in this area. One 'additional needs' framework is required that is based on the progressive universal model: all children should receive some degree of assessment (bringing together different elements including early childhood health screening and developmental issues). Children with issues highlighted by the light-touch universal assessment would have more specialised assessment. The Dartington Social Research Unit has developed the Common Language Tool for local authorities and schools that assesses a child's progress and outcomes for a range of domains (see box 5). This has primarily been designed for epidemiological purposes to measure health and development across a local population of children and young people and to allow local areas to plan services to meet needs. But it makes use of established measures such as the Strengths and Difficulties Questionnaire (SDQ) that is used in

clinical settings to reveal potential issues with child mental health. A tool like this could be developed to help child and family professionals diagnose where there may be issues.

Box 5 **The Common Language Tool developed by the Dartington Social Research Unit**⁴³⁴

Needs assessments by local authorities have always varied considerably in their quality and nature. The Dartington Social Research Unit has developed a robust measure to be completed by parents of children aged up to six, and a robust self-report instrument for children aged 7 to 18 for completion in schools. The tool is short enough to be completed in 45 minutes or less. It is evidence-based and uses validated measures that have been tested in the field on a large scale, and so allow national and international comparison.

The measures for those aged up to six-year-olds include the following scales:

- *The Pre-school Children's Quality of Life measures parents' perceptions of their child's quality of life over 12 health-focused outcomes*
- *The parent-report version of the Strengths and Difficulties Questionnaire (SDQ) covers 25 outcomes over five subscales (conduct problems, emotional wellbeing, hyperactivity, peer problems and pro-social behaviour) with a strong ability to distinguish between psychiatric and non-psychiatric cases. It is used by many Child and Adolescent Mental Health Services (CAMHS) and an SDQ prediction correctly identifies 81–91 per cent of children who definitely had a clinical diagnosis.*⁴³⁵ *The SDQ takes five minutes for a parent to complete.*
- *The Parenting in Poor Environments scale asks parents about their local environment.*
- *The Parenting Stress Scale covers 18 items relating to positive aspects of parenthood.*
- *The Misbehaviour Response Scale asks parents about the frequency of various responses to their child's misbehaviour.*

- The 10-point material deprivation questionnaire in the *Family Resources Survey* measures material deprivation.
- There are also additional questions on housing, parental background factors, pre-school attendance and parental aspirations.

The measures for 7–18-year-olds include the following scales. (There is a different version for 12–18-year-olds.)

- The *Kidscreen-52 Questionnaire* measures the subjective health and wellbeing of children and adolescents across a wide range of domains. It includes subjective perception of physical wellbeing, school environment, bullying, financial resources, self-perception, psychological wellbeing, moods and emotions, social support and peer relations, and autonomy. Not all of these domains are in the 7–11 measure.
- The child-report version of the *SDQ*.
- The *Things I've Seen and Heard Scale* measures frequency of exposure to violence and crime at home and in the community. Only part of this is in the 7–11 measure.
- The *Revised Personal Lifestyle Questionnaire* measures positive health practices in domains like exercise, nutrition and substance use. The measure makes use of a nutrition subscale.
- The *Parenting Style Inventory* measures children's perceptions of the parenting styles they experience. It measures parenting over three scales: how demanding, responsive and autonomy-granting parents are.
- The school-age version of the *Personal Wellbeing Index* covers subjective wellbeing with respect to standard of living, personal health, achievement in life, personal relationships, personal safety, feeling part of the community and future safety.
- Children are also asked questions in relation to demographics, whether they have been to hospital as the result of an accident, if they have been involved with the police, future aspirations, and for children over-12, smoking, alcohol consumption and substance use.

Recommendations to improve the system

These recommendations build on the analysis above. The last decade has witnessed the creation of an infrastructure through which progressive universal services can be delivered, but there are issues that mean the progressive element is not working to the extent it should. There are problems in the current coverage of health visitors; issues with the most vulnerable families accessing Sure Start; variable quality in early years provision;⁴³⁶ and not enough effective identification of families in need or directing them to targeted, evidence-based services.

The recommendations outline the following cornerstones of an effective progressive universal system:

- 1 a progressive universal early diagnostic assessment tool
- 2 effective outreach to ensure vulnerable families take up services
- 3 universal health visitors
- 4 Sure Start
- 5 early years education
- 6 a public health approach to parenting.

Our specific recommendations about evidence-based practice have implications that go wider than parenting and early years, and are discussed in chapter 8 on evidence-based practice.

Targeting services according to need: a progressive universal early diagnostic assessment

There is little guidance from government on assessing children with extra needs, apart from medical screening. This is despite the fact that very effective tools exist, for example, for identifying markers of postnatal depression in women, and poor behavioural development in children.

Government needs to commission the development of a progressive universal assessment tool for all children and their parents. The universal tool should be evidence-based and light-touch but enable early years and child professionals, such as health visitors, nursery nurses and Sure Start workers, to recognise underlying issues where they exist. Professionals should be able to refer a child and family on for more specialised

assessment. The tool should make use of evidence-based, validated assessment tools like the SDQ and tools assessing language and cognitive development in the early years. It should build on epidemiological tools in the field, such as the Dartington Social Research Unit's Common Language Tool. It would cover child emotional and behavioural development, cognitive and linguistic development, attachment and bonding in the early years, and temperament. It should be used alongside early childhood health screening and the foundation years profile and would have the potential to allow more systematic identification of children with needs, who would then have more specialised assessment (for example, as is supposed to currently happen under the Common Assessment Framework). Light-touch assessment would take place at age six months, one, two, three and five years. This would be streamlined into one additional needs assessment from birth to age 18, that would take into account additional learning needs and SEN (also see chapter 4 on SEN).

Outreach: ensuring families most at risk access services

Our research has highlighted significant access issues with services like Sure Start and targeted parenting interventions. Parents who need services the most are the least likely to access them.⁴³⁷ To rectify this, there is first a need to continue to build on trusted outreach workers in the community. Financial incentives, also known as conditional cash transfers (CCTs), should be piloted to access and complete services in an attempt to improve access. CCTs should be piloted for attending and completing evidence-based parenting interventions for low-income parents, for example, those on tax credits/benefits. CCTs have been particularly successful in public health interventions in developing countries where there is not a culture around a particular behaviour, for example, participation in preventative health programmes involving children.⁴³⁸ They are currently being piloted to improve outcomes for at-risk families in New York. One source of funding would be to pay for this by scrapping government payments into the CTF for more affluent families, raising £165m per year.⁴³⁹

Universal health visitors

There are not enough health visitors to provide a properly progressive universal service with light-touch health visiting for everyone, and more intensive support for those who require it.

To rectify this there need to be reforms to training and career structure, with a view to increasing the number of health visitors over the next few years. We recommend:

- There should be a fast track, intensive training programme for current nurses who want to train as health visitors.
- There should be direct-entry university training courses for health visitors, as there are for midwifery.⁴⁴⁰ These would be a good career route for early years professionals working in Sure Start, childcare and family support.⁴⁴¹
- There should also be a fast-track two-year masters for graduates wanting to become health visitors.⁴⁴²
- There should be more specialised training including in the medical aspects relevant to health visiting, and more focus on the broad role of health visitors such as how to engage hard-to-reach parents, the psychology of child development and how to promote attachment and bonding, multi-agency working and referrals, and training in ‘prevention science’.
- All health visitors should be trained in diagnosing postnatal depression and in cognitive behavioural therapy techniques to combat depression and help mother and baby bonding.
- There needs to be a proper career structure for health visitors spanning trainee health visitors to senior practitioners qualified to deliver intensive programmes like the Family Nurse Partnership.

Sure Start

Through Sure Start children’s centres, the government has created the infrastructure sorely needed to deliver early years services. But Sure Start needs to be improved from being primarily a universal service to becoming a *progressive universal* one in which intensive interventions are targeted only at families at risk and who need them. Sure Start also needs to deliver more of the services that actually work. This should be achieved

through a mixture of financial incentives for spending on programmes with proven efficacy, and outcomes-based accountability. There also needs to be stronger links with universal and intensive health visiting, given the evidence about the efficacy of programmes that can combine the two, such as Perry Pre-school in the USA.

The mistake in the past has been that what targeting there has been of Sure Start has been on area-based measures; SSLPs were targeted at the most deprived areas of England. The evidence has shown that this is not the most effective way of targeting services at children and families at risk. Targeting of services needs to occur from the base of a light-touch universal service and in a more sophisticated way than based on area or even income, and through the kind of assessment tool discussed above.

That said, the funding of each Sure Start children's centre should be dependent on the profile of its local users: Sure Start children's centres serving more deprived populations should receive higher amounts of per-child funding. We recommend:

- There should be national guidance of what services parents can expect from Sure Start in the same way as there is the Pupil Guarantee for schools.
- Just as there should be a 'pupil premium' for schools, Sure Start children's centre should be funded through a 'disadvantage premium' allocated on the basis of the needs profile of their local population, with higher levels of funding available for centres with higher than average numbers of children from deprived backgrounds and children with additional needs.
- Sure Start children's centres, like schools, should have to set out how they spend this deprivation and needs-based funding. They should be held accountable for spending this extra funding on children and families with higher levels of need, rather than all of their service users.
- The accountability framework needs to be strengthened (the government has said Ofsted will now be inspecting children's centres, which is a move in the right direction).

- There should be financial incentives for Sure Start children centres to commission evidence-based services, with matched funding from government.

Early years education

The priority needs to be giving to children with the highest levels of learning need, for example, those with developmental delays, and those from the most deprived backgrounds to access to the highest possible quality early years education.

High quality early years education is more expensive to provide because, as the evidence above shows, it comes from having more qualified teachers in early years settings and improved staff-to-child ratios. For this reason, early years education settings serving the most needy populations should receive more funding.

Recommendations for early years education mirror those for Sure Start children's centres and schools:

- It should be funded on the basis of deprivation and need in the early years, through a 'disadvantage premium' as set out in the previous chapter on school funding. There should be equitable funding across different early years settings (maintained and private, voluntary sector and independent settings).
- Early years settings like schools should have to set out how they spend their deprivation and needs-based funding. They should be held accountable for this funding through outcomes-based accountability. There is a case for early years settings to be subject to the same accountability framework as schools, including the school report card, currently in development.

Changing the culture: a public health approach to parenting

The final set of recommendations pertains to changing the culture around parenting. Given the impact parenting has on child development, it is one of the most important public health issues of our time. Yet politicians have understandably shied away from promoting positive parenting as a public health

message: they are reluctant to be seen to be promoting a particular type of parenting as superior to others, and parenting is still overwhelmingly seen as part of the private domain. This is right to some extent: the public does not want politicians preaching effective parenting styles. However, there is increased scope for public health messaging about parenting so long as it is done in a sensitive way and is seen as coming from independent sources rather than directly from government. There are a couple of points worth noting here.

First, parents themselves commonly look to forms of parenting support outside of their family and friends. ParentLine Plus, a recently established helpline for parents, took 112,970 calls in 2008. Parenting programmes on television are very popular: in a 2006 MORI survey for the FPI, 72 per cent of parents said they have watched at least one parenting programme.⁴⁴³ Of these, 83 per cent said they found a technique from the programmes useful, and over half of all adults said they thought parenting programmes were useful. There was, however, concern that today's parenting programmes such as *Supernanny*, *Brat Camp* and *The House of Tiny Tearaways* sensationalise family problems for public entertainment: 37 per cent of adults agreed with this. Many of the parenting programmes currently on television are not based on positive parenting as promoted by evidence-based programmes.

This contrasts with the approach to public health messaging in other countries. In 2007, the Australian government produced a DVD on parenting called *Raising Children*, based on evidence-based practice, which was originally intended to be free to order. It proved to be so popular that ministers have decided to send it to every family on the birth of their child.

As discussed above, the Triple P parenting programme is based on five levels with the first level consisting of public health messaging. A peak-time television programme based on Triple P was piloted in New Zealand. Research examined its impact: 56 parents of children aged between two and eight were randomly assigned to either watching the series or to a waitlist control group.⁴⁴⁴ Those who watched the series reported significantly

lower levels of disruptive behaviour from their children and also greater levels of perceived parental confidence in the immediate aftermath of the series, compared to the control group. Prior to intervention 42.3 per cent of the children were in the clinically elevated range for disruptive child behavioral problems. This reduced to 14.3 per cent following intervention.⁴⁴⁵

The government should undertake consultation work with parents to develop public health messaging for a range of media including DVDs, television programmes, leaflets in GP surgeries and websites. It should build on brands and support that currently exist such as ParentLine Plus.

8 Spreading evidence-based, preventative practice at the local level

This report has had a strong focus on the national policy framework, particularly in areas where there is scope for having a positive impact on tackling educational disengagement.

Now, however, it turns to the local framework, which is, in many ways, even more important than the national policy framework. It is local authorities, PCTs and schools, not central government, that primarily make decisions about the services children and young people are able to access through commissioning and provision. This reflects trends in the last decade or so, in which local authorities and schools have increasingly become commissioners of as well as providers of services. While many barriers to a more preventative approach operate at the national level, many operate at the local level too. For example, separate budgets mean that even though multiple agencies are responsible for achieving outcomes, if spending by one agency (for example, health) is required to save money elsewhere (for example, education), the spending does not always take place.

The amount of freedom local authorities, local partnerships and schools (and partnerships of schools) have within the national policy context is often underestimated. The result has been that the way things work locally has been missing from debates about how to improve outcomes for children and young people. For example the government's *Children's Plan* and white paper *21st Century Schools* in 2009 had little to say about children's trusts, despite the emerging evidence they have not had the intended effect (see below).

The voluntary and community sector (VCS) and the private sector are also significant. The reality is that, at the local level, services are provided by a wider range of providers than ever before. Many successful interventions are delivered by VCS and

the private sector in conjunction with schools. This development has been accompanied by government expectation that the VCS will increasingly act as a deliverer of public services. The Treasury has argued that perceived advantages include:

*A strong focus on needs of service users, knowledge and expertise to meet complex personal needs and tackle difficult social issues, an ability to be flexible and offer joined-up service delivery, the capacity to build users' trust and the experience and independence to innovate.*⁴⁴⁶

According to a recent Treasury analysis, the VCS makes up 8 per cent of the paid education workforce and 51 per cent of the paid social work and social care workforce.⁴⁴⁷

Spreading evidence-based, effective practice is even more important in these tight fiscal times: efficiency has, of course, always been a concern but the greater concern is getting the best outcomes from the amount spent on resource.

All three of the political parties are in favour of delegating more money to schools, making the question of how schools are supported to commission effective and evidence-based services more important than ever before. A key theme in this chapter is getting the right balance of appropriate responsibility between central government, local authorities and schools. There have been plenty of national initiatives designed to target disengagement and improve outcomes such as Excellence in Cities, the National Strategies, Behaviour Improvement Partnerships, and the Social and Emotional Aspects of Learning Programme, to name a few. All have been well intentioned – on an individual level, many have been effective – but the issue is that too often they are implemented in a top-down way, with short term, unsustainable funding streams attached to particular initiatives. This does not lead to sustainable reform or evidence-based practice. It is important to recognise that the signals from the centre have sometimes been contrary to embedding sustainable, evidence-based practice. An important theme of this chapter is, therefore, getting the appropriate balance between central government, local authorities and schools. Otherwise, there is the danger of ‘initiative-itis’ and initiatives being

unsustainable at the local level, even for successful and evidence-based national initiatives.

The importance of evidence-based practice

The case for evidence-based practice is intuitively obvious: it is only by using practices with evidence of their effectiveness that schools and local authorities can be sure they can improve children's outcomes. However, one critique of evidence-based practice is that it can crowd out innovation. This is setting up a false dichotomy, though, between evidence-based practices and innovation. Innovation is key to discovering what works when it is properly evaluated, and it can help to build knowledge about what works. However, innovation should be pursued for these reasons rather than for its own sake, no matter how well intentioned.

But as Jean Gross argues in her work on evidence-based practice, giving local areas the flexibility to innovate and design programmes has not, in practice, always led to better outcomes for children and young people. There are several examples of central government funding innovative services for children and young people in local areas that did not have unambiguously successful results: for example, the Children's Fund, the Excellence in Cities Fund and the On Track Programme. On Track was a crime prevention initiative based on a successful US programme, Fast Track. A fund was established for 23 deprived areas from 1999 to 2006, and local authorities were given guidance on different interventions in the hope that the money would be spent on the evidence-based ones. However, many of the services were locally designed and there was huge variation in what was on offer. The programme had no proven impact on hard outcomes such as anti-social behaviour, truancy, offending and attainment, unlike its more prescriptive and evidence-based USA cousin, Fast Track.⁴⁴⁸

However, there are some important barriers to evidence-based practice: not enough is known about what works; not enough is known about how to successfully replicate successful local practice on a larger scale; the commitment to evidence-

based practice does not always match the commitment to improving children's outcomes at the local level; there are significant gaps in the supply side of evidence-based practice; and lack of funding is a very significant barrier.

Building up the evidence about what works

There needs to be a concerted effort to build up a better knowledge base about what works in terms of improving children's outcomes.

There are several different schemes that categorise interventions according to how comprehensive the evidence base is. For example, Sheerman and colleagues have developed a Scientific Methods Scale that places evaluations into four categories, depending on the standard of evidence in relation to outcomes:⁴⁴⁹ programmes that work (at least two level-three evaluations with positive, statistically significant results); programmes that do not work (at least two level-three evaluations have established ineffectiveness); programmes that are promising (positive results but level of certainty not high enough to generate generalised conclusions); and all other programmes, whose effectiveness is unknown.

The Scientific Methods Scale uses five levels of evaluation:

- Level 1: a simple correlation between an intervention existing and better outcomes.
- Level 2: an uncontrolled study, using 'before' and 'after' measures but without a control group.
- Level 3: a 'quasi-experimental' study with comparison groups; data is gathered before and after the intervention and compared statistically.
- Level 4: as in level 3, but with many groups and controls for external influences.
- Level 5: as in level 4, but with random allocation of participating individuals and groups to experimental and control conditions.

Level 5 is the evidence ‘gold standard’ of randomised control trials: in social science, it is the closest to the controlled conditions of a scientific experiment that does not involve people.

However, very few programmes fall into the ‘what works’ category: at least two level-three evaluations with positive and statistically significant results. Equally, there are few programmes with which it is possible to say with a good degree of certainty that they do not work – most programmes fall into the unknown category.

Most evaluations and trials of programmes that do fall into the ‘what works’ category have been undertaken in the USA and Australia, where there is a stronger tradition of rigorous longitudinal evaluation of programmes and interventions. In the UK, there is a much smaller rigorous evidence base of what works (although this is being extended with government-funded pilots of programmes such as Reading Recovery and the Family Nurse partnership).

Another issue is that unless there is a large-scale evaluation funded by government, the onus is very much on providers – public sector, charities and private sector – to self-evaluate. There has been an explicit move in recent years from output-based commissioning to outcomes-based commissioning, which is supposed to be evidence-based. But the problem is that the only evidence commissioners often have about the effectiveness of impact is self-evaluation evidence provided by the service providers themselves. It is hard for commissioners to make balanced decisions on the basis of this information.

There are some very good examples of self-initiated evaluations taking place across the charitable sector, including in some of the case studies examined as part of the research for Demos’ interim report earlier this year, *A Stitch in Time* (see box 6). This is not surprising since most were funded by charitable trusts and foundations that use rigorous evaluation and success as their key criteria for selection.

Box 6

Evaluation of school counselling service by Place2Be

The Place2Be is a charity that, in conjunction with schools, runs a holistic programme of counselling services within schools to improve the emotional wellbeing of children, families and the entire school community.

The charity has a strong approach to monitoring and self-evaluation, with a dedicated research and evaluation team. It uses, where possible, externally validated evaluation models to assure reliability and accountability. For example, the Strengths and Difficulties Questionnaire is used with children before and after interventions to assess the impact of the therapeutic work. The Clinical Outcomes in Routine Evaluation Outcome Measure (CORE-OM) is used with adults before and after interventions to assess impact. In addition, these are supplemented with a range of qualitative data gathered from the schools in which they work.

However, this example is the exception rather than the norm. Broader mapping studies of children and young people's VCS interventions show that few organisations have given adequate thought as to how they will measure the long-term impact of their work, and methodology is often poorly developed and resourced.⁴⁵⁰ Charities often replicate efforts both in terms of developing their own evaluation systems and collecting data on the same outcomes in the same locality. There is little incentive in the current system for charities to share best practice with each other.

Typically, charities themselves do not shy away from the idea of evaluation. Charities that we spoke to in this research were concerned by the lack of a standardised quality assurance in children and young people's services. Some said they would welcome stronger and more rigorous longitudinal evaluations, but smaller organisations, in particular, did not have the resources to carry them out. Many said they would welcome evaluation by an external evaluation agency, in the same way that Ofsted evaluates schools.

There are, however, research institutes and organisations that seek to pull together evidence about what works and promote evidence-based practice that improve children's outcomes.

The Center for the Study and Prevention of Violence at the University of Colorado runs a project called Blueprints.⁴⁵¹ This assesses violence prevention programmes aimed at children and young people in the USA. Its expert advisory board has reviewed over 700 programmes, but only 40 met Blueprints standards. Blueprints effectively kite-marks programmes that have strong evidence of positive impact. It emphasises three factors: evidence of positive impact proven by a good research design; sustained positive effects over time; and multi-site replication (that is, if replicated faithfully, the programme would have similarly positive impacts in other communities or schools). A programme must have at least one replication with positive impact. Blueprints gives programmes a rating of 'model' or 'promising'. Only 11 programmes out of the over 700 it has reviewed has met the criteria of being a model programme (see annex to this chapter). Many USA local and state governments, and agencies use Blueprints as a guide to evidence-based programmes; one survey suggested that 75 per cent of directors of state-level education agencies use Blueprints.

In the USA, the What Works Clearinghouse (WWC) is a government-funded institute set up to spread evidence-based practice in education. It was set up in 2002 by the US Department of Education to provide educationalists, policy makers and the public with a central and independent source of scientific evidence about what works in education practice. The US government contracted Mathematica Policy Research to run the WWC. Like Blueprints, it evaluates programmes for evidence of impact in eight areas: adolescent literacy, beginning reading, character education, dropout prevention, early childhood education, elementary school maths, English language learners, and middle school maths. A rating of 'positive' means that at least two studies of an intervention met evidence standards and there was positive impact on students' outcomes. It has a substantial US government investment of US\$50 million over five years.

In the UK, there are similar institutes that building up databases of evidence-based practice. The Dartington Social Research Unit operates a database of evidence-based programmes for improving children's outcomes. It actively seeks to promote the use of evidence-based practice through, for example, its Prevention Action newsletter that it sends to schools. It is also working with Birmingham City Council on its Brighter Futures prevention programme, evaluating the impact of programmes such as the Nurse Family Partnership, PATHs and Incredible Years (see box 8 for more details). The Institute for Effective Education at York University also produces systemic reviews of what works in education and undertakes its own evaluation. It has produced systemic reviews of several programmes including those concerned with primary, upper-primary and secondary reading; children with EAL; and primary and secondary maths.

