Section four
NFER Summary -
key messages
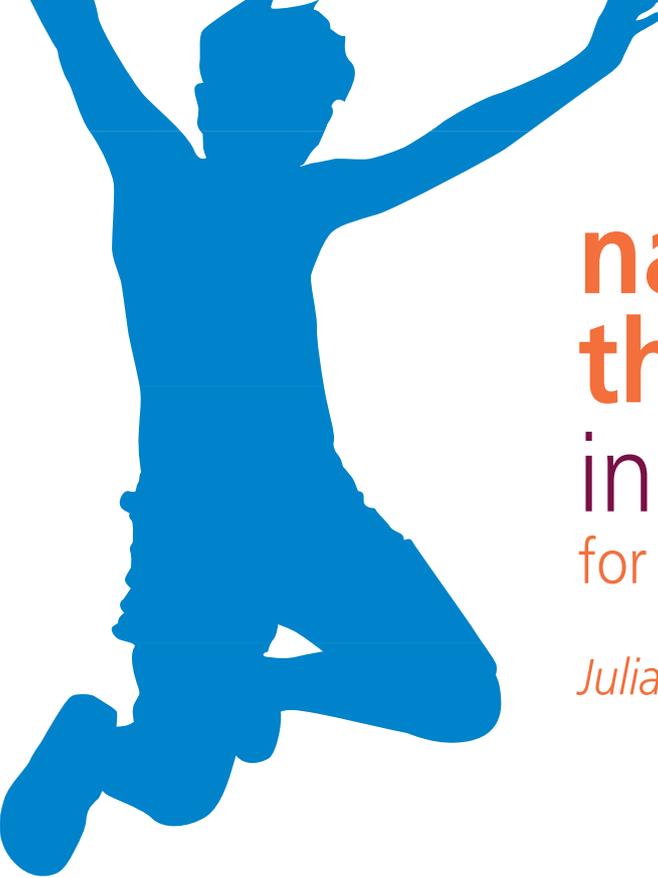
narrowing the gap in outcomes for vulnerable groups

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The messages that matter …to narrow the gaps

This overview captures the key messages from data and research findings obtained from the Narrowing the Gap research review work completed by NFER between June 2007 and August 2008. The four projects undertaken by NFER over this period have sought to present:

- the best data that highlights the extent and nature of the gap in outcomes between the most vulnerable and disadvantaged children and young people and the general population

- the most compelling evidence on '*what works*' in making a positive difference in outcomes to the lives of these children and young people, and in doing so in improving the outcomes for all.

Presentation of the headline evidence is based upon the lines of enquiry used in the projects, each of which also has clear policy and practice implications.

Overall, the evidence validates the policy direction of Every Child Matters (ECM) – with its strong focus on prevention and early intervention and the prioritisation of support for vulnerable and disadvantaged children in their early years.

This summary identifies gaps in attainment and outcomes that remain for many vulnerable groups. For some gaps the evidence is not available to identify whether there has been any change at group level. Important gaps include:

- poorer health outcomes for those from poorer socio-economic groups

- the chances of poor mental health for those excluded from school or with poor records of attendance and who are looked after children (LAC)

- greater likelihood of offending behaviour by children from poorer socio-economic background, those who are not in school and LAC

- lower school attainment levels for children with special educational needs (SEN), those from lower socio-economic backgrounds and Gypsy/Roma or Irish Traveller children.

Who are the children and young people facing the gap, and how do we know this?

There are many sources of data from national and large-scale datasets in relation to vulnerable groups for most of the ECM outcome areas, as well as evidence from literature and data from more varied national, regional and local sources. Due to the gaps in the robustness of evidence related to some groups, a '*best evidence*' approach has been adopted in order to accommodate the variety in size, scope and quality of the evidence and issues resulting from different definitions of vulnerable children and young people.

Data on population sizes for groups of vulnerable young people (where known)

Group aged 0–17	Numbers	Publication date
Looked after children	60,000	2007
Children from lower socio-economic groups	67,094	2005/06
Young people from different minority ethnic groups	71,710 (9.6% of all children)	2006
Deaf children	4100	2005/06
Children who are blind or visually impaired	21,946 (extrapolated)	2008
Children at risk of significant harm	26,400	2005/06
Children with a statement of SEN	229,100	2006/07
Children with SEN without statement	1,333,430	2006/07
Children with poor school attendance records	278,750	2006/07
Young carers [of parents with mental illness]	175,000 estimate [6000–17,000]	2001 [2003]
Children who live with vulnerable adults	1 in 19 parents with learning disabilities out of a survey of 2898 have children	2005
Children who live in unsatisfactory housing	6,319,000 out of 21,134,000 children [30%]	2007
'Mobile' children	not known	N/A
Children are not fluent in English	not known	N/A
Children who are asylum seekers or refugees	not known	N/A

Data sources listed in main reports referenced at end of this document

How can parents and carers be helped to support improved outcomes for their children?

