CHILDREN IN NEED AND CHILDREN IN CARE: EDUCATIONAL ATTAINMENT AND PROGRESS

David Berridge, Nikki Luke, Judy Sebba, Steve Strand,
Mim Cartwright, Eleanor Staples, Louise McGrath-Lone,
Jade Ward, Aoife O'Higgins

April 2020

Acknowledgements

We are very grateful to the Department for Education for allowing us access to official data on children's education, Children in Need and Children in Care. Individuals at DfE were very helpful, including Mo Bentaleb, Noor Ahmed, Richard White, Victoria Cavolina as well as other Department analysts and policy colleagues.

Members of our research advisory group were also very supportive, as well as the organisations which they represented: including Ofsted, Association of Directors of Children's Services, National Association of Virtual School Heads and Family Rights Group.

We also thank the six local authorities for their help in identifying potential participants for our study, as well as the social workers, teachers, foster carers, residential staff, Virtual Heads and managers who spoke with us. We appreciate how busy and pressurised everyone is.

The work would not have been possible without the efficient help of many administrative and other colleagues at Bristol and Oxford Universities, including Mel Tomlin, Evey Damianopoulou and Natalie Reynolds.

Most of all, we are especially grateful to the children and young people, parents and other family members who spoke with us so willingly and openly, sharing their achievements and setbacks.

Thank you to all.

DB, NL, JS, SS, MC, ES, LM-L, AO'H, JW

Nuffield Foundation

The Nuffield Foundation is an independent charitable trust with a mission to advance social well-being. It funds research that informs social policy, primarily in Education, Welfare, and Justice. It also funds student programmes that provide opportunities for young people to develop skills in quantitative and scientific methods. The Nuffield Foundation is the founder and co-funder of the Nuffield Council on Bioethics and the Ada Lovelace Institute. The Foundation has funded this project, but the views expressed are those of the authors and not necessarily the Foundation. Visit www.nuffieldfoundation.org

Abbreviations used

ADHD	Attention Deficit Hyperactivity Disorder
AP	Alternative Provision
ADCS	Association of Directors of Children's Services
CAMHS	Child and Adolescent Mental Health Services
CIC	Child(ren) in Care
CIN	Child(ren) in Need
CPP	Child Protection Plan
DfE	Department for Education
DWP	Department for Work and Pensions
EHCP	Education, Health and Care Plan
ESRC	Economic and Social Research Council
GCSE	General Certificate of Secondary Education
KS	Key Stage
LA	Local Authority
NAVSH	National Association of Virtual School Heads
Ofsted	Office for Standards in Education, Children's Services and Skills
PEP	Personal Education Plan
PPP	Pupil Premium Plus
PRU	Pupil Referral Unit
SDQ	Strengths and Difficulties Questionnaire
SEMH	Social, Emotional and Mental Health Difficulties
SEND	Special Educational Needs and Disability
TA	Teaching Assistant
VSH	Virtual School Head

Contents

Executive Summary

Introduction

Evidence shows that the educational attainments of Children in Need (CIN) and Children in Care (CIC) in England are lower than for other pupils. This represents sizeable numbers of children: the latest figures (March 2019) showed that there were 399,500 Children in Need in England and 78,150 Children in Care. The 'attainment gap' in reaching expected standards is approximately 25-30% at Key Stage 1 (aged 7) and KS2 (aged 11), and 25% at KS4 (aged 16). Researchers have often investigated the education of Children in Care; however, Children in Need have received very little attention.

This project aimed to identify factors that might explain the 'attainment gap' for CIN and CIC. It did this through:

- Quantitative analysis of data from a whole birth cohort of children (471,688) born in England in 2000/01, starting school in 2006/07 and tracked through to their General Certificate of Education (GCSE) exams in 2017.
- Interviews with 123 children, parents/carers and professionals.

Children in Need are those receiving social work services due to concerns over their health or development, or because they are disabled. They usually remain living with birth parents or relatives, supported by a multi-agency Children in Need Plan (CINP); or, when there are greater concerns over safety, by a Child Protection Plan (CPP).

The main reasons for becoming CIN or CIC are abuse or neglect, family dysfunction, family in acute stress or because children are disabled.

Research questions

1. Compared with all pupils, what are the educational attainments and progress of children who experience being In Need and/or In Care at some stage of their schooling in England?
2. What are the factors associated with attainment at Key Stage 4 (aged 16)?
3. How can we account for children who succeed in their educational attainments at 16 years despite experiencing severe early adversity requiring social work intervention?
4. What are parents', pupils' and professionals' perspectives on the overall factors affecting educational progress for Children in Need and Children in Care, including the impact of family resources, educational and social work support or their absence?

Research methods

This study builds on our previous work in this area (Sebba *et al.*, 2015). It was a mixed methods study, with a prospective longitudinal design. Our *quantitative research* used annual data from three DfE datasets: the National Pupil Database, Children in Need and Children Looked After. We developed a classification of levels of social work interventions: comparing children with no interventions; children subject to a Children in Need Plan (CINP) or a Child Protection Plan (CPP); and Children in Care (CIC). Outcome data for different groups concerned pupils' attainment at KS1, KS2 and KS4 as well as KS4 Progress 8 – a measure of pupils' progress between KS2-KS4. Statistical analyses were used to show the prevalence and differences between comparison groups. Multiple regression modelling was used to identify the key factors that predicted higher or lower scores for attainment at KS4[1].

This was complemented by *qualitative interviews* in 6 English local authorities with 18 Children in Need, 23 Children in Care, 17 parents or Special Guardians, 16 foster/residential carers, 19 social workers and 23 teachers. Seven joint- or individual interviews were undertaken with Virtual School Heads and senior social work managers. Children were included between the ages of 6-17 years, including those deemed to be making 'good progress' or 'poorer progress' educationally in order to identify differences. Careful attention was paid to research ethics.

Findings

1. *Attainments and progress*

- A significant minority of all pupils - 1 in 7 (69,246) - experienced an intervention from Children's Services at some stage between Years 1-11. For 76% the highest level of intervention was a Child in Need Plan; for 11% a Child Protection Plan; and 13% a Child in Care. In terms of volume, social work is clearly dominated by Children in Need services.
- Overall, there was much instability. Half our national sample received only 1 period of intervention from Children's Services and 13% 4 periods or more. However, nearly a fifth experienced an intervention within a year after the previous one ending. The proportion varied according to the child's highest level of need; and a third of those experiencing longer-term CPP[2] and shorter periods in Care needed further interventions within a year. It

[1] Scores from up to 8 exam subjects contributed to the 'Attainment 8' measure, which could total between 0-87 points.

[2] 'Short-term' is defined as under 6 months for Children in Need and under 1 year for Children in Care. This reflects usage in local authorities and a reasonable period of time by which a positive impact might be expected.

could be that unforeseen family problems emerged but it might also suggest that, for over 8,000 of the 69,246 children, social work interventions had not resolved adequately existing problems and were ended too soon.

- Many children were receiving social work interventions during the year of their GCSE exams. Excluding children whose primary need for intervention was disability, we were surprised to discover that as many as *a quarter* of those who had any interventions were receiving an intervention in Year 11. Half of those experiencing a short stay in Care as the highest level of intervention had entered Care in their final year of schooling; while three-quarters of the long-stay Care group were in Care in Year 11.
- At each Key Stage, attainment and progress were lower for children who had any social work intervention during their school years compared with those who had no intervention. The gap increased with the severity of the intervention:
  - at KS1, children who ever had a Child in Need Plan during the school years scored 14% lower than those who had not; those who ever had a Child Protection Plan scored 17% lower; and those who were ever Children in Care scored 24% lower.
  - at KS2, CINP scored 10% lower, CPP 12% lower, and CIC 16% lower than children with no social work interventions during the school years
  - at KS4, CINP scored 34% lower, CPP 46% lower, and CIC 53% lower than children with no social work interventions during the school years.
- From our interviews, serious difficulties at home clearly impacted on life at school: indeed, significant social, emotional and mental health difficulties were reported for practically all Children in Care and most Children in Need.

2. *Factors associated with KS4 attainment at 16*

- Factors that previous evidence has shown to relate to educational attainment were also relevant for this cohort. Specifically, poorer KS4 scores were linked to: gender (male), ethnicity (White British or Irish), special educational needs and disabilities and missing school (due to exclusions, absences or changes of school).
- A substantial part of the relatively poor attainment at age 16 of pupils who had ever been In Need or In Care was accounted for by information available at age 7: the child's KS1 attainment, gender, ethnicity, socio-economic status, and special educational needs and disabilities.
- After taking all other variables into account, the size of the relationship between all types of social work intervention and KS4 attainment shrank. In comparison with the size of the

gender effect (a well-established difference that is relevant for all children), the only substantial attainment gaps that remained were for those who had spent time in Care and those who were receiving social work interventions in Year 11 (with scores falling 3-6 points lower than for their peers).

- Focusing specifically on Children in Care, lower GCSE scores were achieved by those who:
  - entered Care during secondary rather than primary school (by 1 point)
  - had a higher number of placement changes (1 point lower for every 2 changes)
  - experienced a final placement in residential or other types of Care (such as hostel or lodgings rather than foster care - 2 points)
  - had a higher average levels of emotional and behavioural difficulties (1 point lower for every 4 extra points on the difficulties measure).

3. *Children who succeed at 16 despite severe early adversity requiring social work intervention by the end of KS1*

- As with the larger cohort, individual characteristics (gender, ethnicity and SEND) and school experiences related to the likelihood that children would have higher scores at KS4. For this group, however, information on these factors at KS4 (i.e. representing the longest time since their early adversity) was even more strongly tied to their KS4 attainment.
- Higher GCSE scores were achieved by those who:
  - were not receiving social work services in Year 11 (2 points higher - even after accounting for children's special educational needs and disabilities)
  - had fewer than 4 separate periods of social work intervention (2 points)
  - experienced a longer-term stay In Care, although their educational experiences in secondary school were also important.

4. *Children, parents, carers and professionals' perspectives on the factors associated with educational progress for Children in Need and Children in Care*

- From the interviews, social workers played a fuller part in the education of CIN than might have been expected, sometimes advocating on behalf of parents and pupils.
- Regarding family resources, most foster carers felt that they were able to provide adequately for children's education. This was in strong contrast to the parents of CIN, who found it very difficult to afford what that was required for schooling – school uniforms, computers, internet access etc. Most grandparents/relative carers said that they managed financially but life all round could be a struggle.

- Four main explanations were given by participants for the differences between children making good educational progress and those who were not. These were:
    - the experience of stability and continuity in helping children to overcome previous harmful experiences
    - children's social, emotional and mental health difficulties (SEMH) and the extent to which these were being addressed
    - school strategies and responses to deal with the difficulties of CIN and CIC, and whether these were perceived as understanding and helpful; and
    - children's problems with their peer relations, influenced by their SEMH.

These quantitative and qualitative findings were brought together into four overriding themes concerning the education of Children in Need and Children in Care:

Greater attention required to Children in Need

Despite little previous research on the education of Children in Need, the profile of the CIN group in policy has begun to increase, assisted by the government's Children in Need Review (DfE, 2019). Our results and conclusions are consistent with this DfE Review, including the need for: greater visibility for CIN; fewer school exclusions for the group; and better overall support in schools and the community for CIN and their families, including the role of other government departments as well as DfE. Given the prevalence of the CIN group; their considerable educational difficulties as well as SEMH; and how most CIC usually start as CIN, greater attention is warranted. Schools' awareness of CIN as a group varied. Parents' efforts to support the education of CIN were hampered by a lack of resources: senior social work managers interviewed referred to the local context for families, including rising child poverty, insecure employment, benefit sanctions and poor housing. Cuts to local authority and school budgets had weakened their ability to assist. It was apparent that Children in Need did not benefit from the oversight that a Virtual School would be expected to provide for Children in Care.

The importance of effective early intervention

A significant number of children in our cohort (1 in 7) received interventions from Children's Services at some stage. Child in Need Plans were the most numerous, and this was how more serious interventions usually began. Moreover, multiple periods of intervention were not uncommon, and nearly 3 in 10 of children experiencing interventions were receiving a social work service in Year 11 – earlier, effective interventions might have avoided some of these. KS4 attainment was also poorer for those in non-mainstream school settings in Year 11 (including special schools, pupil referral units and alternative

provision). Although for many children, a non-mainstream setting might be the most appropriate to support their learning needs, for others they are the result of escalating emotional and behavioural difficulties, which might have been addressed more effectively at an earlier stage. It, therefore, seems sensible to invest heavily in good quality, early intervention services. However, targeted 'preventive' services had been cut noticeably over the previous decade and statutory and acute services prioritised. Long delays were reported in accessing Child and Adolescent Mental Health Services (CAMHS) and school-based supports had been reduced.

Instability in children's care and education

The finding that children with multiple periods of intervention achieved lower educational attainments than those with fewer, might reflect the chronic problems that families were experiencing; but, linked with the previous point, earlier resolution of problems could have been possible and desirable. Children who entered Care or had moved to live with relatives often spoke of the improved stability and consistency in their lives, although a higher number of placement changes was linked with poorer attainment. School instability was also related to KS4 exam results: missing a greater number of possible school sessions through absences or exclusions, and changing school in Year 10 or 11, were all predictors of poorer attainment. From interviews, school transfer was usually taken in their stride by children making good educational progress but was much more problematic for others, especially for Children in Need. Some schools made considerable efforts to facilitate transfers, especially for vulnerable pupils, while others did less. High turnover of social workers was reported and some children said they had given up trying to form relationships with them.

The nature of secondary schooling and educational policy for vulnerable learners

The final overall theme from the research concerned children's experience of secondary education. The general conclusion from our interviews was that primary schools were often more flexible than secondary schools, being inclusive institutions that could cope with children's difficulties; whereas there was much more variation in how secondary schools responded. Not all schools were described as understanding or sympathetic to children's difficulties, reflected sometimes in an inflexible approach to academic excellence and disciplinary codes. Relationships with teachers and teaching styles emerged as very important for children in our study, in order for them to be confident and participate in the classroom, producing their best results. One in three children interviewed raised unprompted the specific problem of teachers shouting and its personal impact.

Recommendations for policy and practice

We set our research in the social and policy contexts in which services were being delivered. Resource availability remained difficult with significant real-term cuts to local authorities' spending power, a fall in schools' funding per pupil and with services for children with special educational needs and disabilities being under particular pressure (NAO, 2019). Our recommendations to improve the educational attainment and progress of Children in Need and Children in Care are the following:

- Efforts to increase the visibility of the Children in Need group should continue, including proposals contained in the Government's *Children in Need Review* (2019). This should include raising the profile of the Children in Need group within schools, to bring more parity with Children in Care. While conscious of the burden of inspections on schools, Ofsted should report on the situation of Children in Need in schools as well as Children in Care.
- There would be strong advantages in Virtual Schools, or a similar service, overseeing Children in Need as well as Children in Care. This would need additional resources.
- There is a case for Pupil Premium Plus (PPP) payments (currently £2,300 per annum for Children in Care and former CIC) to be extended in some form to Children in Need.
- Approaches that address the impact of poverty on education should be promoted (for example 'Poverty Proofing the School Day' [http://www.povertyproofing.co.uk/] is an interesting initiative we encountered in our research in the North-East, in which affordability of schooling is taken into account in school policies).
- We recommend a review of decision making procedures surrounding 'case closure' so that families are not left without adequate support. Efforts to improve stability in care placements and with social workers should continue.
- Teacher training for pupils' well-being should include the specific circumstances of Children in Need and Children in Care: for example, 'attachment awareness' issues in which children's behaviour in school might be linked with previous experiences of neglect or abuse, or separation from family.
- There should be less variation across secondary schools in their inclusiveness; including reducing permanent and fixed-term exclusions, and monitoring the impact of disciplinary codes on CIN and CIC.

Other general policy concerns highlighted include: problems with the implementation of reforms for pupils with Special Educational Needs and Disabilities; the provision of better legal advice and general support for relative carers; and the growing problem of child and family poverty.

1. Introduction

This report concerns the education of groups of vulnerable children. For most children, their time at school is hopefully a period of their life during which knowledge and skills are acquired, horizons are widened, friendships are made and qualifications are obtained which are important for continuing education, training and work. However, schooling can be problematic for some children, including when family life is unstable, unsafe or breaks down. Some children demonstrate resilience in such circumstances and cope admirably despite the pressures. But for others, the lack of parental support, early adverse experiences and resulting insecurity detract from full involvement at school and personal fulfilment. Associated social, emotional and learning problems interfere.

When there are serious difficulties with family life or it breaks down completely, the State has a duty to intervene. Children's Services and social workers, with others, become involved with parents and children to provide support to help alleviate problems or, in extreme circumstances determined by the courts, to arrange for children's removal and relocation elsewhere. In England, the broad legal term 'Children in Need' refers to those who are unlikely to maintain a reasonable level of health or development, whose health or development are likely to be further impaired or are disabled (Section 17 Children Act 1989). Children in Need (CIN) usually remain living with birth parents, supported by a multi-agency Children in Need Plan (CINP) or, when safety is a more pressing issue, a Child Protection Plan (CPP). In more severe circumstances, local authorities must provide accommodation for children who are removed from home, usually with foster carers, or in a residential home or some children are adopted (Section 31); provisions also allow parents to request children's entry to care voluntarily (Section 20). Legally, such children are a sub-set of Children in Need and are referred to as 'Looked After'. However, this term is often used interchangeably with its historical precedent 'Children in Care' (CIC): this expression is generally used by parents and children, and has more meaning for an international audience, so we use 'Children in Care' in this report. This report focuses on the education of Children in Need[1] and Children in Care.

The most recent official statistics show that, on 31st March 2019, there was a total of 399,500 Children in Need in England (Department for Education [DfE], 2019a). (This figure includes Children in Care). Slightly more of these were boys than girls; and over half were due to abuse or neglect, with other major categories being family dysfunction, family in acute stress or the children who are disabled: these groups often overlap. The latest figures show the number of Children in Care as

[1] Except in Chapters 4 and 5, where Child Protection Plans are distinguished from Child in Need Plans, elsewhere in this report the term 'Children in Need' refers to both CINP and CPP, but excludes CIC.

78,150, also with a majority of boys but with the abuse and neglect category comprising nearer two-thirds (DfE, 2019c).

Government statistics also report the educational attainments of these groups (DfE, 2019e). As demonstrated in Table 1.1, these show that Children in Need achieved lower results across the age-groups than the 'Not in Care 12+ months' group, which mainly consisted of children not in contact with social work services. The In Care group performed slightly better that those In Need, although this reverses at Key Stage 4 (KS4; aged 16 years). It should be acknowledged that these results are strongly influenced by the number of pupils with special educational needs (SEND). Many more Children in Need and Children in Care have SEND than the general pupil population (49%, 58% and 17% respectively) and their attainments are significantly lower. For example, comparing pupils *without* SEND, at KS2 the 'attainment gap' with all pupils is approximately halved (18% for CIN and 14% for CIC); while at KS4 is reduces by a fifth but is still pronounced (20% rather than 25%). The largest category of SEND for Children in Need and Children in Care is Social, Emotional and Mental Health difficulties (SEMH) (38% of CIC at KS4 who have an SEN Statement or Education, Health and Care [ECH Plan from 2014]), which can pose particular behavioural challenges for schools.

Table 1.1 Key Stage attainment of Children in Need, Children in Care over 12 months, and Children not In Care over 12 months, 2018 (DfE, 2019e)

Key Stage	Children in Need	Children in Care 12+ months[1]	Children not In Care 12+ months[2]	Total eligible pupils
KS1 (Aged 7)[3]: % achieving expected level in:				
English reading	48	51	75	678,690
English writing	41	42	70	
Maths	49	49	76	
Science	57	58	83	
KS2 (Aged 11): % reaching the expected standard in reading, writing and mathematics	34	35	65	637,930
KS4 (Aged 16): Average Attainment 8 Score[4]	19.0	18.8	44.4	602,010

Figures for Children in Need in this source exclude Children in Need who are also looked after, but include looked after children who were also the subject of a Child Protection Plan during the year.

[1]Children in Care for 12+ months continuously. The 'over 12 months' stipulation in official statistics is to allow a reasonable period by which time some improvement might be expected.

[2]'Not in Care': this will include both children who have never been looked after and also those who have been looked after but who have not met the 12 months criteria.

[3]See Chapter 3, Table 3.1 in this report for a detailed outline of school years groups, Key Stages and children's ages.

[4]'Average Attainment 8 Score' is an average of up to 8 subjects. English and Maths can be double-weighted. Maximum possible score in 2018 was 90.

The Educational Progress of Looked After Children in England: Linking Care and Educational Data (Sebba et al., 2015)

The lower educational attainments of Children in Care have been alluded to for at least 30 years (Jackson, 1987), although seldom in the context of wider educational inequalities (Berridge, 2007). An opportunity to investigate this topic in greater depth arose in 2014-15 in the form of a collaboration between the Rees Centre, University of Oxford and University of Bristol, School for

Policy Studies. This joint-team combined expertise in education, social work, psychology, sociology, quantitative and qualitative analysis for a multi-disciplinary and mixed methods approach. The current study, by members of the same team, builds on this previous work and explores additional issues.

Importantly, in the 2015 study we investigated the education of Child in Need as a comparison group for those In Care. As a group, those In Need were under-researched but shared many characteristics with those In Care. In addition, our approach considered children's *attainments* but, notably, focused also on educational *progress*. It is one thing to argue that attainments are disappointing but, in understanding the contribution of the Care system, when did children enter Care and what were the educational trajectories of different groups, comparing like with like?

The 2015 study researched these issues by linking two national educational and children's social care databases. We focused particularly on a group of 4,849 children who had been in care for over a year and who were expected to sit their national GCSE (General Certificate of Secondary Education) examinations in 2013, aged approximately 16 years. These were compared with Children in Need, those in Care for a shorter period and the much larger group of pupils neither In Care nor In Need. This was complemented by interviews with 26 young people in six local authorities as well as their carers, social workers and teachers to explore their perspectives on what contributed to better or worse than expected GCSE outcomes.

In brief, the 2015 study concluded that, controlling for pupil- and school-related factors, Children in Care made better educational progress than did Children in Need. Late adolescent entrants into Care generally made poorer educational progress than those separated from birth parents when they were younger. Instability in school or in Care – school- and placement changes – as well as attendance, were linked to educational progress. Children's emotional and behavioural problems, measured by SDQ scores (Strengths and Difficulties Questionnaire; Goodman, 1997), predicted educational progress but were moderated by school- and Care factors. There was little difference in the educational progress of Children in Care between local authorities once variations between populations of children and schools were considered. Findings from the interviews specifically revealed that children generally felt that entry to Care had a positive effect on them educationally as well as on their lives overall. Continuing birth family contact was a factor for most, often with complex effects. Carer support for education was very important. However, children's own *agency* was vital – choosing to engage with learning once certain preconditions were met (Berridge, 2017). Sebba and Berridge (2019) highlighted that Virtual School Headteachers focused their input on reducing school changes and exclusions and considered foster carers' aspirations and expectations

to be critical, investing time and support in training and supporting them. (Additional publications are discussed in the following chapter.)

The current research returns to these topics four years later. We investigate a new set of issues emerging from the previous study as well as adopting a different approach. Importantly, we focus on Children in Need as well as Children in Care. Concerning the latter, our previous work concentrated on 16 year-olds in Care but we were limited in what we could say about their earlier experiences. In addition, by looking only at one moment in time, we omitted children *leaving* Care and going home, as well as those who *re-enter*: the fluidity of the Care system was absent. Hence, this time we adopt a prospective longitudinal design and track from official statistics all children in England born in 2000/01 and starting primary school in 2006/07, following them through to their GCSEs in 2017 – over 470,000 children. We note any periods spent In Need or In Care, and if these legal statuses end or are resumed. These social care experiences are matched with educational statistics investigating, for example, relationships with: types of schools attended, special educational needs, absences and exclusions, educational progress and attainments. We also interview groups of children, parents, carers, social workers, teachers, Virtual School Heads and social care managers to help distinguish what factors were associated with those making good educational progress and those making poorer progress. In contrast to the previous study, some younger primary-aged children are interviewed as well as those of secondary age. This enabled us to discover the views of parents, including support for educational problems and the effects on children's education of pressures in their lives, such as family resources and poverty. There is a more detailed discussion of the exact methodology adopted in Chapter 3.

Research questions

Therefore, our overall research questions are fourfold:

1. Compared with all pupils, what are the educational trajectories, attainments and progress of children who experience being In Need and/or In Care at some stage of their schooling in England?
2. What are the factors associated with attainment at Key Stage 4 (aged 16)?
3. How can we account for children who succeed in their educational attainments at 16 years despite experiencing severe early adversity requiring social work intervention?
4. What are parents', pupils' and professionals' perspectives on the overall factors affecting educational progress for Children in Need and Children in Care, including the impact of family resources, educational and social work support or their absence?

Policy context

Children's social care

Before discussing the details of our study and its findings, we first need to set out the context in which it was undertaken. This includes both developments in social care and educational policy as well other relevant research that needs to be taken into account (Chapter 2).

In both of our studies we have liaised closely with key audiences in policy and professional practice as well as social work and educational researchers. The former include DfE, Ofsted, Association of Directors of Children's Services (ADCS), National Association of Virtual School Heads (NAVSH) and Family Rights Group (FRG). Our research and dissemination might have played a part in encouraging some recent developments. For example, children's educational *progress* is now (since 2016) more widely reported in official statistics including 'Progress 8' measures (DfE, 2019h). Ofsted now include *progress* measures – we all want children to achieve highly but background has an influence and at what stage services become involved is relevant in assessing their contribution. In addition, Ofsted now appears to give less emphasis to year-on-year comparisons, recognising the impact of cohort variations. More generally, Children in Need as a group now have a higher profile than hitherto: they clearly experience educational difficulties, the State has responsibilities for their welfare and In Care numbers might be reduced if we can better support Children in Need.

Other developments have been occurring in children's social care. Ofsted (2018) concluded from its inspections that the effectiveness of local authorities nationally continues to improve. On the legislative front, the Children and Social Work Act 2017 included the requirement to offer continuing educational support for children who were previously In Care – not just 18+ Care leavers – including adopted children and those subject to Special Guardianship arrangements. This was outlined in Statutory Guidance consolidating the role and responsibilities of Virtual School Heads, who have a key role (DfE, 2018e).

The Association of Directors of Children's Services has reported a considerable rise in demand for Children's Services over the past decade. Its latest (2018) *Safeguarding Pressures Research*, based on evidence from 140 local authorities, highlighted increasing pressures from a variety of sources. There has been a growth in the child population over the past decade. Pressures were also driven by welfare reforms and a shortage of affordable, secure housing, which have increased the number of children living in poverty. Parental mental ill-health and substance misuse were reported to be worsening; and there was a recorded increase in domestic violence of some 22% over the previous year. Funding shortages in other agencies, including schools, were said to increase pressure on Children's Services.

There had been increased demand across many fronts: initial contacts, referrals, numbers of Children in Need, child protection assessments, Children in Care, unaccompanied asylum seeking children, and those supported under a Child Arrangements Order or Special Guardianship Order. Concern was expressed over 'repeat activity' (also referred to as repeat referrals or the 'revolving door'). This was attributed to neglect, domestic violence and others factors involving families with chronic needs repeatedly returning the local authority for help. It also indicated that adult needs were not being adequately met, with consequences for children. Social work vacancies continues to grow overall to 17% nationally , with agency staff constituting another 16%. Inequality in funding between local authorities continued to grow, with time-limited grants (such as the Children's Social Care Innovation Programme) leading to greater 'short-termism', which was unsustainable. Nationally, authorities were said to be protecting their Children's Services budgets but there was a 10.4% shortfall in 2018/19, most of which was required to fund statutory services.

At a similar time, the *Care Crisis Review* reported, coordinated by Family Rights Group (2018) and funded by the Nuffield Foundation. The Review arose due to the continuing growth in Care Order applications and number of Children in Care. Professionals were reported to be overstretched and frustrated that families could not receive the support they required to prevent difficulties from escalating. This was worsened by a lack of resources, accompanied by growing poverty and deprivation in families, as well as a culture of blame and mistrust towards families. Risk aversion among professionals had led to increasing resort to legal procedures. Rather than overemphasis on processes and performance indicators, the Review argued that *relationships* with families should be at the heart of social work including, for example, family group conferences. It was also recommended that Government should review the impact of benefit reforms on the rising number of children entering Care. The Review supported the ADCS in calling for an additional £2 billion to make up for the shortfall in funding of Children's Services.