However, the government has not been as involved in supporting the spread of evidence-based practice as it should be. One important exception to this is the National Association of Parenting Practitioners (NAPP) which was set up by the government to promote the use of evidence-based practice in parenting programmes.

NAPP promotes evidence-based practice in parenting interventions. It produces a commissioning toolkit, an online searchable database of parenting interventions and approaches.⁴⁵² This database provides information about programme quality and effectiveness.

Programmes are put forward for inclusion by their developers, and first go onto the database with self-evaluation evidence from them. The programme is later evaluated by NAPP using its Parenting Programme Evaluation Tool (PPET).⁴⁵³ A programme is given a score between one and four (where zero is no criteria are met, and four is all criteria are met) across four elements:

- *Targeted populations and explicit recruitment process:* good quality parenting programmes clearly specify target population and include explicit processes to ensure appropriate families can be recruited and participate in the programme.

- *Explicit content based on sound theory*: content and process are based on a sound theoretical framework.
- *Best practice in training, supervision and adherence to the programme*: training has been carefully considered and detailed; supervision and implementation procedures will allow the programme to readily be set up and implemented in new and independent settings.
- *A robust evidence base*: participation in the programme will result in positive, substantial and long-lasting outcomes for parents and/or children.

The evaluation process involves two evaluators independently considering the materials and evidence available. They are blind to the programme's self-rating. Their ratings are submitted to and deliberated by an evaluation panel that determines the final rating.

However, NAPP relies on pulling together existing evidence, and this is often not of high enough quality to recommend more than a handful of programmes. As reviewed in chapter 7, out of 63 academy-evaluated programmes, only five scored four on the outcome-based evaluation criteria. It is also quite difficult for commissioners to compare and contrast the impacts of different programmes because they use very different outcomes measures. Of course, this falls outside of the existing remit of NAPP (which is to evaluate existing evidence), but with respect to making evaluation evidence useful to commissioners, there is a more proactive role that needs to be played by NAPP in terms of encouraging high-quality evaluations using rigorous methodology and outcome measures in the first place.

The government has announced that NAPP will be wound down by 2010, with its functions transferred to the Children's Workforce Development Council. It will not continue to evaluate evidence-based practices.

The government has been more reticent to introduce the same kind of approach to other areas of policy, such as alternative provision. As discussed in chapter 6, the quality of alternative provision is widely acknowledged as poor. In the 2008 white paper *Back on Track* on alternative provision,⁴⁵⁴ the

government acknowledged there were issues concerning the commissioning process that needed to be improved. It announced the launch of an alternative provision commissioning toolkit for schools and a national database of providers. However, the toolkit barely goes beyond standard commissioning guidance, and the national database comes with no information about evaluation and quality.

An interesting parallel can be drawn with health. The government set up the National Institute for Health and Clinical Excellence (NICE) in 1999 to drive up clinical standards in the NHS. It is responsible for publishing clinical appraisals of whether or not particular treatments should be considered worthwhile by the NHS, based on evaluations of efficacy and cost-effectiveness. Before its establishment, these appraisals were carried out by a range of professional and academic bodies with variable standards, sometimes questionable-quality findings and duplication of effort. The World Health Organisation has highlighted the credibility of NICE's process, and it is acclaimed internationally.⁴⁵⁵ Clinicians submit interventional procedures for NICE's scrutiny. Health professionals, the public and the health industry can also submit topics for NICE guidance. A NICE appraisal involves consultation with patient groups, healthcare professionals and manufacturers. An independent academic centre draws together and analyses all the published information on a particular appraisal in an assessment report. Stakeholders are able to comment on it, and the final document is then submitted to NICE for approval. Since 2005, the NHS in England and Wales is legally obliged to provide funding for medicines and treatments recommended by NICE's technology appraisal board.

Were the NAPP model simply to be extended to a broader range of interventions, including parenting, education and community-based interventions, a number of issues would remain. First, it is not proactive enough. An independent centre for evaluating evidence-based practice would need to give support to service providers with respect to evaluation and evidence-based practice. Otherwise charities, particularly smaller ones, will simply be crowded out by the small number of

programmes for which evidence already exists. Unless there is a more proactive model, it is difficult to see how the evidence base can be expanded. Charities and local authorities themselves say they want more help with evaluating local services.⁴⁵⁶ Given the wide diversity in the type and quality of outcome measure used – which makes it difficult for commissioners to directly compare different interventions – the centre should also have a responsibility for designing high-quality ‘off-the-shelf’ outcome measures covering cognitive, linguistic, and social and behavioural development. This should draw on evidence-based outcomes measures such as the SDQ. This independent centre should also be responsible for kite-marking effective interventions in the same way that Blueprints does – and building on the experience of other kite-marks in the sector such as the PQASSO (Practical Quality Assurance System for Small Organisations) and Relate kite-marks run by the Charities Evaluation Service. This will make it easier for local authority and school-based commissioners to identify effective interventions.

The government’s 2009 white paper *21st Century Schools* takes a different approach, however. It gives the role of pulling together and disseminating evidence-based practice to local authorities, charging them with the production of ‘costed menus’ of interventions to improve outcomes for schools. However, local authorities do not have the expertise that some of the institutions discussed above have. If they are only charged with this responsibility, there will be much pointless reinventing of the wheel. It would be much better to ask local authorities to coordinate evidence-based practice in the local area, drawing on the support and information provided by a national centre as outlined above.

The independence point is also worth stressing. If it were to be credible, a national centre would need to be independent from government in spite of being funded by it. This is important because there is always the temptation for government to engage in ‘policy-based evidence making’ rather than ‘evidence-based policy making’. The quality of government evaluations has improved, but in the past they have been poor. For example, the DCSF commissioned a large-scale (and

presumably expensive) evaluation of peer-mentoring schemes in 2006. The aim was to evaluate the impact of such schemes in 180 schools. The evaluation methodology was fairly weak. It assessed the impact of the scheme on children taking part. It first used a child questionnaire to measure attitudes towards school, peers, family and self. It also asked school mentoring coordinators what their impression was of the programme's impact on hard outcomes like attainment, attendance and behaviour (rating them as improved, stayed the same or worsened). It did not look at any data on the outcomes. The evaluation was thus unable to point to significant hard evidence about what the impact had been. It found a slight decrease in children's attitudes (to be expected as children grow older), but there were no controls of children not participating in the scheme so it was not possible to say whether the scheme had an impact in lessening this decline.⁴⁵⁷ The evaluation itself concluded the 'evidence itself is still predominantly anecdotal. There is further guidance needed for impact to be assessed at school level.'

Even if these evaluations contribute to a general sense of a programme working, they do not add to our knowledge in terms of size of impact. This can mean the case for a successful programme is weakened in national and local policy debates.

There are, however, indications that a stronger commitment to good evaluation may be starting to emerge. Randomised controlled trials are being used to test the Family Nurse Partnership and Reading Recovery programmes, which will provide more information about the scale of their impact in England.

Building up the evidence base about what works: recommendations

As set out above, there needs to be a government-funded but independent academic centre for evidence-based practice in improving children's outcomes. This should be charged with pulling together the existing evidence base in an easily-digestible tool for practitioners and commissioners; proactively encouraging evaluation of interventions by channelling government funding towards promising but yet to be rigorously evaluated programmes; kite-marking effective interventions; and

providing advice and support on evidence-based practice.

Some (but not all) of the above functions overlap with the existing functions of organisations like the Centre for Excellence in Children and Young People's Outcomes, and Ofsted. However, neither of these have the same emphasis on rigorously evidence-based practice as, for example, the What Works Clearinghouse.

The government should put out a tender for this new academic centre, which would allow existing centres of excellent practice like the Dartington Social Research Unit and the Institute for Effective Education at York to apply.

Scaling up interventions

Once evidence for the effectiveness of an intervention has been established, how to replicate it in other areas is the challenge. This is crucial: if a programme's impact in a pilot or small-scale study cannot be replicated on a wide scale, there is little point to it being expanded.

The importance of this is less well understood than the importance of evidence-based practice. For example, the government's recent attempts to scale up the parent support scheme devised by the charity School Home Support met with limited success (see box 7). This is because successful scaling up of an intervention is difficult – and even less is known about doing this than which interventions are evidence-based in the first place.

Box 7 **The national expansion of the Parent Support Adviser Scheme**

School Home Support is a charity that works with schools and provides school-home services within schools. Practitioners work in a school and support parents in engaging with their child's learning. They cover a number of issues including attendance, punctuality and managing transitions. The service is designed in conjunction with the school. The charity says it helps maintain quality by:

- *undertaking an audit of a school needs (in conjunction with the school) at the start of the programme*
- *recruiting staff jointly with the school so that the practitioner's skills are aligned with the school's needs*
- *having a multi-layered management system for each practitioner:*
 - *a line manager is responsible for personal development and targets*
 - *an experienced practitioner supervises casework and there is a meeting every two weeks for advice on particular cases and emotional support*
 - *a team leader offers practical support on an ongoing basis.*

Based on this scheme, the government decided to pilot a Parent Support Advisor scheme between August 2006 and September 2008. Two interim reports were published in 2007 and 2008.⁴⁵⁸ A budget of £40 million was allocated to employ parent support advisers in schools in 20 local authorities, chosen primarily on the basis of deprivation. The only third sector organisation chosen to deliver the pilot was School Home Support (in Barking and Dagenham).

The national pilot differed from the model delivered by School Home Support in some important ways:

- *Parent support advisers were only given seven days of training before starting in their roles.*
- *Headteachers were responsible for line management. The evaluation was concerned with the lack of supervision by other welfare professionals and the lack of a formalised line management structure. Many parent support advisers, in the national pilot, did not have the casework supervision included in the School Home Support model.*
- *There are also issues about resourcing in local areas: the evaluation was concerned that the parent support advisers might be used to 'hold' parents with problems unmet by services, and that there was not enough time for the families who could most benefit from their services.*

The evaluations reported positive feedback from parents, parent support advisers and teachers, and the scheme will be available nationally. Impacts were not evaluated for hard outcomes apart from attendance. There was a slightly bigger drop in persistent absentees between schools in the pilot compared to other schools, but no difference in the drop in overall absence rates.⁴⁵⁹

It is difficult to effectively turn a local or small-scale evidence-based programme into a national one. For example, one study of prevention activities in US schools found that they were only effectively extended on a larger scale in 57 per cent of case.⁴⁶⁰ A study of how the highly effective Life Skills Training programme was implemented in New York schools found differing quality of implementation in different schools, with outcomes being related to the quality of implementation.⁴⁶¹

Quality of implementation relates to programme fidelity, in other words, how closely a programme is related to the original tried-and-tested programme. The following questions are important here:⁴⁶² is the programme being delivered as it was designed? Is it targeted in the right way? Are staff appropriately and highly trained? Is the number of sessions implemented adequate, and are they long enough, often enough and intense enough?

There is a debate about the extent to which a programme needs to be (and can be) implemented in exactly the same way as the model on which it was based, and the extent to which it can be adapted while still having positive impacts. US-based evidence certainly suggests that the most effective programmes are those that remained true to the original.

However, there are questions over how sustainable this is. The culture of professional independence in England makes the sustainability of very prescriptive interventions, with manuals for practitioners, questionable. This is partly due to a culture of wanting to innovate and make improvements. This, perhaps, suggests that in England scaled-up programmes have to rely on highly skilled professionals with a greater degree of flexibility.

This chimes with the research undertaken with charities for Demos' interim report *A Stitch in Time*: the most effective charities all stress the importance of having a model, but one that is implemented by highly skilled professionals who can modify formats and practices as required. Jean Gross, building on her experience of replicating on larger scales evidence-based practices as former director of the Every Child a Chance Trust (which is responsible for the Every Child a Reader and Every Child Counts programmes), has suggested that to do this successfully in England the following requirements are necessary:

- A host organisation for the initiative, such as a university or third sector organisation, independent of government (and thus resistant to political change) to manage data collection and research, innovation and dissemination.
- An infrastructure that has at the top leading experts in the intervention to train local programme leaders who, in turn, train practitioners.
- An accreditation system to ensure only trained practitioners can deliver the intervention. Being accredited should require ongoing training, observation and coaching in programme delivery.
- Programme leaders and trainers who continue to do some programme delivery.
- A learning community linking leaders, trainers and practitioners.

There is much more to be done in working out how to effectively scale up evidence-based practices, and the national centre recommended above could be charged with undertaking further research into best practice and generating best-practice scaling models. However, alongside promoting evidence-based practice and funding the expansion of knowledge about what works through a national centre, the government also has an important role to play in developing understanding of how to scale up what works.

Creating the demand for evidence-based practice

Spreading knowledge about what works, and the supportive infrastructure to help replicate what works, is not enough to spread evidence-based practice. There also needs to be a demand for it, as already discussed in previous chapters, this is not the case.

This partly relates to a cultural point, as the evaluation of the Family Nurse Partnership pilots has shown, one issue at the local level has been a lack of commitment on behalf of commissioners to using an evidence-based, rigorous model as opposed to less tested but more locally-developed programme. As Michael Little from the Dartington Social Research Unit has argued, tackling the cultural issue is a case of winning hearts and minds – all practitioners working with children and young people have their best interests at heart, and the case for evidence-based practice is a strong one – it just needs to be made more effectively. This could partly be fulfilled by a national centre, if it is given a strong dissemination and outreach role, as recommended above.

But it is also a case of ensuring that choosing to do evidence-based practice is as easy as possible. As discussed above, it is extremely difficult for a commissioner to judge between the efficacy of two programmes when evaluations use very diverse methodologies, standards, outcomes measures, varying levels of tests of statistical significance, and different ways of measuring effect sizes. To some extent, these issues will always exist, but it is important that evaluation evidence is presented in as easily digestible a format as possible.

In terms of dissemination, local authorities, School Improvement Partners (SIPs) and Ofsted are all very important. A national centre should have a role in proactively supporting local authorities and SIPs, and evidence-based practice should be built into the inspection framework for Ofsted.

However, there also needs to be more innovative dissemination methods. For example, The Key is a telephone-based consultancy service providing information and support for maintained schools. Areas include employment practice, education policy and self-evaluation, to name a few. The service was originally developed with funding from the Teacher Development Agency (TDA) and the National College for

School Leadership between 2005 and 2008. It now operates as an independent service which schools pay a subscription fee for. The service has been very popular with the schools that use it: in the TDA-funded pilot, independent market research found 98 per cent of school leaders trust the information supplied; 97 per cent are satisfied with the relevance and context of the information; and 78 per cent say the service has saved them time.⁴⁶³ If a phone-based network were used to disseminate evidence-based practice, the impact could be very powerful.

There should also be financial incentives for schools and local authorities to spend money on evidence-based practice. Of course, if the government were to provide funding for a national infrastructure for evidence-based interventions, as outlined above, the fact that these were, in effect, subsidised would be a financial incentive. NAPP, for example, has provided some training in evidence-based interventions free at the point of delivery in an attempt to promote the use of these by children's trusts and local authorities. However, there is a case for making this subsidy more explicit by providing some kind of funding match for schools to spend on evidence-based practice.

Supporting schools in their commissioning is also important. Commissioning services is a highly skilled job, spanning a wide range of diverse skill-sets including needs analysis, strategy design, partnership, procurement, monitoring and evaluation, and project management.⁴⁶⁴ There have been important developments, such as the Commissioning Support Programme, but this is aimed mostly at children's trusts (and hence local authority and PCT commissioners) rather than headteachers, who are increasingly taking on a commissioning role. Further research is needed on how well equipped school commissioners (usually headteachers, deputies or school business managers) feel to do the job.

Creating the demand for evidence-based practice: recommendations

- Evidence-based practice should be disseminated using innovative models as well as networks that include local authorities, Ofsted

and SIPs – such as a telephone-based consultancy service or an online social networking service.

- There should be a financial ‘match’ for schools to spend on kite-marked, evidence-based programmes approved by an independent national centre on evidence-based practice that improves children’s outcomes.

The supply side of evidence-based practice

A remaining piece of the puzzle is the extent to which evidence-based services exist for schools and local authorities to buy in. Of course, children’s trusts and local authorities have a role to play in coordinating service provision across a local area; for example, Birmingham has been particularly proactive in piloting evidence-based programmes from the USA (see table 13). However, in the main, the expansion of evidence-based programmes like the Family Nurse Partnership and Reading Recovery have required a boost from central government in the form of national pilots.

But there is a lot of local variation in terms of availability, particularly with respect to effective services provided by the VCS and the private sector. There has not been enough thought given to what the supply side of the commissioning system looks like. For example, there has been very limited mapping of the VCS. Probably the best mapping exercise there is undertook a detailed mapping of the VCS in four areas, and scaled up findings,⁴⁶⁵ a problematic approach in a sector where there is great amount of variation. However, this mapping revealed a number of gaps. First, provision for some age groups was much better than in others in the areas under consideration. The strong focus on early years and youth policy in national policy means that – despite the existence of the Children’s Fund (which has now ended) – services for 7 to 13-year-olds remain under-developed. This has been supported by other studies.⁴⁶⁶ Second, the level of provision differs across different areas. For example, the total VCS income in the West Midlands was the same as the South West despite there being 23 per cent more children. Charities we spoke to in the course of this research highlighted

that some areas, particularly large, inner city areas such as London, Manchester and Birmingham, tend to have a much more active VCS than even some other cities, but particularly rural areas where local authorities and schools may have a very limited or even no choice about services. Finally, provision for some black and minority ethnic communities was lacking.

As argued above, the government has an important role to play here: first, it should ensure that the national infrastructure for evidence-based practice exists by directly subsidising the supply side and it should provide a match for schools and local authorities to spend on evidence-based practices.

Second, government has a legitimate role and, indeed, needs to have, in subsidising the children's service 'supply side' in areas where provision is lacking – particularly in rural areas.

Funding early intervention programmes

Effective and evidence-based early interventions have excellent cost-benefit ratios. The Washington State Institute for Public Policy has undertaken cost-benefit analysis based on US evidence of effective and ineffective interventions.⁴⁶⁷ Table 13 summarises some of the key analyses.

Table 13 highlights the importance of cost-benefit analysis: a programme may be effective in terms of the benefits it generates (for example, Early Head Start generates more benefits than HIPPPY) but the higher initial costs involved means there is a poorer cost-benefit ratio to the state. Indeed, as the table shows, some of the most efficient interventions in cost-benefit terms are school-based prevention programmes on substance abuse: programmes like Life Skills Training (a curriculum-based drug prevention programme for children in grades six and seven) and the Minnesota Smoking Prevention Programme (a curriculum-based tobacco prevention programme for children from grades four to eight) have cost-benefit ratios that far exceed some of the other programmes illustrated in the table. At the other end of the scale, a programme like the Infant Health and Development Program generated no benefit and costs just under US\$50,000 per child in 2003 prices.

Table 13 **Cost-benefit analyses of effective and ineffective interventions in the USA**

Programme	Benefits per child (2003 dollars) (net present value)	Costs per child	Benefits per dollar of cost	Costs minus benefits
Pre-kindergarten education programmes				
HIPPY (Home Instruction Programme for Pre-School Youngsters)	3,313	1,837	1.80	1,476
Parents as Teachers	4,300	3,500	1.23	800
Even Start	0	4,863	0	-4,863
Early Head Start	4,768	20,972	0.23	-16,203
Child development/home visiting programmes				
Nurse Family Partnership	26,298	9,118	2.88	17,180
Healthy Families America	2,052	3,314	0.62	-1,263
The Infant Health and Development Programme	0	49,021	0	-49,021
Mentoring programmes				
Big Brothers, Big Sisters	4,058	1,236 (taxpayer only)	3.28	2,822
Youth substance abuse programmes				
Life Skills Training	746	29	25.61	717
Minnesota Smoking Prevention Programme	511	5	102.29	506
Project Towards No Tobacco Use	279	5	55.84	274
Other social influence/skills building/substance prevention programmes				
STARS for Families	492	7	70.34	485
Drug Abuse Resistance Education	0	18	0.00	-18
	0	99	0.00	-99

Life Skills Training, for example, costs US\$625 for a group of 30 students over three years. It has been shown to reduce tobacco, alcohol and marijuana use between 50 and 75 per cent, and the effects are still lasting five years later, in grade 12. It has been calculated that to provide every child in the USA with a programme like Life Skills Training would cost around US\$550 million a year – a drop in the ocean compared to US spending on drug control of \$40 billion a year.⁴⁶⁸ Replicating Life Skills Training across the US would therefore only cost 1.5 per cent of the total USA drug control budget.

Similarly, the Audit Commission has calculated that effective early intervention with one in ten of the 7,500 young people under 18 sentenced to custody each year in England and Wales would save in the region of £100 million a year.⁴⁶⁹

Given that such high cost-benefit ratios do potentially exist, it is fair to ask the question why more evidence-based prevention work is not happening – and why it needs to be subsidised by central government rather than simply left to commissioners.

There are two issues here. First, there is a structural issue about budgets being separate at the local level and, second, an issue about the long timescales often involved in realising the savings from prevention programmes.

Local budgets stuck in silos

In England, different agencies hold different budgets for education and social care (local authorities), health (PCTs), crime and local order (the police), and so on. There is no agency or local government institution at the local level with an overall responsibility for a joined-up budget with which to improve cross-area outcomes, as there are in some countries' systems of devolved government.

This means in practice that it is often the spending of one agency's budget that may generate savings partly, or even mostly, to another agency's budget. Spending by one agency at the local level can generate savings for a different layer of central government. For example, the national government making tax

and benefit savings. Because budgets are not joined up, there is little structural incentive for the first agency to make an upfront investment. Even Birmingham's Brighter Futures Programme (see box 8) has been based on cost-benefit calculations to the local authority (education and social services), rather than across the whole area, including health.

This is a widely recognised problem. The government's response was to create children's trusts in 2004 and establish a legal duty for all children and young people's services to cooperate in partnership (without stipulating what that partnership would look like).⁴⁷⁰ Children's trusts were supposed to solve some of the issues experienced in commissioning and encourage more joint (cross-agency) working and lead to a more child-centred and outcome-led vision, more integrated front-line delivery, more integrated processes, integrated strategy (joint planning and commissioning) and inter-agency governance.

This was an ambitious vision. Unfortunately, an Audit Commission evaluation of children's trusts four years after the original legislation suggests they did not achieve their aims.⁴⁷¹ It found considerable confusion across different agencies and sectors about the status of children's trusts. Although most areas had a joint commissioning strategy by 2008, these were not having an impact because of the lack of experience or knowledge about joint commissioning. There was little experience or evaluation of effective joint commissioning, for example, across education and health. The evaluation concluded that the establishment of children's trusts had not acted to encourage any more joint commissioning than was already going on in the first place.