- Ensuring they have access to and are able to engage with a choice of locally-based prevention or early intervention services that address a range of underlying issues affecting their children's well-being. Through an underpinning of trusted relationships with adult staff and volunteers, such provision should encourage parental involvement in service development and enable them to stay involved over a period of time and through transitions to other services.

- Providing access to services when their children are young, although research has shown that very early entry can have both positive and negative influences.

- Encouraging involvement *with* their children's learning in ways that are designed to respond positively to family beliefs and value systems and to the positive elements and experiences in their lives.

- Helping them to use good parenting skills, which can be improved by a focus on home-learning environments and whole-family interventions that are underpinned by a sound theoretical base delivered by well-trained staff with the right attitudes.

How are productive links between services created?

- Multi-agency working based on strong partnerships, shared priorities and planning, with links to local systems of power that lead to more effective early intervention and prevention.

- Schools acting as connecting hubs with and between services, though this role is not yet embraced by all schools.

- Promoting effective and enjoyable learning and raising achievement through schools and other services working together to promote and provide for children's health, economic stability, safety and their perceptions of safety.

the government role as leader of the system is very important

What do we know about strong and aligned local leadership and governance arrangements and strong systems to support these?

- The government role as leader of the system is very important, particularly for setting out requirements for local governance and spearheading and sustaining the vision and drive for closing the gap.

- Members' engagement with and leadership of the agenda is a key element.

- Local leaders need to take a long-term focus in the provision of programmes and interventions to remediate disadvantage, to monitor and track progress in reducing the gaps in outcomes and to use evidence-informed analysis and strategy to support this.

- Local leaders need to use and hold a multi-perspective and outward focus through partnership support, joint commissioning, integrated working, joint needs-based training for professionals and enabling the inclusion of the voice of children and families.

- Local leaders need to lever the potential in the Children and Young People's Plan to drive forward improvements.
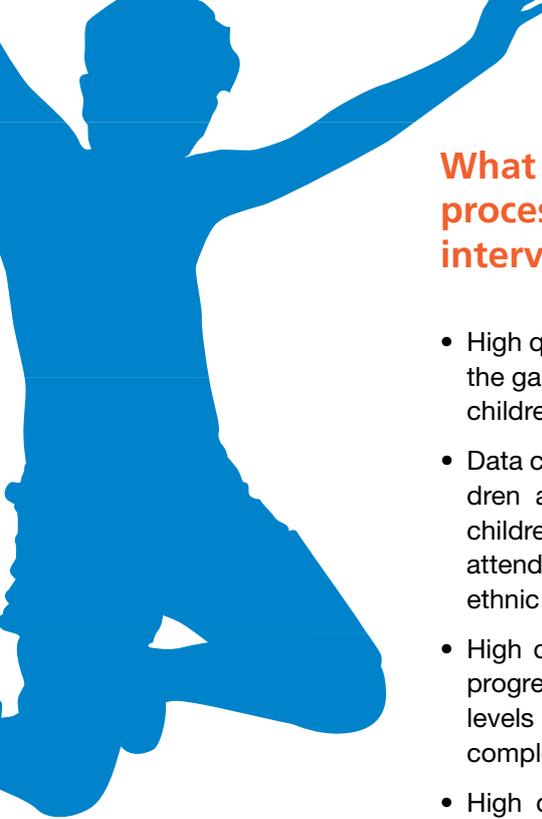
What are the most effective components of systems and processes which support prevention and early intervention?

- High quality data (broken down by sub group) is vital for understanding changes in the gap in outcomes for different groups, for example, for Black African Caribbean children and white working-class boys.

- Data collected at individual level shows significant gaps in ECM outcomes for children and young people from lower socio-economic groups, for looked after children, for children with special educational needs, for those with poor school attendance, those excluded from schools and young people from some minority ethnic groups.

- High quality aggregated and group data to make assessment of baselines and progress on many of vulnerable groups. At present it remains patchy in terms of levels of integration, data-sharing, commonalities in taxonomy and quality and completeness of data capture and the nature of the data collected.