An important initiative was the DfE (2018a,b,c; 2019b,d) *Children in Need Review*, the origins of which were influenced by our 2015 study. This review included a detailed analysis of official data (DfE, 2019b) which is discussed in the next chapter. The Review itself was published in two parts and involved a call for evidence, literature review and meetings with managers and social workers, teachers, Virtual School Heads, academics, children and others. At the outset, the Interim Report (DfE, 2018c) acknowledged that less attention had been given to Children in Need in schools and education policy than in social care. It emphasised that CIN experience early adversity or trauma, which have a long-term effect on their learning and behaviour. There was acknowledgement of a need to develop professionals' skills and training to understand these effects and respond appropriately. Transitions are likely to occur frequently for CIN, which can increase vulnerabilities. Schools should adopt an inclusive approach for CIN, making

suitable adjustments where required. Good relationships with children and families are important 'through clear communication, empathy and advocacy, underpinned by stability and consistency of support' (DfE, 2018c, p7). Effective multi-agency working and information-sharing between schools and other agencies are essential, recognising also families' entitlement to autonomy. Targeted interventions for individual children should be considered. Wider efforts are also required, including tackling domestic violence, supporting children's mental health and preventing school exclusions. School exclusions were examined in detail in a wide-ranging Government review (Timpson, 2019). This highlighted wide variation between local authorities and schools in the use of permanent and fixed-term exclusions; children supported by Children's Services or who are disadvantaged are more likely to be excluded, raising safeguarding issues; outcomes for excluded children are often poor; and recommendations included equipping schools to recognise needs, address poor behaviour and offer the right support where required.

The *Children in Need Review* final report was published six months later (DfE, 2019d) and built on these initial recommendations. It identified four main areas for action. First, it highlighted that Children in Need as a group need greater *visibility*: schools should be better aware of their existence and effective information-sharing between Children's Services and schools will facilitate this. A second priority was to be *keeping children in education*. Being in school will keep children safer and more able to achieve. Tackling absence, exclusions and 'off-rolling' (see below) are important. Thirdly, as with all children, we should maintain *high aspirations* for Children in Need to help achieve their potential. Fourthly, *support in and around school* is very important and to do this we need a stronger evidence base. In addition to these four priorities, the Review emphasised that broader *support for children and communities* is required and this spans social policies and Government departments, including Work and Pensions (DWP), health, housing and police.

Education

Education is a higher profile social policy and political issue than children's social care, affecting more families, and the sector has witnessed much reform and debate. Academisation has continued and, in January 2019, 72% of secondary pupils and 30% of primary attended academies or free schools (House of Commons Library, 2019). (Academy schools are directly funded by central Government and are independent from local authorities. They have some flexibility in how they operate, including control over admissions.)

Overall assessments of school performance are affected by changes in inspection and reporting. However, Ofsted (2018) reports that 86% of all State-funded schools are now rated 'Good' or 'Outstanding'. This applies to 98% of nursery schools, 87% of primaries and 75% of secondary schools.

Figures for special schools and pupil referral units (PRUs) are 92% and 82%. The figures show a slight decline over the previous year (Ofsted, 2017, p29).

School and college funding has been a particularly contentious issue, with arguments over whether it has increased or not and by how much. The House of Commons Education Committee (2019) concluded from its inquiry that 'Total school funding per pupil fell by 8% in real terms between 2009-10 and 2017-18' (p3). Further Education (post-16) was hardest hit, and secondary schools fared worse than primary. Academies were less adversely affected than local authority maintained schools. For pupils with special educational needs and disabilities (SEND), the National Audit Office (NAO, 2019) concluded that over the previous four years 'high needs' funding fell by 2.6% per pupil in real terms and that 'The system for supporting pupils with SEND is not, on current trends, financially sustainable' (NAO, 2019, p1). Schools are also required to support from their own resources the first £6,000 of funding for pupils with SEND. Over the same period, pressure on local authorities (LAs) have increased due to a 20% growth in the number of pupils attending special schools and alternative provision. More broadly, NAO has reported that LAs have experienced a 29% real-term reduction in overall spending power (*ibid*).

Differences in the attainments of Children in Need/Children in Care compared with all pupils are part of a wider 'attainment gap' between children from poorer- and better off families. (Entitlement to free school meals [FSM] is often taken as a proxy measure for the former.) This attainment gap is a perennial problem in England and in a number other countries, particularly the USA (Reardon and Waldfogel, 2016). Attention often focuses on whether it is narrowing or not: in educational terms, are outcomes becoming more socially equal? The Children's Commissioner (2019a) argued that decades of educational progress have been reversed over the past four years with a 28% increase in the number of children leaving education without substantive qualifications. This received a sharp rebuttal from Government, insisting that the Commissioner's report did not give the full picture with some previous qualifications being omitted. The Education Endowment Foundation (EEF, 2018) concluded from its programme of research that the attainment gap starts very young and grows at every stage of education: doubling by the end of primary school and doubling again by the end of secondary to 19.3 months. EEF reported that this attainment gap had reduced very slightly over the previous decade.

The Sutton Trust's programme of research on social mobility in Britain reminds us that it is not just schooling that matters but wider social factors also play an important part in children's educational and career success. Frances and Hutchings (2013) showed how professional families used 'parent power' to gain advantages over others, including making better use of information; using strategies to get into better schools such as moving home and appealing against entry decisions; engaging with schools and getting teachers to listen to their concerns and make changes. In returning to these issues, Montacute

and Cullinane (2018) discovered that more affluent parents could cope better with the 'hidden costs' of education such as uniforms, extracurricular activities, cost of travel and extra financial contributions requested by schools. In addition, there is evidence that individual- or small group tuition can be effective in improving attainment but the costs can be prohibitive and private tutoring is used much more often by affluent families than less affluent (Cullinane, 2019). The Sutton Trust has also reported that non-cognitive skills are important in getting ahead (Rentfrow and De Vries, 2016). These include aspirations, confidence, assertiveness and personality, particularly extraversion, which are related to family background. So progress within school is very important for Children in Need and Children in Care but these wider social experiences are very influential as well.

Conclusion

This introductory chapter has set out the broad background to our work. Before we proceed we need to explain a few more specific points. First, although legally Children in Care are considered part of overall Children in Need, we use the terms as mutually exclusive, which is also consistent with general professional discussions. Secondly, disabled children comprise an important group of Children in Need – some 12% in 2019 (DfE, 2019a). There are many disabled children included in other categories of 'primary need' but our study is not a study of disability *per se* and a study of disabled children would adopt a quite different approach, including other specific issues.

Thirdly, regarding style we try to use wherever we can Children in Need and Children in Care as full terms rather than the acronyms CIN and CIC, which feels more respectful. However, we may sometimes use the shortened forms to avoid repetition and save space.

Furthermore, we have tried to make our report succinct and not too technical or theoretical, which hopefully makes it more accessible for non-academic readers. More specialist journal articles for academic readers will follow.

The report is organised as follows. Chapter 2 next discusses the key research literature on the educational attainment and progress of Children in Need and Children in Care. Chapter 3 outlines our methodological approach used in this mixed methods study. The quantitative analysis of educational and social care data is in Chapters 4 and 5. This is followed in Chapters 6 and 7 by our qualitative interview data.

Finally, Chapter 8 concludes with an overview of our findings, including policy- and research implications. This addresses our fourfold research questions identified earlier: compared with all pupils, what are the educational trajectories, attainments and progress of children who experience being In

Need and/or In Care at some stage of their schooling in England; secondly, what are the factors associated with attainment at Key Stage 4 (16 years); thirdly, how can we account for children who succeed in their educational attainments at 16 years despite experiencing severe early adversity requiring social work intervention; and lastly, what are parents', pupils' and professionals' perspectives on the overall factors affecting educational progress for Children in Need and Children in Care, including the impact of family resources, educational and social work support or their absence?

2. Literature Review

This chapter reviews a range of published articles and reports to summarise existing knowledge about the educational attainment and progress of Children in Need and Children in Care. This includes both evidence on the educational outcomes of these groups, and studies on related factors that might help to explain any 'attainment gap', the aim of which being to identify potential factors for analysis in the current study. We cannot claim to present an exhaustive review of the literature on this topic: a search of online databases using systematic review principles produced over 900 relevant results, which would be too extensive for us to cover here. We have opted instead to synthesise the findings from a number of existing literature reviews (*n* = 19), and expand on these with selected individual reports (*n* = 30) where this helps to illustrate a particular point, especially in relation to the English context.

The reviews included in this chapter bring together findings from international literature: they cover studies conducted in the US and Canada, Australia and New Zealand, the UK, the Nordic countries (Norway, Sweden, Denmark, and Finland), Europe (Belgium, France, Greece, Hungary, the Netherlands, Romania, Spain, Turkey), Israel and Chile. One review (Engle and Black, 2008) also included a range of research focusing on developing countries. There is a bias in terms of coverage across most reviews towards literature from the US (which appears in 17 of the 19 reviews; 4 of which focus solely on research from the US), though this is likely a reflection of the distribution of research on this topic that is published in the English language. Readers should, however, bear this in mind since findings from one country do not necessarily apply to other systems.

Two of the included reviews conducted meta-analyses, a technique which pools the data from individual quantitative studies to produce an overall finding. Ten of the studies were either systematic reviews or employed the principles of systematic reviews in their searches: that is, the research team worked with a pre-specified list of search terms, inclusion and exclusion criteria, and sources, to maximise the likelihood of producing a thorough and unbiased review of the literature on their chosen research question.

This chapter will show that our knowledge about the educational attainment of Children in Need is more limited than that regarding Children in Care, despite many similarities between the children who fall into these categories; and that an understanding of the factors that predict better or worse educational results can help to explain a large part of the 'attainment gap' between children in receipt of social work interventions and their peers. It will also indicate how the current study aims to address a number of limitations in the existing evidence.

Educational outcomes of children in receipt of social work interventions

Children in Care

As shown in Chapter 1, Government statistics from England (e.g. DfE, 2019f) have for many years shown a large disparity between the educational attainment of Children in Care and their same-age peers. The earliest stage of school testing (age 7) already shows this gap to be present, and it is larger in secondary school, so that Children in Care at age 16 are even further behind their peers than those In Care at age 7. As well as in national statistics, this 'attainment gap' is reflected in a broad range of international research published over the past few decades. Existing literature reviews (e.g. Goemans et al., 2016; Kääriälä and Hiilamo, 2017; Trout et al., 2008) show that across studies, the general pattern is that young people living In Care have lower grades and poorer performance than peers who are not in receipt of social work interventions, across subjects including reading, writing, mathematics and science. A further review (Gypen et al., 2017) showed that young people formerly in foster or residential care were less likely to have graduated from secondary education with qualifications than the general population.

Educational difficulties for young people who have experienced time In Care extend beyond the point of compulsory schooling, with research documenting a lower likelihood of entering (Harrison, 2019) and completing higher education (Gypen et al., 2017). A report triangulating data from local authorities and higher education institutions (Harrison, 2019) places the participation rate for Care-experienced people at around 12% (compared with 43% in the general population), which is double the estimate when using local authority data alone, but which still shows substantial inequality in access to higher education. The report points out that the higher estimate for participation rates is possible by using data that reports on educational enrolment taking place some time after the 'usual' age of 18 or 19 (up to the age of 23), which is captured in official statistics. Delays to accessing higher education can result from earlier disruption and gaps in education, low expectations, mental health issues and a lack of support (Hanrahan et al., 2019; Jackson and Cameron, 2012). Once enrolled, Care-experienced students face a higher risk of dropping out of higher education, often due to issues with mental health or finances, and a lack of both tangible and intangible support (Geiger and Beltran, 2017; Randolph and Thompson, 2017).

Adopted children

Brown, Waters and Shelton (2017) produced a systematic review of educational outcomes for children adopted from Care. In 14 of the 15 reviewed studies, adopted children had lower academic attainment and higher behavioural problems than children in the general population; however, those studies that included a comparison with Children in Care tended to show more favourable

results for those who had been adopted. Similarly, a meta-analytic review of 62 studies by Van Ijzendoorn et al. (2005) showed that adopted children performed better both on IQ tests and in school results than children who remained in residential institutions or birth families; and that although their performance at school lagged behind that of non-adopted peers and siblings, their IQ results were remarkably similar, suggesting a positive impact of adoption on children's cognition.

Similar findings have emerged in the English context. The DfE's (2019f) experimental statistics on children leaving Care through a substitute permanence arrangement (adoption, Special Guardianship Order or Child Arrangements Order) showed that at age 11, children in these permanence arrangements were more likely to reach the expected level in reading, writing and maths than Children in Care and Children in Need, but less likely to do so than children in the general population. This pattern continued at age 16, when those in substitute permanence arrangements out-performed both Children in Care and Children in Need (but not other children) on the Attainment 8 measure.

Children in Need

Our search revealed a body of literature examining links between some of the factors that represent reasons for social work interventions (such as child maltreatment), but to date the analysis of Children in Need as a distinct group has been largely restricted to the work emerging from our previous study (Sebba et al., 2015) and from the Government's *Children in Need Review* (DfE, 2018a,b,c; 2019b,d). Our (Sebba et al., 2015) analysis of children in receipt of social work interventions during Year 11 of schooling (when children are aged 15/16) showed that Children in Need at this point scored lower in their GCSE examinations than children who had been In Care in the longer-term (for at least 12 months continuously at that point), but better than those who had been In Care for the shorter-term (under 12 months).

Recent analysis by the DfE (2019b) showed that after controlling for other factors associated with attainment, young people who were In Need in Year 11 were around 50% less likely to achieve an A* to C grade in their English and mathematics GCSEs, a level comparable to that for Children in Care. Like Children in Care, Children in Need were also less likely to experience post-16 education: 15% (versus 51% in the general population) went on to study A levels at age 16/17, and only 6% (versus 27%) went on to enter higher education at age 18.

Several papers using the dataset from Sebba et al. (2015) have looked at how Children in Need compare with Children in Care on educational attainment, with each focusing on a specific set of comparison groups or outcomes. Luke and O'Higgins (2018) compared young people who were In

Care in Year 11 (for less than 1 year, 1-2 years, 2-5 years, and over 5 years), Children in Need, or neither, and showed on average attainment scores at age 16, that Children who were In Care for two or more years outperformed Children in Need and those who had been In Care for under two years.

Sinclair et al. (2020) compared those who were In Care (for any duration) in Year 11 against those who were In Need in Year 10 or 11, and a sample matched on indicators of attainment and social need. The average attainment of CIN and CIC at age 7 was significantly lower than the national average and strongly predicted attainment at age 16. Those who were CIN in both Year 10 and Year 11 had by far the lowest initial attainment of all the groups, suffered a sharp drop in attainment relative to others on entry to secondary school and then roughly maintained this very low position. Those who were In Need in only one of the two years had relatively high starting points, declining very slightly over primary school, and then more sharply over the secondary school period; similar findings were shown for those who entered Care later in their schooling; these drops were associated with high rates of exclusion and unauthorised absence. When examining the chances that an individual in the top, middle or bottom third of attainment at age 7 would be in a substantially different position at age 16, comparatively few CIN (12%) or CIC (9%) started in the top third and even fewer (CIN 8%, CIC 6%) finished there. Conversely, many started in the bottom third (CIN 66%, CIC 72%) and more (CIN 76%, CIC 80%) finished there. Around half of those who started in the top group (CIN 44%, CIC 55%) finished in the bottom one.

Though now dated, Trocmé and Caunce's (1995) review concluded that being In Care was not in itself an additional risk factor for poorer educational outcomes when children had previously experienced maltreatment. Although the evidence showed that outcomes were similar to those for maltreated children receiving social work services while remaining with birth families, the authors noted their disappointment that Care was not shown to have a more positive impact.

We conclude from reviewing these sources that a comparison of educational attainment across groups of children with different experiences of social work interventions is warranted. In particular, an examination of exam results for Children in Need would address the limited evidence base on this topic.

Key factors linked to educational attainment

Although comparisons of average educational attainment across groups provide headline measures of performance, work that seeks to identify the key factors linked to educational attainment for children in receipt of social work interventions may be more informative. Reviews that have aimed

to do so (e.g. Männistö and Pirttimaa, 2018; O'Higgins et al., 2017) show wide variations in the findings. The results are not clear-cut, owing in part to differences in study samples, designs, measures and interventions. Notwithstanding these difficulties, a number of factors emerge as potential mechanisms by which the educational attainment of CIC and CIN might be affected.

Child characteristics

Children's individual characteristics have been linked to their educational attainment, in terms of their gender, ethnicity and special educational needs and disabilities. O'Higgins et al.'s (2017) systematic review of 39 studies of school-aged children in foster care showed that educational outcomes were consistently poorer for boys than for girls, and for those with ethnic minority status or special educational needs and disabilities (SEND). This is concerning given the over-representation of SEND and particular minority ethnic groups within the population of Children in Need and Children in Care (Fletcher et al., 2015). Moreover, Ferguson and Wolkow (2012) argued that the disruption associated with school and placement moves for CIC can mean that SEND support is not provided appropriately.

Fletcher et al. (2015) noted the high proportion of children in receipt of social work interventions at age 16 who also had a recorded SEND. The figures were over 60% for CIC and 59% for CIN, compared with just 16% for the larger peer group. Specific types of SEND were also over-represented in CIC and CIN: over half of CIC had a behavioural, emotional or social difficulty, compared with just over a quarter of those not In Need or In Care. Proportions of children with severe or multiple learning difficulties and with an autistic spectrum disorder were also higher than average in both the CIC and CIN groups. More recently, Jay and Gilbert's (2020) analysis of English data included provision for SEND across school Years 1-11, showing a higher incidence when the focus is broadened beyond a single time point: SEND was found for 83% of those who had ever been CIC during this time, 65% for those who had been CIN, and 37% for the larger peer group. Fletcher et al. (2015) point out that what cannot be ascertained from the data is whether the needs of CIC and CIN with a particular type of SEND are greater or more 'severe' than those for other children with the same type of SEND but no social work intervention.

The precise relationship between SEND and educational outcomes might depend on the type of SEND, however Fletcher et al. (2015) found that although CIN and CIC pupils with SEND on average achieved lower GCSE scores than pupils with SEND who were not in receipt of social work interventions, the size of the relationships for autistic spectrum disorder and for severe or multiple learning difficulties were particularly large. Children in Care who had these types of SEND achieved substantially lower GCSE scores than pupils with the same SEND who were not In Need or In Care.

O'Higgins and Luke's (2019) analysis showed that for children who were In Care for at least 12 months continuously in Year 11, no children with an autistic spectrum disorder, or severe or multiple learning difficulties achieved 5 A* to Cs including English and Maths. This was not true of children who were not in receipt of social work interventions in Year 11 (e.g. 20% of those with an autistic spectrum disorder achieved 5 A* to Cs including English and Maths). In contrast, pupils with behavioural, emotional, or social difficulties who were In Care did relatively better than pupils with the same type of SEND who were not In Need or In Care (Fletcher et al., 2015).

Poverty

Family and neighbourhood poverty are also disproportionately high amongst those receiving social work interventions. Fletcher et al. (2015) showed that over half of CIN and shorter-term CIC were eligible for free school meals, a proxy indicator for family poverty. For those not In Care or In Need, less than a quarter of children were eligible. Analysis of data from the Income Deprivation Affecting Children Index (IDACI) showed that children in longer-term Care started school living in neighbourhoods that were high in deprivation, but ended up in Care placements located in areas of nearly average deprivation, presumably as foster carers are financially more comfortable. This finding was supported by more recent data (DfE, 2018a) showing that children who were subject to a Child Protection Plan were twice as likely as those with no interventions to be in the highest band of neighbourhood deprivation. Again, Children in Care were no more likely to be living in highly deprived neighbourhoods than those not In Need or In Care.

Bywaters and colleagues (Bywaters et al., 2016; 2018) have shown that this is no coincidence. Their analysis of English data shows inequalities in the rates of social work interventions that are directly related to levels of deprivation, with interventions becoming increasingly likely in areas of higher deprivation. In addition, they describe an 'inverse intervention law', by which families who live in similar levels of deprivation are more likely to be subject to a social work intervention if they live in a local authority where the overall deprivation rate is lower. In other words, while poverty increases the chance of social work intervention, this is even more so in more affluent local authorities. Bilson et al. (2017) argued that the level of investigation by social work services in more deprived communities is of concern and may exacerbate family difficulties by promoting feelings of shame, fear of suspicion, and lack of self-worth. These feelings may in turn make families less likely to seek help for children when needed.

There is also evidence that poverty can interact with ethnicity in the likelihood of intervention. Bywaters et al.'s (2018) analysis showed that, although overall the rate of being In Care for children of Mixed, Black and 'Other' ethnicities was higher than for White children, the relationship was

moderated by neighbourhood deprivation. In the least deprived neighbourhoods, rates for Black children were certainly higher than for White children; but in the most deprived neighbourhoods, where the local population had higher rates of Black children, rates for Black children were actually *lower* than those for White children.

Experience of poverty has consistently been linked to poorer academic outcomes in research, including the DfE's (2019b) analysis of data on CIN. Engle and Black's (2008) review showed that across a number of studies, children from low-income families were at greater risk for poor academic attainment and social problems. The relationship was evident in the early years and continued throughout the school years, widening with age. Similar children were less likely to graduate from high school in the US. The authors suggested this was partially explained by home environments that lacked educational stimulation. Besides direct exposure to poverty-related risks such as illness, overcrowding and family stress, children from low-income families are also disproportionately affected by adverse consequences following negative life events. Where positive outcomes were present, this was likely to reflect individual differences in both family and child responses to poverty. Indeed, Rose and McAuley (2019), in their review of qualitative studies on the lived experiences of parents in poverty, caution that a distinction should be made between the damage caused by financial stress and the behaviours parents use with their children, pointing out that many parents living in poverty make great efforts to provide their children with opportunities to learn and thrive.

The Education Policy Institute's Annual Report on Education in England (Hutchinson et al., 2019) calculated the 'disadvantage gap' between pupils in receipt of Pupil Premium funding due to deprivation and their peers. Presented in terms of months of progress, the gap in secondary schools in 2018 was calculated to be 18 months in English and maths. For those who had been eligible for Free School Meals for at least 80 per cent of their time at school, the gap was over 22 months.

Child maltreatment

Child abuse or neglect is cited as the reason for intervention for the majority of children receiving social work interventions in England (DfE 2019a,c). Any links between child maltreatment and educational attainment are, therefore, of great interest when considering the attainment gap for CIN and CIC. Reviews have shown a range of poorer educational outcomes for children who have experienced maltreatment, including lower grades and poorer results on standardised tests and age-appropriate exams; lower likelihood of US high school graduation; higher rates of grade retention, absences, discipline problems, cognitive and language delays and SEND; and lower academic engagement (Mallett, 2012; Trocmé and Caunce, 1995; Whiting, 2002). Reviews have also shown

that higher levels of maltreatment severity were related to greater risk of decline in school performance (Whiting, 2002), and Trocmé and Caunce (1995) estimated that maltreated children were generally functioning 1 to 2 years behind their same-aged peers. Notably, Font and Maguire-Jack (2020) have shown that children experiencing neglect have worse outcomes than those who experience poverty without reported neglect.

Leiter and colleagues (Leiter and Johnsen, 1997; Leiter, 2007) have employed advanced statistical techniques that enable the timing of maltreatment experiences in relation to educational outcomes to be taken into account. Their analyses showed that maltreatment was a precursor to falling grades, increasing absenteeism, grade retention, and involvement in special education programmes. These links existed whether the maltreatment had occurred early in the child's life or more recently: there was a worse impact of maltreatment on school performance for those whose first recorded instance of maltreatment was at a younger age, but those whose maltreatment first occurred when they were older saw a more rapid decline in performance. The impact on school attendance was stronger and occurred sooner than that on school performance, suggesting that the effect of maltreatment on children's learning might be connected to the interruption in their engagement with school.

Moving school and missing school

If engagement with school is an important factor for educational attainment, then missing school due to school moves, absences and exclusions might explain some of the attainment gap for those in receipt of social work interventions. Fletcher et al. (2015) showed that far higher proportions of CIC and CIN than the general pupil population changed school during secondary education, particularly during Key Stage 4 (Years 10 and 11) and during term-time. They also experienced greater numbers of unauthorised absences and exclusions from school than their peers did, with CIN and CIC experiencing between 4 and 8 times as many fixed-term exclusions, and between 6 and 13 times as many permanent exclusions, as other children.

In the analysis of children who were In Care for 12 months or more continuously at age 16, Sebba et al. (2015) showed that, controlling for other factors, young people who changed school in Years 10 or 11 scored over five grades lower in their GCSEs than those who did not. Every 5% of possible school sessions missed due to unauthorised school absences predicted over two grades less at GCSE, and each additional day of school missed due to fixed-term exclusions was linked to scoring one-sixth of a grade lower at GCSE. Pecora's (2012) review identified similar factors using US data, and argued that school enrolment problems and educational instability – often linked to placement moves – could explain some of the educational difficulties of Children in Care.

Although less recent, Eckenrode et al.'s (1995) report used path analysis, a less-common but highly-informative statistical technique that enabled the assessment of direct and indirect effects of maltreatment on academic outcomes (recent achievement test scores, current grades, and repeating a year at school), taking account of both residential and school mobility. Using a sample of maltreated and non-maltreated children who were matched on gender, grade, school, and socio-economic status, they found that 33% of the effect of maltreatment on grades in English/reading was accounted for by the amount of mobility; for test scores the figure was 15%, and for grade repetitions it was 19%. Educational instability might, therefore, account for a substantial proportion of the relationship between maltreatment and educational attainment.

School and teacher characteristics

If children in receipt of social work interventions are over-represented in particular types of school, then knowledge about the characteristics of those schools are important. Fletcher et al. (2015) showed that CIC and CIN were more likely than their peers to complete their secondary education in special schools, pupil referral units (PRUs) and alternative provision (AP). They also attended schools in which mean attainment at Key Stage 2 was lower than average, and eligibility for Free School Meals was higher. For young people who were In Care in the longer-term, those who were in special schools or PRUs at age 16 scored around 14 grades lower in their GCSEs compared with those with the same characteristics who were in mainstream schools (Sebba et al., 2015).

Teachers' knowledge and attitudes – especially in relation to Children in Care – have also been examined. Become and Voices from Care Cymru (2018) surveyed teachers in England and Wales and concluded from their 447 responses that:

- 87% of teachers who responded had received no training about Children in Care before they qualified as a teacher.
- 75% of teachers who qualified post-2010 received no training pre-qualification.
- 26% of respondents received no training about Children in Care before or after they qualified.
- 87% of respondents had heard at least one colleague express a negative generalisation about Children in Care, and 31% of respondents had heard such views often.

The report recommends more training and communication, and more sharing of resources and knowledge to support Children in Care.

Experiences In Care

For those children who enter Care, their experiences while in placement may play an important role in their educational outcomes. Sebba et al. (2015) found that controlling for all factors, young people who had been in longer-term Care did better in their GCSE exams than CIN, and better than those who had only been in short-term Care, which suggests that Care may protect them educationally. In the analysis of children who were In Care longer-term, they found that each additional change of Care placement after age 11 was associated with one-third of a grade less at GCSE, and that young people living in residential or another form of care at age 16 scored over six grades less than those who were fostered. These results were supported through further analysis by Sinclair et al. (2019b), which took account of the whether the predictor variables were measured before or after entry to Care. Placement changes were also important in Pecora's (2012) review of studies using data from the Casey National Alumni Study: young people with one fewer placement per year were almost twice as likely to complete high school before leaving Care.

In contrast, findings from studies in O'Higgins et al.'s (2017) review were not consistent regarding the links between educational outcomes and children's reasons for entering Care, age at entry or length of time in Care. The role of placement instability was also unclear, though the authors argued that this might be down to overlap with other variables in the analyses.