Part of the problem was how the budgets worked. Children's trusts had two options open to them: they could formally pool budgets across different agencies and commission using the single pooled budgets, or they could 'align' budgets and commission from individual budgets towards the same services. There was widespread reluctance to pool budgets because of the administrative difficulties involved, but aligned budgets did not work to support joint commissioning either.

Box 8 **Birmingham's Brighter Futures Programme**⁴⁷²

Birmingham City Council is implementing a programme of evidence-based, early intervention services. It is working with the Dartington Social Research Unit to monitor the needs of children using a high-quality assessment tool, the Common Language Approach. There are programmes including PATHs, Incredible Years, Triple P, Family Nurse Partnership, and a menu of programmes that schools can take up if they wish. The city council has invested £41.75 million over five years on the expectation that this will return £102 million of cashable benefits over 15 years (the cost-benefit calculation was based on the work of the Washington State Institute for Public Policy). The wider benefits (including but also beyond those to the local authority) are estimated to be £600 million over 15 years.

A recent development has been the government's Total Place initiative, launched in the April 2009 budget. This is a £5 million project to map all public spending in a local area and ask questions about how efficiently this money is being used. It is being conducted in 13 areas of England with one theme in each area. Themes include children's services, alcohol and drugs, health and social care, crime, and young people and employment. The aim is that by mapping spend in a local area, itself a big job, joint agency working and spending will be encouraged within the confines of the structural disincentives of separate budgets.

Total Place is still a relatively new project and its success is yet to be evaluated. However, there are questions to be asked about the long term: should incentives be shifted through more radical local government reforms? For example, should one municipal authority be responsible for a combined budget spanning a range of services and make coordinated spending decisions? This is beyond the scope of this report, but it is an important question.

The long timescales involved in capturing savings

The second issue is that it can be long term before the benefits of prevention programmes materialise, and this is a disincentive for

politicians. It can also be difficult to capture these benefits in monetary terms.

It is difficult to ensure that the benefits of a prevention programme are captured because doing so involves predicting lower service need for at-risk children, and cutting back these services. But making cuts to existing services are difficult because they often involve making people redundant, and is always likely to be politically unpopular. Benefit capture is therefore not easy.

The issue of political timescales is also important. Many of these programmes require substantial upfront investment that does not deliver benefits for a number of years. The rates of return involved for some programmes are ones that would lead to substantial investment in the private sector (were benefit capture not an issue). However, political time horizons rarely span longer than five years – and politicians are held to account for the impact spending has on outcomes today, not in 15 years.

But given strong political will, it can be done. For example, Washington State legislature commissioned the Washington State Institute for Public Policy to look at the impacts of spending more on preventative programmes on the future prison population, and actually decided to build fewer prisons and spend more on prevention as a result. This shows that with planning and long enough timescales, benefit capture can be made easier by simply not expanding current levels of service provision.⁴⁷³ The Birmingham Brighter Futures Programme is another example of an instance in which strong political will and leadership has led to a programme that runs against some of the structural and political incentives built into the system.

There have been proposals for a form of social investment bond that gets round some of these disincentives.⁴⁷⁴ These would allow local authorities to borrow from the private sector, from existing markets, in order to invest in programmes with social impact. National government would make payments to local authorities if they achieved certain targets as a result of their prevention work, for example, a reduction in the number of young people NEET. These payments would represent some of the savings made to national government (through the tax and

benefit system) as a result of improved outcomes. This system requires local government to take risks though – and relies on there being enough replicable and evidence-based practice that would enable local government to take these risks. As already discussed, England is not yet at this stage.

Annex Blueprints ‘model’ programmes

- 1 Midwestern Prevention Project (MPP)⁴⁷⁵ aims to prevent drug abuse patterns starting at middle school age. The MPP disseminates its message through a system of well-coordinated, community-wide strategies: mass media programming, a school programme, school vaccination boosters, parent education and organisation programme, community organisation and training, and local policy change regarding tobacco, alcohol, and other drugs. These strategies are introduced into the community in sequence at a rate of one per year, with the mass media component occurring throughout. The central component for the drug prevention programming is the school. Active social learning techniques, such as modelling, role-playing, and discussions with student peer leaders assisting teachers, are used in the school along with homework assignments involving family members. The parental programme involves a parent–principal committee that meets to review school drug policy, and parent–child communications training.

The project has yielded control group results of a 40 per cent reduction in daily smoking, a similar reduction in marijuana use, and both maintained to early adulthood. There is a lesser reduction in alcohol abuse maintained through to Grade 12.

The project has yielded US\$5.29 saving for every spent dollar.

- 2 Big Brothers Big Sisters of America (BBBSA)⁴⁷⁶ provides adult support and friendship to young people, mostly from single-parent families and between 6 and 18 years old. Volunteers interact regularly with a young person in a one-to-one relationship. Agencies use a case management approach, following through on each case from initial inquiry through to its completion. Volunteer screening includes a written application, a background check, an extensive interview, and a home assessment; it is designed to screen out those who may inflict

psychological or physical harm, lack the capacity to form a caring bond with the child, or are unlikely to honour their time commitments.

After an 18-month period, BBBSA young people, in comparison to a control sample, were 46 per cent less likely to initiate drug use during the study period; 27 per cent less likely to initiate alcohol use; almost one-third less likely to hit someone; had superior academic behaviour, attitudes, and performance; were more likely to have higher quality relationships with their parents or guardians; and were more likely to have higher quality relationships with their peers at the end of the study period.

The project has yielded US\$1.01 saving per dollar spent.

- 3 Functional Family Therapy (FFT)⁴⁷⁷ is an intervention and prevention programme aimed at young people, aged 11 to 18, at risk of or presenting with delinquency, violence, substance use, conduct disorder, oppositional defiant disorder or disruptive behaviour disorder. FFT requires as few as 8 to 15 sessions of direct service time for frequently referred young people and their families, and generally no more than 26 total sessions of direct service for the most severe problem situations. The interventionists are generally trained probation officers, mental health technicians and university-educated mental health professionals.

It has been effective at reducing delinquent behaviour, reducing the number of young people going into higher cost social services, and improved the prospects for younger children.

The project has yielded US\$13.25 saving for every spent dollar.

- 4 Life Skills Training (LST) programme⁴⁷⁸ is a primary intervention that targets all middle and junior high school students, primarily implemented in school classrooms by teachers. The programme consists of three major components that teach students general self-management skills and gives them information and skills specifically related to drug use. Skills are taught using instruction, demonstration, feedback, reinforcement, and practice. The programme is delivered in 15 sessions in year one, ten sessions in year two, and five sessions in year three. Sessions, which last an average of 45 minutes, can be

delivered once a week or in an intensive mini-course. It has been shown to work well by over 20 studies testing it in different environments.⁴⁷⁹

LST is most effective of the evidence-based programmes. It has yielded strong results: cutting tobacco, alcohol, and marijuana use by 50 to 75 per cent. After the programme finished, drug use was reduced by up to 66 per cent, pack-a-day smoking reduced by 25 per cent, and there was a decrease use of inhalants, narcotics, and hallucinogens. It has yielded US\$25.61 saving for every spent dollar.

- 5 Multisystemic Therapy (MST)⁴⁸⁰ is aimed at chronic, violent, or substance-abusing male or female juvenile offenders, aged between 12 and 17 and at high risk of out-of-home placement, and their families. MST promotes behaviour change in the young person's environment using the strengths of, for example, family, peers, school, neighbourhood, and indigenous support networks. The major goal of MST is to empower parents with the skills and resources needed to independently address the difficulties that arise in raising teenagers and to empower young people to cope with family, peer, school and neighbourhood problems. The therapist places developmentally appropriate demands on the young person and their family for responsible behaviour. The usual duration of MST treatment is 60 hours of contact over four months, but frequency and duration of sessions are determined by family need.

Evaluations of MST have demonstrated, in serious juvenile offenders, reductions of 25 to 70 per cent in long-term rates of re-arrest; reductions of 47–64 per cent in out-of-home placements; extensive improvements in family functioning; and decreased mental health problems. It yields US\$2.64 saving for every spent dollar.

- 6 Nurse Family Partnership (NFP)⁴⁸¹ consists of intensive and comprehensive home visits by nurses during a woman's first pregnancy and the first two years after the birth. The programme is designed to serve low-income, at-risk pregnant women. The programme helps women improve their prenatal health and the outcomes of pregnancy; improve the care provided to infants and toddlers in an effort to improve health and development; and

improve women's own personal development, giving particular attention to the planning of future pregnancies, educational achievement, and parents' participation in the workforce. Typically, a nurse visitor is assigned to a family and works with that family through the duration of the programme.

In a 15-year follow-up study of primarily white families in Elmira, New York, findings showed that low-income and unmarried women and their children with a nurse home visitor had, in contrast to those in a comparison group, 79 per cent fewer verified reports of child abuse or neglect, 31 per cent fewer subsequent births (an average of over two years' greater interval between the birth of their first and second child), 30 months less receipt of Aid to Families with Dependent Children, 44 per cent fewer maternal behavioural problems due to alcohol and drug abuse, 69 per cent fewer maternal arrests, 60 per cent fewer instances of running away on the part of the 15-year-old child, 56 per cent fewer arrests on the part of the 15-year-old child and 56 per cent fewer days of alcohol consumption on the part of the 15-year-old child. The project has yielded US\$2.88 saving for every spent dollar.

- 7 Multidimensional Treatment Foster Care (MTFC)⁴⁸² recruits, trains and closely supervises community families to provide MTFC-placed young people with treatment and intensive supervision at home, in school, and in the community. MTFC foster parents attend a weekly group meeting run by a programme supervisor where ongoing support and supervision are provided. Foster parents are contacted daily by phone to check on the young person's progress and problems. MTFC staff are available 24 hours a day for consultation and crisis intervention. Family therapy is provided for the biological (or adoptive) family, with the goal of returning the young person back to their home. The parents are supported and taught to use the behaviour management methods being used in the MTFC foster home. Closely supervised home visits are conducted throughout the young person's placement. Parents are encouraged to have frequent contact with the MTFC programme supervisor to get information about their child's progress.

MTFC young people spent 60 per cent fewer days incarcerated at 12-month follow-up, had significantly fewer subsequent arrests, took fewer drugs, and did better at school. The project yielded US\$10.88 saving for every spent dollar.

- 8 The Olweus Bullying Prevention Program⁴⁸³ is a universal intervention for the reduction and prevention of bully and victim problems. The main arena for the programme is the school, and school staff have the primary responsibility for the programme's introduction and implementation. Core components are implemented at the school, the class and individual levels. School-wide components include the administration of an anonymous questionnaire to assess the nature and prevalence of bullying in the school, a school conference day to discuss bullying, plan interventions, and form a Bullying Prevention Coordinating Committee to coordinate all aspects of the school's programme, and increased supervision of students at 'hot spots' for bullying. Classroom components include the establishment and enforcement of class rules against bullying, and holding regular class meetings with students. Individual components include interventions with children identified as bullies and victims, and discussions with parents of the students involved. Teachers may be helped by counsellors and school-based mental health professionals.

The project has been shown to lead to substantial reductions in reports of bullying and victimisation, and a more positive school environment.

- 9 The PATHS (Promoting Alternative Thinking Strategies) Curriculum⁴⁸⁴ is a comprehensive programme for promoting emotional and social competencies, and reducing aggression and behaviour problems in elementary school-aged children while simultaneously enhancing the educational process in the classroom. The PATHS Curriculum, taught three times a week for a minimum of 20 to 30 minutes per day, provides teachers with systematic, developmentally based lessons, materials, and instructions. Subjects covered include emotional literacy, self-control, social competence, positive peer relations, and interpersonal problem-solving skills. A key objective is to prevent or reduce behavioural and emotional problems. PATHS lessons

include identifying and labelling feelings, expressing feelings, assessing the intensity of feelings, managing feelings, delaying gratification, controlling impulses, reducing stress, self-talk, reading and interpreting social cues, understanding the perspectives of others, using steps for problem-solving and decision-making, having a positive attitude to life, self-awareness, and verbal and nonverbal communication skills.

Teachers receive training in a two- to three-day workshop and in bi-weekly meetings with the curriculum consultant.

It has been tested on children with and without special needs and has been shown to lead to greater emotional development in self-control, frustration toleration, conflict-resolution, and reduced anxiety symptoms and depression.

¹⁰The Incredible Years Series⁴⁸⁵ is a set of three comprehensive, multi-faceted, and developmentally based curriculums for parents, teachers and children. It promotes emotional and social competence, and prevents, reduces and treats behaviour and emotion problems in children aged two to ten years old. In all three training programmes, trained facilitators use videotape scenes to encourage group discussions, problem solving, and the sharing of ideas. The BASIC parent series is core and a necessary component of the prevention programme delivery. The other parent training, teacher, and child components are strongly recommended with particular populations that are detailed in this document. The BASIC programme emphasises parenting skills known to promote children's social competence and reduce behaviour problems such as how to play with children, help children learn, praise effectively and use incentives, effectively set limits and strategies for handling misbehaviour. The ADVANCE programme emphasises parent interpersonal skills such as effective communication, anger management, problem solving between adults, and ways to give and get support. Incredible Years Training for children includes the Dinosaur Curriculum that gives them skills such as emotional literacy, empathy and perspective taking, friendship skills, anger management, interpersonal problem solving, school rules, and how to be successful at school.

RCT tests indicate the project improves parenting skills, family communication and parental mentality, classroom environment, and child conflict-resolution skills.

- 11 Project Towards No Drug Abuse (Project TND)⁴⁸⁶ is an effective drug abuse prevention programme targeted at high-school-age youth. There is a set of 12 in-class interactive sessions on motivation skills and decision-making targeting the use of cigarettes, alcohol, marijuana, hard drug use, and violent behaviour. The lessons are approximately 40 to 50 minutes each, and implemented over a four-week period. Students are given detailed information about the social and health consequences of drug use, and their misperceptions corrected. Topics include active listening, effective communication skills, stress management, coping skills, tobacco cessation techniques, and self-control to counteract risk factors for drug abuse relevant to older teens.

A one-year follow-up revealed that those who received the full programme had a 27 per cent prevalence reduction in 30-day cigarette use; 22 per cent prevalence reduction in 30-day marijuana use; 26 per cent prevalence reduction in 30-day hard drug use; 9 per cent prevalence reduction in 30-day alcohol use among baseline drinkers; 6 per cent prevalence reduction in victimisation among males. The project yields a massive US\$55.84 saving for every dollar spent.

Blueprints have also demarcated some programmes as promising,⁴⁸⁷ and these include:

- ATLAS (Athletes Training and Learning to Avoid Steroids)⁴⁸⁸
- Behavioral Monitoring and Reinforcement Program⁴⁸⁹
- Brief Strategic Family Therapy (BSFT)⁴⁹⁰
- CASASTART⁴⁹¹
- FAST Track⁴⁹²
- Good Behavior Game (GBG)⁴⁹³
- Guiding Good Choices (GGC)⁴⁹⁴
- I Can Problem Solve (ICPS)⁴⁹⁵
- Linking the Interests of Families and Teachers (LIFT)⁴⁹⁶
- Perry Pre-school Project⁴⁹⁷

- Preventive Treatment Program (PTP)⁴⁹⁸
- Project ALERT⁴⁹⁹
- Project Northland⁵⁰⁰
- BASICS (Brief Alcohol and Intervention of College Students)⁵⁰¹
- Seattle Social Development Project (SSDP)⁵⁰²
- Strong African American Families (SAAF) Program⁵⁰³

Appendix Workshops on tackling educational disengagement in association with Beatbullying

(by Thaddaeus Douglas, Emma Jane Cross, Richard Rose and Jessica von Kaenel-Flatt)

Background and methodology

Demos undertook a year long project investigating the root causes of educational disengagement with a view to understanding how this can be prevented. A key part of the research involved direct consultation with children and young people, aged between 11 and 14 years, to understand what they like and dislike about their education, what underpins their disengagement, and crucially what their ideal educational system would look like.

Demos and Beatbullying staff co-facilitated six workshops with children showing early signs of becoming disengaged, many of whom have had negative experiences of education and have since been removed from mainstream schooling.

The workshops aimed to provide a key platform and outlet allowing children to express their views, feelings, and experiences with respect to education and learning, thus enabling an in depth exploration of what works well in schools, and how learning (in the broadest sense) could be improved to meet the respective needs of children. The workshops were designed by the researchers in consultation with Beatbullying development officers, who have extensive experience in visiting schools and talking to children about bullying. Hence, the workshops employed a range of strategies tailored to explore education and learning with youth-led/initiated activities. This minimised the threat of any researcher or facilitator bias or

influence, thus providing an accurate representation of the groups' views.

The workshop had two key stages including an introduction process, designed to unpack the early issues, enable an understanding of key themes and language, build rapport, and in order to adhere to formalities and ethical research guidelines. The remaining core stages were essentially youth led, and designed to enable young people to articulate personal and collective solutions for their future education.

Breakdown of the workshop outline

The first stage provided participants' with a clear understanding of the purpose of the workshop and the research's aims and objectives. Introductory statements by the researchers explaining the purpose of the research, included:

To find out what works in school and understand how we might improve education in the future

An outline of each activity was also provided, including a brief summary and the time spent on each section. Additionally, a confidentiality statement was stated, with typical examples including:

Anything that is said remains anonymous and confidential. This means we will not discuss this with anyone else, unless we feel that you or somebody else is in danger.

No one will see your answers; your schools will not receive the information about any one individual's answers.

Participants were further informed that the data would be held in the strictest confidence, in line with Beatbullying and Demos ethical research guidelines. Furthermore participants were told that they had the right to withdraw from the workshop at any stage and were informed of how and why their work would be used. Typical facilitator statements included: 'You are

allowed to leave the workshop at any time’, and ‘Your work will be used in a report to tackle educational disengagement’.

The introduction also included an ice-breaker activity called *The sun shines on*, designed to break down any potential boundaries and build rapport between the facilitators, researchers and young people, introduce some of the key themes, and shed light on children’s experiences at school.

Following on from this a ‘working agreement’ was made between the participants, allowing young people to come up with rules and ideas on how to make the workshops run smoothly and get the most out of them. Typical examples included, ‘respecting others’, ‘everyone gets the chance to speak’, and ‘put up your hand to talk’. Answers were recorded on A3 flip chart paper and posted on the wall to refer back to as necessary. The key here was to allow the young people to come up with the rules themselves, as opposed to the adults. This technique was generally seen positively by young people, lending the rules credibility and justifying the rationale for this approach.

The following stages included a themed mind-mapping activity whereby participants were split into sub-groups (where appropriate), and provided with the following statements/topics to explore:

- ‘What is learning? And what is thinking?’
- ‘Where do we learn?’
- ‘What tools can we use? And how do we learn with them?’
- ‘What stops us from learning and thinking?’
- ‘What lessons do you/don’t you enjoy? And why?’
- ‘Where do you see yourself in five years time? And what can your school do to help?’

Throughout the workshops, participants detailed their views on audio and on video, while others used drama and role-play. Parental consent was ascertained with respect to the use of resources and the purposes of the research. The workshops aimed to be as consistent as possible, while retaining flexibility. Although these ideas sometimes stand in opposition, it was essential to gather information in whatever format it comes.

The final activity enabled participants to design their ideal 'dream school'. Participants were encouraged to use their creative skills and come up with innovative ideas to improve future education and schooling. Prompting facilitator statements included: 'Who would run it?', 'What subjects would be compulsory?', and, crucially, 'How would we learn?'.

To conclude the workshop, young people were invited to provide any feedback and thanked for their contributions. Facilitators provided a general summary of the key themes that had emerged from the workshops, enabling participants to prioritise in order of importance and validate the results.

The process

The workshops involved 75 secondary school pupils and were undertaken in October and November 2009. Pupils were selected in consultation with teachers and educational professionals on the basis that a workshop exploring educational disengagement would be of value to them. The pupils were from four comprehensive schools in Kent, South Yorkshire and Inner London; and two PRUs, one in London and one in Cambridge-shire. The sampling profile is not an accurate representation of total population demographics, thus the limitations in allowing generalised findings to emerge to the wider population are acknowledged. However, the findings apply and represent the groups outlined above.

The pupils were aged between 11 and 14 years old, in school years seven, eight and nine (Key Stage 3). They were disproportionately boys (79.5 per cent boys and 20.5 per cent girls). However, boys are proportionately more likely to be disengaged from the education system, and more likely to fall to be NEET. Hence, justifying the rationale behind this approach. The majority of participants derived from a White ethnic background (76 per cent). The other main ethnicities were 8 per cent Asian and 16 per cent Black. Almost one in ten reported a disability (9.3 per cent). An overwhelming 37.3 per cent receive free school meals, a proxy measure for deprivation employed within the deprivation index; 4.2 per cent were looked after by the local authority; and 10.7 per cent had EAL.

To further understanding and validate the workshop findings, a questionnaire was devised comprised of a mixture of both open and closed questions. Closed questions were used to aggregate for statistical purposes, while open questions were employed to allow the respondent to elaborate on the answers provided. In some cases of closed questions, respondents were offered the choice of adding 'other' answers not listed in the survey. Open responses were generally categorised, analysed and summarised (where appropriate) by the researchers. This helped to guard against the use of leading questions.

The questionnaire was administered at the beginning of the workshop to avoid any potential bias or influence, and took around 20 minutes to complete. It was filled out in a private and quiet environment. Respondents were not required to provide their name and this preserved their confidentiality and anonymity. Additionally, respondents could skip or avoid any questions if they preferred not to answer.

The major findings from the workshop are presented below. They highlight the need to create a positive environment in which teaching, learning, and the broader socialisation of young people can prosper. Dominant themes to emerge from the young people themselves include: the enhancement of school safety; more engaging ways of teaching and learning; and the relevance of education with respect to children's aspirations, all encompassed under the title 'A safe, pleasant, and engaging environment to learn in'.

Thematic findings: a safe, pleasant, and engaging environment to learn in

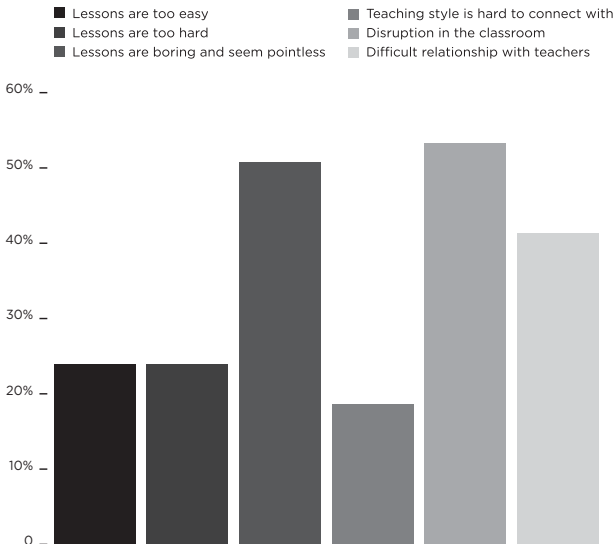
The major finding from the workshops was that creating a positive environment in which teaching, learning, and the broader socialisation of young people can prosper is essential if educational disengagement is to be tackled.