- High quality and capacity in local authorities' research and analysis services, which at present are variable and need to be in tune with and resourced to respond to the current priorities of the Narrowing the Gap programme.

What do data from national studies and datasets tell us about gaps in outcomes that remain and where they are?

Being healthy	
	Being overweight is associated significantly with low income levels and is rising significantly amongst both boys and girls.
	Sports and exercise participation amongst children is generally increasing modestly, but for older groups of boys the lowest participation is by those from the two lowest income groups.
	Higher mortality rates for LAC exist but may be associated with higher levels of disability and chronic illness amongst this group.
	Teenage pregnancy rate increases for LAC (from 2% to 3% between 2005 and 2007) will include those who became LAC post-pregnancy, but comparisons with other groups are difficult.
	Levels of disturbed behaviour amongst LAC remain higher than for non-LAC.
	Young people most at risk of mental health problems include those with SEN, those from low-income families and those excluded from or with poor school attendance.
	The probability of smoking amongst children and young people is significantly associated with being white, from lower socio-economic groups and with being excluded from school.
	Drinking alcohol is more likely amongst white young people and those who are poor school attendees.
	Drugs use is more likely amongst those from mixed-race background and those who have poor school attendance levels or who have been excluded from school.

Staying safe	A small decrease in multiple placements for LAC was shown between 2004 and 2008.
	In 2007, of the 5800 LAC aged 16 in 2004, 87% were in suitable accommodation at aged 19, a 13 percentage points increase since 2003. This includes being accommodated in custody or emergency facilities and excludes unsafe housing and homelessness.
	Information on access to mainstream services for young disabled people leaving care remains an area requiring more data.
	Bullying remains a concern for many young people and though details related to vulnerable groups are hard to extrapolate now, these may be available in the future. Small-scale studies suggest children with SEN are more vulnerable to bullying.
Enjoying and achieving	Boys are still showing the largest gap in reading enjoyment and attainment while the gap in enjoyment of learning is widening for those with low cultural capital and those from lower socio-economic groups.
	Low socio-economic familial status is associated with less positive transition between primary and secondary schools.
	The enjoyment gap for reading and attitudes in school has narrowed for non-UK born pupils and for young people with English as a second language. The attainment gap has also narrowed.
	Those living in poorer areas, in lower socio-economic groups and in isolated rural areas appear to have lower levels of attainment at school than their more affluent peers.
Making a positive contribution	Parents in lower income groups reported more involvement by their children with the police than parents in higher income groups.
Achievement of economic well-being	In 2007 of the 5800 LAC aged 16 in 2004, 63% were in education, employment or training, an increase of 14.4 percentage points since 2003.
	Six per cent of LAC were in higher education by age 19 compared with 38% of all young people at age 19.
	32% of LAC were in some form of full- or part-time education, compared with 44% of their peers amongst Youth Cohort survey respondents.

What works to narrow the gap?

For all vulnerable children, professionals and policy makers who understand how disadvantage results in lower attainment and poorer outcomes, who appreciate the impact of multiple-disadvantage on different groups and individuals and who can use this knowledge to make a positive difference.

For vulnerable children in school, access to a positive school fabric, which means a strong, inclusive vision and leadership, a whole-school approach to pastoral care, an effective behaviour management strategy and a strategy to promote social and community cohesion and limit the effects of negative cultural influences; a support-ive and flexible framework for learning, which includes high quality one-to-one support, provision aimed at building self-confidence and other soft skills outside the classroom, and work-related opportunities.

local leaders need to lever the potential in the Children and Young People's Plan to drive forward improvements
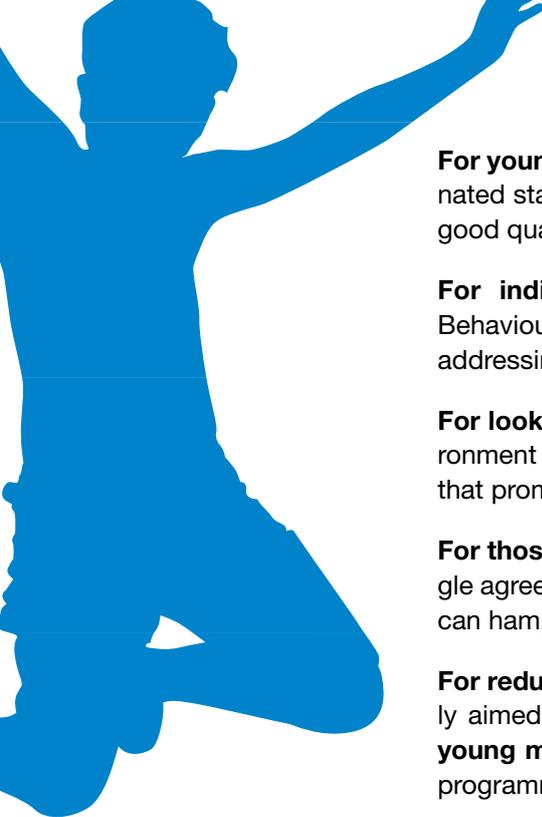
For young carers, additional support in school, through the appointment of a designated staff member, staff training, liaison with parents and other agencies, including good quality information transfer.