Socio-emotional factors

As we have already seen, Children in Need and Children in Care are more likely than their same-age peers to have a recognised SEND relating to social, emotional or mental health (or using previous terminology, 'behavioural, emotional or social difficulties'). Emotional and behavioural difficulties can be difficult to manage in a classroom situation (Trocmé and Caunce, 1995), and can interfere with learning (Pecora, 2012). Five studies in O'Higgins et al.'s (2017) review looked at the links between mental health or well-being and educational outcomes for Children in Care. Four of the studies found that poor mental health and well-being predicted lower attainment.

Well-being related to school can be important for young people's attainment. Khambati et al. (2018) analysed data from 1,118 adolescents in the Avon Longitudinal Study of Parents and Children (a large UK prospective cohort study), who had experienced physical or emotional maltreatment by a parent by the age of 5. They found that satisfaction with school, absence of bullying, and involvement in extra-curricular activities were all linked to better outcomes in educational attainment and well-being.

Research has shown that relationships with key adults are crucial to encouraging school engagement and educational attainment for young people. Tilbury et al.'s (2014) surveys and interviews with young people In Care in Australia showed that perceived levels of support from carers and caseworkers influenced young people's levels of positive school engagement. Caregivers' involvement in children's education – including having higher aspirations and expectations – has been shown to predict greater educational success for children in foster care (O'Higgins et al., 2017); and interviewees in Harker et al.'s (2004) study attributed their positive educational experiences to the encouragement and acknowledgment of their progress by caregivers, teachers and social workers.

Young people's views

Much of the research reviewed up to this point has relied on analysis of administrative data or other quantitative measures. However, there are a number of factors that cannot be identified through such data; moreover, the data in these studies can tell us little about the lived experience of the young people behind the statistics. Research that includes the voices of young people with experience of social work interventions – usually captured in the form of qualitative interviews or focus groups – has an important role to play in any attempt to explain the attainment gap.

Ferguson and Wolkow's (2012) review of interview studies showed that many children and young people in Care explained that concentrating in school was made difficult by the disruption and stress caused by being placed in Care, away from family, and being subject to frequent moves. Stigma and negative perceptions (including those held by social workers, teachers, and peers) provided further challenges for learning. Similarly, barriers identified by former foster youth in Rutman and Hubberstey's (2018) interviews included changes of placement, school, and community, experience of trauma, and feeling overwhelmed and not in control with care-givers. A lack of guidance or support from a caring adult was also commonly cited as a barrier to educational success.

Interviews with care-experienced young people (Sebba et al., 2015) and adults (Brady and Gilligan, 2019) have shown that entering Care can be viewed as a turning point. In Sebba et al. (2015), the overwhelming view expressed by interviewees was that entering Care had been a good thing, providing them with a sense of safety, stability and belonging, and someone who cared about their education. Brady and Gilligan's (2019) interviewees saw the same turning point having both positive (in terms of increased opportunity) and negative (in terms of disruption) effects on their education.

Interviewees have also discussed the role of their own 'agency'. Berridge (2017) described how young people were exercising control over their educational experiences. They chose to engage with

learning once they felt the problems in their lives were being managed and, therefore, that certain preconditions were being met. Brady and Gilligan's (2019) interviews with care-experienced adults showed the continuing role of agency for education across the life course. The motivation to exercise their agency was described as often arising from the stigma and low expectations of others related to being In Care.

Finally, young people have expressed the importance of someone taking an interest in their education. Rutman and Hubberstey's (2018) interviews with former youth In Care in Canada revealed the importance of having a designated person to track and support school attendance. More broadly, the studies reviewed by Ferguson and Wolkow (2012) highlighted the barriers to educational success as including poor record keeping and monitoring of school outcomes, and little accountability.

Our review of the research on key factors linked to educational attainment has identified a number of variables of interest for our current study. Guided by this, our analyses focus, where possible, on determining the relationship between children's educational attainment and their individual characteristics, socio-economic circumstances, school and home experiences, and roles and responsibilities with regards to education. Many of these factors can be covered in both the quantitative and qualitative strands of the study, but some (e.g. roles and responsibilities) are not captured in national databases and must be explored solely through qualitative interviews.

Targeted interventions and responses

We have identified a number of factors in the literature that might be important predictors of educational attainment for Children in Need and Children in Care: child characteristics (including gender, ethnicity, and SEND); family and neighbourhood poverty; experience of child maltreatment; moving school and missing school; school characteristics; experiences In Care; socio-emotional factors; agency; and key adults taking responsibility for children's progress. Some of these are the focus of existing interventions or policy responses targeting those in receipt of social work services.

Männistö and Pirttimaa's (2018) review of 19 papers on interventions to support the educational attainments of children and adolescents in foster care shows that children's educational attainment was supported by both direct (e.g. tutoring, mentoring) and indirect means (e.g. training teachers and foster carers, multi-agency collaboration). The majority of studies looking at direct support used one-to-one (rather than group) interventions. Although the results are not clear-cut, they show the potential for such interventions to support academic attainment for Children in Care. Tutoring,

mentoring (where consistent and lasting), and school-based interventions seemed especially promising. Similarly, Forsman and Vinnerljung's (2012) review of educational interventions for Children in Care showed that most interventions produced positive results, though this was more consistent for literacy than for numeracy outcomes; and that the strongest empirical support was for tutoring projects.

Männistö and Pirttimaa (2018) argued that since learning and well-being are connected, support for children's academic attainment should take account of emotional needs and instability alongside their academic needs. However, in the 19 studies they reviewed, socio-emotional support was given little emphasis, and none of the interventions in the review that included socio-emotional support were school-based.

Flessa's (2007) review includes examination of literature on 'effective schools': within-school approaches to improving educational outcomes for children living in poverty. These approaches include better selection and preparation of teachers for schools with high levels of poverty, focus on the school curriculum and forms of instruction, a review of 'streaming/setting' within subjects, encouraging a sense of community in school for pupils, and building links between schools and communities. Similarly, Caroll et al. (2019) aimed to identify 'high quality' teaching practices to support the education of Children in Care in North East England. The use of named and specific praise, treating Children in Care the same as other children in the classroom, and making expectations about learning in lessons explicit were singled out as examples of good practice.

In England, the introduction of the Virtual School model aimed to provide accountability and monitoring of educational progress for Children in Care. Recent studies (Drew and Banerjee, 2019; Sebba and Berridge, 2019) identify the key aspects of the role: provision of enhanced learning opportunities (e.g. through tutoring), specific support around well-being and relationships, and raising awareness of the needs of Children in Care so that they could be better supported within educational settings. Much of the work of Virtual Schools involved partnerships with school staff, social workers and caregivers, and included raising awareness of the impact of early trauma and mental health on children's education. Key features of Virtual Schools' provision were the delivery of multi-agency training and whole-school approaches to support well-being, and providing challenge to education and social care staff (e.g. around decisions to exclude children from school). Sebba and Berridge's (2019) interviews showed that the status of the role within a local authority was key to their effectiveness: those who knew school headteachers could persuade them not to exclude or to admit a young person. Most Virtual Schools invested time and support in training and supporting foster carers, but interviewees seldom referred to support for children in residential care.

Reconsidering the attainment gap

A number of studies have taken some of the factors outlined above into consideration in attempting to explain the attainment gap between children in receipt of social work interventions and their peers. Luke and O'Higgins (2018) used the Sebba et al. (2015) dataset and showed that CIC and CIN had more in common with each other on other forms of educational disadvantage (e.g. special educational needs and disabilities [SEND] and school exclusions) than with children in the general population. The analysis showed that the gap between CIN and the general population in KS4 tests (-156.31 points on the '8 best exams' measure) was significantly reduced when taking account of other factors (gender, ethnicity, SEND, Free School Meals and local deprivation, KS2 scores, absences and exclusions, school changes, and non-mainstream schooling); the addition of these variables reduced the gap to -34.75 points. In the same paper, a systematic review included 7 studies that accounted for some of the factors relevant to Children in Care, by controlling for variables or by comparing children in foster care with children who were similarly disadvantaged: attainment differences between Children in Care and other children ceased to be significant in these cases. Overall, the findings suggest that while research demonstrates an important attainment gap between Children in Care and children in the general population, this difference is reduced and in many cases disappears when other important factors are taken into consideration.

Similarly, the addition of information on school absences and exclusions in the DfE's (2019b) *Children in Need Review* analysis decreased the strength of the associations between receipt of social work interventions and attainment at age 16. This reflects the over-representation of both Children in Need and Children in Care in terms of exclusions and absences. The review showed that those who were In Need at some point during the six years that were analysed were three times as likely to have had an unauthorised absence as those who had not been In Need during that time, and over three times as likely to have received a fixed-term exclusion (for CIC it was five times as likely). Permanent exclusions were also twice as likely for CIC and four times as likely for CIN as for those without any social work interventions.

Sinclair et al. (2019b) used the group status of 16-year-olds from the Sebba et al. (2015) dataset (In Need, In Care, or neither) to examine educational attainment at three Key Stages (aged 7, 11, and 16). When compared with a sample matched at age 7 on attainment, SEND, and eligibility for free school meals, the attainment of the CIN and those CIC who had not yet entered Care fell significantly below their peers at age 7; at later Key Stages it then fell relative to their peers while their rate of unauthorised absences and exclusions grew. There was also increasing disparity between CIC/CIN and their peers in terms of behavioural, emotional and social difficulties and attendance at non-mainstream schools. Although variables in the dataset accounted for some of their low initial

attainment, the authors argued that much of the remainder probably reflects the very difficult home circumstances of CIC and CIN. The relative attainment of those children who would be In Need or In Care at age 16 deteriorated while they were living with birth families; for those who entered Care, relative deterioration ceased or became less pronounced. Educational progress in Care was comparable to that of the larger peer group, but began from a lower starting point.

Sinclair et al. (2019b) argued that change or lack of change in relative attainment may reflect a deterioration in circumstances at home; other explanations could include 'vicious and benign circles', whereby, for example, initial low attainment leads to low expectations among children and adults, a lack of the basic skills on which later high attainment is built, and placement in lower 'sets' or non-mainstream schools where aspirations are lower.

Taking a different approach, Sinclair et al. (2019a) examined which factors were related to the likelihood of longer-term CIC 'catching up' to their peer group in terms of average attainment at age 16. Overall, this group was 148,465 ranks behind their peers on attainment measured at age 7; at age 16, 14% of them had improved their ranking by at least this amount. Final attainment reflected initial attainment, special educational needs and social factors. Adjusting for age 7 attainment, SEND, and social factors, the authors identified three conditions in which a child was likely to 'catch up' in the rankings:

- Being in a stable placement in the two years before the KS4 census point
- Being in a mainstream (as opposed to a non-mainstream) school
- Being in a mainstream school that was also shown to be 'effective' with three educationally disadvantaged groups – children eligible for Free School Meals, or with social difficulties, or initial low attainment

Rutman and Hubberstey's (2018) interviews with former youth In Care in Canada revealed a potential explanation for the role of effective mainstream education. Interviewees talked about the value of school in providing a normative setting and a predictable experience, in contrast to other aspects of their lives.

Conclusion

The research reviewed in this chapter has established that there is a gap in educational attainment between those receiving social work interventions and other children in the general population, though less is known about outcomes for Children in Need than for Children in Care and adopted children. We also reviewed the research on a number of factors that present potential explanations

for this gap. The evidence showed that Children in Care and Children in Need were more likely than their peers to experience other forms of disadvantage related to poorer educational attainment, including special educational needs and disabilities, poverty, maltreatment, missed schooling, and instability at home and in school. This provides a rationale for the current study to investigate the educational attainment and progress of Children in Need and Children in Care, while also aiming to identify the factors that predict attainment at age 16.

As noted in Chapter 1, therefore, the current study builds on and extends our current knowledge about the educational attainment and progress of Children in Need and Children in Care. It also addresses a number of limitations in the existing evidence base. First, we have noted that the evidence base on Children in Need is far more limited than that on Children in Care. Although children's experiences In Care have been previously mapped (McGrath-Lone et al., 2018), similar analyses for Children in Need, and the links between these patterns and children's educational attainment, have to date only been explored in the DfE's *Children in Need Review* (2018a,b,c; 2019b,d) and our previous work. The current study focuses on all children who have experienced any type of social work intervention, whether as a Child in Need or a Child in Care.

A second limitation of the existing evidence is that it is largely based on cross-sectional data, capturing social care status at the same point as educational attainment. This is true for the annual Governmental statistics on Children in Need and Children in Care, and was also a limitation of our previous study (Sebba et al., 2015). In contrast, the current study identifies children who have experienced social work interventions at any point during the school years. This includes both CIN (those with and without a Child Protection Plan) and CIC. The longitudinal cohort in the quantitative analyses allows for (a) descriptions of the characteristics and experiences of a national cohort of children across 11 years of schooling, including details of any interventions from Children's Services, (b) a comparison of educational attainment at the end of three Key Stages of schooling for CIN, CIC, and the general population, and (c) an examination of the factors that predict attainment at age 16, from information available at ages 7, 11, and 16.

The third limitation apparent in the research reviewed in this chapter, is that a variety of measures of 'educational outcome' are used, reflecting the international nature of the literature. This makes comparisons and synthesis of findings difficult, especially where studies do not report standardised test results. The current study uses national measures of attainment from tests taken at ages 7, 11, and 16, across England. The key outcome is 'Attainment 8', a score which shows the pupil's achievement across 8 qualifications at age 16, including English and maths.

A fourth limitation is that a number of existing studies suffer from a lack of comparison groups, or fail to control for relevant factors such as socio-economic status (SES). As Trocmé and Caunce (1995) point out, the high correlation between social work interventions and poverty makes it difficult to know whether differences in attainment are down to poverty or child maltreatment. The current study includes as its comparison groups for quantitative analyses CIC, CIN, and the general pupil population. The statistical regression analyses control for other forms of potential disadvantage including those linked to gender, ethnicity, SES and SEND. The results will show any remaining difference in attainment between CIC, CIN and the general population after accounting for all of these factors.

Finally, much of the existing research employs either quantitative or qualitative methods to investigate educational attainment and progress for children in receipt of social work interventions. The current study offers a mixed methods design, in which national datasets are analysed alongside interviews with young people, parents and carers, teachers, social workers, Virtual School Heads, and local authority senior social work managers. As such it offers an opportunity to identify the factors predicting young people's educational attainment, as well as giving voice to individual experiences and going beyond the databases to document the reality of lived experience for young people in receipt of social work interventions.

3. Research Methods

Overview

This chapter outlines the research methods adopted to investigate our research questions, which were:

1. Compared with all pupils, what are the educational attainments and progress of children who experience being In Need and/or In Care at some stage of their schooling in England?
2. What are the factors associated with attainment at Key Stage 4?
3. How can we account for children who succeed in their educational attainments at 16 years despite experiencing severe early adversity requiring social work intervention?
4. What are parents', pupils' and professionals' perspectives on the overall factors affecting educational progress for Children in Need and Children in Care, including the impact of family resources, educational and social work support or their absence?

The first three questions were addressed mainly by analysing national administrative educational and social care datasets; while the fourth was explored in the form of individual interviews with participants. However, using mixed methods meant that the two were interlinked (Brannen, 1992): both stages were jointly-planned; quantitative analysis was informed by the interviews and vice versa; and qualitative data provided insights to the patterns and associations identified from the statistical work, as well as highlighting new issues absent from the databases.

Quantitative analysis

The quantitative element of this project took advantage of the administrative education and social care datasets available through the Government's Department for Education (DfE) in England. Data were requested in November 2017 (and provided in December 2018) for the cohort of children in England who began their Key Stage 1 (KS1) education in 2006/07 (school Year 1, when children are aged 5-6 years) and completed their Key Stage 4 (KS4) education in 2016/17 (school Year 11, at age 15-16; see Table 3.1 for an overview). For children who had any instance as a Child in Need or a Child in Care during those school years, all available historical data on social work interventions were requested. Individual pupil records and social work intervention histories were combined to enable a prospective longitudinal design. The prospective nature of this cohort allowed us to identify any

instances (during these school-going years) in which children were In Need or In Care. It also allowed us to track children's educational attainment from KS1 to KS4.

Datasets

The quantitative analysis used data from the National Pupil Database (NPD), Children in Need (CIN) and Children Looked After (hereafter 'Children in Care' [CIC], in our parlance) datasets for the cohort of children in England who entered KS1 in 2006/07 and completed their KS4 exams in 2016/17. The NPD provides data on attainment at National Curriculum KS1 (end of school Year 2/age 7), KS2 (end of Year 6/age 11), and KS4 (end of Year 11/age 16), attendance at school, and exclusions from school. The CIN dataset provides data on episodes when the child is identified as 'In Need' or subject to a Child Protection Plan, including referral dates, closure dates and assessments of need. The CIC dataset provides data on episodes of Care and placements, such as type (e.g. whether fostered with unrelated carers or with family or friends); start and end date; legal status; location; and service providers, as well as children's destination on leaving the system (e.g. whether returned to their birth family or moving to independent living).

There are several limitations to the datasets, which should be noted from the outset. Some of these limitations apply to all projects using the data. First, linkage of records within the CIN and CIC datasets relies on a child identifier which is a local authority specific unique code. As a result, it can be difficult to link records for the same child who is In Need or In Care in more than one local authority. Linkage between CIN, CIC and NPD datasets relies on a unique pupil number (UPN): a code that is assigned at the start of the child's schooling and follows them throughout. However, this is typically not recorded for CIN or CIC before school-going age, meaning historical data on pre-school interventions can be hard to link. A lack of other identifiers (i.e. name: data are provided on an anonymised basis) mean that linkage based on other factors is not feasible.

Second, it is not possible to identify siblings in the CIN, CIC or NPD datasets. This is an issue in relation to social work intervention histories as there is a focus on placing sibling groups In Care together, where appropriate, or In Need investigations concerning one child can extend to brothers or sisters. Therefore, this violates the statistical assumption of 'independence of observations' as siblings are more likely to have the same pattern of interventions.

Third, we acknowledge that inconsistencies apply across local authorities that might influence our conclusions. These inconsistencies exist in terms of the recording of information about interventions (e.g. the decision to record short-break 'respite' Care in terms of each separate episode or as having

ever occurred in a given year). There is also no standard of correspondence between a measured variable and the reality of a child's experiences: for example, two children living in different local authorities might have similar experiences at home but will not necessarily receive the same level of intervention from Children's Services; additionally, the lived experience of being subject to a Child Protection Plan (for example) can differ between and even within local authorities.

Other limitations in the datasets are more pertinent to the specific design of the current study. The data regarding social work interventions and educational information are returned to the DfE on different dates. Annual data for CIN and CIC are collected by local authorities and returned on the census date of 31st March. However, data on school exclusions and attendance cover the full period of the school year, which runs to the end of the summer term (which in 2017 fell on 21st or 25th July, according to individual schools). Our dataset, therefore, excludes any information about time spent In Need or In Care from 1st April 2017 to the end of July 2017. Although this is not ideal, the alternative (given that social care data are only released annually) was to use data from the previous year; we rejected this option so that the findings relating to attainment could use the most up-to-date data possible. The compromise is that the latest social work interventions we discuss are those occurring in school Year 11, up to and including 31st March 2017.

Also of relevance for our chosen cohort is the availability of historical data on social work interventions. Child in Need census data were first collected in the statistical year 1st April 2008 to 31st March 2009. Any historical episodes as a Child in Need (i.e. those occurring before the start of data collection) were therefore only recorded if they were still ongoing at 1st April 2008. In contrast, we were provided with all historical episodes as a Child in Care (including those that had ended before school Year 1) for any children who were also listed as CIC at some point during school Years 1-11. However, Children in Care data were only collected for a one-third sample of children in this cohort up to and including the statistical year 1st April 2002 to 31st March 2003. This has two main implications for our findings. First, it meant that historical intervention data were incomplete (albeit systematically so). Second, it meant that in comparing CIN and CIC against other children, this 'other children' comparator group included children who were In Need only before the beginning of KS2, or In Care only before the beginning of KS1. We were unable to identify children who experienced early intervention only (i.e. being In Care before school entry only).

Table 3.1 summarises the data that were available in our dataset.

Table 3.1: Overview of administrative data available for quantitative analysis

Academic year	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
National curriculum year				N	R	Y1	Y2	Y3	Y4	Y5	Y6	Y7	Y8	Y9	Y10	Y11
Key stage				EYF		KS1		KS2				KS3			KS4	
School census				n/c[1]	n/c[1]	•	•	•	•	•	•	•	•	•	•	•
Pupil census				n/c[1]	n/c[1]	•	•	•	•	•	•	•	•	•	•	•
Absences						•	•	•	•	•	•	•	•	•	•	•
Alternative provision						•	•	•	•	•	•	•	•	•	•	•
Exclusions						•	•	•	•	•	•	•	•	•	•	•
Assessment				n/a	n/r[2]	n/a	•	n/a	n/a	n/a	•	n/a	n/a	n/c[4]	n/a	•
Episodes In Need[3]	n/c	n/c	n/c	n/c	n/c	n/c	n/c	•	•	•	•	•	•	•	•	•
Episodes In Care	•[5]	•[5]	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Age (years)	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

• = requested for the academic year; n/a = not applicable to the academic year; n/c = not collected for the academic year; n/r = data available, but not requested. [1]Early years census data were first collected in the academic year 2007/08. [2]Early years foundation stage profile data were only collected for a 10% sample of children in the academic year 2005/06. [3]Child in Need census data were first collected in the statistical year 2008/09. [4]KS3 attainment data collection ended in 2012/13. [5]Children in Care data were only collected for a one-third sample of children in this cohort up to and including the statistical year 2002/03.

In summary:

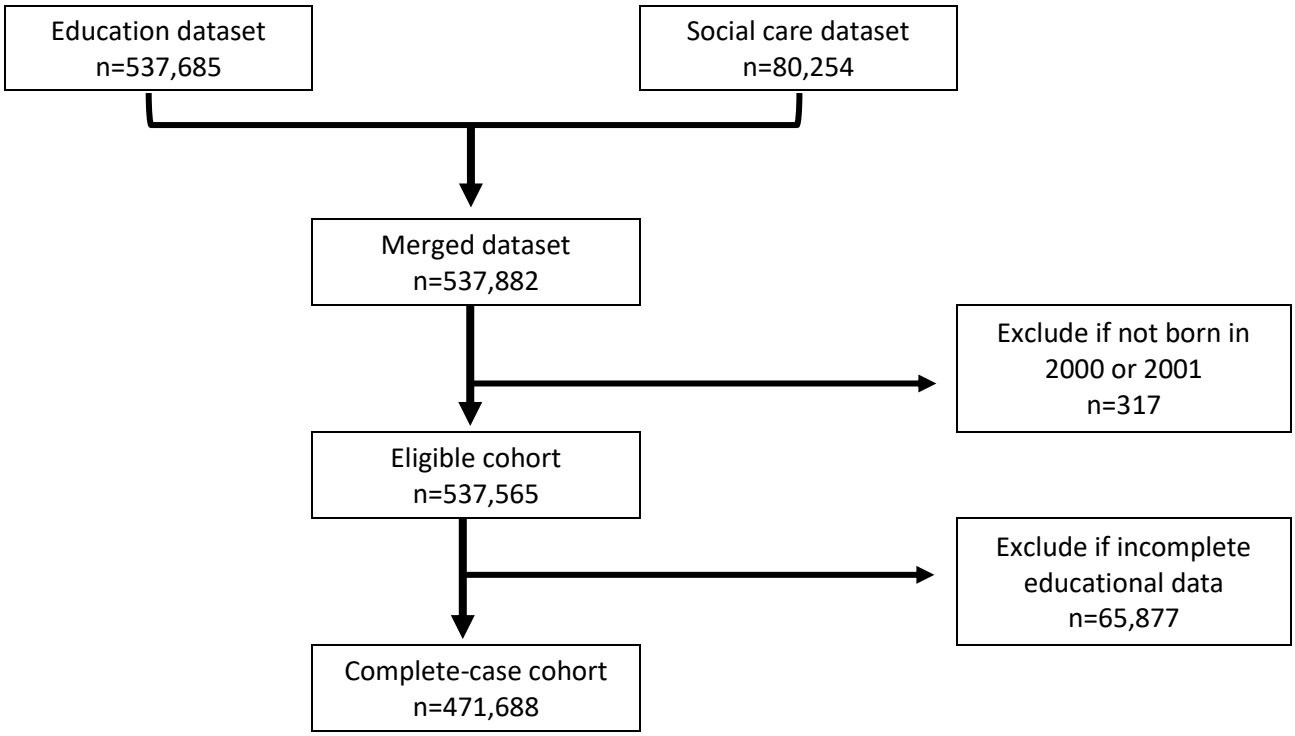
- The CIN dataset provided longitudinal histories of being designated In Need from the start of school Year 3 (1st September 2008) to the 31st March 2017 for all children in the cohort.
- The CIC dataset provided longitudinal histories of being In Care from the start of Year 1 (1st September 2006) to the 31st March 2017 for all children in the cohort. This population represents a subset of children who were ever In Need.
- The NPD provided longitudinal educational histories from Year 1 to Year 11 for all children in England, including those never In Care or In Need. These histories included information related to absences, exclusions and special educational needs and disabilities (SEND), as well as attainment.

Sample

The criteria for our cohort included the stipulation that children progressed as expected through school years (i.e. sitting end-of-Key Stage assessments for KS1 in 2007/08, KS2 in 2011/12, and KS4 in 2016/17). Applying these criteria enabled us to examine longitudinal experiences in education and social work interventions, but meant that some groups of children (e.g. those who joined the school system after KS1, which would apply to most unaccompanied asylum seeking children) were under-represented in our dataset.

This analysis was based on a complete-case cohort. Only children who fulfilled the cohort definition and had complete census information for Years 1 to 11 and attainment information for KS1, KS2 and KS4 were included. Figure 3.1 provides an overview of the cohort creation. In total, 471,688 children were included in the complete-case cohort. Overall, 87.8% of the eligible cohort had complete educational data and were included in the complete-case cohort. The complete-case cohort excluded 12.2% of children who did not appear in all censuses from Year 1 and 11 and/or did not have attainment data recorded for Key Stage 1, 2 and 4 assessments. The very large sample size (which actually represents the whole population of 5 year-old school children in 2005, rather than a subsample) provided sufficient power for us to conduct a number of analyses with multiple variables.

Figure 3.1: Summary of cohort creation



Representativeness of complete-case cohort

Table 3.2 summarises the demographic characteristics of the complete-case cohort in comparison with the eligible cohort (i.e. all children who were born in 2000/01).

Children who were included in the complete-case cohort were very slightly more likely to be male, of White ethnicity and eligible for free school meals in Year 1, to live in more deprived areas and to have no special educational needs or disabilities (SEND) or SEND provision recorded. Children who had received a social work intervention between Year 1 and 11 were less likely to be included in the complete-case cohort (86.6% vs 87.9% of children who did not receive a social work intervention from Children's Services).