More than half (53.3 per cent) of the children and young people responding to the survey said they felt disruption in the classroom (such as noise, and people running around and throwing things) was the main reason why they find lessons difficult or do not enjoy them. The second highest response (43.1

per cent) to this question was difficult relationship with teachers. Common responses to the question, ‘What are the worst things about school?’, included ‘people yelling’, ‘when your lessons get disrupted’, and ‘mucking about in the class’, thus arguably indicating that children, engaged or disengaged, value a learning environment in which there is minimal disruption. This is further reinforced by children’s response to the questions: ‘Where do we learn?’, and ‘Where do we think?’ Responses were, ‘we think in silence’, ‘we learn by ourselves’, and, interestingly, ‘we learn in isolation’, stated by a pupil removed from mainstream schooling. Additionally, a response to the questions: ‘What tools can we use to learn?’ and ‘How do we learn with them?’ included ‘quiet rooms’, and similar responses indicating children value less disruption and quieter spaces to learn and think.

Reasons for finding lessons difficult or not enjoying lessons

Note: This question was multiple choice, hence the percentages.



A key concern for the children and young people was their wider school safety. From the questionnaire Demos discovered that only, three in ten (30.1 per cent) young people felt their school was safe (with 13.7 per cent declaring it unsafe), coupled with just over a tenth (12.3 per cent) saying their school was scary. In addition, just under one-tenth (9.5 per cent) said they ‘hardly ever’ feel safe in school. Only 17.6 per cent agreed with the statement ‘students’ care about each other’, and 12.9 per cent stated they did not feel cared about or respected by other pupils at school. This arguably indicates that a better environment needs to be fostered in which children and young people demonstrate that they care about and respect each other. Furthermore, young people provided examples illustrating negative peer-to-peer interactions. Thus, bullying and child-on-child violence were identified as key concerns. Typical responses to the question: ‘What are the worst things about school?’ included ‘I don’t like getting bullied’, ‘fights’, ‘kids fighting’ and:

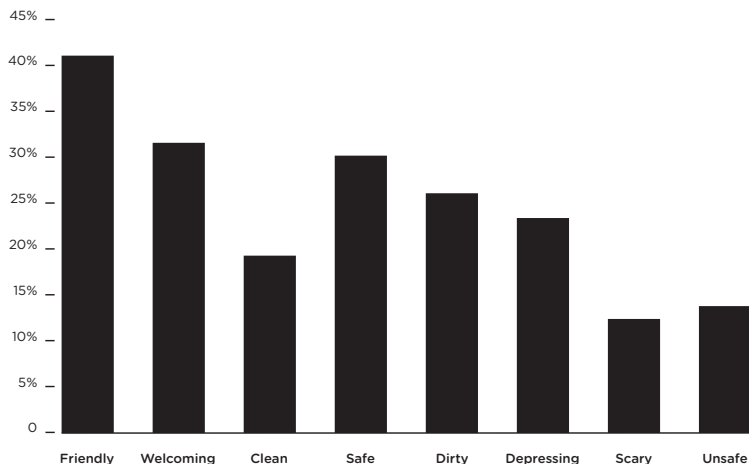
The worst things about school are disruption in class, all the other years, the toilets and people running in the hallways.

One particular child identified bullying as a key concern and a group of children came up with the idea of having security guards, in their ideal dream school, thus arguably highlighting the severity of issues underlying school safety. Facilitators probed this response and the young people replied ‘it’s not safe’.

It is critical to acknowledge the role of the facilitators here and also to adopt a reflective approach. Beatbullying acknowledges its position as an anti-bullying charity providing anti-bullying workshops, and how this may elicit particular responses. Just over a tenth (12 per cent) of those responding to the survey said bullying was the main reason why they didn’t enjoy school and found lessons difficult to learn in. However, for some young people, bullying was not a concern at all.

In general, do you find that your school is...? (You can tick as many as you like)

Note: This question was multiple choice, hence the percentages.



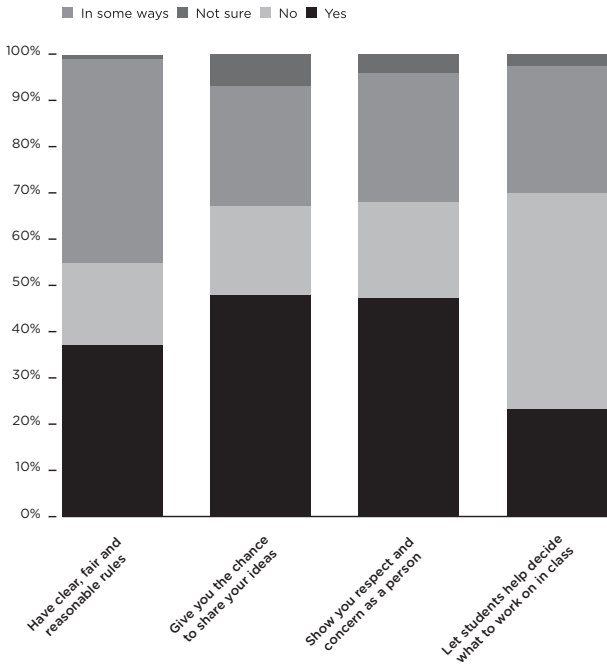
One of the ideas that came out of the questionnaire and workshops was that alongside children wanting a safe environment, they also wanted a pleasant one. Common answers to: ‘What are the worst things about school?’ were ‘the toilets’, ‘toilets are dirty’ or something similar, and suggestions for making schools better were ‘cleaner toilets’ and, more broadly, ‘make it cleaner’. Furthermore, only 19.2 per cent of children surveyed felt their school was clean. On the other hand, more than a quarter (26 per cent) said their school was dirty, and just under a quarter (23.3 per cent) said it was ‘depressing’.

The ‘dream school’ activities enabled further exploration of the notion that a pleasant environment is important for children and young people. When asked where their dream school would be, young people tended to list several pleasant environments including parks, forests and the countryside.

A key finding to emerge was the idea that vulnerable children and young people undoubtedly value pastoral support. For one young person, a PSP (pastoral support plan) helped them cope with wider issues with respect to education and

learning. Other students highlight the role of teaching assistants with respect to providing valuable support, and going to a specific teacher for help, usually within the schools pastoral support team: 'Going to Mr A if you need help'. Supporting these findings, young people advocated good school counsellors and learning mentors within their ideal dream schools. Common responses included 'got to be learning mentors' or something similar. Reasons such as 'they relate to us', 'someone who you can relate too', and, crucially, 'they understand why people have bad behaviour'. This was in response to facilitators' prompts such as: 'Who would run it?' with children responding 'someone you could relate too'.

In your opinion, does your school generally...?
(Please tick one box on each line)



Crucially underpinning some of the themes outlined above is the idea that disengaged children generally value being consulted and do not like being told what to do. This was consistent with what we found in the workshops and follow-up survey. A higher percentage (69.6 per cent) said the workshops (with an emphasis on youth led/initiated consultation) were interesting and around half (47.8 per cent) said it 'made me think'. 84.3 per cent felt their opinions were listened to; 73.2 per cent felt they had been taken seriously; and more than three-quarters (78.6 per cent) learned something new, thus highlighting the benefits of this approach. Only 7.2 per cent said it was boring, and 2.9 per cent a 'waste of time'. Responses to the 'other' category were 'excellent', 'fun', 'really good and helpful'.

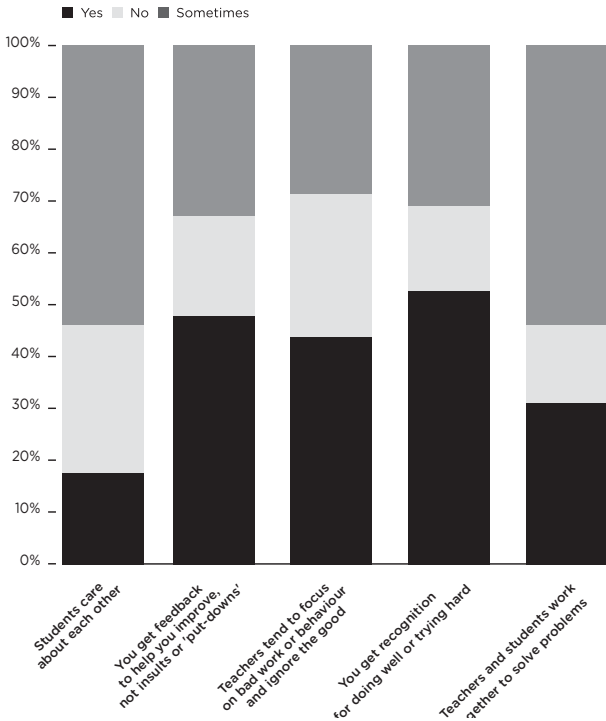
During the workshops, a common opinion expressed was that they felt they were not being heard in school: 'nobody listens to students', in the words of one young person. The young further wanted further consultation with respect to issues that concern them: 'student voice' and 'assemblies about our own lives' were stated by a group working on the dream school activity and 'we decide our own punishments', and 'student councils'. This would arguably enhance the representation of young people's views, thus further enhancing their attitudes and perceptions of school.

The survey findings arguably support this notion. Just under a third (31 per cent) said teachers and students work together to solve problem; 54.1 per cent said sometimes; and 14.9 per cent said never. Likewise, while more than a third (38.4 per cent) felt cared about and respected by school staff; 45.2 per cent said sometimes; and 13.7 per cent said never. More broadly speaking, just under half (42.7 per cent) felt their schools generally showed respect and concern for them as a person. Less than half (47.9 per cent) felt their school provided a chance for them to share their views and ideas; just over a quarter (26 per cent) said 'in some ways'; and 20.8 per cent disagreed with the statement.

A common and dominant desire was for teachers to be more engaging in the way they teach, and also to be 'better

trained'. Just under a third (30 per cent) did not find lessons interesting and more than half (50.7 per cent) agreed with the statement 'lessons were boring and seemed pointless'. Resentment was expressed several times against specific teachers, some of whom were long term substitutes, with particular complaints being focused on those teachers whom the young people felt never rewarded good behaviour and achievement: 'no rewards', 'don't get any credits', 'start recognising our behaviour [...] the teachers recognise bad behaviour instead of good', or who patronized the young people by treating them as 'primary school kids' and 'treating us like babies'.

Do you find in that, in general...?
(Please tick one box on each line)



When asked to explore good and bad teaching styles through role play and brain storming, the young people gave examples of good teachers who used lots of activities and games, focussed on rewarding and reinforcing positive behaviours, and who were 'energetic'. Bad teachers were disengaged, critical, lacked energy, shouted a lot, and focussed all their attention on disruptive pupils. The survey offers some additional insight into young people's views, as 16.2 per cent felt they received no recognition for doing well. In addition, 43.8 per cent said 'teachers tend to focus on bad behaviour and ignore the good'. The way lessons are taught makes it hard to learn: 18.7 per cent said the teaching style is hard to connect with, hence making it difficult to learn and enjoy lessons. An overwhelming 41.3 per cent said difficult relationships with teachers was the main reason for their disengagement.

In one of the workshops, when asked whom they would like to see as teachers, the young people answered celebrities for music, drama and sports. When a facilitator asked them to explain why, what emerged was a desire to have teachers who could demonstrate a level of expertise and success in the field they were teaching, and who could pass on their knowledge. Young people also identified with the activities or lesson. They generally held the view that subjects such as drama, PE, and music were generally more engaging subjects, although opinions varied widely. When the facilitator probed around the reasons, typical answers included, 'most of the teachers are boring' and 'the best things about school are PE because it's fun'.

The young people recognised the need to learn the core curriculum. When asked what lessons they would preserve as compulsory, maths, English and science were all frequently mentioned, with the reason usually being that these were needed for any job. As one young person said: 'We should do lessons that will help us to get a job.' Other popular subjects were PE and music, as these were seen as relevant to the aspirations of the young people themselves, who often expressed a desire to go into these fields. Interestingly, ICT was frequently described as 'boring' and 'rubbish' despite a common demand for laptops and internet café-style computer rooms where they could pursue

online socialising and learning. Speculatively, this could be because the content of ICT lessons is seen as largely irrelevant to the way in which young people actually use information technology, and expect to use it in any future employment. Alternatively, it could be because of the style of teaching.

This interpretation is reinforced by an answer about a young person's dislike for ICT: 'the teacher comes late'. The former point brings to light some of the debates surrounding the use of technology in schools. One of the ideas discussed in the workshop was that ICT aids pupils learn through 'interactive learning'. An argument standing in opposition is the view that this may provide a distraction in schools, although young people generally supported the view that ICT could aid the transition into the workplace.

This leads to questioning the relevance of education for young people's aspirations. Broadly speaking, aspirations varied widely. The young people had high aspirations and valued the importance of education and the core subject, in particular, for achieving their goals. Thus, the education offered should be tailored towards an each young person's aspiration. Examples of the comments made by young people on the importance of learning and thinking include: 'to get a better job/better life', 'so we can get a better education', 'to achieve something', and 'learning is the pass to freedom', and 'opportunity to get a job'.

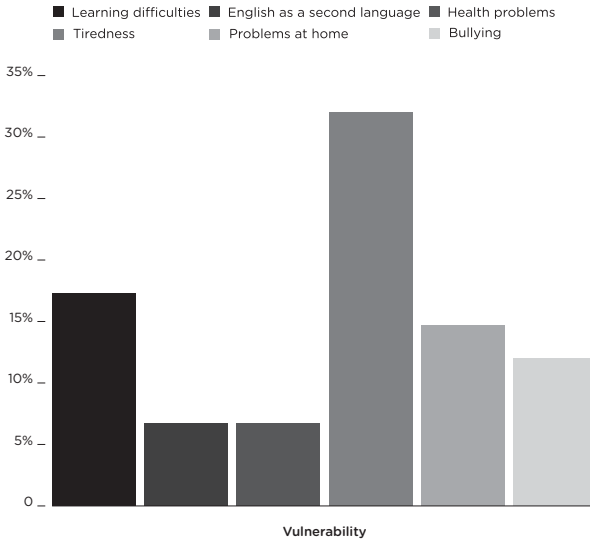
The workshop findings also concluded that some young people's aspirations need to be broadened. As outlined above, young people generally have high aspirations. When asked: 'Where do you see yourself in five to ten years' time?', they responded 'go to college', 'go to university', and 'become a doctor'. However, a significant minority responded with 'nothing', and 'being on the dole', indicating low aspirations. And one young person said:

I want to stay in Southwark. I was born in Southwark and I want to die in Southwark, no matter what. I will live in a house which I will buy, not rent.

Responses to the question: 'Where would your dream school be?' included 'somewhere local' suggesting, again, low

aspirations (although this is speculative since it could, arguably, be attributed to convenience or a possible ‘post code war’).

Vulnerable groups: If you find it difficult to learn or enjoy lessons in school, is this usually because...?
(You can tick as many as you like)



Finally, issues related to vulnerability were explored in the workshops and questionnaires. In the survey, young people reported finding school difficult or not enjoying learning for the following reasons: tiredness (32 per cent); learning difficulties (17.8 per cent); health problems (6.7 per cent); difficulties understanding English (6.7 per cent); and bullying (12 per cent). During the workshops, marginalised groups reported being discriminated against within school, particularly those of White ‘other’ ethnicity and the travelling community: ‘Stop making racist comments about travellers.’

Conclusion and recommendations

In conclusion, the workshop and survey findings highlight the need to foster a safe, pleasant and engaging learning environment for young people, which will facilitate their learning and broader socialisation. A key finding was that young people generally preferred less disruption in class and valued having quieter spaces in which to learn. *More than half (53.3 per cent) said disruption in the classroom was the main reason why they found it difficult to learn or not enjoy school and just over a quarter (26 per cent) said their school was either dirty or depressing (22.7 per cent).* This is not to argue however that we should teach children in isolated environments or keep them separated from their peers. In fact, some of the best things about school, identified by the young people, were socialising with peers and relationships with friends. The argument here is more about providing a safe and pleasant environment in which teaching and learning can prosper.

School safety is obviously an issue that needs to be addressed if educational disengagement is to be effectively tackled. According to the young people in this study, *less than a third (30.1 per cent) feel safe in school, while just over a tenth (12 per cent) said they had been bullied,* highlighting safety is a clear issue for some young people. This is especially important since all schools are obliged to provide a safe environment for pupils, in line with the ECM agenda. Many of the young people had poor experiences in school, and need a positive peer-to-peer environment in which peers and teachers care for one another.

One of the key themes that emerged was young people wanted more engaging teaching methods to be deployed to help them learn. *Just under a third (30 per cent) said that they did not find lessons interesting and more than half (50.7 per cent) agreed with the statement 'lessons were boring and seemed pointless',* highlighting the need for more engaging ways of teaching and learning. A practical suggestion was to consult young people, and enable them to have a voice on the issues that are most pertinent to them, including allowing them to identify the teaching and learning methods that work best for them. In the post-workshop questionnaire evaluating how they felt the session had gone,

84.3 per cent felt their opinions had been listened to and 78.6 per cent learned something new, highlighting the benefits of this approach.

As expected, vulnerable groups are at a high risk of becoming educationally disengaged. In the survey, *17.3 per cent said they found lessons difficult or did not enjoy school because they had a learning difficulty; just under a third (32 per cent) said it was due to tiredness; and 14.7 per cent said it was due to problems at home*. Thus, we need to provide more targeted interventions and support for vulnerable children and young people. In the workshops, the importance of pastoral support was highlighted as was the investment from specific teachers in understanding the reasons why young people sometimes misbehave or find learning difficult. Educationalists and policy makers, therefore, need to adopt an approach that recognises the value of pastoral support and embeds this within the school environment.

Aspirations varied widely between the young people. Broadly speaking, they had quite high aspirations and recognised the importance of education and, in particular, the core subjects for achieving their goals. However, for some, the opposite was the case and clearly they needed their aspirations to be broadened. In turn, this would enhance their engagement as they begin to recognise the value of education.

The authors acknowledge the limitations of allowing generalised findings to emerge from this research and applying these to the wider population. The sample profile is not representative of the total population demographic in the England. However, the findings do apply, and represent the groups we talked to. The study needs to be replicated with a larger sample and further research conducted on a wider scale, allowing deeper and broader understanding of how society can prevent and tackle educational disengagement in the future.

Notes

- 1 DCSF, *NEET Statistics Quarterly Brief November 2009*.
- 2 The Prince's Trust, *The Cost of Exclusion: Counting the cost of youth disadvantage in the UK*. Costs estimated to be £97,000 in 2002 prices: figure given is inflated by RPI to give 2008 prices.
- 3 The Prince's Trust, *The Cost of Exclusion: Counting the cost of youth disadvantage in the UK*.
- 4 Horgan, *The Impact of Poverty on Young Children's Experience of School*.
- 5 Dex and Joshi, *Millennium Cohort Study First Survey: A user's guide to initial findings*.
- 6 DCSF, *Pupil Absence in Autumn Term 2008*; DCSF, *Pupil Absence in Spring Term 2009*.
- 7 OECD, *PISA 2006: Science Competencies for Tomorrow's World*.
- 8 Brooks and Tough, *Assessment and Testing: Making space for teaching and learning*.
- 9 Skidmore et al, *Invisible Children*.
- 10 Gross, 'The need for a focus on literacy and numeracy'.
- 11 DCSF, *The Children's Plan: Building brighter futures*.
- 12 Gutman and Feinstein, *Children's Wellbeing in Primary School: Pupil and school effects*.

- 13 Martin et al, *IEA's Progress in International Reading Literary Study in Primary School in 40 Countries*.
- 14 Sainsbury and Clarkson, *Attitudes to Reading at Ages Nine and Eleven*.
- 15 OECD, *Education at a Glance 2009*.
- 16 The Prince's Trust, *The Cost of Exclusion: Counting the cost of youth disadvantage in the UK*.
- 17 The Prince's Trust, *The Prince's Trust YouGov Youth Index 2010*.
- 18 See <http://www.tes.co.uk/article.aspx?storycode=6019772> (accessed 6 Feb 2010).
- 19 Godfrey et al, *Estimating the Cost of Being 'Not in Education, Employment or Training' at Age 16-18*.
- 20 Chowdry et al, *Drivers and Barriers to Educational Success: Evidence from the Longitudinal Study of Young People in England*.
- 21 Morris and Pullen, *Disengagement and Re-engagement of Young People in Learning at Key Stage 3*.
- 22 OECD, *Reading for Change: Performance and engagement across countries. Results from PISA 2000*.
- 23 Chowdry et al, *Drivers and Barriers to Educational Success: Evidence from the Longitudinal Study of Young People in England*.
- 24 Social Exclusion Unit, *Bridging the Gap: New opportunities for 16-18-year-olds not in employment, education or training*.
- 25 DCSE, *The Youth Cohort Study and Longitudinal Study of Young People in England: The activities and experiences of 16-year-olds in 2007*.

- 26 The Social Exclusion Unit, *Bridging the Gap: New opportunities for 16-18-year-olds not in employment, education or training*.
- 27 Chowdry et al, *Drivers and Barriers to Educational Success: Evidence from the Longitudinal Study of Young People in England*.
- 28 Ibid.
- 29 Ibid.
- 30 Martin et al, *IEA's Progress in International Reading Literary Study in Primary School in 40 Countries*.
- 31 Gilby et al, *The National Survey of Parents and Children: Family life, aspirations and engagement with learning 2008*.
- 32 Lord and Jones, *Pupils' Perspectives and Experiences of the National Curriculum and Assessment*.
- 33 Gilby et al, *The National Survey of Parents and Children: Family life, aspirations and engagement with learning 2008*.
- 34 Horgan, *The Impact of Poverty on Young Children's Experience of School*; Sutton et al, *A Child's Eye View of Social Difference*.
- 35 DCSF, *Deprivation and Education: The evidence on pupils in England, Foundation Stage to Key Stage 4*.
- 36 Sodha and Margo, *Thursday's Child*.
- 37 DCSF, *Breaking the Link Between Disadvantage and Low Attainment: Everyone's business*.
- 38 Cassen and Kingdon, *Tackling Low Educational Achievement*.
- 39 Chowdry et al, *Drivers and Barriers to Educational Success: Evidence from the Longitudinal Study of Young People in England*.