For individual young offenders, restorative justice and use of Acceptable Behaviour Contracts, and for **youth groups displaying anti-social behaviour** addressing their negatively focused activities.

For looked after children, placement stability, foster care, a supportive study environment at both school and home with good links between the two and activities that promote resilience, a sense of stability and strong sense of identity.

For those permanently excluded, there is a range of approaches, rather than a single agreed 'what works' strategy. If this diversity is not harnessed in a positive way, it can hamper good inter-agency working and communications.

For reducing teenage pregnancy, social skills development, youth work specifically aimed at teenagers, effective pre-school education and parenting support. **For young mothers**, day-care for their child(ren) and education or career development programmes for short-term outcomes.

For those from different minority ethnic groups the evidence is thinner but the following appear to help: cultural competence amongst social services departments and culturally appropriate placements, emotional and therapeutic work with children and families and strong alliances with voluntary sector organisations working with specific minority groups.

For young children in their early years, a good health start, a combination of high quality childcare with home visits in the first three years, high quality pre-school provision with socially mixed groups for children aged three and four years. 'High quality' provision is likely to have well trained staff and volunteers with the right attitudes, parental involvement in activities and decision-making and a mixed curriculum which recognises the value of cognitive and social development alongside literacy and numeracy learning and the earlier children enter pre-school the better the cognitive outcomes tend to be.

What gaps still need attention?

• Tracking by vulnerable group related to outcome and attainment is still patchy so some of the gaps are still not known or not evidenced

What do we know about continuing outcome gaps for some vulnerable groups?

Group aged 0–17	Outcome gaps
Looked after children (LAC)	Comparison with peer groups indicate that: • some health outcomes are improving (dental care, immunisation and general health monitoring) but others, such as mental health, remain a concern • there are lower attainment levels across all four key stages, though narrowing slightly with more LAC being entered for and achieving qualifications • offending rates remain disproportionately high.

Group aged 0–17	Outcome gaps
Children from lower socio-economic groups	• Poorer health outcomes, especially associated with obesity and smoking. • Higher potential for running away from home, engaging in offending behaviour and feeling unsafe in their communities. • Lower than expected levels of attainment from key stage 1 to 4 and associated lack of confidence and enjoyment in learning.
Young people from different minority ethnic groups	There remains variation in outcomes between minority ethnic groups. • Children from Pakistani and Bangladeshi backgrounds appear to be more associated with issues related to poverty and are less likely to have experience of early-years provision. Children from Bangladeshi backgrounds tend to have a higher rate of obesity than the general population. • Children from Black backgrounds are associated with higher levels of obesity than the rest of the population. A disproportionately high number are linked with permanent school exclusion and court orders. The attainment gap for Black Caribbean children appears to be narrowing at key stage 4. • For Gypsy/Roma children the attainment gap appears to be widening. Gypsy/Roma and Irish Traveller children continue to experience high levels of fixed-term school exclusions. • Mixed-race children are associated with a greater likelihood of taking drugs, lower attainment levels in schools at key stage 4 and negative attitudes to school (along with White British and Black Caribbean children).
Children with a statement of SEN or identified as School Action/Action Plus	• Such children are associated with lower than expected attainment outcomes at all four key stages. • There are higher probabilities of mental, emotional, conduct or hyperkinetic disorders. • There are no indications of significant changes in any ECM outcome areas.
Children with poor school attendance records and excluded	• Children who have been excluded are significantly associated with poorer mental health and a greater likelihood of smoking and drug taking than peers. • There is more chance of engagement in offending behaviour. Data quality means that it is not possible to ascertain whether the associations are reducing over time, partly as school exclusion criteria have changed. • Attainment trends cannot be established at present but will be possible in the future.

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What next?

The next stage of the NtG programme focuses on systems and strategies to build strong leadership and governance in children's services to drive forward improvements at all levels of, and across, services.

Sources

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