Table 3.2: Demographic characteristics of eligible and complete-case cohorts at Year 1[a]

	Eligible cohort (*N* = 537,565)		Complete-case cohort (*N* = 471,688)			Eligible cohort (*N* = 537,565)		Complete-case cohort (*N* = 471,688)	
Gender	***N***	**%**	***N***	**%**	**Free school meals eligibility**	***N***	**%**	***n***	**%**
Male	275,398	51.2%	240,958	51.1%	Not recorded as eligible	445,506	82.9%	390,276	82.7%
Female	262,018	48.7%	230,730	48.9%	Recorded as eligible	92,059	17.1%	81,412	17.3%
Unknown	149	0.0%	0	0.0%					
Ethnic category	***N***	**%**	***N***	**%**	**Primary SEND type**	***N***	**%**	***n***	**%**
Asian	49,257	9.2%	41,919	8.9%	Autistic spectrum disorder	2,816	0.5%	2,327	0.5%
Black	25,409	4.7%	21,116	4.5%	Behavioural, emotional and social difficulties	5,808	1.1%	4,848	1.0%
Mixed	21,510	4.0%	18,221	3.9%	Hearing impairment	823	0.2%	705	0.1%
White	430,612	80.1%	382,777	81.2%	Visual impairment	540	0.1%	454	0.1%
Other (incl. Chinese)	10,052	1.9%	7,633	1.6%	Multi-sensory impairment	86	0.0%	69	0.0%
Unknown	725	0.1%	18	0.0%	Physical disability	1,849	0.3%	1,552	0.3%
					Speech, language and communication needs	12,648	2.4%	11,173	2.4%
IDACI decibe[l]	***N***	**%**	***N***	**%**	Specific learning difficulty	1,243	0.2%	1,064	0.2%
1 (most deprived)	73,631	13.7%	65,454	13.9%	Moderate learning difficulty	5,858	1.1%	5,041	1.1%
2	63,895	11.9%	56,911	12.1%	Severe learning difficulty	1,463	0.3%	1,187	0.3%
3	57,434	10.7%	51,457	10.9%	Profound multiple learning difficulties	626	0.1%	425	0.1%
4	52,527	9.8%	47,100	10.0%	Other difficulty/disability	1,209	0.2%	1,025	0.2%
5	49,808	9.3%	44,354	9.4%	None recorded	507,917	94.5%	441,818	93.7%
6	48,651	9.1%	43,182	9.2%					
7	49,192	9.2%	43,291	9.2%	**SEN provision**	***N***	**%**	***n***	**%**
8	48,007	8.9%	41,757	8.9%	School action	59,793	11.1%	52,762	11.2%
9	48,815	9.1%	41,925	8.9%	School action plus	26,518	4.9%	23,072	4.9%
10 (Least deprived)	43,963	8.2%	36,207	7.7%	Statement	8,451	1.6%	6,798	1.4%
Unknown	1,642	0.3%	50	0.0%	No SEN provision recorded	442,803	82.3%	389,056	82.5%

SEND = Special Educational Needs and Disabilities; IDACI = Income Deprivation Affecting Children Index. [a]The demographic characteristics in Table 1 were extracted from Year 1 school census data, where available. Where characteristics were not recorded in the Year 1 census, information from the earliest available census year was used instead for the following proportion of children: ethnic category 1.0%: IDACI decile 0.5%; primary SEND type 1.1%. [b]Deciles are based on IDACI rank cut-offs specified by the Office for National Statistics.

These statistically significant differences suggest that the complete-case cohort might not be representative of the overall population. Any selection bias in the complete-case cohort should be weighed up against the actual size of the difference when interpreting the study findings; for example, since the difference in gender distribution between the full cohort (51.1% male) and the complete-case cohort (51.2% male) is just 0.1%, we can be reasonably confident that any findings related to gender can be generalised.

Comparison groups

To compare educational attainment for children with differing experiences of social work interventions against each other and against the larger group of same-aged peers, we used a pre-specified typology[4]. Comparison groups were selected for their relevance for policy and practice and their basis in meaningful 'real-world' observations of children's experiences, and were approved by our Project Advisory Group. Throughout our analyses, we use the term 'children in receipt of social work interventions'. This definition is important: it reflects the fact that our focus is on those for whom the local authority supplies a service, as a result of which we might expect there to be an influence on children's outcomes. To conform to this definition, our categorisation of episodes as a Child in Need exclude any referrals to, or assessments by, Children's Services that resulted in 'no further action'.

Our analyses in Chapter 4 use three levels of comparison groups, progressing from the broadest level of comparison to the most specific. In line with DfE (2019b), we identified three levels of intervention:

- Child in Need Plan (CINP) – children who remain with birth families but require services to achieve a reasonable level of health and development. This includes services for both safeguarding and welfare purposes, meaning that children with disabilities also fall into this group.
- Child Protection Plan (CPP) – children who remain with birth families but have a plan drawn up by their local authority after an assessment concludes that the child is suffering, or is likely to suffer, significant harm.

[4] Alternative methods that were considered for creating our comparison groups included latent class analysis and sequence analysis. Both approaches are arguably more objective methods than using a prespecified typology, but may produce groups with limited 'real-world' meaning. In addition, sequence analysis can account for only one aspect of care histories, and can lose detail depending on the chosen unit of time.

- Child in Care (CIC)[5] – children who were in the Care of their local authority for more than 24 hours. This includes children living in foster care (whether with related or unrelated carers), residential settings, or in some cases placed with parents; it includes those who are In Care under a voluntary arrangement or by order of the Courts.

Technically, both CIC and CPP are a subset of Children in Need; for the purposes of analysis, we treat them as mutually exclusive categories so that any child who is a Child in Need but is not living In Care or subject to a Child Protection Plan is classified as having a Child in Need Plan.

At the broadest level of comparison, we conceptualised social work interventions as a hierarchy, with a Child in Need Plan representing the intervention put in place at the lowest level of need and being a Child in Care as the highest, reflecting escalating concern. We could then summarise the 'highest level' of intervention children recorded for each child, and use this method to create comparison groups[6].

The next, slightly more detailed, level of comparison added information about the longest duration of intervention a child had received. For these purposes (and in line with Governmental statistics, e.g. DfE, 2019c), 'longer' interventions were defined as any period of 12 continuous months or more as a Child in Care, and any period of 6 continuous months or more for Child in Need and Child Protection Plans. 'Shorter' interventions were, therefore, defined as less than these.

Finally, we created a set of 34 mutually exclusive sub-groups to reflect the heterogeneity of children's longitudinal experiences of social work interventions. Creation of the sub-groups took into account information including the reason for intervention, the type and length of each intervention, and the timing in relation to KS4. Full details of how the sub-groups were created are presented in Chapter 4.

[5] For comparisons between CIC and other groups, we include all episodes of Care, which includes short-breaks (respite care). For analyses conducted within the subsample of Children in Care, we exclude short-break episodes to enable us to examine identify the most important aspects of Care experiences for children's education.

[6] We should note that the grouping of children according to intervention level does not take account of the age(s) at which this intervention was received; for some children, the KS test results presented might have preceded their involvement with Children's Services. Any differences found between groups, therefore, cannot be interpreted as being *caused by* different levels of intervention from Children's Services. It is more likely that if higher levels of intervention are linked to poorer educational attainment, that both of these things are indicators of underlying differences in children's difficulties and levels of need.

Variables

Outcome variables

Our outcome variables consisted of three measures of attainment (KS1, KS2, and KS4 Attainment 8, explained in Chapter 1), and one measure of progress (KS4 Progress 8):

1. KS1 attainment: average points (reading, writing, maths, and overall science; possible range 3-39)
2. KS2 attainment: total points (English, maths, and science; possible range 0-99)
3. KS4 Attainment 8 (pupil's achievement across up to 8 qualifications; English and Maths can be double-weighted; possible range 0-87)
4. KS4 Progress 8 (possible scores are negative and positive around a population mean of zero).

Chapter 4 uses all four outcome variables in comparing attainment and progress across groups of children with differing experiences of social work interventions. Chapter 5 focuses on Outcome 3, since its focus is on identifying the factors that predict attainment at the end of KS4. The attainment measures are all scored positively, so that a higher score means higher attainment. The progress measure is scored relative to zero, so that scores above zero reflect progress that is greater than would be expected given earlier (KS2) attainment, and scores below zero reflect lesser-than-expected progress.

Some of the graphs in Chapter 4 also use standardised scores for attainment at each Key Stage. Standardisation takes the range of scores in a population (here, our complete-case cohort) and re-scales them so that the mean (average) value lies at zero. This allows us to see how far above or below the national average the mean scores lie for a particular group. The unit of difference is expressed as a 'standard deviation' (*SD*). The actual value of an *SD* varies according to what is being measured and the spread of scores in the population, but the important point about *SD*s is that they can tell us – no matter what is being measured and on what scale – how far away a particular group is from the population average. As such they give us a way of comparing relative attainment across the different Key Stage tests, which would not be possible using raw (actual) scores (because each has a different possible range of values, as shown above). *SD*s work on the assumption that roughly half of scores in a population lie above the mean and half below. Because most scores are clustered around the mean, around 68% of scores lie within 1 *SD* above or below the mean, and around 95% of scores lie within 2 *SD*s above or below the mean. Knowing how many *SD*s a particular group is above or below the mean value on attainment, therefore, gives an indication of how far behind or

ahead of the peer group they are, and allows us to compare this relative performance over different time points.

Comparison and predictor variables

As well as our outcome variables, our analyses included a number of variables from the three datasets (either taken directly or derived from the information included there), which were used in Chapter 4 to compare the characteristics of different intervention groups, and in Chapter 5 to identify the factors predicting KS4 attainment scores. These include both categorical (grouping, e.g. gender) variables and continuous (scale, e.g. age) variables, and fall into three broad areas: child characteristics and family environment; social work intervention experiences; and school experiences.

1. Child characteristics and family environment

    - Gender (coded as male or female)
    - Ethnicity (coded as White British or Irish, Asian, Black, mixed, other [including Chinese])
    - Income Deprivation Affecting Children Index (IDACI; measured at KS1), a national measure of the proportion of children in a given postcode area living in low-income families. In the raw data, scores fall between 0 and 1, with a higher score indicating greater deprivation. Our analyses use standardised scores (mean of 0, standard deviation of 1)
    - Eligibility for Free School Meals (measured at end of end of KS1, KS2, and KS4)
    - Special educational needs and disabilities (SEND) categories (measured at KS1, KS2, and KS4). Most categories were analysed separately for the three Key Stages, because over 50% of children who were listed in these categories at KS2 or KS4 were not listed under the same category at KS1. Three categories were more highly correlated across the Key Stages, and represent issues that are usually more organic in origin and apparent from the earliest years; for these categories we combined information from KS1, KS2 and KS4. The resulting categories were:
        - categories that were measured separately at KS1, KS2, and KS4: autistic spectrum disorder; behavioural, emotional and social difficulties; social, emotional and mental health difficulty[7]*;* speech, language and communication difficulties; specific learning

[7] The category of BESD was removed in September 2014 and the category of SEMH difficulties introduced. Although SEMH was not deemed a direct replacement for BESD, the definitions are highly similar (DfE, 2015; Strand and Lindorff, 2018).

difficulty; moderate learning difficulty; severe learning difficulty; other types of SEND

- categories that combined information from KS1, KS2 and KS4: hearing/visual/multisensory impairment, physical disability, profound multiple learning difficulties

- SEND Provision (no provision, School Action, School Action Plus, Statement [precedes current Education, Health and Care Plans]; measured at KS1)

2. Social work intervention experiences

- Timing of start of first intervention (and timing of first Care placement for analyses focusing on those with Care experience; coded as pre-school, primary school years, or secondary school years)

- Category of main need recorded for first intervention (coded as abuse or neglect, child's disability, parent's disability, acute stress, family dysfunction, socially unacceptable behaviour, low income, absent parenting, or any other reason) and first entry to Care, if applicable (coded as abuse or neglect, child's disability, any other reason)[8]

- Timing of end of final intervention (and final Care placement; coded as primary or secondary)

- Whether final intervention (and final Care placement) was ongoing in Year 11 (covering the period from 1st September 2016 to 31st March 2017)

- Number of discrete periods of intervention from Children's Services (i.e. whether a child experienced one continuous or multiple periods of intervention from the Children's Services system; coded as 1, 2, 3, 4, and 5 or more periods)

- Whether the child had at least one intervention period that started within 12 months of a previous intervention ending (coded as yes or no)

- Mean total time in receipt of interventions (in days; also broken down into mean total time under CINPs and CPPs, and mean total time as CIC)

- Mean number of non-respite placement changes (only for those with Care experience)

[8] We acknowledge that the guidance for local authorities presents these as a hierarchy of categories from which they must choose only one, although children often experience multiple types of need.

- Placement type in which child spent majority of time In Care (foster care vs. residential or other care)
- Provider/location of placements in which child spent majority of time In Care (private or third sector/voluntary Care vs. local authority care, and placements outside of home local authority vs. within home local authority)
- Placement type of final placement In Care (foster care[9] vs. residential or other care)
- Provider/location of final placement In Care (private or third sector/voluntary Care, and placements outside of home local authority)
- Mean score on the Strengths and Difficulties Questionnaire (SDQ; Goodman, 1997), a brief behavioural screening measure that should be completed for all school-aged children after 12 months In Care, on an annual basis. The DfE reports the Total Difficulties score, which can range from 0 to 40, with higher scores representing greater levels of difficulty. We used all available scores for each child, between 2010 and 2017, and calculated each child's mean score across all available years)

3. School experiences

- Total number of sessions missed for fixed-term exclusions (calculated separately for Years 3 to 6 and Years 7 to 11)
- Whether the child was ever permanently excluded during secondary school (Years 7 to 11)
- Unauthorised absences as a proportion of total possible sessions of schooling (calculated separately for Years 3 to 6 and Years 7 to 11)
- Whether the child changed school during KS2 (Years 3 to 6) or KS4 (Years 10 to 11)
- The type of school attended (mainstream, non-mainstream [e.g. special schools, pupil referral units, alternative provision], not known; measured at KS2 and KS4)

[9] From this point, any references to 'foster care' in relation to the quantitative data include all instances where children are fostered, whether with unrelated carers or with family or friends.

Analytical strategy[10]

Analysis of the quantitative data used SPSS software version 26.

Research question 1: Compared with all pupils, what are the educational attainments and progress of children who experience being In Need and/or In Care at some stage of their schooling in England?

We produced descriptive analyses on our complete-case cohort, examining the prevalence of our different comparison groups (according to highest level of intervention, highest level and longest duration, and our 36 sub-groups). We also looked for any differences regarding the details of social work interventions experienced by children according to their highest level and longest duration of intervention, and amongst those who had spent time In Care in the longer and shorter term.

We used analysis of variance (ANOVA) to compare the mean values of continuous (scale) variables between our different groups, and a chi-square (X^2) test to compare the percentages for categorical (grouping) variables between groups. ANOVA is a statistical test that determines whether the mean (average) scores of each group (e.g. mean KS1 attainment) are significantly different from each other. The test also takes account of the variation in scores within each group (e.g. accounting for the fact that the group of Children in Care will include some children with high KS1 scores and some with low KS1 scores), so that any difference between the means for each group can be assumed to reflect a 'real' difference between groups. The chi-square (X^2) test determines whether the distribution of children across different combinations of categories (e.g. the percentage of children whose final intervention was ongoing in Year 11, across our comparison groups) is significantly different to what might be expected if there were no 'real' difference between groups.

We also used ANOVA to test the relationship between experience of social work interventions and children's educational attainment and progress, using our different comparison groups and the four outcome measures.

Research question 2: What are the factors associated with attainment at Key Stage 4?

A statistical technique called multiple regression modelling (see Ryan, 2008) enabled us to identify the key factors that predicted better or worse attainment, using KS4 Attainment 8 as our outcome variable.

[10] The CIN, CIC and NPD datasets can be considered census data as they contain all individuals in a population of interest. As such, it could be argued that the use of inferential statistics (such as those that follow) is inappropriate in this analysis given that it is possible to measure the true population values. However, as our analysis is restricted to one cohort of students, inferential statistics may be useful for estimating the 'true' effect of parameters for the overall population of children who have experienced social work interventions, given that there may be a level of uncertainty around the effects of specific parameters due to natural variation between cohorts.

We used a hierarchical modelling approach, adding blocks of several variables at a time to produce increasingly detailed 'models'. With each model, we can see how much additional variance in the outcome can be explained, as well as seeing whether the relationship between individual predictors and outcome changes when new variables are added. Crucially for our research question, hierarchical modelling also allows us to determine the role of young people's intervention experiences in predicting KS4 attainment, after controlling for their individual characteristics, socio-economic status, and educational experiences and attainment at each Key Stage. Variables were entered using a 'forced entry' method, which means that they are all included in the models whether or not they are significant predictors of the outcome. Forced entry allows us to see which of our variables have a unique relationship with the outcome, while controlling for all other variables in the model.

We produced several multiple regression models to answer this research question. The first used data from our complete-case cohort (*N* = 471,688), and used our intervention sub-groups as predictors of KS4 attainment; this allowed us to determine the role of different types of intervention experience in comparison to children who had never received a social work intervention. The second regression focused only on the subset of children who had experienced an intervention from Children's Services at any point in school years 1-11 (*N* = 69,246); this allowed us to examine whether the details of children's complex intervention experiences could predict better or worse KS4 attainment. The third regression focused only on the subset of children who had been In Care for 12 months or more continuously (excluding respite episodes) at any point in school years 1-11 (*N* = 4,480), which again allowed us to determine the role of specific intervention experiences for children's KS4 attainment.

Research question 3: How can we account for children who succeed in their educational attainments at 16 years despite experiencing severe early adversity requiring social work intervention?

Multiple regression modelling was also used to answer this research question, this time focusing only on children who were In Need or In Care by the end of KS1 (*N* = 15,794).

Qualitative methods

Research sample

Selection of authorities

For the qualitative work, we sought to interview up to 30 Children in Need and 30 Children in Care, together with the parents of these CIN and carers of the CIC, as well as children/parents' social workers and teachers. We decided to recruit these participants from six English local authorities in

order to provide some national variation. In addition, for each authority we interviewed the Virtual School Head (VSH) and a senior social work manager to help us to comprehend the local context and current issues, as well as understand fully local interview data. This was an ambitious undertaking, up to 252 interviews.

We wanted the six authorities to come from regions across England, represent different local authority types and be a mix of urban and rural environments, ensuring that inner London was represented. We also wanted to ensure some ethnic diversity. We used national educational outcome data (DfE, 2018d) to include higher- and lower-performing authorities. Potentially this could apply to different groups of children and measures, but we decided on Key Stage 4 attainments for Children in Care. We took into account the size of authorities so that there would not be too few children to choose from (more than 20 CIC at KS4 in each).

We produced from this a list of six local authorities. We contacted the VSH in these authorities and five were eager to participate with one declining. Another authority was substituted. Meetings were organised quickly in three of the six authorities and what was entailed was fully explained. The three others took much longer and we had to wait, sometimes several months, before we could proceed. This was due to restructuring or management reviews; while one had faced difficulties on a variety of fronts. Anonymised, our final six authorities comprised one of each of the following: North-east County Council; North-west Metropolitan District; Midlands Shire County; Inner London Borough; South-west Unitary Authority; Southern Shire County. These would not be expected to be representative of England as a whole but they should provide a reasonable cross-section.

Samples of children

In order to signify the range of educational issues for children, we wanted our samples of up 30 Children in Need and 30 Children in Care to include, overall, broadly equal numbers of boys and girls, and similar numbers attending primary and secondary schools. Ages could range from 8-17 years, with younger children approached especially sensitively. We sought similar numbers of children making 'Good progress' or 'Poorer progress' educationally. 'Good progress' was defined as children making consistently good progress in their learning (above average for all pupils in the Key Stage) or, in the opinion of the VSH and colleagues, noticeably improving their progress. Children needed to have been In Need/In Care for over six months to enable some services to be delivered. (This period is different to the 12 months that is often used to assess children's outcomes as it serves a different purpose and allows greater choice for a sample to be selected.) We did not include disabled children specifically as Children in Need unless there were broader family safeguarding or other reasons for

social work involvement – it was not a study of disability *per se*. Therefore, we asked each authority to identify 5 or sometimes 6 CIN and also CIC that fulfilled specific criteria, such as:

> 'One 10/11 year-old boy *In Care* for over 6 months who has made *good* educational progress during Key Stage 2/in primary school'; or
>
> 'One 13/14 year-old girl who is a child *In Need* and who has made *poorer* educational progress during Key Stage 4/at secondary school'.

We asked if those identified could generally reflect the ethnic diversity of the local authority, as well as include some asylum seekers. In addition, we specified for some overall to have: a Statement/Education, Health and Care Plan (EHCP) for social, emotional or mental health difficulties; to have lived in a residential care setting at some stage during KS4; to have been permanently excluded from school/attend a PRU/alternative provision; to have been In Care previously (not necessarily mutually exclusive). If these guidelines could not be followed exactly, we asked for substitutes to be as close as possible.

Once these samples had been identified, we asked if a social worker, or someone else who knew the child or family well, could approach them on our behalf to see if they would be prepared to speak with us. We had prepared detailed information sheets specifically for each of our groups of participants. These explained who we were, what we were seeking and emphasised that participation was voluntary. Our contact details were included. If the child and parent (for Children in Need) agreed, we then telephoned to arrange to visit. Children and parents were each given a £15 shopping voucher after their interviews as a token of our appreciation. When we met them, if children agreed, we would also then contact for interview the social worker and a designated teacher/or another teacher who knew the child well; if they did not agree, then we did not. Three children (in Need) demurred, whose cases had since closed and did not want certain professionals contacted: two were happy for us to talk with a teacher but not a social worker, and one wanted no professionals to be involved.

Research sounds relatively straightforward when set out as above but the reality is often different. Obtaining our samples of children was complicated and very time-consuming. In general, VSHs managed to identify eligible candidates of Children in Care but the Children in Need group was much more of a challenge. There could be several reasons for this. Unlike with Children in Care, local overall databases for Children in Need usually did not exist. Furthermore, it was much more difficult to engage social work managers and social workers responsible for CIN to assist us in sample identification and recruitment than with VSHs; not all VSHs had close working relationships with these managers; some community social work teams were no doubt often under considerable

pressure with vacancies sometimes filled by agency workers; and in cases that often concern child protection issues, relationships between social workers and parents might not always be close or harmonious to discuss our request (a few were considered unsafe for us to visit). Specifying ages and progress groups etc. (see above) might have confounded identification and recruitment by limiting choice but we wanted to ensure that certain groups were not omitted.

As a result, as Children in Need numbers were building slowly, we took the necessary decision midway through our fieldwork to broaden our sample recruitment in two ways. One was in two authorities, to seek to recruit some CIN through alternative provision (AP) settings rather than Children's Services. As they were still CIN and we wanted some who were attending AP, this was another route. Four of the eventual 18 came via this approach (interview numbers are shown in Table 3.3). Secondly, the authority experiencing significant organisational difficulties agreed to send out anonymised letters from us to parents in which CIN cases had recently closed, enclosing an opt-in reply: 38 letters were sent out producing 3 positive responses, which eventually led to 2 successful interviews – a worthwhile exercise.

Another reason for adopting these additional strategies concerned the high number of refusals we received when social workers or other professionals did successfully make contact with families, as shown in Table 3.3. This shows that in fact 95 (43+52 – final column) children were identified to achieve our sample sizes. For 16 of these, social workers judged that it would not be suitable to proceed due to current, very worrying circumstances (such as legal proceedings or placement changes); and 21 children and 4 parents themselves declined. A further 26 children and parents had agreed (third column) but it was then impossible to successfully make contact and arrange an interview. These difficulties concerned especially families with Children in Need: frequent efforts were made to communicate but telephone calls were unsuccessful or unanswered, participants had forgotten an agreed interview or otherwise changed their minds. There were clearly other pressing issues in their lives, such as court appearances and meetings with professionals, in which their families' circumstances and even children's future might be decided. Despite numerous calls and messages, disappointingly, it also proved impossible to interview 12 teachers and 7 social workers, for which children/parents had given the go ahead (these spanned 'Good' and 'Poorer progress' groups). Some had changed jobs or were on long-term sick leave. Nonetheless, we still collected ample, very good qualitative data.

Table 3.3 Progress with interview samples

All agencies	Completed	Child/family agreed but unable to contact	Declined	Not suitable	Grand Total
CIC	23	8	6	6	43
CIN	18	9	15	10	52
SW	19	7	1	2	29
Teacher	23	12	0	0	35
Parent (or SG)	17	9	4	1	31
Foster/ carer	16	3	1	0	20
Total	**116**	**48**	**27**	**19**	**210**

CIC = Child in Care; CIN = Child in Need; SW = social worker; SG = Special Guardian

Interviews

Most interviews were undertaken by one of three members of the research team: two senior researchers and a trained, care-experienced interviewer. We discovered in our previous work (Sebba et al., 2015) that Children in Care often preferred to speak with someone who has themself been in Care, with greater insight into the issues and problems. At the outset, we planned to work with two care-experienced interviewers (one in the North and one in the South) but as gaining access and identifying samples took longer than we had envisaged, we ended-up using only one. In addition, as she has had much wider research experience, this researcher also interviewed some Children in Need and their parents. With Children in Care, we highlighted in their information sheets the researcher's care experience; but did not do so with the Children in Need group, which could have unsettled family members if the spectre of Care was introduced.

Once children had agreed with the social worker/professional to become involved, we phoned the parent or carer to arrange a time to visit. For the interviews, we wanted to speak with the child first, who was given a choice of where they would like the meeting to take place and if they preferred a parent or carer to be present. Most children chose to speak at home/at the foster-/residential placement, but three asked to talk over the phone and another to be seen at school. Most younger children understandably preferred an adult to be present, and a parent or carer would often be within earshot for the others. We do not know if this influenced what children told us although, as will be seen in Chapters 6 and 7, children had much to say and were prepared to be critical. Most

interviews with social workers and teachers were undertaken over the phone, which fitted in with their busy and often unpredictable jobs. Participants were asked to read and sign a specially written consent form for each group. For telephone interviews, the consent form was read out and signed on their behalf: copies for parents and children were then posted along with their vouchers. Consent was checked verbally at the beginning and end of interviews. Participants were informed that they could change their mind at any time during the interview and up to a fortnight afterwards. We asked participants' permission to record interviews – all except one child agreed, although her interview did take place recorded in the form of notes.

We adopted a narrative approach in interviews with children and parents (Riesmann, 2005). This aimed to encourage participants' stories of children's educational experiences and progress; key family events, such as when they had moved home or placement; and if educational and family experiences were linked. At the outset, children and parents were asked to complete a timeline, setting out over the child's lifetime what had happened and when (for an example see Figure 6.1, Chapter 6). For parents, the researcher usually drew this with the adult's guidance, with the visualisation helping us to keep track of often complex family histories. Most children were keen to draw the timeline themselves, using coloured pens and stickers. Instead, some children enjoyed just drawing a picture or using the stickers, which seemed to help make the situation less threatening. Children and parents were asked if they wanted to keep the timelines drawn (all but one did) but could we take a photograph for our purposes (all agreed).

As well as encouraging children and parents to give their own accounts, we also used a semi-structured interview format to explore perceptions of what were the facilitators or barriers to children doing well at school. (Timelines were not used with foster/residential carers, social workers or teachers.) Key considerations of qualitative, semi-structured interviewing were used such as offering reassurance, active listening, repeating answers to encourage elaboration, taking a non-directive stance and avoiding leading questions. We were especially careful with younger children but all participants could be relating very stressful and troubling experiences and we wanted individuals to be able to maintain control over what was said and the effects it had. 'Stop' (red) and 'Go' (green) cards were produced for children, who could use them at any time and we would change subject or stop without question. We rehearsed their use with younger children at the start. The cards were used four times in total during interviews.

We emphasised to children and parents that our main interest was schooling and educational progress. Clearly, as all participants had children's services/social work involvement in their lives and that was explicit in what we were researching, family experiences were relevant. However, we did

not want to be unnecessarily intrusive and do not believe that individuals should feel obliged to open up all aspects of their lives and troubles, especially given the potential power imbalance. We did ask if participants felt there were reasons for upturns or decline in educational fortunes or if, for example, moving home, changing school or entry to Care affected how they had progressed. We also asked about requests for, and experiences of, educational and social work support. Most parents were open about the adversity they had encountered and perceived injustices, perhaps welcoming a non-judgemental, listening ear. We trod carefully, especially with children, and sometimes interrupted to reiterate that they did not have to confide difficult experiences ('You don't have to…'). However, children were often very frank about school experiences and contributory factors. We would like to think that our careful preparation, openness and interviewing styles played a part in getting such full information from those we met. We explained that interviews could take approximately 45 minutes, lasting longer if participants wished to continue. Children's interviews were often shorter but very useful.