- 40 DSCF, *Pupil Absence in Autumn Term 2008*.
- 41 DCSF, *Pupil Absence in Schools in England, Including Pupil Characteristics*.
- 42 Ibid.
- 43 Chowdry et al, *Drivers and Barriers to Educational Success: Evidence from the Longitudinal Study of Young People in England*.
- 44 Ofsted, *The Annual Report of Her Majesty's Chief Inspector of Education, Children's Services and Skills 2007/08*.
- 45 Lupton, 'Social justice and school improvement: improving the quality of schooling in the poorest neighbourhoods'.
- 46 Ofsted, *Managing Challenging Behaviour*.
- 47 DCSF, *Pupil Referral Unit Census, 2008*.
- 48 DCSF, *Permanent and Fixed Period Exclusions from Schools in England 2006/07*.
- 49 See <http://www.portsmouth.gov.uk/media/prc20070905r4.pdf> (accessed 6 Feb 2010).
- 50 DCSF, *The Children's Plan: Building brighter futures*.
- 51 DfCSF, *Back on Track: A strategy for modernising alternative service provision for children*.
- 52 Looked after children are in the care of local authorities rather than their parents.
- 53 DfCSF, *Back on Track: A strategy for modernising alternative service provision for children*.

- 54 Hosie, 'I hated everything about school: an examination of the relationship between dislike of school, teenage pregnancy and educational disengagement'.
- 55 Margo and Dixon, *Freedom's Orphans: Raising youth in a changing world*.
- 56 OECD, *Doing Better for Children*.
- 57 OEDC, *Family Database: Substance abuse by young people*.
- 58 Sutton et al, *Support from the Start: Working with young children and their families to reduce the risks of crime and anti-social behaviour*.
- 59 Henry et al, 'Temperamental and familial predictors of violent and nonviolent criminal convictions: age 3 to age 18'.
- 60 Patterson et al, 'Some alternatives to seven myths about treating families of antisocial children'; Patterson et al, 'Variables that initiate and maintain an early-onset trajectory for juvenile offending'.
- 61 Gilby et al, *National Survey of Parents and Children: Family life, aspirations and engagement with learning 2008*.
- 62 Centre for Educational Research and Innovation, *Understanding the Brain: The birth of a learning science*.
- 63 Center on the Developing Child, *A Science-Based Framework for Early Childhood Policy*.
- 64 Ibid.
- 65 For example, see Sutton et al, *Support from the Start: Working with young children and their families to reduce the risks of crime and anti-social behaviour*.
- 66 Gross, 'Why we need to target 4 to 8-year-olds'.

- 67 Ibid.
- 68 This is calculation based on the 579,500 pupils who took Key stage 2 in 2009. From DCSF, *National Curriculum Assessments at Key Stage 2 in England 2009*.
- 69 Locke et al, 'Development and disadvantage: implications for the early years'.
- 70 Gross, 'Why we need to target 4 to 8-year-olds'.
- 71 Gross and McChrystal, 'The protection of a statement? Permanent exclusions and the SEN Code of Practice'.
- 72 Every Child a Chance Trust, *The Long Term Costs of Literacy Difficulties*.
- 73 Bercow, 'How speech, language and communication are linked to social disadvantage'.
- 74 YouGov, *Learning to Talk* poll prepared for Every Child a Chance Trust.
- 75 Center on the Developing Child, *A Science-Based Framework for Early Childhood Policy*.
- 76 Weare, 'Developing social and emotional skills in school to help combat disadvantage'.
- 77 Duckworth et al, 'Self-discipline outdoes IQ in predicting academic performance of adolescents'.
- 78 Margo et al, *Freedoms Orphans: Raising youth in a changing world*.
- 79 Ibid.
- 80 Ibid.

- 81 Duckworth et al, 'Self-discipline outdoes IQ in predicting academic performance of adolescents'.
- 82 Chowdry et al, *Drivers and Barriers to Educational Success: Evidence from the Longitudinal Study of Young People in England*.
- 83 Margo et al, *Freedoms Orphans: Raising youth in a changing world*.
- 84 The Millennium Cohort Study is a large scale, longitudinal survey of children born during the same week in April 2000 across the UK. For the purposes of this analysis we used the third wave of the survey, which took place when the children were 5 years old. This contained data on 15,246 families.
- 85 Goodman, 'The Strengths and Difficulties Questionnaire: a research note'.
- 86 Demos analysis of the Millennium Cohort Study and mid-2008 figures from the ONS, Population Estimates Unit.
- 87 Sutton et al, *Support from the Start: Working with young children and their families to reduce the risks of crime and anti-social behaviour*.
- 88 Collishaw et al, 'Time trends in adolescent mental health'.
- 89 American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders IV-TR*.
- 90 ONS, *The Mental Health of Children and Adolescents in Great Britain*.
- 91 Biederman, 'Attention-deficit/hyperactivity disorder: a life-span perspective'.
- 92 See <http://web.archive.org/web/20071018052052/http://www.nimh.nih.gov/health/publications/adhd/complete-publication.shtml> (accessed 6 Feb 2010); Nair et al, 'Clinical review: evidence-based diagnosis and treatment of ADHD in children'.

- 93 Brasset-Grundy et al, *Prevalance and Adult Outcomes of Attention Deficit/Hyperactivity Disorder*.
- 94 Sutton et al, *Support from the Start: Working with young children and their families to reduce the risks of crime and anti-social behaviour*.
- 95 Brasset-Grundy et al, *Prevalance and Adult Outcomes of Attention Deficit/Hyperactivity Disorder*.
- 96 Margo and Stevens, *Make Me a Criminal*.
- 97 Sodha and Margo, *Thursday's Child*.
- 98 Collishaw, 'Time trends in adolescent mental health'.
- 99 Gutman and Feinstein, *Children's Wellbeing in Primary School: Pupil and school effects*.
- 100 See <http://www.dcsf.gov.uk/rsgateway/DB/VOL/v000891/UKVolume2009.pdf> (accessed 6 Feb 2010).
- 101 See <http://www.antidote.org.uk/learning/articles.php> (accessed 6 Feb 2010).
- 102 National Statistics, *The Mental Health of Children and Adolescents in Great Britain*.
- 103 Centre for Educational Research and Innovation, *Understanding the Brain: The birth of a learning science*.
- 104 Social Exclusion Unit, *Aspiration and Attainment Amongst Young People in Deprived Communities*.
- 105 Chowdry et al, *Drivers and Barriers to Educational Success: Evidence from the Longitudinal Study of Young People in England*.
- 106 Ibid.

- 107 See <http://www.antidote.org.uk/learning/articles.php> (accessed 6 Feb 2010).
- 108 See <http://www.antidote.org.uk/impact/progress-story1.php> (accessed 6 Feb 2010).
- 109 Belsky, 'Differential susceptibility to rearing influence: an evolutionary hypothesis and some evidence'.
- 110 Sutton et al, *Support from The Start: Working with young children and their families to reduce the risks of crime and anti-social behaviour*.
- 111 Hirsch, *Experiences of Poverty and Educational Disadvantage*.
- 112 Margo and Dixon, *Freedom's Orphans*.
- 113 Pianta et al, 'Classroom effects on children's achievement trajectories in elementary school'.
- 114 Stevens et al, *The Development of Young People's Social Capital in Secondary Schools*.
- 115 OECD, *PISA 2006: Science competencies for tomorrow's world*.
- 116 Chowdry et al, *Drivers and Barriers to Educational Success: Evidence from the Longitudinal Study of Young People in England*.
- 117 Rutter et al, *Antisocial Behaviour by Young People*.
- 118 See <http://www.antidote.org.uk/impact/progress-story1.php> (accessed 6 Feb 2010).
- 119 Sodha and Margo, *Thursday's Child*.
- 120 Horgan, *The Impact of Poverty on Young Children's Experience of School*.
- 121 Sutton et al, *A Child's Eye View of Social Difference*.

- 122 Horgan, *The Impact of Poverty on Young Children's Experience of School*; Sutton et al, *A Child's Eye View of Social Difference*.
- 123 Chowdry et al, *Drivers and Barriers to Educational Success: Evidence from the Longitudinal Study of Young People in England*.
- 124 Dunne and Gazeley, 'Teachers, social class and underachievement'.
- 125 Ofsted, *The Annual Report of Her Majesty's Chief Inspector of Education, Children's Services and Skills 2008/09: Schools summary*.
- 126 Sampson, 'What community supplies'.
- 127 Sampson and Raudenbush, *Disorder in Urban Neighborhoods: Does It lead to crime?*; Way et al 'Collective efficacy and marital and non-marital adolescent fertility in hispanic neighborhoods'; Cohen et al, *Collective Efficacy and Obesity: The potential influence of social factors on health*.
- 128 ADT Europe, *Anti-social Behaviour Across Europe*.
- 129 Margo and Sodha, *Thursday's Child*.
- 130 Chowdry et al, *Drivers and Barriers to Educational Success: Evidence from the Longitudinal Study of Young People in England*.
- 131 Reid et al, 'Description and immediate impacts of a preventive intervention for conduct problems'.
- 132 Bearman and Bruckner, 'Peer effects on adolescent sexual debut and pregnancy: an analysis of a national survey of adolescent girls'.
- 133 Gutman and Brow, *The Importance of Social Worlds: An investigation of peer relationships*.
- 134 Sutton et al, *Support from the Start: Working with young children and their families to reduce the risks of crime and anti-social behaviour*.

- 135 Including being upset by being called hurtful names by other people including via text or e-mail, being excluded from a group of friends or from joining activities, being made to give other students money or personal belongings, being threatened by other students with hitting, kicking or violence, or being actually kicked, hit or experiencing other forms of physical violence from other students. See Gilby et al, *The National Survey of Parents and Children: Family life, aspirations and engagement with learning 2008*.
- 136 Withers, *Behind the Screen: The hidden life of youth online*.
- 137 DCSF, *The Youth Cohort Study and Longitudinal Study of Young People in England: The activities and experiences of 16-year-olds in 2007*.
- 138 Sylva et al, *Final Report From the Primary Phase: Pre-school, school and family influences on children's development during Key Stage 2*.
- 139 This 180 point gap in GCSE points is equivalent to getting 8 A* grades at GCSE, compared to 8 D grades at GCSE. The 44 point gap accounted for by parental education levels is equivalent to getting 8 A* grades at GCSE, compared to 8 A grades at GCSE; Chowdry et al, *Drivers and Barriers to Educational Success: Evidence from the Longitudinal Study of Young People in England*.
- 140 Moffitt et al, 'Childhood-onset versus adolescent-onset antisocial conduct in males: natural history from age 3 to 18'.
- 141 Botting et al, 'Teenage mothers and the health of their children'.
- 142 Lexmond and Reeves, *Building Character*.
- 143 Ibid.
- 144 Chowdry et al, *Drivers and Barriers to Educational Success: Evidence from the Longitudinal Study of Young People in England*.

- 145 Baumrind, 'Current patterns of parental authority'; Maccoby et al, 'Socialization in the context of the family. Parent child interaction'.
- 146 Sutton et al, *Support from the Start: Working with young children and their families to reduce the risks of crime and anti-social behaviour*.
- 147 Sutton et al, *Support from the Start: Working with young children and their families to reduce the risks of crime and anti-social behaviour*; Falshaw and Browne, 'Adverse childhood experience and violent acts of young people in secure accommodation'.
- 148 Dawson, et al, 'Infants of depressed mothers exhibit atypical frontal brain activity: a replication and extension of previous findings'.
- 149 Original Demos analysis of the Millennium Cohort Study.
- 150 Ibid.
- 151 Ibid.
- 152 O'Connor et al 'Maternal antenatal anxiety and children's behavioural/emotional problems at 4 years'.
- 153 Gaynes et al, *Perinatal depression: prevalence, screening accuracy, and screening outcomes*.
- 154 Ibid.
- 155 Lexmond and Reeves, *Building Character*.
- 156 Dawson et al, 'Infants of depressed mothers exhibit atypical frontal brain activity: a replication and extension of previous findings'.
- 157 Gregg et al, *Children in Poverty: Aspirations, expectations and attitudes to education*.

- 158 Schoon et al, 'Socio-economic adversity, educational resilience, and subsequent levels of adult adaptation'.
- 159 Chowdry et al, *Drivers and Barriers to Educational Success: Evidence from the Longitudinal Study of Young People in England*.
- 160 Ibid.
- 161 Gross, 'The need for a focus on literacy and numeracy'.
- 162 Every Child a Chance Trust, *The Long Term Costs of Literacy Difficulties*.
- 163 KPMG Foundation, *Every Child a Reader*.
- 164 Gross, 'The need for a focus on literacy and numeracy'.
- 165 Bercow, 'How speech, language and communication difficulties are linked to social disadvantage'.
- 166 Social Exclusion Unit, *Aspiration and Attainment Amongst Young People in Deprived Communities*.
- 167 Ibid.
- 168 Audit Commission, *Are We There Yet? Improving governance and resource management in Children's Trusts*.
- 169 Steer, *Review of Pupil Behaviour: Interim report 4*.
- 170 YouGov, *Learning to Talk* poll prepared for Every Child a Chance Trust.
- 171 Godfrey et al, *Estimating the Cost of Being "Not in Education, Employment or Training" at Age 16-18*.
- 172 See http://www.dcsf.gov.uk/pns/DisplayPN.cgi?pn_id=2007_0204 (accessed 6 Feb 2010).

- 173 See http://www.cabinetoffice.gov.uk/social_exclusion_task_force/family_nurse_partnership.aspx (accessed 6 Feb 2010).
- 174 The Practitioner Group on School Behaviour and Discipline, *Learning Behaviour: The report of the Practitioner Group on School Behaviour and Discipline*.
- 175 Gross J, *Beating Bureaucracy in Special Educational Needs*.
- 176 Ibid.
- 177 Sodha and Margo, *Thursday's Child*; Sodha and Gulielmi, *A Stitch In Time: Tackling educational disengagement*.
- 178 Sodha and Margo, *Thursday's Child*.
- 179 Ofsted, *Learning Outside the Classroom: How far should you go?*
- 180 Margo and Dixon, *Freedom's Orphans*.
- 181 See Sodha and Margo, *Thursday's Child* for a fuller account.
- 182 Black and Wiliam, 'The Reliability of Assessment'.
- 183 See Sodha and Margo, *Thursday's Child* for a fuller account.
- 184 Steer, *Review of Pupil Behaviour: Interim report 4*.
- 185 DCSF, *Your Child, your schools, our future: building a 21st century school system*. London: The Stationary Office, 2009.
- 186 House of Commons Education and Skills Committee, *Special Educational Needs Third Report of Session 2005-06 Volume 1*.
- 187 See <http://www.teachernet.gov.uk/management/atoz/s/senidentificationandassessment/> (accessed 6 Feb 2010).

- 188 Gross J, *Beating Bureaucracy in Special Educational Needs*.
- 189 Ibid.
- 190 House of Commons Education and Skills Committee, *Special Educational Needs Third Report of Session 2005-06 Volume 1*.
- 191 DCSF, *Children with Special Educational Needs 2009: An analysis*.
- 192 House of Commons Education and Skills Committee, *Special Educational Needs Third Report of Session 2005-06 Volume 1*.
- 193 DCSF, *Children with Special Educational Needs 2009: An analysis*.
- 194 Ibid.
- 195 Ibid.
- 196 Clegg et al, 'Life sentence: what happens to children with developmental language disorders in later life?'
- 197 Clegg et al, 'Developmental language disorders – a follow-up in later adult life. Cognitive, language and psychosocial outcomes.'
- 198 DCSF, *Children with Special Educational Needs 2009: An analysis*.
- 199 House of Commons Education and Skills Committee, *Special Educational Needs Third Report of Session 2005-06 Volume 1*.
- 200 DCSF, *Children with Special Educational Needs 2009: An analysis*.
- 201 Ibid.
- 202 Ibid.
- 203 House of Commons Education and Skills Committee, *Special Educational Needs Third Report of Session 2005-06 Volume 1*.

- 204 Lamb, *The Lamb Enquiry: Special educational needs and parental confidence*.
- 205 Audit Commission, *Special Educational Needs: A mainstream issue*.
- 206 Lamb, *The Lamb Enquiry: Special educational needs and parental confidence*.
- 207 DCSF, *Children with Special Educational Needs 2009: An analysis*.
- 208 Ibid.
- 209 Ibid.
- 210 MacBeath et al, *The Costs of Inclusion: A study of inclusion policy and practice in English primary, secondary, and special schools*.
- 211 Every Child a Chance Trust, *The Long Terms Costs of Literacy Difficulties*.
- 212 House of Commons Education and Skills Committee, *Special Educational Needs Third Report of Session 2005-06 Volume 1*.
- 213 DCSF, *Removing Barriers to Achievement: The government's strategy for special educational needs*.
- 214 Gross, J, *Beating Bureaucracy in Special Educational Needs*.
- 215 Audit Commission, *Special Educational Needs: A mainstream issue*.
- 216 House of Commons Education and Skills Committee, *Special Educational Needs Third Report of Session 2005-06 Volume 1*.
- 217 See <http://www.conservatives.com/pdf/specialneedsreport2007.pdf> (accessed 6 Feb 2010).
- 218 Lamb, *The Lamb Enquiry: Special educational needs and parental confidence*.

- 219 Steer, *Review of Pupil Behaviour: Interim report 4*.
- 220 Warnock, *Special Educational Needs: A new look*.
- 221 House of Commons Education and Skills Committee, *Special Educational Needs Third Report of Session 2005-06 Volume 1*.
- 222 Gross, J, *Beating Bureaucracy in Special Educational Needs*.
- 223 See http://www.ncbi.nlm.nih.gov/pubmed/19185317?itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_RVDocSum&ordinalpos=2 (accessed 6 Feb 2010).
- 224 House of Commons Education and Skills Committee, *Special Educational Needs Third Report of Session 2005-06 Volume 1*.
- 225 Ibid.
- 226 Lamb, *The Lamb Enquiry: Special educational needs and parental confidence*.
- 227 Gross, *Beating Bureaucracy in Special Educational Needs*.
- 228 Ibid.
- 229 See <http://www.parliament.the-stationery-office.com/pa/cm200708/cmhansrd/cm081008/halltext/81008h0001.htm> (accessed 6 Feb 2010).
- 230 Ofsted, *Special Educational Needs and Disability: Towards inclusive schools*.
- 231 Blatchford et al, *Deployment and Impact of Support Staff in Schools: The impact of support staff in schools*.
- 232 Ofsted, *Inclusion: Does it matter where pupils are taught?*

- 233 Lamb, *The Lamb Enquiry: Special educational needs and parental confidence*.
- 234 Gross, *Beating Bureaucracy in Special Educational Needs*.
- 235 Audit Commission, *Special Educational Needs: A mainstream issue*; Ofsted, *Special Educational Needs and Disability: Towards inclusive schools*.
- 236 DCSF, *Special Education Needs in England. Statistical First Release*.
- 237 Sodha and Margo, *Thursday's Child*.
- 238 Audit Commission, *Special Educational Need: A mainstream issue*.
- 239 House of Commons Education and Skills Committee, *Special Educational Needs Third Report of Session 2005-06 Volume 1*; Lamb, *The Lamb Enquiry: Special educational needs and parental confidence*; Balchin, *Commission on Special Needs in Education: The second report*; <http://www.conservatives.com/pdf/specialneedsreport2007.pdf> (accessed 6 Feb 2010).
- 240 Gross, *Beating Bureaucracy in Special Educational Needs*.
- 241 Steer, *Review of Pupil Behaviour: Interim report 4*; Lamb, *The Lamb Enquiry: Special educational needs and parental confidence*.
- 242 OECD: *Students with Disabilities, Learning Difficulties and Disadvantages*.
- 243 House of Commons Education and Skills Committee, *Special Educational Needs Third Report of Session 2005-06 Volume 1*.
- 244 Royal College of Speech and Language Therapists, *Speaking Out: Young offenders with communication difficulties*.
- 245 House of Commons Education and Skills Committee, *Special Educational Needs Third Report of Session 2005-06 Volume 1*.

- 246 See <http://www.parliament.the-stationery-office.co.uk/pa/cm200809/cmhansrd/cm090316/text/90316wo013.htm> (accessed 6 Feb 2010).
- 247 House of Commons Education and Skills Committee, *Special Educational Needs Third Report of Session 2005-06 Volume 1*.
- 248 Ibid.
- 249 Sibieta, et al, A, *Level Playing Field? The implications of school funding*.
- 250 Each local authority must have a schools forum that it consults on its School Funding Formula, as well as other issues surrounding budgets. National regulations govern the composition, constitution and procedures of schools forums. A forum must have at least 15 members.
- 251 House of Commons Education and Skills Committee, *Special Educational Needs Third Report of Session 2005-06 Volume 1*.
- 252 Ofsted, *Special Educational Needs and Disability: Towards inclusive schools*.
- 253 Lamb, *The Lamb Enquiry: Special educational needs and parental confidence*.
- 254 House of Commons Education and Skills Committee, *Special Educational Needs Third Report of Session 2005-06 Volume 1*.
- 255 Ibid.
- 256 Steer, *Review of Pupil Behaviour: Interim report 4*.
- 257 Audit Commission, *Special Educational Needs: A mainstream issue*.
- 258 Margo et al, *Those Who Can?*

- 259 Times Educational Supplement, *Inclusiveness and Behaviour Research Report*.
- 260 Sutton Trust, *The Social Composition of Top Comprehensive Schools – Rates of Eligibility for Free School Meals at the 200 Highest Performing Comprehensives*.
- 261 Gross, Unpublished Letter to Times Educational Supplement, 18 October 2009.
- 262 Lamb, *The Lamb Enquiry: Special educational needs and parental confidence*.
- 263 Gray, *National Audit of Support, Services and Provision for Children with Low Incidence Needs*.
- 264 Balchin, *Commission on Special Needs in Education*.
- 265 Gross, *Beating Bureaucracy in Special Educational Needs*; Gross, 'Stalemate in a game of chance'.
- 266 Ofsted, *The Annual Report of Her Majesty's Chief Inspector*.
- 267 Ibid.
- 268 Apter, 'A mass observation study of student and teacher behaviour in British primary classrooms'.
- 269 Neill, *Disruptive Pupil Behaviour: Its causes and effects*.
- 270 Ibid.
- 271 Steer, *Learning Behaviour: Lessons learned. A review of behaviour standards and practices in our schools*.
- 272 Ofsted, *Managing Challenging Behaviour*.

- 273 DCSF, *Permanent and Fixed Period Exclusions from Schools in England 2006/07*.
- 274 DCSF, *Back on Track: A strategy for modernising alternative service provision for children*.
- 275 Steer, *Review of Pupil Behaviour: Interim report 4*.
- 276 Lamb, *The Lamb Enquiry: Special educational needs and parental confidence*.
- 277 Audit Commission, *Special Educational Needs – A Mainstream Issue*.
- 278 DCSF, *Pupil Referral Unit Census, 2008* (London: DCSF, 2009).
- 279 Steer, *Review of Pupil Behaviour: Interim report 4*.
- 280 Ibid.
- 281 See <http://www.teachernet.gov.uk/wholeschool/behaviour/exclusion/2008guidance/part2a/> (accessed 6 Feb 2010).
- 282 Parsons, 'School exclusion: the will to punish'.
- 283 Ibid.
- 284 Parsons, *Education, Exclusion and Citizenship*.
- 285 Ibid.
- 286 Ibid.
- 287 See <http://sticerd.lse.ac.uk/dps/case/cp/CASEpaper29.pdf> (accessed 6 Feb 2010).
- 288 Parsons, *Education, Exclusion and Citizenship*.

- 289 This estimate was based on a 1994/05 study of six local education authorities, involving costs for the financial year 1998/1999. Calculated by deducting home tuition and PRU costs from total education costs – to arrive at total costs to formal/mainstream education system) then dividing this by the total number of exclusions.
- 290 The Conservative Party, *Raising the Bar, Closing the Gap: An action plan for schools to raise standards, create more good school places and make opportunity more equal*.
- 291 Steer, *Review of Pupil Behaviour: Interim report 4*.
- 292 TNS Social Research, *Survey of Alternative Educational Provision 2003*.
- 293 DCSF, *Back on Track: A strategy for modernising alternative service provision for children*.
- 294 See http://www.opsi.gov.uk/acts/acts1993/ukpga_19930035_en_18#pt6-pb9-l1g262 (accessed 6 Feb 2010).
- 295 Ofsted (2007) *Annual Reportt of Her Majesty's Chief Inspector 2006/07* London: Ofsted
- 296 Goodhall, *School's Out? Truancy and Exclusion*.
- 297 Ofsted, *Day Six of Exclusion: The extent and quality of provision for pupils*.
- 298 See <http://www.jrf.org.uk/sites/files/jrf/2073-exclusion-alternatives-education.pdf> (accessed 6 Feb 2010).
- 299 DCSF, *Back on Track: A strategy for modernising alternative service provision for children*.
- 300 See <http://www.jrf.org.uk/sites/files/jrf/2073-exclusion-alternatives-education.pdf> (accessed 6 Feb 2010).

- 301 Ibid.
- 302 See <http://www.jrf.org.uk/sites/files/jrf/2073-exclusion-alternatives-education.pdf> (accessed 6 Feb 2010).
- 303 DfCSF, *Back on Track: A strategy for modernising alternative service provision for children*.
- 304 DfCSF, *The Children's Plan: Building brighter futures*.
- 305 Steer, *Review of Pupil Behaviour: Interim report 4*.
- 306 DfCSF, *Commissioning Alternative Provision: Guidance for local authorities and schools*.
- 307 See <http://www.teachernet.gov.uk/wholeschool/alternativeprovision/database/> (accessed 6 Feb 2010).
- 308 See <http://sticerd.lse.ac.uk/dps/case/cp/CASEpaper29.pdf> (accessed 6 Feb 2010).
- 309 Steer, *Review of Pupil Behaviour: Interim report 4*.
- 310 DfCSF, *The Children's Plan: Building brighter futures*.
- 311 Kam et al, 'Sustained effects of the PATHS curriculum on the social and psychological adjustment of children in special education'.
- 312 Curtis and Norgate, 'An evaluation of the Promoting Alternative Thinking Strategies Curriculum at Key Stage 1'.
- 313 See <http://www3.hants.gov.uk/paths-evaluation-review.pdf> (accessed 6 Feb 2010).
- 314 DfCSF, *Social and Emotional Aspects of Learning (SEAL): Improving behaviour, improving learning*.

- 315 Humphrey, et al, *Primary Social and Emotional Aspects of Learning (SEAL): Evaluation of small group work.*
- 316 Ibid.
- 317 See Sodha and Guglielmi, *A Stitch in Time* for a fuller discussion.
- 318 Ofsted, *The Exclusion from School of Children Aged Four to Seven.*
- 319 See <http://www.teachernet.gov.uk/wholeschool/behaviour/learningsupportunits/> (accessed 6 Feb 2010).
- 320 The Practitioner Group on School Behaviour and Discipline, *Learning Behaviour: The report of the Practitioner Group on School Behaviour and Discipline.*
- 321 Steer, *Review of Pupil Behaviour: Interim report 4.*
- 322 Sodha and Margo, *Thursday's Child.*
- 323 Ibid.
- 324 Halsey et al, *Evaluation of Behaviour and Education Support Teams.*
- 325 These run on Nurture Group Organisation principles, based on Marjorie Boxall's work. See <http://www.nurturegroups.org/> (accessed 6 Feb 2010).
- 326 Ofsted, *The Exclusion from School of Children Aged Four to Seven.*
- 327 Steer, *Review of Pupil Behaviour: Interim report 4.*
- 328 Association of School and College Leaders, 'Schools say better mental health services would improve discipline'.
- 329 DCSE, *Back On Track: A strategy for modernising alternative service provision for children.*

330 Ibid.

331 Margo and Sodha, *Thursday's Child*.

332 See <http://www.jrf.org.uk/sites/files/jrf/2073-exclusion-alternatives-education.pdf> (accessed 6 Feb 2010).

333 Sibieta et al, *Level Playing Field? The Implications of School Funding*.

334 Ibid.

335 All other figures here refer to the schools budget for 2007/08.

336 Ibid.

337 Freedman and Horner, *School Funding and Social Justice: A guide to the pupil premium*.

338 See http://www.teachernet.gov.uk/_doc/9404/ACF9795.doc (accessed 6 Feb 2010).

339 Sibieta et al, *Level Playing Field? The Implications of School Funding*.

340 Liberal Democrats, *Equity and Excellence: Policies for 5-19 education in England's schools and colleges*.

341 Sibieta et al, *Level Playing Field? The Implications of School Funding*.

342 Ibid.

343 Noden and West, *Secondary School Admissions in England: Admission forums, local authorities and schools*.

344 House of Commons Education and Skills Committee, *Special Educational Needs Third Report of Session 2005-06 Volume 1*.

345 See <http://www.theyworkforyou.com/wms/?id=2010-01-07a.10WS.1> (accessed 6 Feb 2010).

- 346 See <http://news.bbc.co.uk/1/low/education/3225335.stm> (accessed 6 Feb 2010).
- 347 Sutton Trust, *The Social Composition of Top Comprehensive Schools – Rates of Eligibility for Free School Meals at the 200 Highest Performing Comprehensives*.
- 348 Ibid.
- 349 See <http://news.bbc.co.uk/1/hi/education/7444822.stm> (accessed 6 Feb 2010).
- 350 DCSF, *Your Child, Your Schools, Our Future: Building a 21st Century schools system*.
- 351 The Conservative Party, *Raising the Bar, Closing the Gap: An action plan for schools to raise standards, create more good places and make opportunity more equal*.
- 352 Freedman and Horner, *School Funding and Social Justice: A guide to the pupil premium*.
- 353 Social Exclusion Task Force, *Reaching Out: Thinking family. Analysis and themes from the Families at Risk Review*.
- 354 National Family and Parenting Institute, *The Power of Parenting TV Programmes – Help or Hazard for Today’s Families?*
- 355 See http://www.cecde.ie/english/articles_by_staff.php (accessed 6 Feb 2010).
- 356 Olds, ‘The Nurse-Family Partnership’.
- 357 See http://www.cabinetoffice.gov.uk/social_exclusion_task_force/family_nurse_partnership.aspx (accessed 6 Feb 2010).
- 358 See http://www.cecde.ie/english/articles_by_staff.php (accessed 6 Feb 2010).

- 359 Dumont et al, *Healthy Families New York Randomized Trial: Impacts on parenting after the first two years*.
- 360 These are summarised from Sutton et al, *Support from the Start: Working with young children and their families to reduce the risks of crime and anti-social behaviour*.
- 361 The Guardian and The BMJ Group, *Postnatal Depression. How Common is it?* Available at <http://www.guardian.co.uk/lifeandstyle/besttreatments/postnatal-depression-how-common> (accessed 6 Feb 2010).
- 362 Clay and Seehusen, 'A review of postpartum depression for the primary care physician'.
- 363 Holden et al, 'Proximate regulation by mothers: a demonstration of how differing styles affect young children's behavior'; Cooper et al, 'Controlled trial of the short- and long-term effect of psychological treatment of post-partum depression. Impact on maternal mood'.
- 364 Morrell et al, 'Clinical effectiveness for health visitor training in psychologically-informed approaches for depression in postnatal women: pragmatic cluster randomised trial in primary care'.
- 365 Ibid.
- 366 Dex and Joshi, *Millennium Cohort Study First Survey: A user's guide to initial findings*.
- 367 Ibid.
- 368 Sutton et al, *Support from the Start: Working with young children and their families to reduce the risks of crime and anti-social behaviour*.
- 369 Ibid.
- 370 Ibid.

- 371 Field, 'Touch therapy effects on development'; Field et al, 'Tactile/kinesthetic stimulation effects on preterm neonates'.
- 372 Anisfield et al, 'Does infant carrying promote attachment? An experimental study of the effects of increased physical contact on the development of attachment'.
- 373 Rauh et al, 'The Mother-Infant Transaction Program. The content and implications of an intervention for the mothers of low-birthweight infants'.
- 374 Ibid.
- 375 Sutton et al, *Support from the Start: Working with young children and their families to reduce the risks of crime and anti-social behaviour*.
- 376 Ibid.
- 377 Ibid.
- 378 Aos et al, 'The comparative costs and benefits of programs to reduce crime. A review of research findings with implications for Washington State'; Barnett et al, 'Lifetime cost-benefit analysis'; Karoly et al, *Early childhood interventions: Proven results, future promise*.
- 379 Center on the Developing Child, *A Science-Based Framework for Early Childhood Policy*.
- 380 Sylva et al, *The Effective Provision of Pre School Education (EPPE) Project: Final report of a Longitudinal Study funded by the DfES 1997-2004*.
- 381 Karoly et al, *Early Childhood Interventions: Proven results, future promise*; Masse, et al, *A Benefit Cost Analysis of the Abecedarian Project*.

- 382 Sylva et al, *The Effective Provision of Pre School Education (EPPE) Project: Final report of a Longitudinal Study funded by the DfES 1997-2004*.
- 383 American Academy of Pediatrics, American Public Health Association, and National Resource Center for Health and Safety in Childcare and Early Education, *Caring for Our Children: National health and safety performance standards: Guidelines for out-of-home childcare programs*.
- 384 Sylva et al, *The Effective Provision of Pre School Education (EPPE) Project: Final report of a Longitudinal Study funded by the DfES 1997-2004*.
- 385 See <http://www.cypnow.co.uk/bulletins/Daily-Bulletin/news/968385/?DCMP=EMC-DailyBulletin> (accessed 6 Feb 2010).
- 386 Speight et al, *Families Experiencing Multiple Disadvantage: Their Use of and Views on Childcare Provision*.
- 387 Center on the Developing Child, *A Science-Based Framework for Early Childhood Policy*.
- 388 Sylva et al, *The Effective Provision of Pre School Education (EPPE) Project: Final report of a Longitudinal Study funded by the DfES 1997-2004*.
- 389 Barnett et al 'Lifetime cost-benefit analysis'.
- 390 Ibid.
- 391 Brooks et al, *Effective and Inclusive Practices in Family Literacy, Language and Numeracy: A review of programmes and practice in the UK and internationally*.
- 392 Ofsted, *Family Learning: An evaluation of the benefits of family learning for participants, their families and the wider community*.

- 393 Brooks et al, *Effective and Inclusive Practices in Family Literacy, Language and Numeracy: A review of programmes and practice in the UK and internationally*.
- 394 Apps et al, *Family Support in Sure Start Children's Centres*.
- 395 National Family and Parenting Institute, *Health Visitors: An endangered species*.
- 396 Family and Parenting Institute, *Health Visitors: A progress report*.
- 397 See <http://www.ic.nhs.uk/statistics-and-data-collections/workforce/nhs-staff-numbers/nhs-staff-1998-2008-non-medical> (accessed 6 Feb 2010).
- 398 See http://www.unitetheunion.com/news__events/latest_news/nhs_trusts_need_to_employ_800.aspx (accessed 6 Feb 2010).
- 399 Family and Parenting Institute, *Health Visitors: A progress report*.
- 400 Davies, *CPHVA Omnibus Survey*.
- 401 See http://www.unitetheunion.com/news__events/latest_news/nhs_trusts_need_to_employ_800.aspx (accessed 6 Feb 2010).
- 402 Davies, *CPHVA Omnibus Survey*.
- 403 Family and Parenting Institute, *Health Visitors: A progress report*.
- 404 See <http://news.bbc.co.uk/1/hi/health/6388397.stm> (accessed 6 Feb 2010).
- 405 Department of Health, *Healthy Child Programme: Pregnancy and The First Five Years of Life*.
- 406 Family and Parenting Institute, *Health Visitors: A progress report*.

- 407 Bidmead and Cowley, *Controversial Questions 3: Should there be a direct entry route to health visitor education?*
- 408 Office of the Communication Champion 'One in six children have difficulty learning to talk' Press Release 4 January 2010.
- 409 Ibid.
- 410 Family and Parenting Institute, *Health Visitors: A progress report*.
- 411 Ibid.
- 412 Conservative Research Department, *Helping New Families: Support in the early years through universal health visiting*.
- 413 See <http://www.dcsf.gov.uk/everychildmatters/earlyyears/surestart/whatsurestartdoes> (accessed 6 Feb 2010).
- 414 Sodha and Margo, *Thursday's Child*.
- 415 National Evaluation of Sure Start, *The Impact of Sure Start Local Programmes on Three-year-olds and Their Families*.
- 416 See <http://www.preventionaction.org/comment/learning-moral-sure-start-story> (accessed 6 Feb 2010).
- 417 National Evaluation of Sure Start, *Outreach and Home Visiting Services in Sure Start Local Programmes*.
- 418 See <http://www.publications.parliament.uk/pa/cm200708/cmhansrd/cm080519/debtext/80519-0001.htm> (accessed 6 Feb 2010).
- 419 Sylva et al, *The Effective Provision of Pre School Education (EPPE) Project: Final report of a Longitudinal Study funded by the DfES 1997-2004*.

- 420 Cabinet Office (2009) *New Opportunities: Fair chances for the future*.
- 421 Sylva et al, *The Effective Provision of Pre School Education (EPPE) Project: Final report of a Longitudinal Study funded by the DfES 1997-2004*.
- 422 See <http://news.bbc.co.uk/1/hi/education/8275618.stm> (accessed 6 Feb 2010).
- 423 Barnes et al, *Nurse-Family Partnership Programme: Second year pilot sites implementation in England*.
- 424 Ibid.
- 425 DCSE, *Think Family Toolkit: Improving support for families at risk*.
- 426 These were: FAST programme (Families and Schools Together); Helping the Noncompliant Child; Incredible Years School Age Basic Parenting Programmes (6 to 12-year-olds); Level 4 Standard Triple P/Group Triple P/Self-Directed Triple P (1-11 years); and Strengthening Families Programme 10-14 (UK).
- 427 Klett Davies et al, *Mapping and Analysis of Parenting Support Services in England*.
- 428 Ibid.
- 429 Family and Parenting Institute and National Academy of Parenting Practitioners, *Future of Parenting Services: Seminar 2 June 2009*.
- 430 Klett Davies et al, *Mapping and Analysis of Parenting Support Services in England*.
- 431 Utting, *Assessing and Meeting The Need for Parenting Support Services*.

- 432 DCSF (2009) *Your Child, Your Schools, Our Future: Building a 21st century school system*.
- 433 Utting, *Assessing and Meeting The Need for Parenting Support Services*.
- 434 Axford and Hobbs 'Getting the measure of child health and development outcomes (1): a method to inform children's services planning.'
- 435 Goodman et al, 'Predicting type of psychiatric disorder from Strengths and Difficulties (SDQ) scores in child mental health clinics in London and Dhaka'.
- 436 Approximately 5 per cent of childcare providers (on early years register) were rated inadequate (Ofsted Annual Report). On 31 March 2008 there were 101,000 registered early years and childcare settings; approximately just over 5000 poor quality early year settings; 30 per cent (30,300) satisfactory; 56 per cent (56,560) good; and 9 per cent (9,090) outstanding.
- 437 Sutton et al, *Support from the Start: Working with young children and their families to reduce the risks of crime and anti-social behaviour*.
- 438 See, for example, Attansio et al, *The Short Term Impact of A Conditional Cash Subsidy on Child Health and Nutrition in Colombia*; Morris et al, 'Monetary incentives in primary health care and effects on use and coverage of preventative health care interventions in rural Honduras: Cluster randomised trial'.
- 439 Cash expenditure on CTFs in 2008/09 was £250m; this is predicted to rise to £550m in 2012/13. Scrapping CTF altogether would save £250m. Scrapping non-means tested would save approx £165m. 33 per cent of all accounts opened receive additional bonus. See Margo, J and Bradley, W, *Wealth of Opportunity*. London: Demos (2010).
- 440 Family and Parenting Institute, *Health Visitors: A progress report*.

- 441 Bidmead and Cowley, *Controversial Questions 3: Should there be a direct entry route to health visitor education?*
- 442 Ibid.
- 443 National Family and Parenting Institute, *The Power of Parenting TV Programmes – Help or Hazard for Today’s Families?*
- 444 Sanders et al, ‘The mass media and the prevention of child behavior problems: the evaluation of a television series to promote positive outcomes for parents and their children’.
- 445 Ibid.
- 446 HM Treasury, *Exploring The Role of the Third Sector in Public Service Delivery and Reform: A discussion document.*
- 447 Craig et al, *Every Organisation Matters: Mapping the children and young people’s voluntary and community sector.*
- 448 Gross J (ed) (2008) *Getting in Early: Primary schools and early intervention.*
- 449 Sherman et al, ‘Twin concordance for attention deficit hyperactivity disorder: a comparison of mothers’ and teachers’ reports’.
- 450 Craig et al, *Every Organisation Matters: Mapping the children and young people’s voluntary and community sector.*
- 451 See <http://www.colorado.edu/cspv/blueprints/> (accessed 6 Feb 2010).
- 452 NAPP, *Commissioning Toolkit of Parenting Programmes: User guide.*
- 453 NAPP, *Parenting Programme Evaluation Tool.*

- 454 DCSEF, *Back on Track: A strategy for modernising alternative service provision for children.*
- 455 Schlender, *Health Technology Assessments by the National Institute for Health and Clinical Excellence: A qualitative study.*
- 456 See, for example, Klett Davies et al, *Mapping and Analysis of Parenting Support Services in England.*
- 457 Parsons et al, *Formalised Peer Mentoring Pilot Evaluation.*
- 458 Lindsay et al, *Parent Support Adviser Pilot: First interim report from the evaluation;* Lindsay et al, *Parent Support Adviser Pilot Evaluation: Second interim report.*
- 459 Lindsay et al, *Parent Support Adviser Pilot Evaluation: Final report.*
- 460 Gottfredson et al, *Summary: National study of delinquency prevention in schools.*
- 461 Mihalic, 'The importance of implementation fidelity'.
- 462 Ibid.
- 463 See <http://www.usethekey.org.uk/> (accessed 6 Feb 2010).
- 464 University of East Anglia, *Children's Trust Pathfinders: National evaluation of the children's trust pathfinders. Final Report.*
- 465 Craig et al, *Every Organisation Matters: Mapping the children and young people's voluntary and community sector.*
- 466 Action for Children, *Stuck in the Middle: The importance of supporting 6 to 13-year-olds.*
- 467 See <http://www.wsipp.wa.gov/rptfiles/04-07-3901.pdf> (accessed 6 Feb 2010).

- 468 Elliott, 'The case for evidence-based programs and practices'.
- 469 Audit Commission, *Youth Justice 2004: A review of the reformed youth justice system*.
- 470 Including local authorities (who lead children's trusts), PCTs, police authorities, local probation boards, youth offending teams, Connexions partnerships, the Learning and Skills Council for England, district councils and – from this year if proposed legislation is passed – schools, further education colleges and JobCentre Plus.
- 471 Audit Commission, *Are We There Yet? Improving Governance and Resource Management in Children's Trusts*.
- 472 Hopkins, 'Brighter futures strategy'.
- 473 See <http://www.dartington.org.uk/development/prevention-better-cure-%E2%80%93-or-prisons> (accessed 6 Feb 2010).
- 474 See <http://www.youngfoundation.org.uk/social-innovation/tips/social-impact-bonds-and-social-value> (accessed 6 Feb 2010).
- 475 See <http://www.colorado.edu/cspv/blueprints/modelprograms/MPP.html> (accessed 6 Feb 2010).
- 476 See <http://www.colorado.edu/cspv/blueprints/modelprograms/BBBS.html> (accessed 6 Feb 2010).
- 477 See <http://www.colorado.edu/cspv/blueprints/modelprograms/FFT.html> (accessed 6 Feb 2010).
- 478 See <http://www.colorado.edu/cspv/blueprints/modelprograms/LST.html> (accessed 6 Feb 2010).
- 479 See <http://www.lifeskillstraining.com/evaluation.php> (accessed 6 Feb 2010).

- 480 See <http://www.colorado.edu/cspv/blueprints/modelprograms/MST.html> (accessed 6 Feb 2010).
- 481 See <http://www.colorado.edu/cspv/blueprints/modelprograms/NFP.html> (accessed 6 Feb 2010).
- 482 See <http://www.colorado.edu/cspv/blueprints/modelprograms/MTFC.html> (accessed 6 Feb 2010).
- 483 See <http://www.colorado.edu/cspv/blueprints/modelprograms/BPP.html> (accessed 6 Feb 2010).
- 484 See <http://www.colorado.edu/cspv/blueprints/modelprograms/PATHS.html> (accessed 6 Feb 2010).
- 485 See <http://www.colorado.edu/cspv/blueprints/modelprograms/IYS.html> (accessed 6 Feb 2010).
- 486 See <http://www.colorado.edu/cspv/blueprints/modelprograms/TND.html> (accessed 6 Feb 2010).
- 487 See <http://www.colorado.edu/cspv/blueprints/promisingprograms.html> (accessed 6 Feb 2010).
- 488 See <http://www.colorado.edu/cspv/blueprints/promisingprograms/BPP01.html> (accessed 6 Feb 2010).
- 489 See <http://www.colorado.edu/cspv/blueprints/promisingprograms/BPP02.html> (accessed 6 Feb 2010).
- 490 See <http://www.colorado.edu/cspv/blueprints/promisingprograms/BPP03.html> (accessed 6 Feb 2010).
- 491 See <http://www.colorado.edu/cspv/blueprints/promisingprograms/BPP04.html> (accessed 6 Feb 2010).
- 492 See <http://www.colorado.edu/cspv/blueprints/promisingprograms/BPP05.html> (accessed 6 Feb 2010).