Another issue we wanted to explore with parents and carers especially was whether access to resources impacted on children's education. We checked that participants were willing for this to be discussed and none objected. Initially, we planned to use some prompts based on the most recent *Living Standards* report of the *Poverty and Social Exclusion in the UK* study (Gordon et al., 2013). This concerned the availability of resources, which are widely perceived nowadays from a national survey to be essential, such as for children: three meals a day, a warm winter coat, a suitable place at home to study or do homework; and access to a computer and internet at home to do homework. However, in our early interviews with parents this part of the discussion felt to the researchers uncomfortable and disrespectful. Hence, we adapted the questions to focus specifically on availability of *educational* resources: such as buying school uniforms and shoes, money for books and stationery, access to a computer and the internet, and space to do homework. This worked better. Given the difficulties in recruiting research samples (particularly Children in Need), we did not undertake separate pilot interviews as such but used the first three in each category to review how the experience went and to make amendments if required (as with the poverty questions above). Data arising from these initial interviews was used alongside others, with the exception of the poverty questions which were disregarded. Overall, we felt that our interviews progressed very well and were pleased with the information they yielded. After each, we thanked the participant; parents and children were each given a voucher and the following day we sent 'Thank You' cards to both with personalised messages.

Research ethics

We seek to be highly ethical in our work, which is especially important with potentially vulnerable participants, including children. We adhered to the Economic and Social Research Council (ESRC) *Research Ethics Framework* (2015) and received formal ethical approval from Bristol and Oxford universities. We also obtained agreement from our own Universities' Governance and Data Protection procedures: data was stored securely on University servers. All researchers had been checked with the national Disclosure and Barring Service. We shall not make our qualitative data available to others as it is likely to be identifiable and we gave participants this assurance. Approval to approach local authorities was obtained from the Association of Directors of Children's Services (ADCS) Research Committee. Three of the six authorities required us to apply to their local Research Governance procedures.

Importantly, we sought to ensure that no one would be harmed by involvement in our research and we would help identify appropriate personal support for any participant if requested. As we saw, written informed consent was sought from all individuals, with verbal recorded consent for phone interviews. Parental agreement was obtained for children living at home or In Care voluntarily (Section 20, Children Act 1989), as well as the children themselves. It was made clear that no one had to participate if they did not wish to. We undertook not to write or say anything that would enable any individual, family, local authority, school or service to be identified. On a few occasions, certain participants' comments have been omitted or amended slightly to ensure this. A *Confidentiality Protocol* was produced: anything said to us would be treated as confidential, unless it indicated that someone was at risk of serious harm. Agreements were reached with each Authority about whom to inform if this occurred. There was one such situation in which, on arrival, the glass panel in the door had been smashed, with signs of blood: the researcher left the scene and we did not return to the property. A *Researcher Safety* protocol was developed for our own security, relevant to this instance. This included notifying another member of the team before and after interviewing with details of location and timing. We committed to provide feedback for all participants, including children and parents, who requested it in a suitable form, as well as a conference and meeting with managers in each of the six participating authorities.

Analysis

A summary was written by the interviewer of each interview soon after the visit, which was shared and discussed with one of the principal investigators (DB). All interviews were fully transcribed and

anonymised by a University-approved professional transcribing service, with which a confidentiality agreement existed. All transcriptions were read in their entirety, and notes made, to obtain an overview. Files were then uploaded to NVivo 12 for detailed analysis. Case classifications were created in the software to differentiate between categories of participant (e.g. Child in Need, social worker), as well as including child's gender, age and ethnicity; local authority; 'Good progress'/'Poorer progress' group; school type; and carer's relationship to the child.

A process of thematic analysis was then undertaken (Braun and Clarke, 2006). Files were re-read in NVivo and codes (termed 'nodes') were created for sections of the text. Initially, these were theoretically informed from our own ideas and previous literature, such as 'transitions' or 'poverty'. This was combined also with an inductive approach, in which codes were 'data-driven' from participants' perspectives. For example, peer relations emerged as very important and so was included. Emerging themes could be combined or discarded. A process of interpretation is involved in qualitative research, which in our case involved 'argumentative interpretation' rather than simple numerical totals (Yin, 2017) – that is, forming a judgement based on overall assessment of the qualitative evidence. Ideally, more than one researcher would be involved in the coding and interpretation but time and resources did not allow it. However, the results and their interpretation were discussed fully by the qualitative researchers as well as with the wider research team.

Conclusion

This chapter has outlined the quantitative and qualitative approaches used in this mixed methods study. Our quantitative analysis focuses on 471,688 children who started school Year 1 in 2006/7 and follows them through until Year 11 (2016-17). We investigate any periods spent as Children in Need or Children in Care, including experience of Child in Need Plans and Child Protection Plans. Links are made between these Children's Services interventions, educational attainment and progress. This is complemented by interviews in six local authorities with 18 Children in Need and 23 Children in Care, as well as the adults involved in their care and education; together with 7 joint- or individual interviews with Virtual School Heads and senior social work managers. Each approach has advantages and disadvantages but bring strengths in combination. Let us now turn to our results, beginning with the national datasets.

4. Analysis of National Administrative Education and Social Care Data: Part 1 – Educational attainments and progress of children who are In Need or In Care during the school years

This chapter addresses our first research question:

> Compared with all pupils, what are the educational attainments and progress of children who experience being In Need and/or In Care at some stage of their schooling in England?

As reported in Chapter 3, our approach to answering this question involved creating a 'complete-case cohort' of children who entered Year 1 of primary school in the 2006/07 school year, and completed Year 11 schooling in 2016/17, and had data available for each of the Key Stage (KS) assessments taken during that time: KS1 (age 7), KS2 (age 11), and KS4 (age 16). In total, 471,688 children were included in the complete-case cohort. Our dataset brought together information on education and interventions from Children's Services.

We begin by describing our cohort. We explored the various ways in which children could experience interventions from Children's Services in our complete-case cohort, beginning with an examination of different levels of intervention. We then tested the relationship between these levels of intervention and children's educational attainment and progress. We produced details relating to children's first and last interventions (e.g. child's age and stage of schooling), as well as cumulative measures (e.g. total duration of all interventions received), and examined whether these differed according to the highest level of intervention. We also created a set of sub-groups that describe particular patterns of intervention, examined their prevalence in the cohort, and then related our sub-groups to attainment and progress.

We note a caveat for our findings in that that we obtained the full history of Care episodes (back to birth or earliest episode In Care, whichever came sooner) for any child who was also In Care during their school years. However, since the Children in Need dataset only came into existence in the year 2009 (when our cohort were in school Year 3), we only received information on episodes In Need that occurred before this point if they were still ongoing when the dataset began; we therefore need to treat with caution the findings related to children who were In Need before this time. The Children in Care dataset predates this and so historical information on time spent In Care is more complete. Crucially, any child who *only ever* had Children's Services involvement before school Year 1 would be included in our 'no interventions' comparison group (explained in Chapter 3).

Levels of intervention from Children's Services

In this analysis, intervention from Children's Services was defined as a child being subject to a Child in Need Plan or a Child Protection Plan, or being designated a Child in Care. Children who had referrals that resulted in no further action (either at the point of referral or following an assessment of need) were not considered to have received any intervention from Children's Services and are not included in this group.

Of the 471,688 children included in the complete-case cohort, a significant minority – one in seven (14.7%, *n* = 69,246) – had received an intervention from Children's Services at any stage between Year 1 and Year 11. Table 4.1 summarises the prevalence of the three broad types of intervention children received.

Table 4.1: Prevalence of intervention from Children's Services

Type of intervention	N	% of cohort (N = 471,688)	% of children with any intervention (N = 69,246)
No intervention	402,440	85.3%	N/A
Child in Need Plan	68,728	14.6%	99.3%
Child Protection Plan	10,155	2.2%	14.7%
Child in Care	8,881	1.9%	12.8%

Percentages do not sum to 100% as some children had multiple interventions from Children's Services. N/A = not applicable.

These three interventions can also be conceptualised as a hierarchy with a Child in Need Plan representing the intervention put in place at the lowest level of need and being a Child in Care as the highest, reflecting escalating concern. Table 4.2 summarises the highest level of intervention children ever received using this simple hierarchy.

Table 4.2: Highest level of intervention from Children's Services

Type of intervention	N	% of cohort (N = 471,688)	% of children with any intervention (N = 69,246)
No intervention	402,440	85.3%	N/A
Child in Need Plan	52,971	11.2%	76.5%
Child Protection Plan	7,396	1.6%	10.7%
Child in Care	8,881	1.9%	12.8%

N/A = not applicable.

To examine the relationship between levels of intervention and educational outcomes, we tested for differences between groups using analyses of variance (ANOVA). We remind readers that for some children, the KS test results presented might have preceded their involvement with Children's Services and so no causal relationship should be inferred. Figures 4.1-4.4 show the differences between groups on three measures of attainment (KS1, KS2, and KS4 Attainment 8, explained in Chapter 1), and one measure of progress (KS4 Progress 8).

Our ANOVAs showed that educational attainment at all Key Stages (Figure 4.1-4.3), and progress at KS4 (Figure 4.4) were lower for children who had any intervention from Children's Services at any age, compared with children who had no intervention[11]. The error bars on the graphs (the small vertical lines at the top of each block) show the 95% confidence intervals: the range of values within which we can be 95% confident that the true means (average) for each group fall. The fact that the height of the error bars is so small tells us that we can be highly confident that the means we present are very close to the 'true' means for these groups. Showing error bars on the graphs is also useful as it gives a visual indication of whether group means are different: if the area within the error bars for two groups overlaps, it is unlikely that those two groups will differ significantly on their mean scores because one group has a number of children whose scores are similar to those in the other group. In this case, as suggested by the small error bars on our graphs, tests comparing each group separately with every other group showed that all educational outcomes were significantly lower as the level of intervention received from Children's Services increased[12].

[11] All *ps* < .001 (this indicates that the probability of finding a difference of this size if the groups were not really different is less than 1 in 1000).
[12] All *ps* < .001.

Figure 4.1: Mean KS1 scores by highest level of intervention from children's services

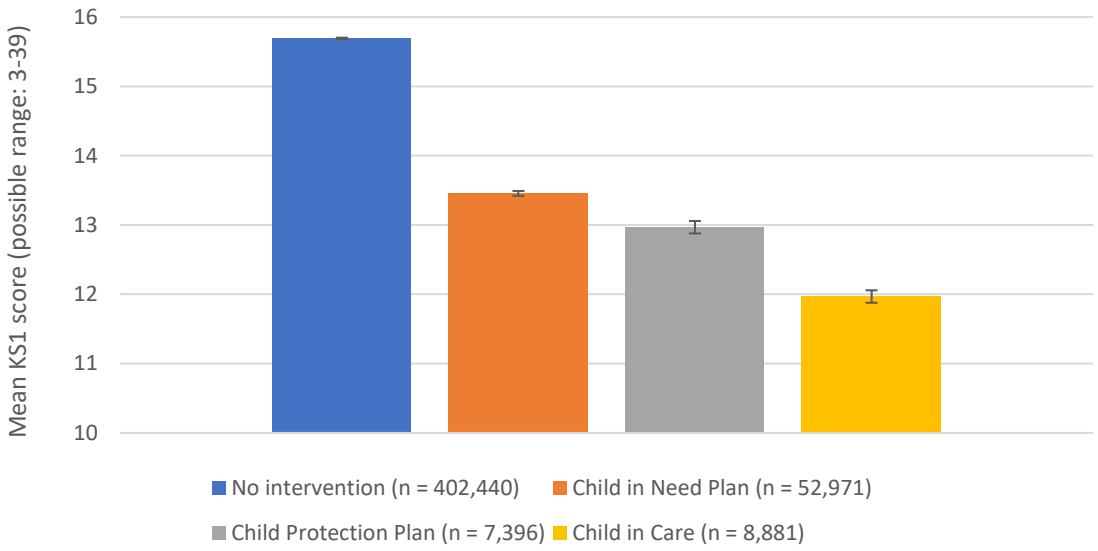


Figure 4.2: Mean KS2 scores by highest level of intervention from children's services

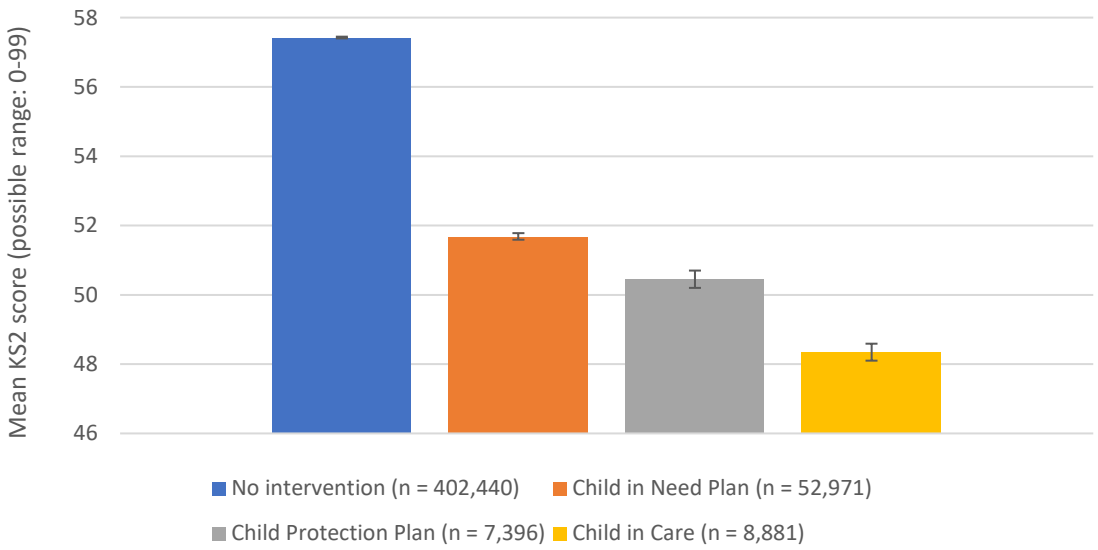


Figure 4.3: Mean KS4 Attainment 8 scores by highest level of intervention from children's services

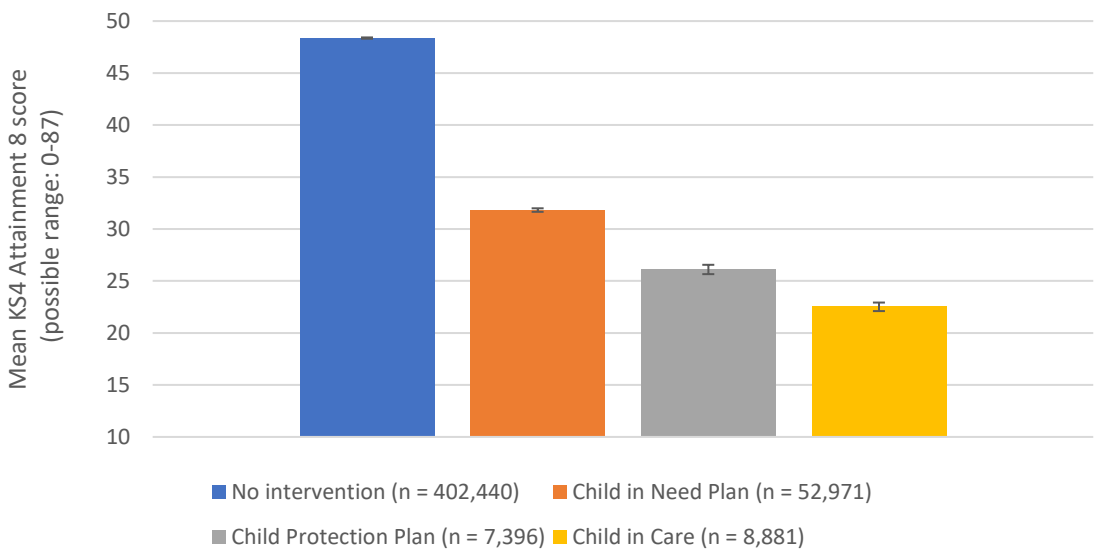
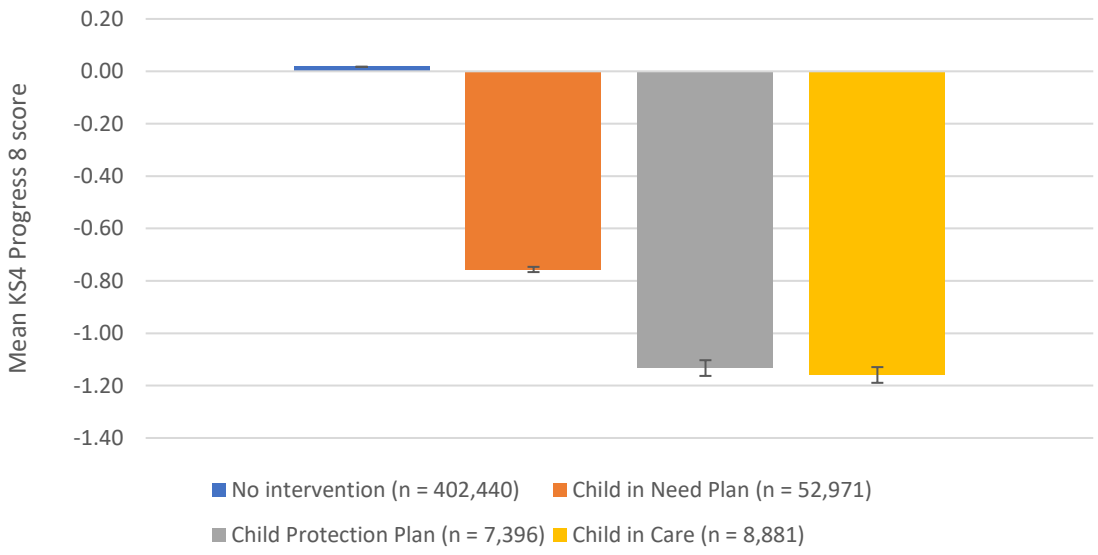


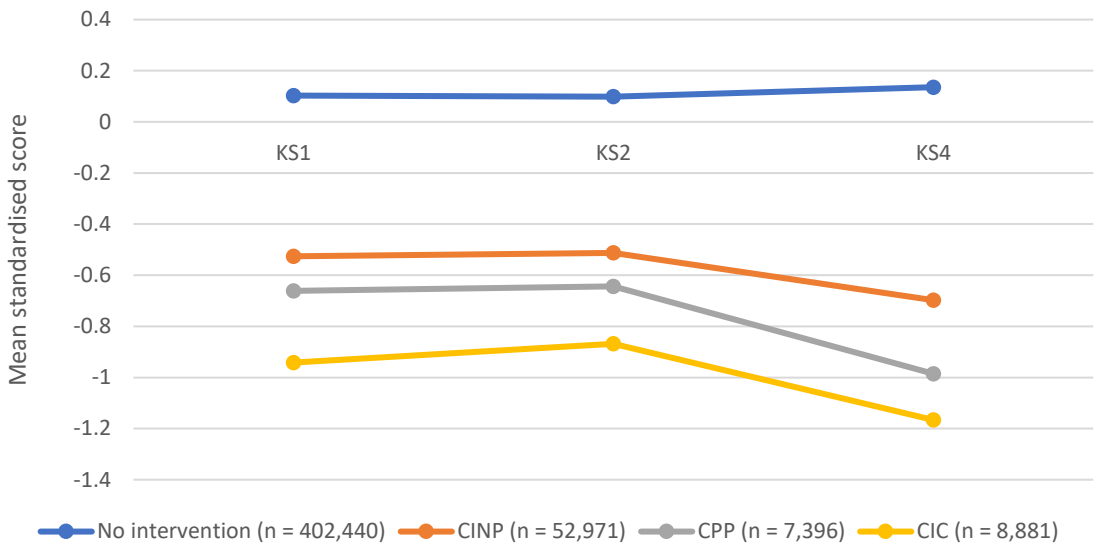
Figure 4.4: Mean KS4 Progress 8 scores by highest level of intervention from children's services



Using standardised scores for attainment at each Key Stage, we can see how far above or below the national average the mean scores lie for each group. As Figure 4.5 shows, children receiving any type of intervention during their school years were already 0.53 (CINP) to 0.94 (CIC) standard deviations below the national mean for attainment at KS1. Assuming a normal distribution of scores (where roughly half of scores lie above the mean and half below), half a standard deviation from the mean represents around 19% of the population. So, a gap of 0.53 standard deviations (*SD*) would place those experiencing CINP behind around 69% of the population at KS1. For CIC, the figure of 0.94*SD* places them behind around 83% of their peers at this stage.

This ‘attainment gap’ remained roughly the same size at KS2, but by KS4 it had widened considerably. In particular, CIC and CPP were further away from the national mean (1.17*SD* and 0.99*SD*, respectively) than were CINP (0.70*SD*).

Figure 4.5: Mean standardised attainment scores by highest level of intervention from children’s services



CINP = Child in Need Plan; CPP = Child Protection Plan; CIC = Child in Care; KS = Key Stage

The intervention hierarchy shown in Tables 4.1 and 4.2 can be further broken down by considering whether, at their highest level of experience, children received a ‘longer’ or ‘shorter’ intervention. For these purposes (and in line with Governmental statistics, e.g. DfE, 2019c), ‘longer’ interventions were defined as any period of 12 continuous months or more as a Child in Care, and any period of 6 continuous months or more for Child in Need and Child Protection Plans. ‘Shorter’ interventions were, therefore, defined as less than these. Table 4.3 summarises the highest level and longest duration of intervention children ever received using this simple hierarchy.

Table 4.3: Highest level and longest duration of intervention from Children's Services

Type of intervention	N	% of cohort (N=471,688)	% of children with any intervention (N=69,246)
No intervention	402,440	85.3%	N/A
CINP or CPP <6 months	38,061	8.1%	55.0%
CINP 6+ months	18,423	3.9%	26.6%
CPP 6+ months	3,883	0.8%	5.6%
CIC <12 months	4,304	0.9%	6.2%
CIC 12+ months	4,577	1.0%	6.6%

CINP = Child in Need Plan; CPP = Child Protection Plan; CIC = Child in Care

We also examined the relationship between educational attainment and the intervention level and duration of Children's Services interventions. An analysis of variance (ANOVA) showed a significant difference between groups at each Key Stage[13] (Figures 4.6-4.9). As in previous tests, children who had received no interventions from Children's Services fared best across all four outcomes. The tests also showed that children who had only ever received shorter, lower-level interventions (i.e. Child in Need or Child Protection Plans, never for more than 6 months continuously) had significantly higher attainment at all Key Stages and had made significantly greater progress at KS4 than those with longer and/or higher-level interventions[14]. For the other groups, the pattern of results differed across the Key Stages. At KS1 and KS2, children whose highest-ever level of intervention was a longer Child Protection Plan were the next-highest attainers, while longer-stay Children in Care were the lowest attainers. At KS4, however, children whose highest-ever level of intervention was a longer Child in Need Plan fared best in terms of both attainment and progress, and while those with a longer Child Protection Plan came third-highest for KS4 attainment, they were behind longer-stay Children in Care for KS4 progress. Children who had been In Care but never for more than 12 months continuously had made the least progress by the end of KS4.

[13] All *ps* < .001.
[14] All *ps* < .001.

Figure 4.6: Mean KS1 scores by highest level and longest duration of intervention

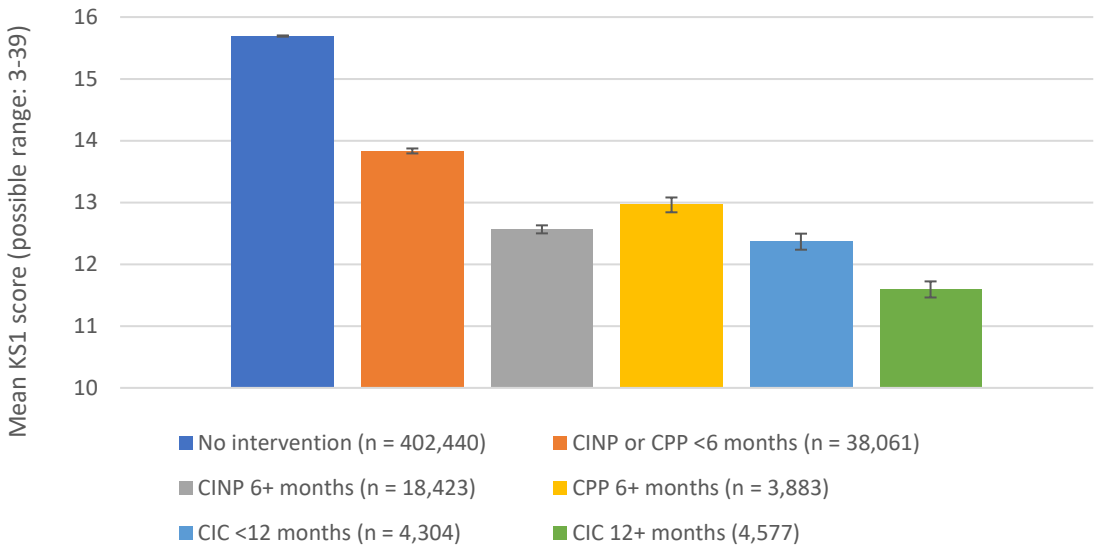


Figure 4.7: Mean KS2 scores by highest level and longest duration of intervention

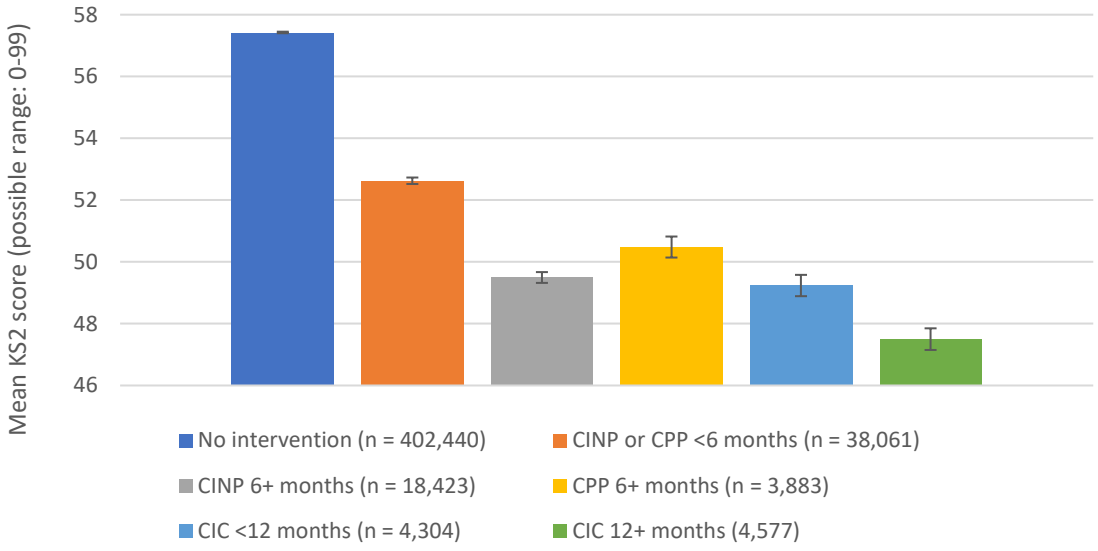


Figure 4.8: Mean KS4 Attainment 8 scores by highest level and longest duration of intervention

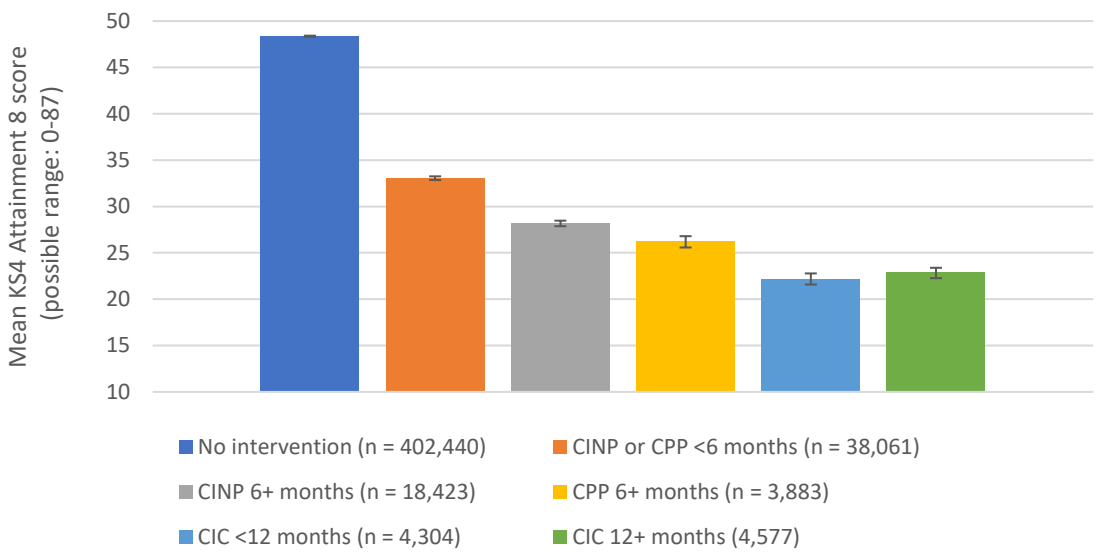


Figure 4.9: Mean KS4 Progress 8 scores by highest level and longest duration of intervention