- 493 See <http://www.colorado.edu/cspv/blueprints/promisingprograms/BPP06.html> (accessed 6 Feb 2010).
- 494 See <http://www.colorado.edu/cspv/blueprints/promisingprograms/BPP07.html> (accessed 6 Feb 2010).
- 495 See <http://www.colorado.edu/cspv/blueprints/promisingprograms/BPP08.html> (accessed 6 Feb 2010).
- 496 See <http://www.colorado.edu/cspv/blueprints/promisingprograms/BPP09.html> (accessed 6 Feb 2010).
- 497 See <http://www.colorado.edu/cspv/blueprints/promisingprograms/BPP11.html> (accessed 6 Feb 2010).
- 498 See <http://www.colorado.edu/cspv/blueprints/promisingprograms/BPP12.html> (accessed 6 Feb 2010).
- 499 See <http://www.colorado.edu/cspv/blueprints/promisingprograms/BPP13.html> (accessed 6 Feb 2010).
- 500 See <http://www.colorado.edu/cspv/blueprints/promisingprograms/BPP14.html> (accessed 6 Feb 2010).
- 501 See <http://www.colorado.edu/cspv/blueprints/promisingprograms/BPP15.html> (accessed 6 Feb 2010).
- 502 See <http://www.colorado.edu/cspv/blueprints/promisingprograms/BPP17.html> (accessed 6 Feb 2010).
- 503 See <http://www.colorado.edu/cspv/blueprints/promisingprograms/BPP19.html> (accessed 6 Feb 2010).

References

- Action for Children, *Stuck in the Middle: The importance of supporting 6 to 13-year-olds* (London: Action for Children, 2009).
- ADT Europe, *Anti-social Behaviour Across Europe* (London: ADT, 2006).
- American Academy of Pediatrics, American Public Health Association, and National Resource Center for Health and Safety in Childcare and Early Education, *Caring for Our Children: National health and safety performance standards: Guidelines for out-of-home childcare programs* (2nd ed) (Elk Grove Village, IL: American Academy of Pediatrics; and Washington, DC: American Public Health Association, 2002).
- American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders IV-TR* (Arlington, VA: American Psychiatric Association, 2000).
- Anisfield, E, Casper, V, Nozyce, M and Cunningham, N, 'Does infant carrying promote attachment? An experimental study of the effects of increased physical contact on the development of attachment', *Child Development*, 61, 1617-162 (1990).
- Aos, S, Lieb, R, Mayfield, J, Miller, M, Pennucci, A, *Benefits and Costs of Prevention and Early Intervention Programs for Youth* (Olympia: Washington State Institute for Public Policy, 2004), available at <http://www.wsipp.wa.gov/rptfiles/04-07-3901.pdf> (accessed 6 Feb 2010).
- Aos, S, Phipps, P, Barnoski, R and Lieb, R, 'The comparative costs and benefits of programs to reduce crime. A review of

References

research findings with implications for Washington State' in BC Welsh, DP Farrington and LW Sherman (eds), *Costs and Benefits of Preventing Crime* (Boulder, Colorado: Westview Press, 2001).

Apps, J, Reynolds, J, Ashby, V and Husain, F, *Family Support in Sure Start Children's Centres* (London: NFPI, 2007).

Apter, B, 'A mass observation study of student and teacher behaviour in British primary classrooms', paper to 2008 Conference of the British Psychological Society (Educational Psychology Section) 31 October -2 November 2008, Milton Keynes.

Attansio, O, Gomez, LC, Heredia, P and Vera-Hernandez, M, *The Short Term Impact of a Conditional Cash Subsidy on Child Health and Nutrition in Colombia* (London: IFS, 2005).

Audit Commission, *Are We There Yet? Improving Governance and Resource Management in Children's Trusts* (London: Audit Commission, 2008).

Audit Commission, *Special Educational Needs: A mainstream issue* (London: Audit Commission, 2002).

Audit Commission, *Youth Justice 2004: A review of the reformed youth justice system* (London: Audit Commission, 2004).

Axford, N, 'Learning the moral of the Sure Start story', *Prevention Action*, 8 November 2007, available at <http://www.preventionaction.org/comment/learning-moral-sure-start-story> (accessed 6 Feb 2010).

Axford, N and Hobbs, T, 'Getting the measure of child health and development outcomes (1): a method to inform children's services planning', *Social Research Unit*, forthcoming.

Balchin, R, *Commission on Special Needs in Education: The second report* (London: The Conservative Party, 2007).

Barnes, J, Ball, M, Meadows, P and Belsky, J, *Nurse-Family Partnership Programme: Second year pilot sites implementation in England* (London: DCSF, 2009).

Barnett, S, Belfield, CR, and Nores, M, 'Lifetime cost-benefit analysis' in LJ Schweinhart, J Montie, Z Xiang, WS Barnett, CR Belfield and M Nores (eds), *Lifetime Effects: The High/Scope Perry Preschool Study through age 40 (Monographs of the High/Scope Educational Research Foundation, 14)* (Ypsilanti, MI: High/Scope Educational Research Foundation, 2005).

Baumrind, D, 'Current patterns of parental authority', *Developmental Psychology*, Monograph4 (1, Part 2) (1971).

BBC News, 'Health visitor numbers "falling"', *BBC*, 23 February 2007, available at <http://news.bbc.co.uk/1/hi/health/6388397.stm> (accessed 6 Feb 2010).

BBC News, "'No excuses" on school results', *BBC*, 10 June 2008, available at <http://news.bbc.co.uk/1/hi/education/7444822.stm> (accessed 6 Feb 2010).

BBC News, 'State nurseries fear budget cuts', *BBC*, 26 September 2009, available at <http://news.bbc.co.uk/1/hi/education/8275618.stm> (accessed 6 Feb 2010).

BBC News/Education, 'Warning to schools on staff costs', *BBC*, 29 October 2003, available at <http://news.bbc.co.uk/1/low/education/3225335.stm> (accessed 6 Feb 2010).

Bearman, P and Bruckner, H, 'Peer effects on adolescent sexual debut and pregnancy: an analysis of a national survey of adolescent girls' (Washington, DC: The National Campaign for Teen Pregnancy, 1999), available at <http://www.etr.org/recapp/index.cfm?fuseaction=pages.currentresearchdetail&PageID=198&PageTypeID=5> (accessed 6 Feb 2010).

Belsky, J, 'Differential susceptibility to rearing influence: an

evolutionary hypothesis and some evidence' in B Ellis and D Bjorklund (eds), *Origins of the Social Mind: Evolutionary psychology and child development* (New York: Guilford, 2005).

Bercow, J, 'How speech, language and communication are linked to social disadvantage' in J Gross (ed), *Getting in Early: Primary schools and early intervention* (London: The Smith Institute and The Centre for Social Justice, 2008).

Bidmead, C and Cowley, S, 'Controversial Questions 3: Should there be a direct entry route to health visitor education?', *Community Pract.*, 82:7, 24-8 (2009).

Biederman, J, 'Attention-deficit/hyperactivity disorder: a life-span perspective', *The Journal of Clinical Psychiatry*, 59 Suppl 7: 4-16 (1998).

Black, P and Wiliam, D, 'The Reliability of Assessment' in J Gardner (ed), *Assessment and Learning* (London: Sage, 2006).

Blatchford, P, Basset, P, Brown, P, Martin, C, Russel, A and Webster, R, *Deployment and Impact of Support Staff in Schools: The impact of support staff in schools*. Report on findings from the Second National Questionnaire Survey of Schools, Support Staff and Teachers (Strand 1, Wave 2 – 2006) (London: DCSF, 2009).

Botting, B, Rosato, M and Wood, R, 'Teenage mothers and the health of their children', *Population Trends*, 93, 19-d28 (1998).

Brasnet-Grundy, A and Butler, N, *Prevalance and Adult Outcomes of Attention Deficit/Hyperactivity Disorder* (London: Institute of Education, 2004).

Brooks, G, Pahl, K, Pollard, A and Rees, F, *Effective and Inclusive Practices in Family Literacy, Language and Numeracy: A review of programmes and practice in the UK and internationally* (London: CfBT Education Trust, 2008).

Brooks, R and Tough, S, *Assessment and Testing: Making space for teaching and learning* (London: ippr, 2006).

Cabinet Office, 'Family Nurse Partnership' (London: Cabinet Office, 2009), available at http://www.cabinetoffice.gov.uk/social_exclusion_task_force/family_nurse_partnership.aspx (accessed 6 Feb 2010).

Cabinet Office, *New Opportunities: Fair chances for the future* (London: The Stationery Office, 2009).

Cassen, R and Kingdon, G, *Tackling Low Educational Achievement* (York: JRF, 2007).

Center on the Developing Child, *A Science-Based Framework for Early Childhood Policy* (Cambridge, MA: Harvard University, 2007).

Centre for Educational Research and Innovation, *Understanding the Brain: The birth of a learning science* (Paris: OECD, 2007).

Centre for the Study and Prevention of Violence, Institute of Behavioral Science, University of Colorado at Boulder, 'Model programs', available at <http://www.colorado.edu/cspv/blueprints/modelprograms.html> (accessed 6 Feb 2010).

Children and Young People Now, 'Gap in childcare quality between rich and poor areas widens', 19 November 2009, available at <http://www.cypnow.co.uk/bulletins/Daily-Bulletin/news/968385/?DCMP=EMC-DailyBulletin> (accessed 6 Feb 2010).

Chowdry, H, Crawford, C and Goodman, A, *Drivers and Barriers to Educational Success: Evidence from the Longitudinal Study of Young People in England* (London: DCSF, 2009).

References

Clay, EC and Seehusen, DA, 'A review of postpartum depression for the primary care physician', *Southern Medical Journal*, 97:157-161 (2004).

Clegg, J, Hollis, C, Mawhood, L and Rutter, M, 'Developmental language disorders – a follow-up in later adult life. Cognitive, language and psychosocial outcomes', *Journal of Child Psychology and Psychiatry*, 46: 2, 128 – 149 (2004).

Clegg, J, Hollis, C and Rutter, M, 'Life sentence: what happens to children with developmental language disorders in later life?', *Bulletin of the Royal College of Speech Language Therapists*, 571, 16-18 (1999).

Craig, G, Gibson, H, Perkins, N, Wilkinson, M and Wray, J, *Every Organisation Matters: Mapping the children and young people's voluntary and community sector* (London: NCCVO and NCVYS, 2008).

Cohen, D, Finch, B, Bower, A and Sastry, N, *Collective Efficacy and Obesity: The potential influence of social factors on health* (Santa Monica, CA: RAND Corporation, 2006).

Collishaw, S, Maughan, B, Goodman, R and Pickles, A, 'Time trends in adolescent mental health', *Journal of Child Psychology and Psychiatry*, 45 (8): 1350-1362 (2004).

Conservative Research Department, *Helping New Families: Support in the early years through universal health visiting* (London: The Conservative Party, 2008).

The Conservative Party, *Raising the Bar, Closing the Gap: An action plan for schools to raise standards, create more good school places and make opportunity more equal* (London: The Conservative Party, 2007).

Cooper, PJ and Murray, L, 'Controlled trial of the short- and long-term effect of psychological treatment of post-partum depression. Impact on maternal mood', *British Journal of Psychiatry*, 182, 412-419 (2003).

Curtis, C and Norgate, R, 'An evaluation of the Promoting Alternative Thinking Strategies Curriculum at Key Stage 1', *Educational Psychology in Practice*, 23, 1, 33-44 (2007).

Davies, D, *CPHVA Omnibus Survey* (London: Amicus Community Practitioners and Health Visitors Association, 2007).

Dawson, G, Frey, K, Panagiotides, H, Osterling, J and Hessler, D, 'Infants of depressed mothers exhibit atypical frontal brain activity: a replication and extension of previous findings', *Journal of Child Psychology and Psychiatry*, 38, 179-186 (1997).

DCSF, *Back on Track: A strategy for modernising alternative service provision for children* (London: The Stationery Office, 2008).

DCSF, *Breaking the Link Between Disadvantage and Low Attainment: Everyone's business* (London: DCSF, 2009).

DCSF, *The Children's Plan: Building brighter futures* (London: DCSF, 2009).

DCSF, *Children with Special Educational Needs 2009: An analysis* (London: The Stationery Office, 2009).

DCSF, *Commissioning Alternative Provision: Guidance for local authorities and schools* (London: DCSF, 2008), available at <http://www.shortstayschools.org.uk/pages/docs/pdf/Commissioning%20Guidance.pdf> (accessed 6 Feb 2010).

DCSF, *Deprivation and Education: The evidence on pupils in England, Foundation Stage to Key Stage 4* (London: DCSF, 2009).

References

DCSF, *Education and Training Statistics for the United Kingdom: 2009* (internet only) (London: DCSF, 2009), available at <http://www.dcsf.gov.uk/rsgateway/DB/VOL/v000891/UKVolume2009.pdf> (accessed 6 Feb 2010).

DCSF, *National Curriculum Assessments at Key Stage 2 in England 2009* (London: DCSF, 2009).

DCSF, *NEET Statistics Quarterly Brief November 2009* (London: DCSF, 2009), available at <http://www.dcsf.gov.uk/rsgateway/DB/STR/d000890/index.shtml> (accessed 6 Feb 2010).

DCSF, *Permanent and Fixed Period Exclusions from Schools in England 2006/07* (London: DCSF, 2008).

DCSF, *Pupil Absence in Autumn Term 2008* (London: DCSF, 2009).

DCSF, *Pupil Absence in Schools, Including Pupil Characteristics* (London: DCSF, 2008).

DCSF, *Pupil Absence in Schools in England, Including Pupil Characteristics* (London: DCSF, 2009).

DCSF, *Pupil Absence in Spring Term 2009* (London: DCSF, 2009).

DCSF, *Pupil Referral Unit Census, 2008* (London: DCSF, 2009).

DCSF, *Removing Barriers to Achievement: The government's strategy for special educational needs* (London: DCSF, 2004).

DCSF, 'School funding settlement 2008-11', press release 12 November 2007, available at http://www.dcsf.gov.uk/pns/DisplayPN.cgi?pn_id=2007_0204 (accessed 6 Feb 2010).

DCSF, *Social and Emotional Aspects of Learning (SEAL): Improving behaviour, improving learning* (London: DCSF, 2005).

DCSF, *Special Education Needs in England. Statistical First Release* (London: DCSF, 2009).

DCSF, *Sure Start Children's Centre Legislation: Expected implications for local authorities, children's centres and key partners* (London: DCSF, 2008), available at <http://www.dcsf.gov.uk/everychildmatters/earlyyears/surestart/whatsurestartdoes> (accessed 6 Feb 2010).

DCSF, *The Youth Cohort Study and Longitudinal Study of Young People in England: The activities and experiences of 16-year-olds in 2007* (London: DCSF, 2008).

DCSF, *Think Family Toolkit: Improving support for families at risk* (London: DCSF, 2009).

DCSF, *Your Child, Your Schools, Our Future: Building a 21st century schools system* (London: DCSF, 2009).

Department of Health, *Healthy Child Programme: Pregnancy and the first five years of life* (London: DoH, 2009).

Dex, S and Joshi, H, *Millennium Cohort Study First Survey: A user's guide to initial findings* (London: Centre for Longitudinal Studies, 2004).

DfES, *National Audit of Support, Services and Provision for children with low incidence needs* (London: DfES).

DfES and HM Treasury, *Child Poverty: Fair funding for schools* (London: DfES and HM Treasury, 2005), available at http://www.teachernet.gov.uk/_doc/9404/ACF9795.doc (accessed 6 Feb 2010).

Duckworth, AL, and Seligman, MEP, 'Self-discipline outdoes IQ in predicting academic performance of adolescents', *Psychological Science*, 16(12), 939-944 (2005).

References

Dumont, K, Mitchell-Herzfeld, S, Greene, R, Lee, E, Lowenfels, A, and Rodriguez, M, *Healthy Families New York Randomized Trial: Impacts on parenting after the first two years* Working Paper 1 (New York: Office of Children and Family Services, 2006).

Dunne, M and Gazeley, L, 'Teachers, social class and underachievement', *British Journal of Sociology of Education*, 29 (5): 451-463 (2008).

Elliot, D, 'The case for evidence-based programs and practice', presentation to House of Commons, 2 July 2009.

Every Child a Chance Trust, *The Long Term Costs of Literacy Difficulties* (2nd ed) (London: Every Child a Chance Trust, 2009).

Every Child a Chance Trust, *The Long Term Costs of Numeracy Difficulties* (London: Every Child a Chance Trust, 2009).

Falshaw, L and Browne, K, 'Adverse childhood experiences and violent acts of young people in secure accommodation', *Journal of Mental Health*, Vol. 6, No. 5, Pages 443-456 (1997).

Family and Parenting Institute, *Health Visitors: A progress report* (London: NFPI, 2009).

Family and Parenting Institute and National Academy of Parenting Practitioners, *Future of Parenting Services: Seminar 2 June 2009* (London: FPI and NAPP, 2009).

Field, T, 'Touch therapy effects on development', *International Journal of Behavioural Development*, 22, 779-797 (1998).

Field, T, Schanberg, SM, Scafidi, F, Bower, C, Vega-Lahr, N, Garcia, R, Nystrom, J and Kuhn, C, 'Tactile/kinesthetic stimulation effects on preterm neonates', *Pediatrics*, 77, 654-658 (1986).

Freedman, S and Horner, S, *School Funding and Social Justice: A guide to the pupil premium* (London: Policy Exchange, 2008).

Gaynes, B, Gavin, N, Meltzer-Brody, S, Lohr, K, Swinson, T, Gartlehner, G, *Perinatal Depression: Prevalence, screening accuracy, and screening outcomes* (Evidence Report/Technology Assessment (Summ)) (North Carolina: RTI-University of North Carolina Evidence-based Practice Center, 2005).

Gilby, N, Hamlyn, B, Hanson, T, Romanou, E, Mackey, T, Clark, J, Triikka, N and Harrison, M, *The National Survey of Parents and Children: Family life, aspirations and engagement with learning 2008* (London: DCSF, 2008).

Godfery, C, Hutton, S, Bradshaw, J, Coles, B, Craig, G and Johnson, J, *Estimating the Cost of Being 'Not in Education, Employment or Training' at Age 16-18* (London: DfES, 2002).

Goodhall, E, *School's Out? Truancy and Exclusion* (London: New Philanthropy Capital, 2005).

Goodman, R, 'The Strengths and Difficulties Questionnaire: a research note' *Journal of Child Psychology and Psychiatry*, 38, 581-586 (1997).

Goodman, R, Renfrew, D and Mullick M, 'Predicting type of psychiatric disorder from Strengths and Difficulties (SDQ) scores in child mental health clinics in London and Dhaka', *European Child and Adolescent Psychiatry*, 9:129-134 (2000).

Gray, P, *National Audit of Support, Services and Provision for Children with Low Incidence Needs* (London: The Special Needs Consultancy and DCSF, 2006).

Great Britain. Parliament. House of Commons, Education and Skills Committee, *Special Educational Needs Third Report of Session 2005-06 Volume 1* (London: The Stationery Office, 2006).

References

Great Britain. Statutes, *The Education Act 1993. Paragraph 262* (London: The Stationery Office, 2003), available at http://www.opsi.gov.uk/acts/acts1993/ukpga_19930035_en_18#pt6-pb9-lig262 (accessed 6 Feb 2010).

Gregg, P, Macmillan, L and Washbrook, L, *Children in Poverty: Aspirations, expectations and attitudes to education* (London: Institute for Fiscal Studies, forthcoming).

Gross, J, *Beating Bureaucracy in Special Educational Needs* (London: David Fulton Publishers, 2006).

Gross, J (ed), *Getting in Early: Primary schools and early intervention* (London: The Smith Institute and The Centre for Social Justice, 2008).

Gross, J, 'Stalemate in a game of chance', *Times Educational Supplement*, 20 January 2006.

Gross, J, 'The need for a focus on literacy and numeracy' in J Gross (ed), *Getting in Early: Primary schools and early intervention* (London: The Smith Institute and The Centre for Social Justice, 2008).

Gross, J, 'Why we need to target 4 to 8-year-olds' in J Gross (ed), *Getting in Early: Primary schools and early intervention* (London: The Smith Institute and The Centre for Social Justice, 2008).

Gross, J, 'Sen Sea Change', letter to *Times Educational Supplement* 23 October 2009, available at <http://www.tes.co.uk/article.aspx?storycode=6025763> (accessed 6 Feb 2010).

Gross, J and McChrystal M, 'The protection of a statement? Permanent exclusions and the SEN Code of Practice', *Educational Psychology in Practice*, 17(4) (2001).

Gottfredson, G, Gottfredson, D, and Czeh, E, *Summary: National study of delinquency prevention in schools* (Ellicott City, MD: Gottfredson Associates, 2000).

The Guardian and The BMJ Group, 'Postnatal depression. How common is it?', *The Guardian*, 6 March 2009, available at <http://www.guardian.co.uk/lifeandstyle/besttreatments/postnatal-depression-how-common> (accessed 6 Feb 2010).

Gutman, L and Brown, J, *The Importance of Social Worlds: An investigation of peer relationships* (London: Centre for the Wider Benefits of Learning, Institute of Education, 2008).

Gutman, L and Feinstein, L, *Children's Wellbeing in Primary School: Pupil and school effects. Research Report No 25* (London: Centre for Research on the Wider Benefits of Learning, Institute of Education, 2008), available at: www.dfes.gov.uk/research/programmeofresearch/projectinformation.cfm?projectid=15376&resultspage=1 (accessed 6 Feb 2010).

Halsey, K, Gulliver, C, Johnson A, Martin, K and Kinder, K, *Evaluation of Behaviour and Education Support Teams* (Slough: NFER for DFES, 2005).

Hampshire County Council, *Promoting Alternative Thinking Strategies (PATHS)*, available at <http://www3.hants.gov.uk/paths-evaluation-review.pdf> (accessed 6 Feb 2010).

Hansard. House of Commons, 'Children, schools and families', House of Commons Daily Hansard, 19 May 2008, Column 1, available at <http://www.publications.parliament.uk/pa/cm200708/cmhansrd/cm080519/debtext/80519-0001.htm> (accessed 6 Feb 2010).

Hansard. House of Commons, 'Children and young people with autism', House of Commons Daily Hansard, 8 October 2008, Column 75WH, available at <http://www.parliament.the-stationery-office.com/pa/cm200708/cmhansrd/cm081008/halltext/81008h0001.htm> (accessed 6 Feb 2010).

References

Hansard. House of Commons, 'John Bercow speech', House of Commons Daily Hansard, 15 May 2009, Column 1111, available at <http://www.parliament.the-stationery-office.co.uk/pa/cm200809/cmhansrd/cm090515/debtext/90515-0002.htm> (accessed 6 Feb 2010).

Hansard. House of Commons, 'Special Educational Needs: Finance', House of Commons Daily Hansard, 16 March 2009, 874W, available at <http://www.parliament.the-stationery-office.co.uk/pa/cm200809/cmhansrd/cm090316/text/90316wo013.htm> (accessed 6 Feb 2010).