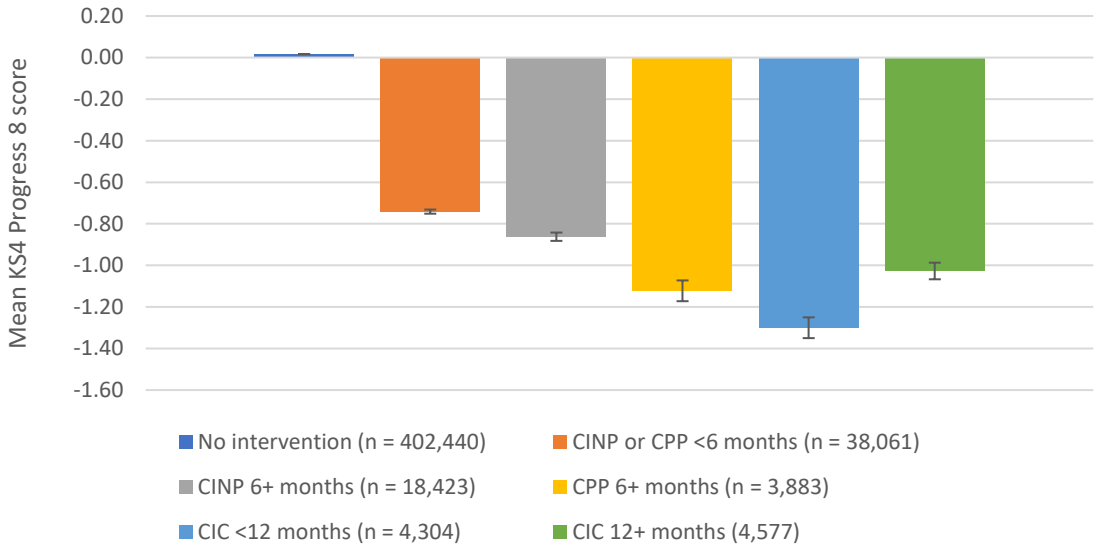
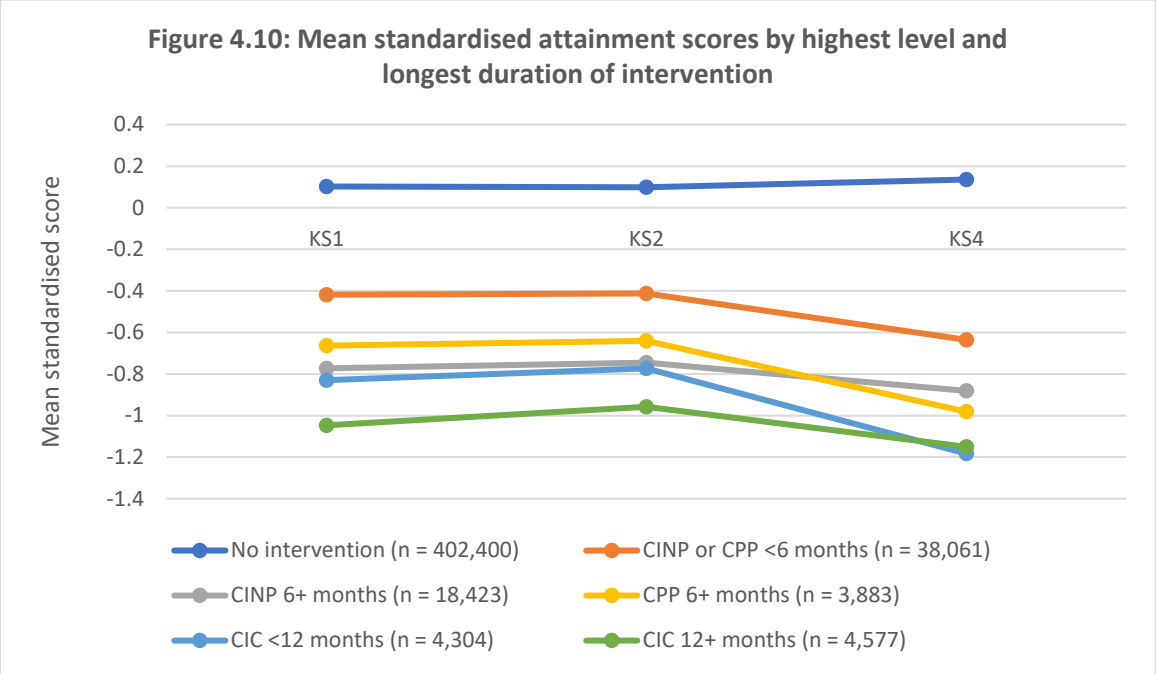


Figure 4.10 presents the standardised scores for attainment at each Key Stage across these groups. It shows that the widening of the attainment gap between KS2 and KS4 differs according to the highest level and type of intervention received during the school years. The gap widened least for those receiving longer-term CINP interventions (growing by 0.14 standard deviations or *SD*s) and those In Care in the longer-term (0.19*SD*), and most for those in receipt of longer-term CPP interventions (growing by 0.34*SD*) and those In Care short-term (0.41*SD*). This cannot be assumed to reflect more

'effective' types of intervention, particularly since the timing of these interventions is not controlled for here: it could instead be a reflection of the type and extent of need that underlies both the level of intervention and children's academic outcomes.



CINP = Child in Need Plan; CPP = Child Protection Plan; CIC = Child in Care; KS = Key Stage

Comparison of other variables across groups

We compared our groups on other variables that we might expect to be related to educational attainment and progress. As with educational outcomes, we remind readers that social work interventions might precede or follow the measurement of these other variables, so that the direction of causality cannot be inferred. For binary (yes/no) variables (e.g. 'gender: female'), we report the percentage for whom the statement was true; for variables whose values lie on a scale (e.g. 'mean total sessions missed for fixed-term exclusions Years 7 to 11'), we report the mean value. Each variable is shown according to the 'highest level and longest duration of intervention' categories as described above.

We used ANOVAs to compare the mean values of scale variables between our different groups, and a chi-square test to compare the percentages for binary variables between groups. The superscript (raised) letters in the table show whether groups differed significantly from each other for each variable: groups with the same letter are not significantly different from each other on that

particular variable, whereas those with a significantly different value receive a different superscript letter.

Table 4.4 shows how the groups compared in terms of gender and ethnicity. Girls were slightly over-represented in the CINP 6+ months group, and slightly over-represented in the shorter-term CINP and CPP and the shorter-term CIC groups. The ethnic make-up of the groups also differed: compared to those with no intervention, Black and mixed ethnicity children were over-represented in all intervention groups, whereas Asian children were under-represented. White British or Irish children were under-represented in the shorter-term intervention groups but over-represented in the CIC 12+ months group.

Table 4.4: Details of gender and ethnicity by highest level and longest duration of intervention from Children's Services

	CINP or CPP <6 months (n = 38,061)	**CINP 6+ months (n = 18,423)**	**CPP 6+ months (n = 3,883)**	**CIC <12 months (n = 4,304)**	**CIC 12+ months (n = 4,577)**	**No intervention (N = 402,440)**
Gender: Female	51.3%[b]	46.0%[c]	49.9%[a,b]	52.5%[b]	48.8%[a]	48.8%[a]
Ethnicity: White British or Irish	80.2%[b]	80.4%[b]	81.3%[a,b]	76.1%[c]	84.7%[d]	81.3%[a]
Ethnicity: Asian	7.7%[b]	6.5%[c]	7.2%[b,c]	5.9%[c]	2.6%[d]	9.2%[a]
Ethnicity: Black	5.6%[b]	6.3%[c]	4.4%[a]	8.9%[d]	5.1%[a,b]	4.2%[a]
Ethnicity: Mixed	5.1%[b]	5.3%[b]	5.8%[b,c]	7.5%[d]	6.6%[c,d]	3.6%[a]
Ethnicity: Other (including Chinese)	1.4%[b]	1.5%[a,b]	1.2%[a,b]	1.6%[a,b]	1.0%[b]	1.7%[a]

CINP = Child in Need Plan; CPP = Child Protection Plan; CIC = Child in Care.

Note: Values in the same row with differing superscript letters were significantly different from each other.

Table 4.5 shows how the groups compared on measures of socio-economic status. On the IDACI measure of neighbourhood deprivation, children who received a social work intervention at some point during the school years were living in significantly more deprived areas at KS1 than were their peers. In addition, levels of deprivation at KS1 were higher for those who had or would experience a longer CPP or time In Care than for the other intervention groups. Eligibility for Free School Meals (FSM) was also significantly higher for those in receipt of interventions. The intervention groups were around 3-4 times as likely as their peers to be eligible for FSM at KS1 and KS2. At KS4, FSM eligibility had declined for the CIC 12+ months group, but was now over 3-5 times as likely for the other intervention groups as for their peers.

Table 4.5: Details of socio-economic status by highest level and longest duration of intervention from Children's Services

	CINP or CPP <6 months (n = 38,061)	CINP 6+ months (n = 18,423)	CPP 6+ months (n = 3,883)	CIC <12 months (n = 4,304)	CIC 12+ months (n = 4,577)	No intervention (N = 402,440)
IDACI (standardised score) at KS1	0.40[b]	0.41[b]	0.60[c]	0.57[c,d]	0.52[d]	-0.07[a]
Eligible for Free School Meals at KS1	37.4%[b]	40.0%[c]	52.7%[d,e]	50.3%[d]	53.6%[e]	13.2%[a]
Eligible for Free School Meals at KS2	43.3%[b]	47.0%[c]	64.3%[d]	53.6%[e]	39.8%[f]	13.3%[a]
Eligible for Free School Meals in Year 11	34.1%[b]	39.0%[c]	56.1%[d]	43.0%[e]	16.9%[f]	9.6%[a]

CINP = Child in Need Plan; CPP = Child Protection Plan; CIC = Child in Care; IDACI = Income Deprivation Affecting Children Index; KS = Key Stage.

Note: Values in the same row with differing superscript letters were significantly different from each other.

Table 4.6 shows how the groups compared on special educational needs and disabilities (SEND), measured across the school years. Overall, although all groups increased between KS1 and KS4 in the proportion of children with an identified SEND, children in receipt of social work interventions were significantly more likely to have an identified SEND than those with no interventions. There were also variations within groups and types of SEND. When looking at 'any type' of SEND, children who were CINP or CPP for less than 6 months were around twice as likely, and children who were CPP 6+ months were around 3 times as likely, to have an identified SEND as the larger peer group; longer-term CINP were around 4 times as likely; and those who spent time In Care were 4 to 6 times as likely. As might be expected, the highest levels of some SEND types were in the CINP 6+ months group: this was true for autistic spectrum disorders, hearing, visual and multisensory impairments, and physical disabilities. In contrast, other categories of SEND were far more prevalent in those who spent time In Care – in particular in the longer-term – than for those with lower levels of intervention: this was the case for both moderate and profound multiple learning difficulties, but was especially notable for behavioural, emotional and social difficulties (KS1 and KS2) and social, emotional and mental health difficulties (KS4). The latter was over 4 times as likely to occur in children who were CINP or CPP for less than 6 months as in the larger peer group, but was 10 times as common for Children in Care as for those with no intervention.

Table 4.6: Details of special educational needs and disabilities by highest level and longest duration of intervention from Children's Services

	CINP or CPP <6 months (n = 38,061)	CINP 6+ months (n = 18,423)	CPP 6+ months (n = 3,883)	CIC <12 months (n = 4,304)	CIC 12+ months (n = 4,577)	No intervention (N = 402,440)
KS1 SEND: Any type	10.3%[b]	22.8%[c]	14.3%[d]	21.4%[c]	29.1%[e]	4.7%[a]
KS1 SEND: Autistic spectrum disorder	0.6%[b]	3.3%[c]	0.6%[b]	1.7%[d]	2.3%[d]	0.3%[a]
KS1 SEND: Behavioural, emotional and social difficulties	2.2%[b]	3.3%[c]	3.4%[c]	5.6%[d]	7.9%[e]	0.7%[a]
SEND: Hearing/visual/multisensory impairment[1]	1.1%[b]	1.7%[c]	0.7%[a,b]	1.2%[b,c]	0.9%[a,b]	0.6%[a]
SEND: Physical disability[1]	0.9%[b]	3.7%[c]	1.1%[b,d]	1.4%[d]	1.8%[d]	0.5%[a]
KS1 SEND: Speech, language and communication difficulties	3.5%[b]	5.0%[c]	4.7%[c]	4.6%[c]	5.7%[c]	2.1%[a]
KS1 SEND: Specific learning difficulty	0.3%[b]	0.5%[c]	0.6%[b,c]	0.8%[c]	0.6%[b,c]	0.2%[a]
KS1 SEND: Moderate learning difficulty	2.0%[b]	2.9%[c]	2.9%[c]	3.6%[c]	5.5%[d]	0.8%[a]
KS1 SEND: Severe learning difficulty	0.3%[b]	2.5%[c]	0.5%[b]	2.2%[c]	3.6%[d]	0.1%[a]
SEND: Profound multiple learning difficulties[1]	0.1%[b]	1.8%[c]	0.4%[d]	1.6%[c]	1.9%[c]	0.04%[a]
KS1 SEND: Other	0.3%[b]	0.7%[c]	0.4%[a,b,c]	0.4%[b,c]	0.8%[c]	0.2%[a]
KS1 SEND Provision: No provision	71.5%[b]	58.8%[c]	64.0%[d]	57.7%[c]	48.7%[e]	85.4%[a]
KS1 SEND Provision: School Action	18.2%[b]	18.4%[b]	21.7%[c]	21.0%[c]	22.1%[c]	9.9%[a]
KS1 SEND Provision: School Action Plus	8.4%[b]	11.6%[c]	11.9%[c,d]	13.5%[d]	17.9%[e]	3.9%[a]
KS1 SEND Provision: Statement	1.9%[b]	11.2%[c]	2.5%[b]	7.9%[d]	11.2%[c]	0.8%[a]
KS2 SEND: Any type	19.6%[b]	34.2%[c]	25.7%[d]	35.9%[c]	46.3%[e]	8.2%[a]
KS2 SEND: Autistic spectrum disorder	1.3%[b]	4.8%[c]	1.0%[a,b]	2.5%[d]	3.1%[d]	0.7%[a]
KS2 SEND: Behavioural, emotional and social difficulties	5.4%[b]	7.6%[c]	8.3%[c]	13.2%[d]	16.8%[e]	1.3%[a]
KS2 SEND: Speech, language and communication difficulties	2.6%[b]	3.5%[c]	3.3%[b,c]	3.2%[b,c]	3.8%[c]	1.4%[a]
KS2 SEND: Specific learning difficulty	2.4%[b]	2.4%[b]	2.7%[b]	2.4%[b]	3.0%[b]	1.5%[a]
KS2 SEND: Moderate learning difficulty	5.7%[b]	7.0%[c]	7.7%[c,d]	8.4%[d]	11.4%e	3.1%[a]
KS2 SEND: Severe learning difficulty	0.5%[b]	3.3%[c]	0.7%[b]	3.0%[c]	3.7%[c]	0.2%[a]
KS2 SEND: Other	0.6%[b]	0.8%[c]	0.7%[b,c,d]	0.8%[b,c,d]	1.4%[d]	0.3%[a]
KS4 SEND: Any type	27.1%[b]	40.8%[c]	37.9%[d]	44.9%[e]	48.8%[f]	11.6%[a]
KS4 SEND: Autistic spectrum disorder	2.2%[b]	6.3%[c]	1.9%[b]	3.1%[d]	3.6%[d]	1.1%[a]
KS4 SEND: Social, emotional and mental health difficulties	9.6%[b]	11.1%[c]	17.8%[d]	21.8%[e]	20.7%[e]	2.1%[a]
KS4 SEND: Speech, language and communication difficulties	1.9%[b]	2.7%[c]	2.5%[b,c]	2.1%[b,c]	2.5%[b,c]	1.1%[a]
KS4 SEND: Specific learning difficulty	3.9%[b]	3.5%[b]	4.4%[b]	3.3%[a,b]	4.2%[b]	2.8%[a]
KS4 SEND: Moderate learning difficulty	5.9%[b]	6.9%[c]	7.5%[c,d]	7.2%[c,d]	8.7%[d]	2.7%[a]
KS4 SEND: Severe learning difficulty	0.5%[b]	3.3%[c]	0.6%[b]	2.6%[c]	3.2%[c]	0.1%[a]
KS4 SEND: Other	1.3%[b]	1.5%[b]	1.3%[b]	1.2%[b]	2.1%[c]	0.7%[a]
KS4 SEND: SEND support but no specialist assessment of type of need	0.5%[b]	0.5%[b,c]	0.7%[b,c]	0.9%[c]	0.8%[b,c]	0.2%[a]

CINP = Child in Need Plan; CPP = Child Protection Plan; CIC = Child in Care; SEND = special educational needs and disabilities; KS = Key Stage.

[1] These SEND categories combine information from KS1, KS2 and KS4 (see Chapter 3).
Note: Values in the same row with differing superscript letters were significantly different from each other.

Table 4.7 shows how the groups compared on school experiences including exclusions, absences, changes of school and use of non-mainstream schooling. The figures show that children in receipt of social work interventions were far more likely to have instability in their school lives than other children. Fixed-term exclusions were higher in both primary and secondary school: in Years 3-6, they missed at least 7 times as many sessions because of this as children with no intervention, and for the CIC 12+months group this was over 21 times as many sessions. In years 7-11, children with social work interventions at some point during the school years missed at least 5 times as many sessions for fixed-term exclusions as other children; at this point the highest rate was for the CIC < 12 months group, at 10 times as many sessions. Permanent exclusions during secondary school were most like the general population in the CIC 12+ months group, though they were still 5 times as likely to be excluded; for the shorter-stay Care group, this was even higher, and they were 15 times as likely to be excluded as children with no social work interventions.

The proportion of possible school sessions missed due to unauthorised absences was also considerably higher when comparing those with social work interventions to those without: between 2 and 5 times the level in Years 3-6, and between 3 and 7 times the level in secondary school. Around one-third of children with no social work interventions changed school in Years 3-6; this figure was between 10% and 23% higher for those experiencing interventions. Even when focusing on the final years of primary school (Years 5 and 6), between 18% and 27% of children who experienced interventions changed school, compared with just 10% of those with no interventions. School changes in Years 10 and 11 – the crucial exam years in secondary school – were far less common, occurring for just 1.6% of those with no interventions; but were between 3 and 6 times as likely for those experiencing interventions.

Finally, the use of non-mainstream schooling at both primary (KS2) and secondary school (KS4) was more commonplace for the social work intervention groups than for other children. At KS2, compared with 0.3% of the general population, the intervention groups were at least 6 times as likely to attend a non-mainstream school. The highest proportion were for the CINP 6+ months group, who were 30 times as likely to attend a non-mainstream school in comparison to those with

no intervention, and the CIC 12+ months group, who were 40 times as likely. At KS4, when 1.3% of those with no intervention were in a non-mainstream school, this was the case for almost 1 in 5 of the CINP 6+ months group, and almost one-quarter of all those with experience In Care.

Table 4.7: Details of school experiences by highest level and longest duration of intervention from Children's Services

	CINP or CPP <6 months (n = 38,061)	CINP 6+ months (n = 18,423)	CPP 6+ months (n = 3,883)	CIC <12 months (n = 4,304)	CIC 12+ months (n = 4,577)	No intervention (N = 402,440)
Mean total sessions missed for fixed-term exclusions Years 3 to 6	0.62[b]	0.86[c]	1.06[c]	1.49[d]	1.72[d]	0.08[a]
Mean unauthorised absences as a proportion of total possible sessions during KS2 (Years 3 to 6)	0.01[b]	0.01[c]	0.02[d]	0.01[e]	0.01[c,e]	0.004[a]
Changed school during KS2 (Years 3 to 6)	44.3%[b]	45.6%[c]	47.2%[c]	51.4%[d]	57.3%[e]	33.9%[a]
Changed school during Year 5 or 6	17.5%[b]	18.2%[b]	19.3%[b]	23.0%[c]	27.4%[d]	10.0%[a]
KS2 Non-mainstream school	1.8%[b]	9.2%[c]	3.1%[d]	8.4%[c]	12.0%[e]	0.3%[a]
Mean total sessions missed for fixed-term exclusions Years 7 to 11	5.90[b]	6.22[b]	9.64[c]	12.20[d]	8.96[c]	1.19[a]
Ever permanently excluded during secondary school (Years 7 to 11) (reference category: not excluded)	3.0%[b]	3.0%[b]	4.5%[c]	6.1%[d]	2.2%[e]	0.4%[a]
Mean unauthorised absences as a proportion of total possible sessions during secondary school (Years 7 to 11)	0.03[b]	0.04[b]	0.07[c]	0.05[d]	0.03[e]	0.01[a]
Changed school during KS4 (Years 10 to 11)	5.9%[b]	5.8%[b]	7.5%[c]	9.9%[d]	8.5%[c,d]	1.6%[a]
KS4 Non-mainstream school	8.2%[b]	18.5%[c]	14.8%[d]	24.3%[e]	24.8%[e]	1.3%[a]

CINP = Child in Need Plan; CPP = Child Protection Plan; CIC = Child in Care; KS = Key Stage.

Note: Values in the same row with differing superscript letters were significantly different from each other.

Table 4.8 gives further details about children's experiences of interventions: the first intervention that children received, their final intervention (whether concluded before Year 11 or ongoing at that point), and their overall experience with Children's Services interventions. Each variable is shown for the total group of children who had received any kind of intervention (*N* = 69,246), and then broken down by the 'highest level and longest duration of intervention' categories as described above.

Looking at the category of main need recorded for a child's first intervention, we acknowledge that the guidance for local authorities presents these as a hierarchy of categories from which they must choose only one, although children may experience multiple types of need. With this limitation in mind, the key differences were that: the CINP 6+ months group was significantly less likely than all other groups to have their main category of need recorded as abuse or neglect; a higher proportion of CINP 6+ months listed the child's disability as the category of need than both of the CIC groups, which in turn had a higher proportion in this category than the remaining groups; parental disability was least likely to be the category of need for the CINP or CPP <6 months, and most likely to be the category of need for the CIC <12 months; family dysfunction and socially unacceptable behaviour were both more likely for CIN or CPP <6 months and CPP 6+ months than for the other groups; and absent parenting was more likely to be the category of need for children who had spent time In Care than those who had not.

The majority of children in all groups ended their final intervention during the secondary school years. Children who had only ever experienced lower-level, shorter interventions were more likely to have ended their final intervention during primary school than those subject to longer Child Protection Plans or who had spent any amount of time In Care. Interventions were increasingly likely to be ongoing in Year 11 as the level and duration of intervention experiences increased, and the CIC 12+ months group were over 3 times as likely as the longer CINP group, and over twice as likely as the longer CPP group, to be in receipt of an intervention in Year 11.

Table 4.8: Details of Children's Services interventions by highest level and longest duration of intervention from Children's Services

	CINP or CPP <6 months (n = 38,061)	CINP 6+ months (n = 18,423)	CPP 6+ months (n = 3,883)	CIC <12 months (n = 4,304)	CIC 12+ months (n = 4,577)	Total (N = 69,246)
Category of main need recorded for first intervention was abuse or neglect	52.6%[a]	38.6%[b]	52.9%[a]	52.7%[a]	52.7%[a]	48.9%
Category of main need recorded for first intervention was child's disability	2.5%[a]	13.8%[b]	2.0%[a]	6.7%[c]	7.3%[c]	6.0%
Category of main need recorded for first intervention was parent's disability	2.3%[a]	3.1%[b]	3.6%[b,c]	4.5%[c]	3.8%[b,c]	2.8%
Category of main need recorded for first intervention was acute stress	10.7%[a]	10.6%[a]	11.0%[a]	10.3%[a]	11.3%[a]	10.7%
Category of main need recorded for first intervention was family dysfunction	18.9%[a]	17.3%[b]	20.1%[a]	16.0%[b]	16.0%[b]	18.2%
Category of main need recorded for first intervention was socially unacceptable behaviour	3.1%[a]	2.3%[b]	2.0%[b,c]	2.3%[b]	1.3%[c]	2.7%
Category of main need recorded for first intervention was low income	0.3%[a]	0.6%[b]	0.4%[a,b]	0.4%[a,b]	0.5%[a,b]	0.4%
Category of main need recorded for first intervention was absent parenting	0.6%[a]	0.6%[a]	0.4%[a]	1.3%[b]	1.2%[b]	0.7%
Final intervention ended in Years 1-6 (age 5-11)	36.1%[a]	38.5%[b]	13.4%[c]	18.2%[d]	14.3%[c]	32.9%
Final intervention ended in Years 7-11 (age 12-16)	63.9%[a]	61.5%[b]	86.5%[c]	81.6%[d]	85.4%[c]	67.0%
Final intervention ongoing in Year 11	21.2%[a]	24.7%[b]	30.9%[c]	49.5%[d]	78.7%[e]	28.2%
Child received only 1 period of intervention from Children's Services	63.8%[a]	71.0%[b]	1.7%[c]	3.1%[d]	4.8%[e]	54.5%
Child received 2 discrete periods of intervention from Children's Services	20.4%[a]	17.5%[b]	42.2%[c]	17.5%[b]	35.6%[d]	21.7%
Child received 3 discrete periods of intervention from Children's Services	8.5%[a]	6.9%[b]	27.8%[c]	25.5%[c]	22.0%[d]	11.1%
Child received 4 discrete periods of intervention from Children's Services	4.0%[a]	2.7%[b]	15.3%[c]	20.5%[d]	17.8%[e]	6.2%
Child received 5 or more discrete periods of intervention from Children's Services	3.3%[a]	1.8%[b]	13.1%[c]	33.4%[d]	19.8%[e]	6.4%
At least one intervention period started within 12 months of a previous intervention ending	16.9%[a]	13.1%[b]	32.0%[c]	35.9%[d]	24.5%[e]	18.4%
Mean total time in receipt of interventions (in days)	215.85[a]	967.56[b]	916.04[c]	1256.21[d]	2707.88[e]	684.47
Mean total time under CINPs (in days)	191.06[a]	950.42[b]	487.29[c]	734.37[d]	661.68[e]	473.37
Mean total time under CPPs (in days)	322.94[a]	N/A	437.16[b]	369.88[c]	384.46[c]	394.07
Mean total time as CIC (in days)	N/A	N/A	N/A	421.24[a]	1977.24[b]	1223.24

CINP = Child in Need Plan; CPP = Child Protection Plan; CIC = Child in Care; N/A = Not Applicable.
Note: Values in the same row with differing superscript letters were significantly different from each other.

Children who had experienced longer and higher-level interventions were more likely than those in other groups to have also experienced a higher number of periods with and without receipt of Children's Services. Over 80% of those who in the CINP or CPP <6 months and the CINP 6+ months groups had only ever had 1 or 2 periods of intervention; in contrast, over 59% of those in the CIC 12+ months group and over 69% of those in the CIC <12 months group had experienced 3 or more separate periods of intervention. There were also significant differences across all groups in the likelihood of beginning a new period of interventions within 12 months of the previous one ending, with the CINP 6+ months having the lowest likelihood and the CIC <12 months group having the highest likelihood. Finally, as might be expected, children who had spent time In Care had the highest number of total days in receipt of interventions.

Table 4.9 presents similar comparisons between children's experiences of interventions, but focuses on the subset of children who had been In Care at some point during the school years, and compare those who had ever had a longer stay (12 months or more continuously In Care) with those who had only ever been In Care in the shorter-term. For this analysis, we excluded any 'short breaks' (episodes of respite care), so that all comparisons are based only on non-respite Care placements; some children whose only experience of Care was through this type of respite placement are therefore excluded from the analysis. We present information on the first Care placement, their final placement (whether concluded before Year 11 or ongoing at that point), and their overall experiences of Care. As before, we used chi-square tests to compare the percentages for binary variables, and ANOVAs for mean values.

Table 4.9 shows that the two Care groups differed significantly on the timing of their first experience of Care. Three-quarters of those with shorter-term Care experiences had their first Care placement during secondary school, whereas two-thirds of those who had experienced a longer stay In Care had first entered Care before secondary school. The longer-term group was also more likely to have first entered Care due to abuse or neglect, whereas the shorter-term group was more likely to have entered for other reasons.

As might be expected, those with longer continuous stays In Care (the 12+ months group) had also experienced more days In Care in total, and three times as many placement changes during that time, as those who only ever had shorter stays In Care. Both groups spent the majority of their time in foster care, but this was true for significantly more of the longer-term than the shorter-term group; conversely, more of the shorter-term group had spent the majority of their time in residential or other types of Care.

Table 4.9: Details of interventions by longest duration as a Child in Care

	CIC <12 months excluding respite (n = 2,058)	CIC 12+ months (n = 4,480)
First placement In Care began in preschool (age 0-4)	7.2%[a]	26.7%[b]
First placement In Care began in Years 1-6 (age 5-11)	17.8%[a]	39.8%[b]
First placement In Care began in Years 7-11 (age 12-16)	74.9%[a]	33.5%[b]
Reason for first entry to Care was abuse or neglect	54.5%[a]	62.5%[b]
Reason for first entry to Care was disability	4.9%[a]	4.0%[a]
Reason for first entry to Care was any other reason	40.5%[a]	33.5%[b]
Mean of total time spent In Care (in days)	110.10[a]	268.61[b]
Mean number of non-respite placement changes	0.77[a]	2.39[b]
Majority of time In Care was in foster care	71.2%[a]	83.2%[b]
Majority of time In Care was in residential or other Care	27.4%[a]	16.7%[b]
Majority of time In Care was in private or third sector/voluntary Care	31.8%[a]	34.5%[b]
Majority of time In Care was outside of home local authority	31.5%[a]	34.4%[b]
Final placement In Care ended in Years 1-6 (age 5-11)	15.5%[a]	14.1%[a]
Final placement In Care ended in Years 7-11 (age 12-16)	83.2%[a]	84.8%[a]
Final placement In Care ongoing in Year 11	56.1%[a]	77.7%[b]
Final placement In Care was foster care	67.9%[a]	73.9%[b]
Final placement In Care was residential or other care	30.4%[a]	26.0%[b]
Final placement In Care was in private or third sector/voluntary Care	33.4%[a]	36.8%[b]
Final placement In Care was outside of home local authority	34.0%[a]	35.6%[a]
Mean SDQ score	N/A	13.79

SDQ = Strengths and Difficulties Questionnaire; N/A = Not Applicable.
Note: Values in the same row with differing superscript letters were significantly different from each other.

The type of provider and location of placements also differed between groups: longer-term children were significantly more likely to have spent the majority of their time In Care with a private or third sector/voluntary agency, or placed outside of their home local authority.

Finally, there were differences between groups regarding children's final Care placements. Although both groups were equally likely to have final placements ending during primary or secondary school, the longer-term group was more likely to have a Care placement ongoing in Year 11. They were also more likely than the shorter-term group to have final placements in foster care, and to be placed with a private or third sector/voluntary agency or outside of their home local authority.

Patterns of intervention

To describe the heterogeneity of children's longitudinal experiences, we identified groups of similar patterns based on the following key features that were considered relevant to policy and practice:

- The reason intervention from Children's Services was required (i.e. child disability vs any other reason)
- Whether a child was ever placed in a substitute permanence arrangement (i.e. adopted or subject to a Special Guardianship Order [SGO] or Residence Order [RO])
- The number of different types of intervention a child experienced across school Years 1 to 11: either a single type (CINP, CPP or CIC), or multiple types (2 or more of CINP, CPP or CIC)
- Whether each intervention type was 'longer' (defined as 12+ months for CIC and 6+ months for CINP and CPP) or 'shorter' (defined as <12 months for CIC and <6 months for CINP and CPP)
- The highest level of intervention a child experienced across school Years 1 to 11
- Whether an intervention was ongoing or concluded in Year 11
- For children who had more than one type of intervention, the pattern of these interventions (based on the simple hierarchy outlined in Tables 2 and 3), classed as:
    - 'Escalating' – where a child received a lower level of intervention and later received a higher level (i.e. CINP then CPP, CINP then CIC, CPP then CIC, or CINP then CPP then CIC)
    - 'De-escalating' – the opposite pattern to escalating, this is where a child first received a higher level of intervention and later received a lower level (i.e. CPP then CINP, CIC then CINP, CIC then CPP, or CIC then CPP then CINP)
    - 'Peaked' patterns of intervention – where the child's highest level of intervention was both preceded and followed by lower-level interventions, akin to experiencing and escalating pattern followed by a de-escalating pattern of intervention (i.e. CINP then CPP then CINP, CINP then CIC then CINP, CINP then CIC then CPP, CPP then CIC then CPP, CPP then CIC then CINP)

Based on these features, we developed a decision tree that attempts to group longitudinal patterns of intervention (Figure 4.11). This represents one approach to summarising the many different patterns of social work interventions that children experienced; we acknowledge that alternative approaches to grouping children might be more appropriate elsewhere.

Table 4.10 describes the 34 mutually exclusive sub-groups that emerged from the decision tree and summarises their prevalence. It should be noted that these sub-groups do not take account of the

number of times children were in receipt of interventions from Children's Services (i.e. whether they experienced one continuous period of intervention versus moving in and out of the Children's Services system), or other key information such as their age at the time of their first intervention. The addition of these factors would make for an even more complex set of sub-groups, but we have included them in our subsequent analyses.

Next page:

Figure 4.11: Decision tree used to classify longitudinal intervention from Children's Services

Decision points in the tree are highlighted in bold. Resultant sub-groups are highlighted with coloured boxes. CINP = Child in Need Plan; CPP = Child Protection Plan; CIC = Child in Care; KS = Key Stage.

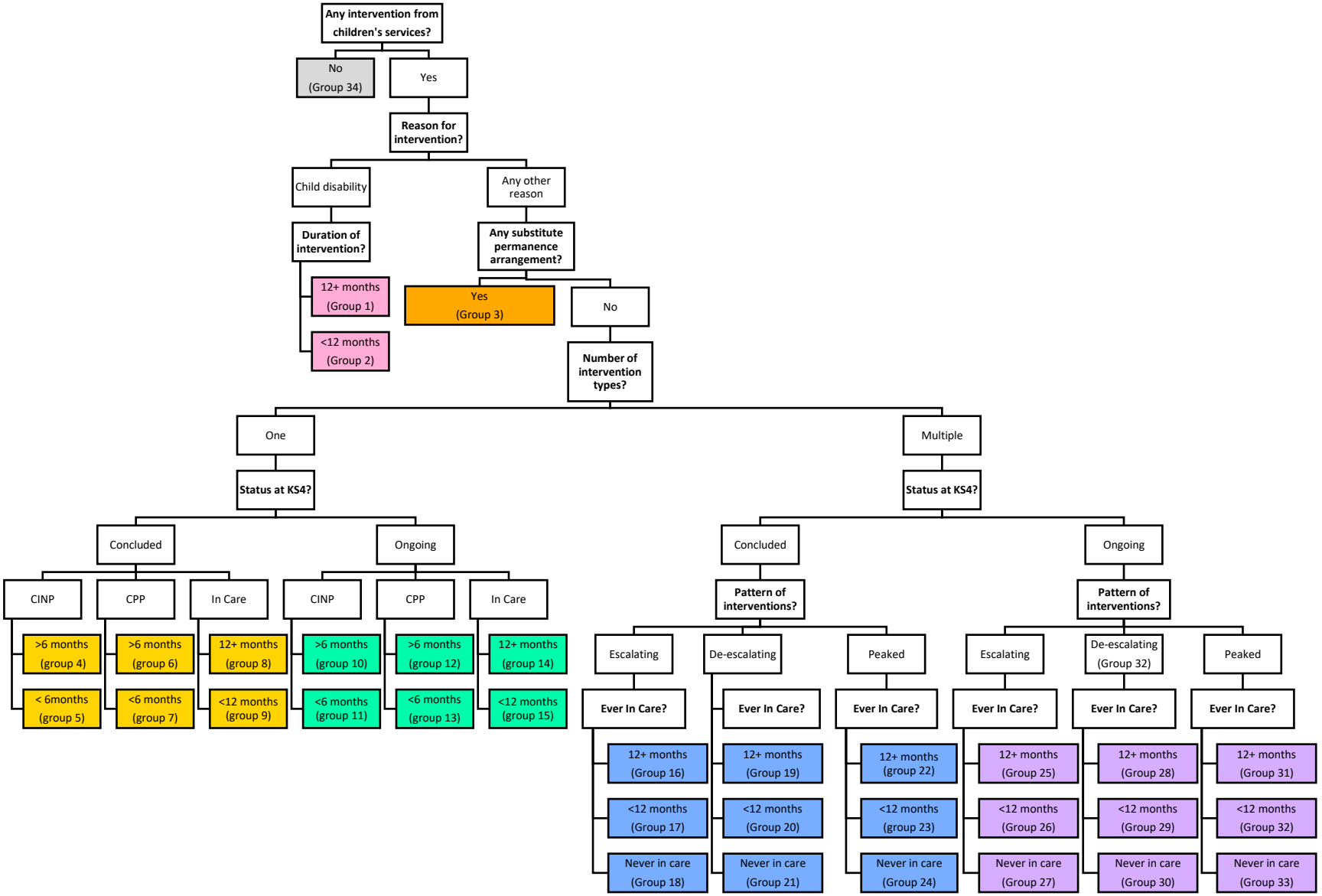

Any intervention from children's services?
No (Group 34)
Yes
Reason for intervention?
Child disability
Any other reason
Duration of intervention?
Any substitute permanence arrangement?
12+ months (Group 1)
<12 months (Group 2)
Yes (Group 3)
No
Number of intervention types?
One
Multiple
Status at KS4?
Status at KS4?
Concluded
Ongoing
Concluded
Ongoing
CINP
CPP
In Care
CINP
CPP
In Care
Pattern of interventions?
Pattern of interventions?
>6 months (group 4)
>6 months (group 6)
12+ months (group 8)
>6 months (group 10)
>6 months (group 12)
12+ months (group 14)
< 6months (group 5)
<6 months (group 7)
<12 months (group 9)
<6 months (group 11)
<6 months (group 13)
<12 months (group 15)
Escalating
De-escalating
Peaked
Escalating
De-escalating (Group 32)
Peaked
Ever In Care?
Ever In Care?
Ever In Care?
Ever In Care?
Ever In Care?
Ever In Care?
12+ months (Group 16)
12+ months (Group 19)
12+ months (group 22)
12+ months (Group 25)
12+ months (Group 28)
12+ months (Group 31)
<12 months (Group 17)
<12 months (Group 20)
<12 months (group 23)
<12 months (Group 26)
<12 months (Group 29)
<12 months (Group 32)
Never in care (Group 18)
Never in care (Group 21)
Never in care (Group 24)
Never in care (Group 27)
Never in care (Group 30)
Never in care (Group 33)

Table 4.10: Description and prevalence of sub-groups of intervention from Children's Services

	Sub-group description	N	% of cohort (N=471,688)	% of children with any intervention (N=69,246)	Further details
1	Disabled children with longer intervention(s) from Children's Services	3,118	0.7%	4.5%	Disabled children who were ever subject to a Child in Need Plan or Child Protection Plan for 6+ months continuously or In Care for 12+ months continuously.
2	Disabled children with shorter intervention(s) from Children's Services	1,372	0.3%	2.0%	Disabled children who were only ever subject to a Child in Need Plan or Child Protection Plan for <6 months continuously or In Care for <12 months continuously.
3	Children who were subject to a substitute permanence arrangement between Year 1 and 11[15]	850	0.2%	1.0%	Children who were ever placed in a substitute permanence arrangement (i.e. adopted or subject to a Special Guardianship Order [SGO] or Residence Order [RO]).
4	Child in Need Plan including at least 1 longer period of CINP: ended by Year 11	12,182	2.6%	17.6%	Children whose only intervention type was one or more Child in Need Plans, at least one of which lasted 6+ months continuously; no intervention in Year 11.
5	Child in Need Plan excluding any longer period of CINP: ended by Year 11	27,653	5.9%	39.9%	Children whose only intervention type was one or more Child in Need Plans, each one lasting less than 6 months continuously; no intervention in Year 11.
6	Child Protection Plan including at least 1 longer period of CPP: ended by KS4	67	0.0%	0.1%	Children whose only intervention type was one or more Child Protection Plans, at least one of which lasted 6+ months continuously; no intervention in Year 11.
7	Child Protection Plan excluding any longer period of CPP: ended by Year 11	31	0.0%	0.0%	Children whose only intervention type was one or more Child Protection Plans, each one lasting less than 6 months continuously; no intervention in Year 11.
8	Child in Care including at least 1 longer period as CIC: ended by Year 11	104	0.0%	0.2%	Children whose only intervention type was one or more periods as a Child in Care, at least one of which lasted 12+ months continuously; no intervention in Year 11.
9	Child in Care excluding any longer period as CIC: ended by Year 11	127	0.0%	0.2%	Children whose only intervention type was one or more periods as a Child in Care, each one lasting less than 12 months continuously; no intervention in Year 11.
10	Child in Need Plan including at least 1 longer period of CINP: ongoing in Year 11	2,830	0.6%	4.1%	Children whose only intervention type was one or more Child in Need Plans, at least one of which lasted 6+ months continuously; CINP ongoing in Year 11.

[15] Precise details of the substitute permanence arrangements for these children were unclear in our dataset. As such, although this group was controlled for in the regressions reported in Chapter 5, the lack of clarity on their status means that we are not reporting their results.

Sub-group description		N	% of cohort (N=471,688)	% of children with any intervention (N=69,246)	Further details
11	Child in Need Plan excluding any longer period of CINP: ongoing in Year 11	6,237	1.3%	9.0%	Children whose only intervention type was one or more Child in Need Plans, each one lasting less than 6 months continuously; CINP ongoing in Year 11.
12	Child Protection Plan including at least 1 longer period of CPP: ongoing in Year 11	0	0.0%	0.0%	Children whose only intervention type was one or more Child Protection Plans, at least one of which lasted 6+ months continuously; CPP ongoing in Year 11.
13	Child Protection Plan excluding any longer period of CPP: ongoing in Year 11	0	0.0%	0.0%	Children whose only intervention type was one or more Child Protection Plans, each one lasting less than 6 months continuously; CPP ongoing in Year 11.
14	Child in Care including at least 1 longer period as CIC: ongoing in Year 11	6	0.0%	0.0%	Children whose only intervention type was one or more periods as a Child in Care, at least one of which lasted 12+ months continuously; CIC in Year 11.
15	Child in Care excluding any longer period as CIC: ongoing in Year 11	19	0.0%	0.0%	Children whose only intervention type was one or more periods as a Child in Care, each one lasting less than 12 months continuously; CIC in Year 11.
16	Escalating interventions ending with a longer period of being In Care: ended by Year 11	550	0.1%	0.8%	Children whose first intervention was a Child in Need Plan or Child Protection Plan, and whose final intervention was a period as a Child in Care lasting 12+ months continuously. No intervention in Year 11.
17	Escalating interventions ending with a shorter period of being In Care: ended by Year 11	727	0.2%	1.0%	Children whose first intervention was a Child in Need Plan or Child Protection Plan, and whose final intervention was a period as a Child in Care lasting <12 months continuously. No intervention in Year 11.
18	Escalating interventions ending with a Child Protection Plan: ended by Year 11	3,297	0.7%	4.8%	Children whose first intervention was a Child in Need Plan, and who were subsequently placed on a Child Protection Plan (but were never In Care). No intervention in Year 11.
19	De-escalating interventions starting with a longer period of being In Care: ended by Year 11	37	0.0%	0.1%	Children whose first intervention was as a Child in Care for 12+ months continuously, who subsequently only received a lower level of intervention (Child Protection Plan and/or Child in Need Plan). No intervention in Year 11.
20	De-escalating interventions starting with a shorter period of being In Care: ended by Year 11	412	0.1%	0.6%	Children whose first intervention was as a Child in Care for <12 months continuously, who subsequently only received a lower level of intervention (Child Protection Plan and/or Child in Need Plan). No intervention in Year 11.

Sub-group description		N	% of cohort (N=471,688)	% of children with any intervention (N=69,246)	Further details
21	De-escalating interventions starting with a Child Protection Plan: ended by Year 11	67	0.0%	0.1%	Children whose first intervention was a Child Protection Plan, who subsequently only received a lower level of intervention (Child in Need Plan). No intervention in Year 11.
22	Peaked pattern of interventions including longer period of being In Care: ended by Year 11	0	0.0%	0.0%	Children whose first intervention was a Child in Need or Child Protection Plan, who were subsequently a Child in Care for 12+ months continuously, and then received a lower level of intervention (Child Protection Plan and/or Child in Need Plan). No intervention in Year 11.
23	Peaked pattern of interventions including shorter period of being In Care: ended by Year 11	666	0.1%	1.0%	Children whose first intervention was a Child in Need or Child Protection Plan, who were subsequently a Child in Care for <12 months continuously, and then received a lower level of intervention (Child Protection Plan and/or Child in Need Plan). No intervention in Year 11.
24	Peaked pattern of interventions excluding being In Care: ended by Year 11	827	0.2%	1.2%	Children whose first intervention was a Child in Need Plan, who were subsequently subject to a Child Protection Plan, and whose final intervention was a Child in Need Plan. Not In Care at any point. No intervention in Year 11.
25	Escalating interventions ending with a longer period of being In Care: ongoing in Year 11	3,257	0.7%	4.7%	Children whose first intervention was a Child in Need Plan or Child Protection Plan, and whose final intervention was a period as a Child in Care lasting 12+ months continuously. Intervention ongoing in Year 11.
26	Escalating interventions ending with a shorter period of being In Care: ongoing in Year 11	1,118	0.2%	1.6%	Children whose first intervention was a Child in Need Plan or Child Protection Plan, and whose final intervention was a period as a Child in Care lasting <12 months continuously. Intervention ongoing in Year 11.
27	Escalating interventions ending with a Child Protection Plan: ongoing in Year 11	1,821	0.4%	2.6%	Children whose first intervention was a Child in Need Plan, and who were subsequently placed on a Child Protection Plan (but were never In Care). Intervention ongoing in Year 11.
28	De-escalating interventions starting with a longer period of being In Care: ongoing in Year 11	290	0.1%	0.4%	Children whose first intervention was as a Child in Care for 12+ months continuously, who subsequently only received a lower level of intervention (Child Protection Plan and/or Child in Need Plan). Intervention ongoing in Year 11.
29	De-escalating interventions starting with a shorter period of being In Care: ongoing in Year 11	217	0.0%	0.3%	Children whose first intervention was as a Child in Care for <12 months continuously, who subsequently only received a lower level of intervention (Child

	Sub-group description	N	% of cohort (N=471,688)	% of children with any intervention (N=69,246)	Further details
					Protection Plan and/or Child in Need Plan). Intervention ongoing in Year 11.
30	De-escalating interventions starting with a Child Protection Plan: ongoing in Year 11	40	0.0%	0.1%	Children whose first intervention was a Child Protection Plan, who subsequently only received a lower level of intervention (Child in Need Plan). Intervention ongoing in Year 11.
31	Peaked pattern of interventions including longer period of being In Care: ongoing in Year 11	0	0.0%	0.0%	Children whose first intervention was a Child in Need or Child Protection Plan, who were subsequently a Child in Care for 12+ months continuously, and then received a lower level of intervention (Child Protection Plan and/or Child in Need Plan). Intervention ongoing in Year 11.
32	Peaked pattern of interventions including shorter period of being In Care: ongoing in Year 11	492	0.1%	0.7%	Children whose first intervention was a Child in Need or Child Protection Plan, who were subsequently a Child in Care for <12 months continuously, and then received a lower level of intervention (Child Protection Plan and/or Child in Need Plan). Intervention ongoing in Year 11.
33	Peaked pattern of interventions excluding being In Care: ongoing in Year 11	832	0.2%	1.2%	Children whose first intervention was a Child in Need Plan, who were subsequently subject to a Child Protection Plan, and whose final intervention was a Child in Need Plan. Not In Care at any point. Intervention ongoing in Year 11.
	Total for groups 1-33:	69,248	14.7%	100.0%	
34	Children who have not received any intervention from Children's Services	402,442	85.3%	N/A	Children who have never been on a Child in Need Plan or Child Protection Plan or been In Care. Includes children with referrals ending in no further action.

CINP = Child in Need Plan; CPP = Child Protection Plan; CIC = Child in Care; KS = Key Stage; N/A = not applicable.

Rows 4-15 of Table 4.10 show the numbers of children who had only experienced one type of intervention (CINP, CPP, or CIC) during the school years. This represents 71% (*n* = 49,256) of all children who had experienced any type of social work intervention in this time. With only a small number of exceptions (*n* = 354), most of these children had received no higher level of intervention than a Child in Need Plan. For those who had experienced more than one type of intervention (rows 16-33), the most common pattern was of escalating levels of intervention, accounting for 1 in 7 of all children with interventions from Children's Services.

Figures 4.12-4.14 show the educational attainment (at KS1, KS2 and KS4), and Figure 4.15 shows the educational progress (by KS4) of these sub-groups; the sub-groups are colour-coded according to the general pattern of intervention, as shown in the legend (e.g. disabled groups, single intervention type ended by Year 11). In each graph, the circle represents the mean score for the sub-groups as numbered in Table 4.10. The bars that extend above and below each circle show the 95% confidence intervals: estimated range of values within which the true mean is expected or likely to lie. These are larger for the sub-groups that contain fewer children (e.g. sub-groups 14 and 15), so their mean scores should be taken with caution. The dashed horizontal line shows the mean value for the group who had not received any interventions. Examining the distance between the mean (circle) for each group and the dashed line, therefore, shows the average size of the difference in attainment or progress between children in that sub-group and children who had not received a Children's Services intervention during school Years 1-11. The graphs appear to show different relationships between the intervention sub-groups and educational outcomes for primary (KS1 and KS2) and secondary school (KS4) outcome measures. Testing this statistically required some simplification of the categories.