Henry, B, Caspi, A, Moffitt, T and Silva, PA, 'Temperamental and familial predictors of violent and nonviolent criminal convictions: age 3 to age 18', *Developmental Psychology*, Vol 32(4), 614-623 (1996).

Hirsch, D, *Experiences of Poverty and Educational Disadvantage* (York: JRF, 2007).

HM Treasury, *Exploring The Role of The Third Sector in Public Service Delivery and Reform: A discussion document* (London: HM Treasury, 2004).

Holden, GW and West, MJ, 'Proximate regulation by mothers: a demonstration of how differing styles affect young children's behavior', *Child Development*, 60, 64-69 (1989).

Hopkins, C, 'Brighter futures strategy', presentation at Shared Cities learning event at DCSF, 13 October 2009.

Horgan, G, *The Impact of Poverty on Young Children's Experience of School* (York: JRF, 2007).

Hosie, A, 'I hated everything about school: an examination of the relationship between dislike of school, teenage pregnancy and educational disengagement', *Social Policy and Society*, 6 (3): 333-347 (2007).

House of Commons Education and Skills Committee, *Special Educational Needs Third Report of Session 2005-06 Volume 1* (London: The Stationery Office, 2006).

Humphrey, N, Kalambouka, A, Bolton, J, Lendrum, A, Wigelsworth, M, Lennie, C and Farrell, P, *Primary Social and Emotional Aspects of Learning (SEAL): Evaluation of small group work. Research brief* (London: DCSF, 2008).

The Information Centre for Health and Social Care, *NHS Staff 1998-2008 (Non Medical) Detailed Tables* (London: The NHS Information Centre for Health and Social Care, 2009), available at <http://www.ic.nhs.uk/webfiles/publications/nhsstaff2008/nonmed/Non%20Medical%20Bulletin%2008%20print%20edition.pdf> (accessed 6 Feb 2010).

Kam, C, Greenberg, M and Kutsche, C, 'Sustained effects of the PATHS curriculum on the social and psychological adjustment of children in special education', *Journal of Emotional and Behavioural Disorders*, 12, 66-78 (2004).

Karoly, LA, Kilburn, MR and Cannon, JS, *Early Childhood Interventions: Proven results, future promise* (Santa Monica, CA: RAND Corporation, 2005).

The Key, available at <http://www.usethekey.org.uk/> (accessed 6 Feb 2010).

Klett Davies, M and Skaliotis E, *Mapping and Analysis of Parenting Support Services in England* (London: FPI, 2009).

KPMG Foundation, *Every Child a Reader* (London: KPMG Foundation, 2008).

Kuban, KC, O'Shea, T, Allred, E, Tager-Flusberg, H, Goldstein, D and Leviton, A, 'Positive screening on the Modified Checklist for Autism in Toddlers (M-CHAT) in extremely low gestational age newborns', available at:

References

http://www.ncbi.nlm.nih.gov/pubmed/19185317?itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_RVDocSum&ordinalpos=2 (accessed 6 Feb 2010).

Lamb, B, *The Lamb Enquiry: Special educational needs and parental confidence* (London: DCSF, 2009).

Lexmond, J and Reeves, R, *Building Character* (London: Demos, 2009).

Liberal Democrats, *Equity and Excellence: Policies for 5-19 education in England's schools and colleges* (London: Liberal Democrats, 2009).

Lindsay, G, Band, S, Cullen, M, Cullen, S, Davis, L, Evans, R, Stewart-Brown, S, Strand, S, and Hasluck, C, *Parent Support Adviser Pilot: First interim report from the evaluation* (London: DCSF, 2007).

Lindsay, G, Cullen, M, Band, S, Cullen, S, Davis, L and Davis, H, *Parent Support Adviser Pilot Evaluation: Second interim report* (London: DCSF, 2008).

Lindsay, G, Davis, H, Strand, S, Cullen, M, Band, S, Cullen, S, Davis, L, Hasluck, C, Evans, R and Stewart Brown, S, *Parent Support Adviser Pilot Evaluation: Final report* (London: DCSF, 2009).

Locke, A, Ginsbourg, J and Peers, I, 'Development and disadvantage: implications for the early years', *International Journal of Communication and Language Disorders*, 27 (1) (2003).

Lord, P and Jones, M, *Pupils' Perspectives and Experiences of the National Curriculum and Assessment*, research review conducted for the QCA (Slough: NFER, 2006).

Lupton R 'Social justice and school improvement: improving the quality of schooling in the poorest neighbourhoods', *British Educational Research Journal*, 31 (5): 589-604 (2005).

MacBeath, J, Galton, M, Steward, S, MacBeath, A and Page, C, *The Costs of Inclusion: A study of inclusion policy and practice in English primary, secondary, and special schools* (Cambridge: University of Cambridge, Faculty of Education, 2006).

Maccoby, EE and Martin, JA, 'Socialization in the context of the family. Parent child interaction' in EM Hetherington (ed), *Handbook of Child Psychology: Socialization, personality and social development* (Chichester: Wiley, 1983).

Margo, J and Bradley, W, *Wealth of Opportunity* (London: Demos, 2010).

Margo, J, Benton, M, Withers, K and Sodha, S with Tough, S, *Those Who Can?* (London: ippr, 2008).

Margo, J and Dixon, M, *Freedom's Orphans: Raising youth in a changing world* (London: ippr, 2006).

Margo J and Stevens, A, *Make Me a Criminal* (London: ippr, 2008).

Martin, M, Mullis, I, Kennedy, A, Foy, P, *IEA's Progress in International Reading Literary Study in Primary School in 40 Countries* (Chestnut Hill, MA: Boston College, 2007).

Masse, DN and Barnett, WS, *A Benefit Cost Analysis of the Abecedarian Project* (New Brunswick, NJ: NIEER, 2002).

Mihalic, S, 'The importance of implementation fidelity', *Emotional and Behavioural Disorders in Youth*, Vol 4 No 4 (2004).

Moffitt, TE, Caspi, A, Dickson, N, Silva, PA and Stanton, W, 'Childhood-onset versus adolescent-onset antisocial conduct in males: natural history from age 3 to 18', *Development and Psychopathology*, 8, 399-424 (1996).

References

Morrell, C, Slade, P, Warne, R, Paley, G, Dixon, S, Walters, S, Brugha, T, Barkham, M, Parry, G and Nicholl, J, 'Clinical effectiveness for health visitor training in psychologically-informed approaches for depression in postnatal women: pragmatic cluster randomised trial in primary care', *British Medical Journal*, 338:a3045 (2009).

Morris, M, and Pullen, C, *Disengagement and Re-engagement of Young People in Learning at Key Stage 3* (Dartington: Research In Practice, 2007).

Morris, SS, Flores, R, Olinto, P, Medina, JM, 'Monetary incentives in primary health care and effects on use and coverage of preventative health care interventions in rural Honduras: cluster randomised trial', *Lancet*, 364(9450):1996-7 (2004).

Mulgan, G, 'Social impact bonds and social value', *Young Foundation*, available at <http://www.youngfoundation.org.uk/social-innovation/tips/social-impact-bonds-and-social-value> (accessed 6 Feb 2010).

Nair, J, Ehimare, U, Beitman, BD, Nair, SS and Lavin A, 'Clinical review: evidence-based diagnosis and treatment of ADHD in children', *Mo Med*, 103 (6): 617-21 (2006).

NAPP, *Commissioning Toolkit of Parenting Programmes: User guide*, available at <http://www.commissioningtoolkit.org/> (accessed 6 Feb 2010).

NAPP, *Parenting Programme Evaluation Tool*, available at <http://www.commissioningtoolkit.org/> (accessed 6 Feb 2010).

National Evaluation Report, *Outreach and Home Visiting Services in Sure Start Local Programmes* (London: DFES, 2006).

National Evaluation Report, *The Impact of Sure Start Local Programmes on Three-year-olds and Their Families* (London: DCSF, 2008).

National Family and Parenting Institute, *Health Visitors: An endangered species* (London: NFPI, 2007).

National Family and Parenting Institute, *The Power of Parenting TV Programmes – Help or Hazard for Today’s Families?* (London: NFPI, 2006).

National Statistics, *The Mental Health of Children and Adolescents in Great Britain* (London: The Stationery Office, 2000).

Neill, S, *Disruptive Pupil Behaviour: Its causes and effects* (London: National Union of Teachers, 2008)

NICHD Early Childcare Research Network, ‘Characteristics and quality of child care for toddlers and preschoolers, *Applied Developmental Science*, 4, 116-135 (2000).

Noden, P and West, A, *Secondary School Admissions in England: Admission forums, local authorities and schools* (London: LSE Education Research Group, 2009).

Nurture Group Organisation, available at <http://www.nurturegroups.org/> (accessed 6 Feb 2010).

O’Connor, TG, Heron, J, Golding, J, Beveridge M and Glover, V, ‘Maternal antenatal anxiety and children’s behavioural emotional problems at 4 years’, *British Journal of Psychiatry*, 180, 502-508 (2002).

OECD, *Doing Better for Children* (Paris: Organisation for Economic Co-operation and Development, 2009), available at www.oecd.org/dataoecd/21/6/43590251.pdf (accessed 6 Feb 2010).

OECD, *Education at a Glance 2009* (Paris: OECD, 2009).

OECD, *Education at a Glance 2009: OECD indicators* (Paris: OECD, 2009).

References

OECD, *OECD Family Database: Substance abuse by young people* (Paris: OECD, 2009), available at www.oecd.org/els/social/family/database (accessed 6 Feb 2010).

OECD, *PISA 2006: Science competencies for tomorrow's world* (Paris: OECD, 2007).

OECD, *Reading for Change: Performance and engagement across countries. Results from PISA 2000* (New York: OECD, 2002).

OECD, *Students with Disabilities, Learning Difficulties and Disadvantages* (Paris: OECD, 2005).

Office of the Communication Champion, 'One in six children have difficulty learning to talk', press release, 4 January 2010.

Ofsted, *The Annual Report of Her Majesty's Chief Inspector of Education, Children's Services and Skills 2007/08* (London: The Stationery Office, 2008).

Ofsted, *The Annual Report of Her Majesty's Chief Inspector of Education, Children's Services and Skills 2008/09 Schools Summary* (London: The Stationery Office, 2009).

Ofsted, *Day Six of Exclusion: The extent and quality of provision for pupils* (London: Ofsted, 2009).

Ofsted, *The Exclusion From School of Children Aged Four to Seven* (London: Ofsted, 2009).

Ofsted, *Family Learning: An evaluation of the benefits of family learning for participants, their families and the wider community* (London: Ofsted, 2009).

Ofsted, *Inclusion: Does it matter where pupils are taught?* (London: Ofsted, 2006).

Ofsted, *Learning Outside the Classroom: How far should you go?* (London: Ofsted, 2008).

Ofsted, *Managing Challenging Behaviour* (London: Ofsted, 2005).

Ofsted, *Special Educational Needs and Disability: Towards inclusive schools* (London: Ofsted, 2004).

Olds, D, 'The Nurse-Family Partnership' in NF Watt, C Ayoub, RH Bradley, JE Puma and WA LeBoeuf (eds), *The Crisis in Youth Mental Health: Early intervention programs and policies* (Westport, CT: Praeger, 2006).

ONS, *The Mental Health of Children and Adolescents in Great Britain* (London: Office for National Statistics, 2000).

Park J and Tew M, 'Building the drive to succeed', available at <http://www.antidote.org.uk/learning/articles.php> (accessed 6 Feb 2010).

Parsons, C, *Education, Exclusion and Citizenship* (London: Routledge, 1999).

Parsons, C, 'School exclusion: the will to punish', *British Journal of Educational Studies*, 53:2, 187 – 211 (2005).

Parsons C, Maras, P, Knowles, C, Bradshaw, V, Hollingworth, K and Monterio, H, *Formalised Peer Mentoring Pilot Evaluation* (DCSF Research Report DCSF-RR033) (London: DCSF, 2008).

Patterson, GR, 'Some alternatives to seven myths about treating families of antisocial children' in C Henricson (ed), *Crime and the Family Conference Report*, proceedings of an international conference held in London, 3 February 1994 (London: Family Policy Studies Centre, 1994).

Patterson, GR, Forgatch, MS, Yoerger, KL and Stoolmiller, M, 'Variables that initiate and maintain an early-onset trajectory for juvenile offending', *Development and Psychopathology* (1998), 10:3:531-547 (1998).

References

Pianta, R, Belsky, J, Vandergrift, N, Houtes, R and Morrison, F, 'Classroom effects on children's achievement trajectories in elementary school', *American Educational Research Journal*, 45: 2, 365 – 397 (2008).

Portsmouth City Council, *Strategy for Reducing Fixed Term Exclusions from Portsmouth City Council (PCC) Schools*, available at <http://www.portsmouth.gov.uk/media/prc20070905r4.pdf> (accessed 6 Feb 2010).

The Practitioner Group on School Behaviour and Discipline, *Learning Behaviour: The report of The Practitioner Group on School Behaviour and Discipline* (London: DfES, 2005).

The Prince's Trust, *The Cost of Exclusion: Counting the cost of youth disadvantage in the UK* (London: Prince's Trust, 2007).

The Prince's Trust, *The Princes Trust YouGov Youth Index 2010* (London: The Prince's Trust, 2010).

Rauh, VA, Nurcombe, B, Achenbach, T and Howell, C, 'The Mother-Infant Transaction Program. The content and implications of an intervention for the mothers of low-birthweight infants', *Clinics in Perinatology*, 17, 31-45 (1990).

Reid, JB, Eddy, JM, Fetrow, RA and Stoolmiller, M, 'Description and immediate impacts of a preventive intervention for conduct problems', *American Journal of Community Psychology*, 27, 483-517 (1999).

Rutter, M, Giller, H and Hagell, A, *Antisocial Behaviour by Young People* (Cambridge: Cambridge University Press, 1998).

Royal College of Speech and Language Therapists, *Speaking Out: Young offenders with communication difficulties* (London: RCSLT, 2007).

Sainsbury, M and Clarkson, R, *Attitudes to reading at ages nine and eleven* (Slough: NFER, 2008).

Sampson, R, 'What community supplies' in R Ferguson and W Dickens (eds), *Urban Problems and Community Development* (Washington, DC: Brookings Institute, 1999).

Sampson, R and Raudenbush, S, *Disorder in Urban Neighborhoods: Does it lead to crime?* (Washington, DC: National Institute of Justice, 2001).

Sanders, M, Montgomery, D and Brechman-Toussaint, M, 'The mass media and the prevention of child behavior problems: the evaluation of a television series to promote positive outcomes for parents and their children', *Journal of Child Psychology and Psychiatry*, 41: 7, 939-948 (2000).

Schlender, M, *Health Technology Assessments by the National Institute for Health and Clinical Excellence: A qualitative study* (New York: Springer, 2007).

Schoon, I, Parsons, S and Sacker, A, 'Socio-economic adversity, educational resilience, and subsequent levels of adult adaptation', *Journal of Adolescent Research*, 19; 383-404 (2004).

Sherman, DK, McGue, MK and Iacono, WG, 'Twin concordance for attention deficit hyperactivity disorder: a comparison of mothers' and teachers' reports', *American Journal of Psychiatry*, 552-535 (1997).

Sibieta, L, Chowdry, H and Muriel, A, *Level Playing Field? The implications of school funding* (London: CfBT Education Trust, 2008).

Skidmore, C, Cuff, N and Leslie, C, *Invisible Children* (London: Bow Group, 2007).

References

Social Exclusion Task Force, *Reaching Out: Thinking Family. Analysis and themes from the Families at Risk Review* (London: Cabinet Office, 2007).

Social Exclusion Task Force, *Aspiration and Attainment Amongst Young People in Deprived Communities Analysis and Discussion Paper* (London: Cabinet Office, 2008).

Social Exclusion Unit, *Bridging the Gap: New opportunities for 16-18-year-olds not in employment, education or training* (London: Social Exclusion Unit, 1999).

The Social Research Unit, 'Prevention is better than cure – or prisons', available at <http://www.dartington.org.uk/development/prevention-better-cure-or-prisons> (accessed 6 Feb 2010).

Sodha, S and Guglielmi, S, *A Stitch in Time: Tackling disengagement interim report* (London: Demos, 2009).

Sodha, S and Margo, J, *Thursday's Child* (London: ippr, 2008).

Sparkes, J, *Schools, Education and Social Exclusion. Case paper 29* (London: London School of Economics, 1999), available at <http://sticerd.lse.ac.uk/dps/case/cp/CASEpaper29.pdf> (accessed 6 Feb 2010).

Speight, S, Smith, R and Lloyd, E with Coshall, C, *Families Experiencing Multiple Disadvantage: Their use of and views on childcare provision* (London: National Centre for Social Research, 2010), available at <http://publications.dcsf.gov.uk/eOrderingDownload/DCSF-RR191.pdf> (accessed 6 Feb 2010).

Steer, A, *Learning Behaviour: Lessons learned. A review of behaviour standards and practices in our schools* (London: DCSF, 2009).

Steer A, *Review of Pupil Behaviour: Interim report 4* (London: Institute of Education, 2009).

Stevens, P, Lupton, R, Mujtaba, T and Feinstein, L, *The Development of Young People's Social Capital in Secondary Schools* (London: Centre for the Wider Benefits of Learning, Institute of Education, 2007).

Sutton, C, Utting, D and Farrington, D (eds), *Support from the Start: Working with young children and their families to reduce the risks of crime and anti-social behaviour* (London: Department for Education and Skills, 2004).

Sutton L, Smith N, Dearden, C and Middleton, S, *A Child's Eye View of Social Difference* (York: JRF, 2007).

Sutton Trust, *The Social Composition of Top Comprehensive Schools – Rates of Eligibility for Free School Meals at the 200 Highest Performing Comprehensives* (London: Sutton Trust, January 2006).

Sylva, K, Melhuish, E, Sammons, P, Siraj-Blatchford, I and Taggart, B, *Final Report From the Primary Phase: Pre-school, school and family influences on children's development during Key Stage 2* (London: DCSF, 2008).

Sylva, K, Melhuish, E, Sammons, P, Siraj-Blatchford, I, and Taggart, B, *The Effective Provision of Pre School Education (EPPE) Project: Final report of a longitudinal study funded by the DfES 1997-2004* (London: Institute of Education, 2004).

Teachernet, '*The database of providers of alternative provision*', available at <http://www.teachernet.gov.uk/wholeschool/alternativeprovision/database/> (accessed 6 Feb 2010).

Teachernet, '*Removing pupils from a school site and the decision to exclude*', available at <http://www.teachernet.gov.uk/wholeschool/behaviour/exclusion/2008guidance/part2a/> (accessed 6 Feb 2010).

References

Teachernet, 'Learning support units', available at <http://www.teachernet.gov.uk/wholeschool/behaviour/learningsupportunits/> (accessed 6 Feb 2010).

Teacher Net, 'Special education needs identification and assessment', available at <http://www.teachernet.gov.uk/management/atoz/s/senidentificationandassessment/> (accessed 6 Feb 2010).

Tew, M and Park, J 'Emotional rollercoaster: calming nerves at times of transition', available at <http://www.antidote.org.uk/learning/articles.php> (accessed 6 Feb 2010).

They Work For You.Com, *School Revenue Balances (2008-09): Children, schools and families: Written answers and statements, 7 January 2010*, available at <http://www.theyworkforyou.com/wms/?id=2010-01-07a.10WS.1> (accessed 6 Feb 2010).

Thomson, P and Russell, L, *Mapping The Alternatives to Permanent Exclusion* (York: The Joseph Rowntree Foundation, 2007), available at <http://www.jrf.org.uk/sites/files/jrf/2073-exclusion-alternatives-education.pdf> (accessed 6 Feb 2010).

Times Educational Supplement, *Inclusiveness and Behaviour Research Report* (London: TES, September 2005).

TNS Social Research, *Survey of Alternative Educational Provision 2003* (London: DFES, 2003).

Unite the Union, 'NHS trusts need to employ 8,000 more health visitors to fulfill health secretary's vision', available at http://www.unitetheunion.com/news__events/latest_news/nhs__trusts__need__to__employ__800.aspx (accessed 6 Feb 2010).

University of East Anglia, *Children's Trust Pathfinders: National evaluation of the Children's Trust pathfinders final report* (Norwich: University of East Anglia, 2007).

Utting, D, *Assessing and Meeting The Need for Parenting Support Services* (London: Family and Planning Institute, 2009).

Vaughan, R, 'Top mandarin: 15% of Neets die within 10 years', *Times Educational Supplement*, 7 August 2009, available at <http://www.tes.co.uk/article.aspx?storycode=6019772> (accessed 6 Feb 2010).

Warnock, M, *Special Educational Needs: A new look* (London: Philosophy of Education Society of Great Britain, 2005).

Washington State Institute for Public Policy, *Benefits and Costs of Prevention and Early Intervention Programs for Youth* (Olympia, WA: Washington State Institute for Public Policy, 2004).

Way, S, Finch, B, and Cohen, D, 'Collective efficacy and marital and non-marital adolescent fertility in Hispanic neighborhoods', paper presented at the annual meeting of the American Sociological Association, Montreal Convention Center, Montreal, Quebec, Canada, 11 August 2006.

Weare, K, 'Developing social and emotional skills in school to help combat disadvantage' in J Gross (ed), *Getting in Early: Primary schools and early intervention* (London: The Smith Institute and The Centre for Social Justice, 2008).

Williams, R, 'Primary schools suspend 14 violent under-fives every day', *The Guardian*, 31 December 2009, available at <http://www.guardian.co.uk/education/2009/dec/31/suspended-violent-primary-school-pupils> (accessed 6 Feb 2010).

Withers, K, *Behind the Screen: The hidden life of youth online* (London: ippr, 2007).

YouGov, 'Learning to talk', YouGov poll 2010, available at http://www.yougov.co.uk/extranets/ygarchives/content/pdf/ECCT_LearningToTalk.pdf (accessed 6 Feb 2010).

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Youth disengagement is a big and costly problem: the current generation of 16–18 year olds not in education, employment or training (‘NEET’) will cost society an estimated £31bn over their lifetime, including the costs of unemployment, to health services and to the criminal justice system. A shocking one in ten children are entering school without the tools to benefit from their education and little chance of success.

Policies to tackle this problem have had limited success. This report shows that what has been missing is a properly-resourced, early intervention approach to tackle disengagement amongst younger children who lack the skills they need - skills like concentration, good behaviour and connecting with others – and who are at risk of ending up as tomorrow’s generation of NEETs.

Drawing on original analysis of the Millennium Cohort Study – which surveyed the families of over 15,000 5 year olds – it sets out recommendations in the areas of parenting and early years provision for 0-5 year olds, behaviour and exclusion, special educational needs and spreading evidence-based, preventative practice in schools

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