Figure 4.12: Mean KS1 scores by intervention sub-group

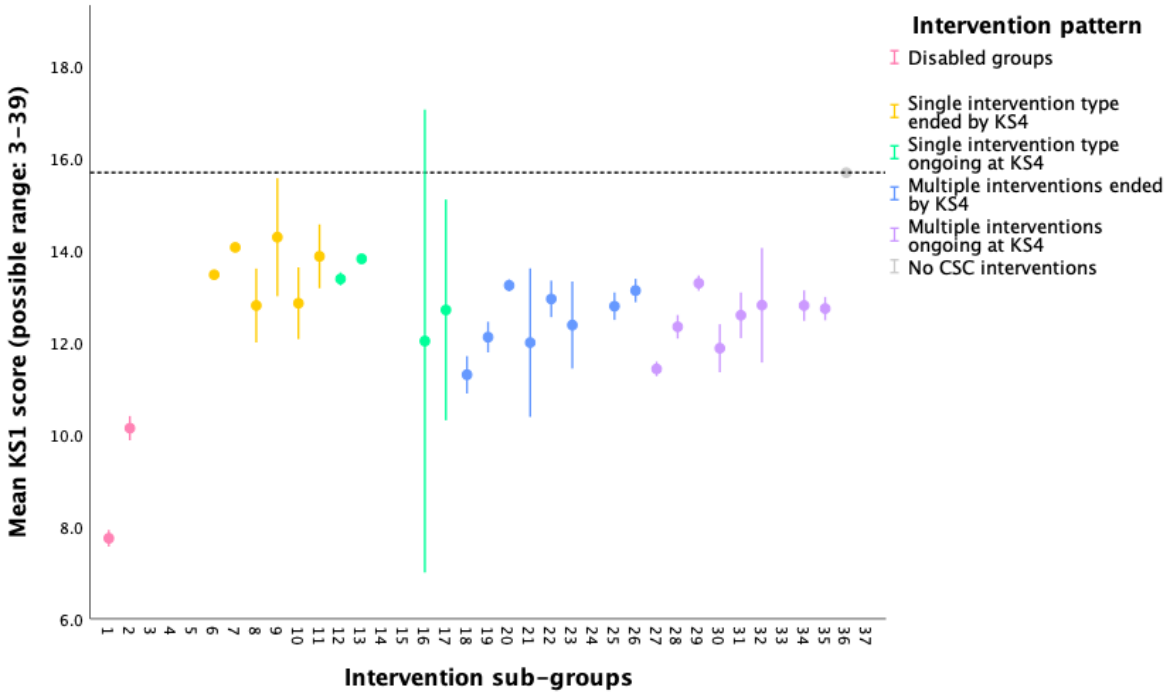


Figure 4.13: Mean KS2 scores by intervention sub-group

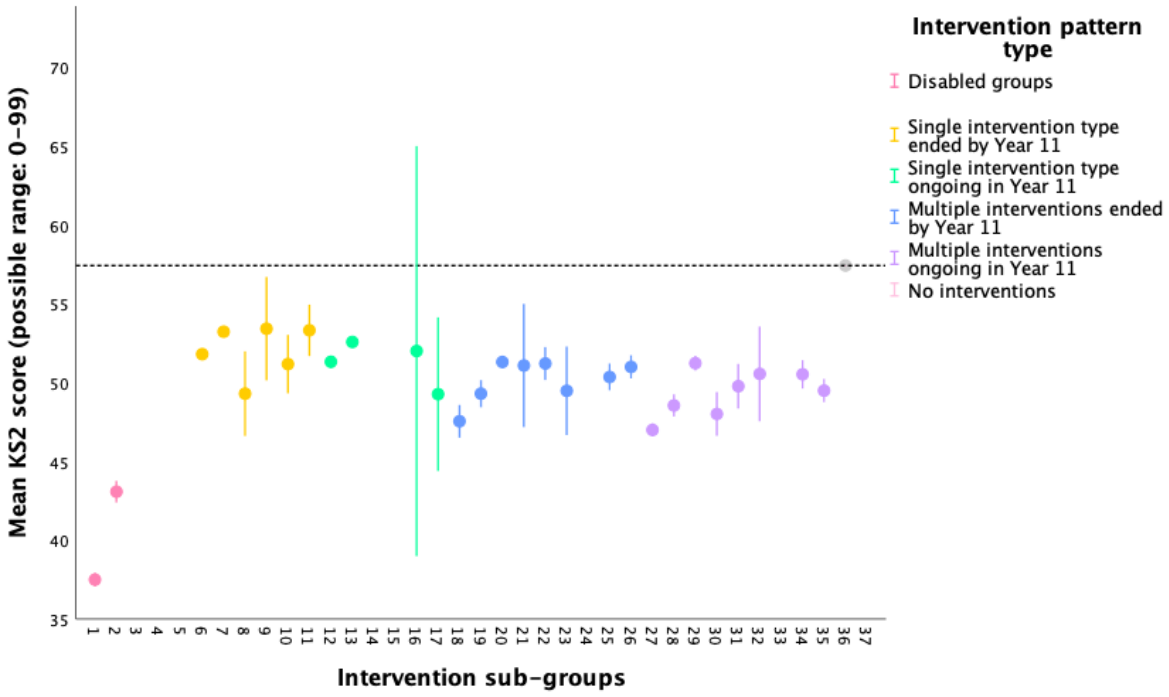


Figure 4.14: Mean KS4 Attainment 8 scores by intervention sub-group

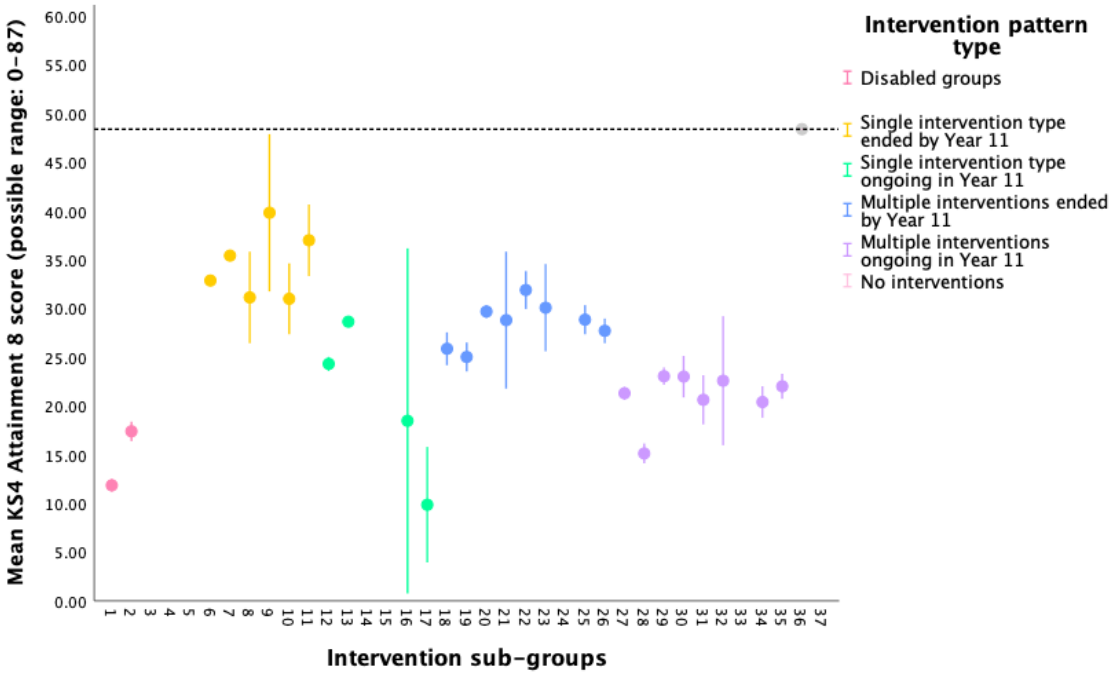
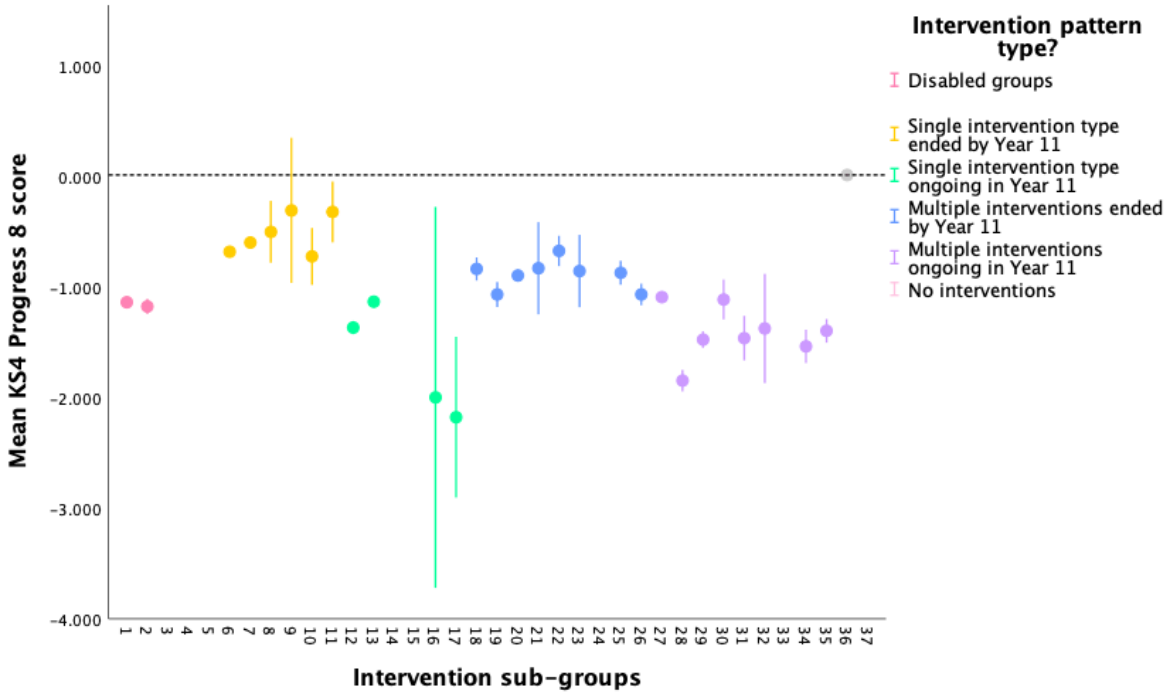


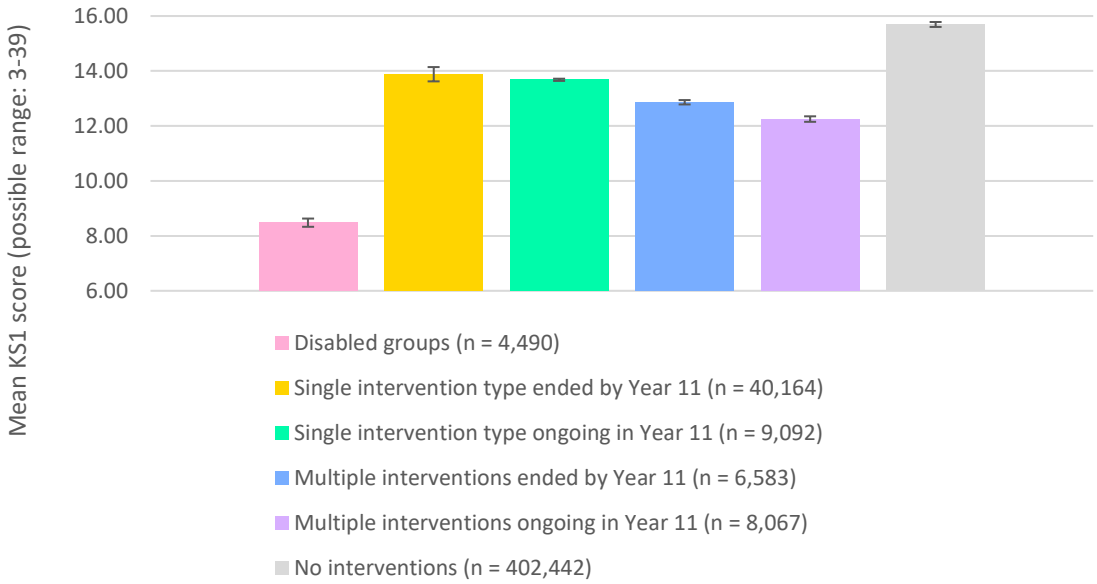
Figure 4.15: Mean KS4 Progress 8 scores by intervention sub-group



For ease of comparison, we combined our sub-groups into six broad 'intervention pattern types', reflected in the colour coding in Table 4.10. Figures 4.16 to 4.18 show the educational attainment (at KS1, KS2 and KS4), and Figure 4.19 shows the educational progress (by KS4) of these six intervention pattern types. ANOVAs showed that the intervention pattern types differed significantly on each outcome[16]. Tests showed that all intervention types differed significantly from each other on educational outcomes[17], with a small number of exceptions as noted below.

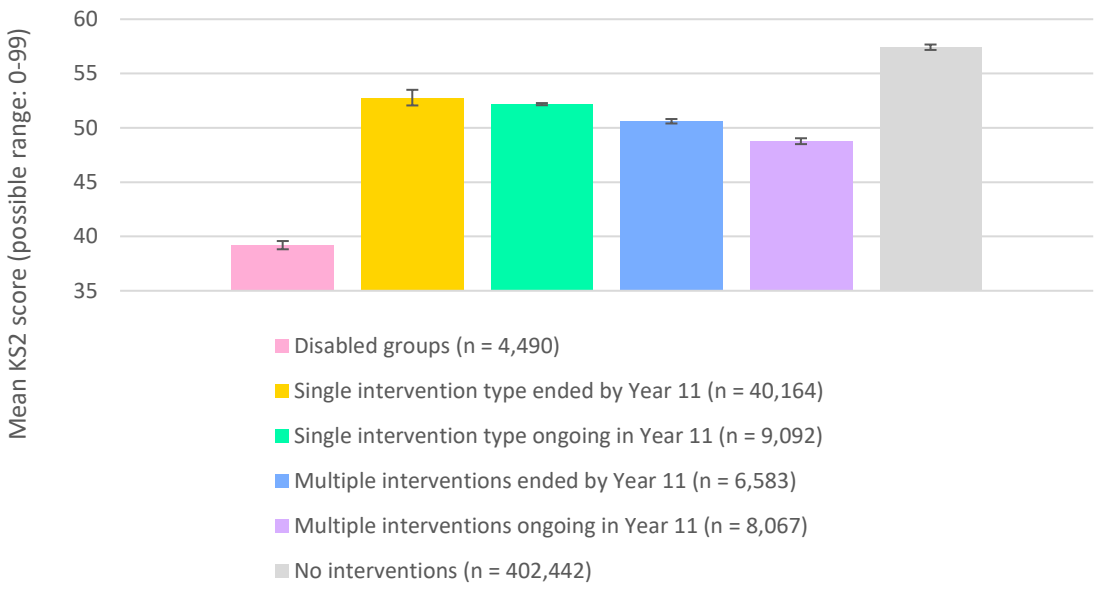
As shown previously, across all outcomes, those who had not received any type of Children's Services intervention were the highest-performing group. At KS1 and KS2, the key feature of intervention patterns across the school years appeared to be the types of intervention they had received: the highest scores were for the children who received a single type of intervention, with those whose intervention had ended by Year 11 doing better than those whose intervention was ongoing at that point; then children who had experienced multiple intervention types that had ended before Year 11; followed by those with multiple intervention types that were ongoing at Year 11; and finally those who were disabled, many of whom would have had special educational needs.

Figure 4.16: Mean KS1 scores by intervention pattern type



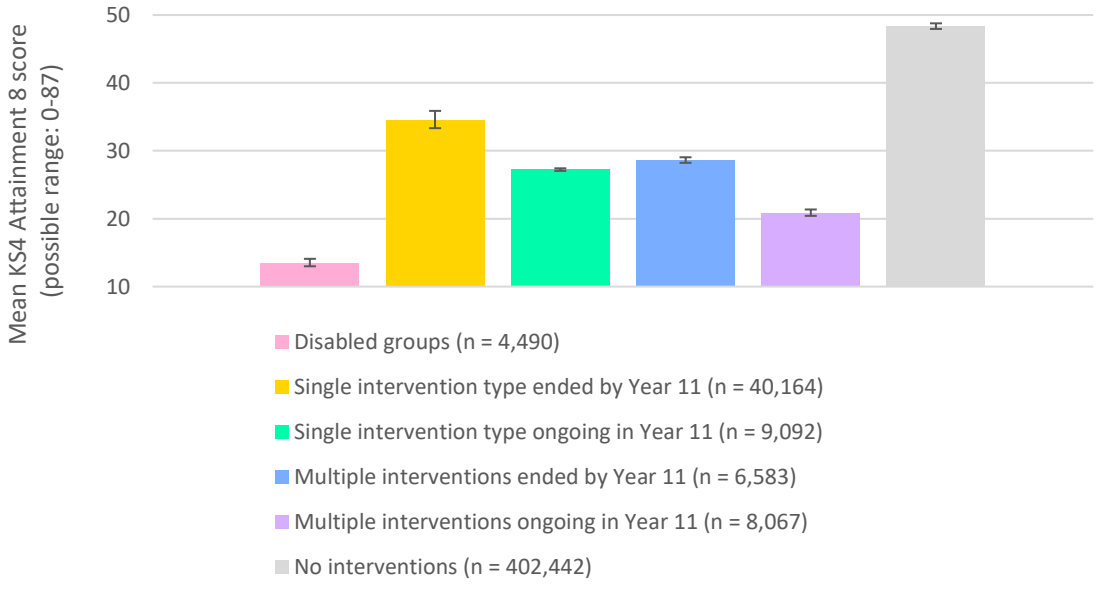
[16] All *ps* < .001.
[17] All *ps* < .001

Figure 4.17: Mean KS2 scores by intervention pattern type



For KS4 attainment, the pattern was different: after the general population, the highest attainers were those with a single intervention type that had ended by Year 11; but the next highest were those with multiple intervention types that had also ended by Year 11, closely followed by children with single intervention types that were ongoing in Year 11; then multiple intervention types ongoing in Year 11; and finally the sub-groups with disabilities. As might be expected, then, our measure of whether Children's Services interventions were ongoing in Year 11 was important for children's KS4 attainment.

Figure 4.18: Mean KS4 Attainment 8 scores by intervention pattern type



This pattern was more obvious for the outcome of progress, where the most progress after the general population was made by children whose interventions had ceased by Year 11: first were those with a single intervention type; followed by multiple types; the next two groups –disabled children, and those with a single intervention type ongoing in Year 11 – did not differ significantly from each other; and the least progress was made by children who had experienced multiple types of intervention and who were in receipt of interventions in Year 11.

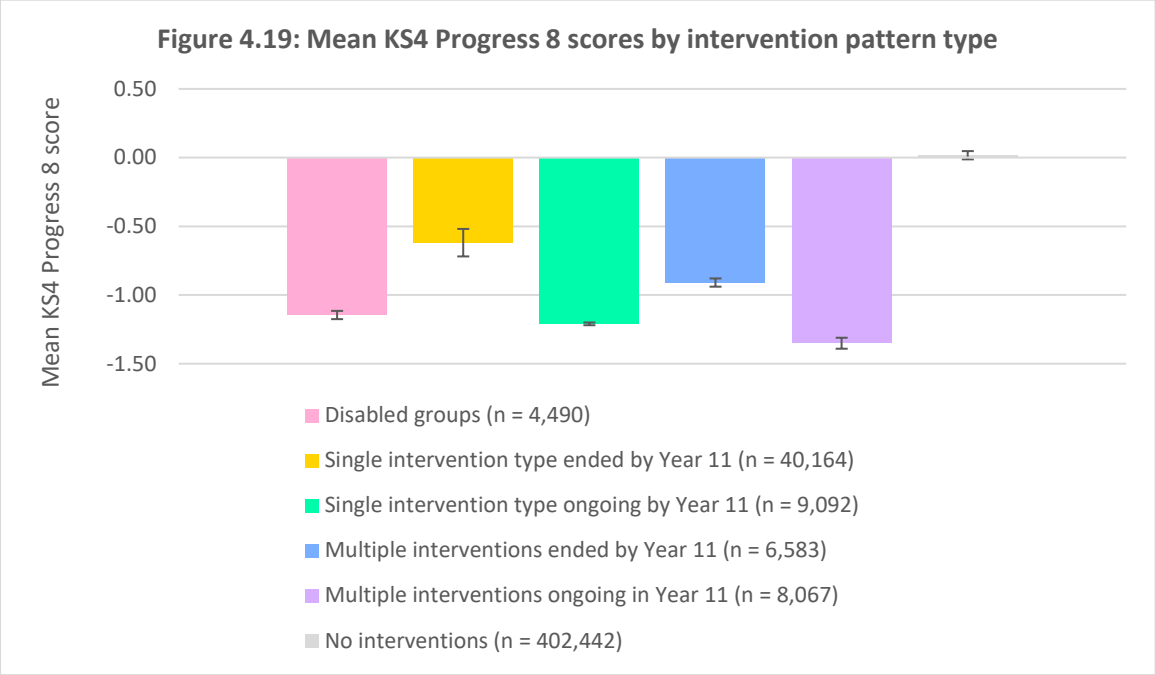
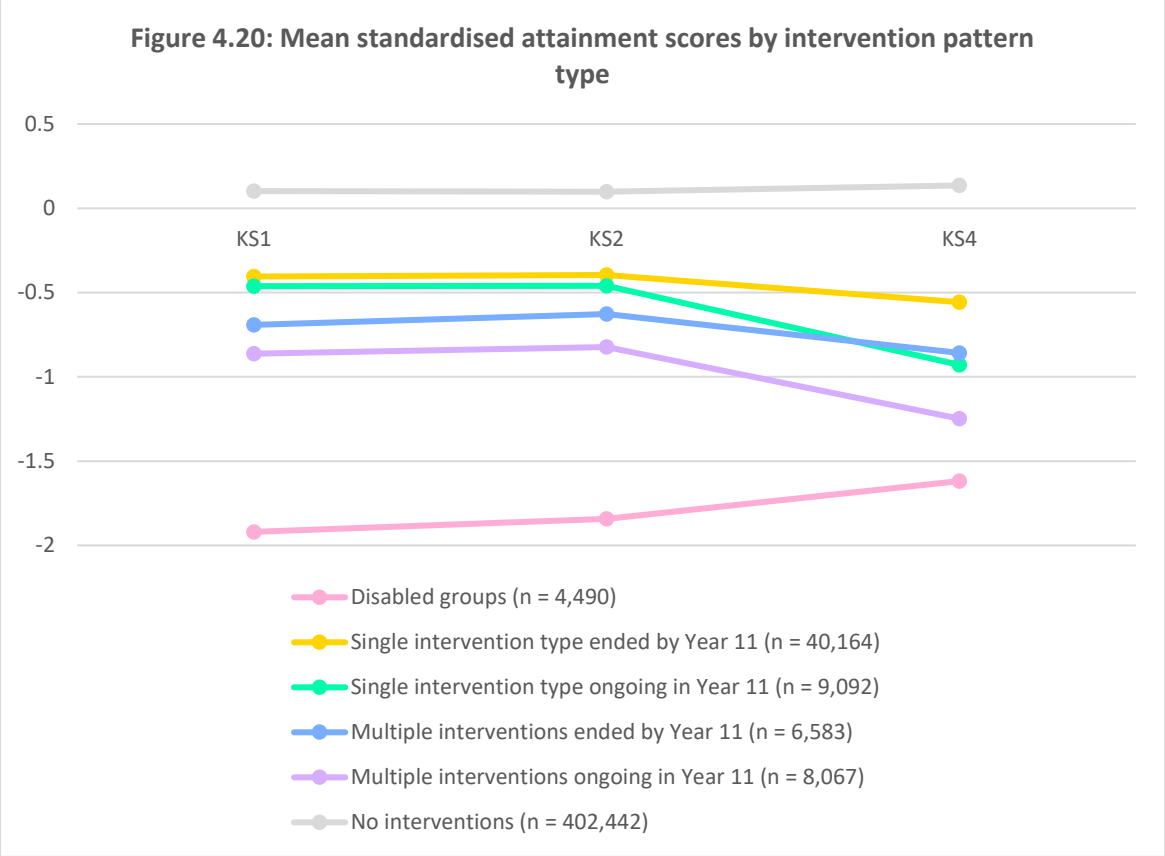


Figure 4.20 presents the standardised scores for attainment at each Key Stage for each of our intervention pattern types. Here, we see that children in receipt of interventions due to disability have the lowest average attainment at KS1 (1.84*SD* lower than the national average, placing them behind around 97% of their peers) but actually improve their relative standing between KS2 and KS4 (by 0.22*SD*). The other intervention groups start nearer to the national average at KS1, but all experience a widening of the gap between KS2 and KS4. The smallest of these are for children in receipt of interventions that have ended by Year 11 (growing by 0.16*SD* for a single intervention type and 0.23*SD* for multiple types). The gap widened most for those whose interventions were ongoing in Year 11 (growing by 0.42*SD* for multiple intervention types and 0.47*SD* for a single intervention type).



CINP = Child in Need Plan; CPP = Child Protection Plan; CIC = Child in Care; KS = Key Stage

Conclusion

Research Question 1: Compared with all pupils, what are the educational attainments and progress of children who experience being in need and/or looked after at some stage of their schooling in England?

Our study benefitted from the availability of national datasets on children's educational attainment and their receipt of interventions for Children's Services. Our dataset was limited in that children whose only interventions occurred before they started attending school could not be identified. We are also unable to make causal inferences from our findings, since our methods of grouping children do not specify whether interventions took place before or after Key Stage tests. Notwithstanding these limitations, some interesting findings have emerged from this research question which represent an important contribution to knowledge on this topic.

Our descriptive analyses showed that as many as 1 in 7 children in our complete-case cohort had received an intervention from Children's Services at any stage between Year 1 and Year 11. The Children in Need review (DfE, 2019b) previously found this was the case for 1 in 10 children when

using 6 consecutive years of data; our analyses, therefore, show that taking the whole period of schooling into account leads to a higher estimate of the prevalence of Children's Services interventions in England.

We described the experience of interventions from Children's Services in two ways: classifying children according to their highest level and longest duration of intervention, and with a more fine-grained approach that captured the detail of children's experiences to create sub-groups of intervention patterns. Both of these approaches can be related to educational attainment, and each might prove useful for policy makers and practitioners for different contexts and purposes.

Half of all interventions experienced by children consisted of a single, short-term Child in Need Plan or Child Protection Plan. Three-quarters of those in receipt of interventions during the school years had had no higher level of intervention than a Child in Need Plan in that time. For those who had experienced more than one type of intervention, the most common pattern was of escalating levels of intervention, accounting for 1 in 7 of all children with interventions from Children's Services. Excluding children whose primary need for intervention was a disability, a quarter of those who had any interventions were receiving an intervention in Year 11.

A comparison across groups on other variables that we might expect to be related to educational attainment and progress showed that children in receipt of social work interventions at some point during the school years were over-represented in terms of a number of forms of disadvantage. First, they lived in significantly more deprived neighbourhoods, and were more likely to be entitled to Free School Meals, than those who received no interventions. Second, they were more likely than their peers to have a special educational need or disability, with a particularly high rate of children with behavioural, emotional and social difficulties (KS1 and KS2) and social, emotional and mental health difficulties (KS4) amongst those who spent time In Care. Thirdly, those with social work interventions were more likely to experience disruptions to their schooling in terms of exclusions, absences and school changes; and were more likely to attend non-mainstream schools than their peers.

Educational attainment and progress were poorer when children had experienced higher levels of intervention, but were best for those with nothing greater than a Child in Need Plan or a Child Protection Plan lasting under 6 months. We identified differences in the relationship between patterns of intervention and the Key Stage at which attainment was measured; these represent associations and should not be interpreted as causal factors. For KS1 and KS2 attainment, the key feature of intervention patterns across the school years appeared to be the types of intervention they received across their time in school: the highest scores were for the children who received a single type of intervention, with those whose intervention had ended by Year 11 doing better than

those whose intervention was ongoing at that point. For KS4 attainment and progress, the types of intervention received were less important than whether intervention was ongoing in Year 11.

The attainment gap between children in receipt of interventions and their peers widened between KS2 and KS4. By exploring the heterogeneity of children's experiences with interventions, we were able to show that this widening of the gap is more likely for some groups than others. In particular, the gap widened the most for those in receipt of longer-term CPP interventions and those In Care short-term, and less so for those receiving shorter, lower-level interventions of who had been In Care for a longer time. In our analysis of intervention patterns, we found that those whose interventions were ongoing in Year 11 had on average a wider gap at that point than those whose interventions had ended.

Overall, the results suggest a more complex picture regarding the educational attainments and progress of children who experience being In Need and/or In Care at some stage of their schooling than might be assumed from the type of group comparisons most usually seen (such as those we began with in Figures 4.1 to 4.4). Capturing the nuance of individual children's interventions is important not only because it reflects the 'real world' of their experiences, but because differences in the type and timing of interventions relates to their educational attainment and progress. In this chapter, we have presented some direct associations between intervention experiences and attainment. In the next chapter, we examine whether differences in children's experiences of interventions can actually predict how well they do in their KS4 exams, and whether these predictions hold when we take account of other influential factors such as special educational needs and disabilities (SEND) and socio-economic deprivation.

5. Analysis of National Administrative Education and Social Care Data: Part 2 – Factors associated with attainment at Key Stage 4

This chapter addresses our second and third research questions:

2. What are the factors associated with attainment at Key Stage 4?
3. How can we account for children who succeed in their educational attainments at 16 years despite experiencing severe early adversity requiring social work intervention?

Our approach to answering these questions uses the same 'complete-case cohort' of children as described in Chapters 3 and 4. This chapter now reports the findings from a series of multiple regressions (that is, testing multiple variables in combination), which were used to identify the factors that predict educational attainment at KS4. We used a hierarchical modelling approach, which allowed us to determine the role of young people's intervention experiences in predicting KS4 attainment, after controlling for their individual characteristics, socio-economic status, and educational experiences and attainment at each Key Stage. We present an abbreviated version of each regression table to show how these relationships change with the addition of new information from Key Stages 1, 2, and 4; full regression models are shown in Appendix A.

Each regression differs in terms of the variables entered in Models 1 and 2, according to the research question being investigated. A standard set of variables is used in Models 3 to 5 across all regressions, covering individual characteristics and educational experiences at Key Stages 1, 2, and 4 (see Chapter 3 for full details of the variables used). For each regression, we present the key findings for each model in turn, using the unstandardised coefficients from the regression models. The unstandardised coefficient shows the direction (positive or negative) and the size of the relationship between the predictor and the outcome, and represents the change in outcome (KS4 Attainment 8 score) associated with a change of one unit in the predictor. Interpreting the role of each predictor requires reading all models to see how information held about the child at different time points helps to explain their KS4 attainment.[18]

[18] Interpreting every coefficient in the model is difficult because the size and direction of the relationship between an individual predictor and the outcome can be affected by the particular set of variables that appear in the same model. In some cases, a seemingly simple positive or negative coefficient might mask an interaction effect, whereby the relationship between one predictor and the outcome is affected by a second predictor. For example, we might find that the relationship between a particular special educational need or disability and KS4 attainment differs according to whether the child is placed in a mainstream or a non-mainstream school. Models that include information on such 'interaction effects' can be very informative but also add a further layer of complexity to the analysis and the interpretation of findings. For this reason, we do not report on any interaction effects here, though we would consider including relevant interaction effects in future modelling of the data.

Some predictors change in the nature of their relationship with the outcome as more variables are added to the regression, but this does not mean they are not 'important': rather, it indicates that a substantial part of any relationship between a particular factor and KS4 attainment is explainable by other difficulties (for example, special educational needs and disabilities). In some cases, these changes might indicate an underlying but unmeasured difficulty (for example, a difficulty that is related both to the likelihood of requiring an intervention from Children's Services and to the likelihood of being excluded from school).

For clarity, we provide two 'rules of thumb' in interpreting the results:

- The range of possible scores at KS4 in 2017 is from 0 to 87, summing the total score across 10 entries (8 exam subjects, with English and mathematics double weighted). To interpret how 'important' a predictor is, coefficients of 1.0 (whether positive or negative) represent roughly a difference of one grade in one exam subject.[19]
- In this chapter, we discuss binary predictors, such as the contrast between each of our intervention history groups and those who have never received social work intervention, only if their coefficients are larger (whether positive or negative) than the size of the coefficient for gender in each model. We have selected this cut-off as it represents the size of the relationship for a factor that is a well-established predictor of attainment in existing literature (for example in Regression 1 this threshold is 3 points, because girls on average score 3 points higher than boys at KS4 after accounting for earlier attainment). Readers wishing to see all the coefficients should visit the full regression models in Appendix A.

What are the factors associated with KS4 attainment?

We began by using multiple regressions to identify the factors that predict educational attainment in our complete-case cohort, then in the subset of children who had received any intervention from Children's Services, and finally in the subset of children who had ever spent time In Care.

For our complete-case cohort, we used the intervention sub-groups identified in Table 4.10[20]. The analysis also includes a measure showing the number of separate periods of intervention a child had

[19] In 2017, English and mathematics GCSEs in England were awarded on the reformed 1-9 scale. Legacy GCSEs on the A*-G scale were given points score equivalents on the new 1-9 scale. For further detail on the calculation of Attainment 8 in 2017 see DfE (2019h).

[20] We also conducted a separate regression using the information about the highest level and duration of intervention from Table 4.3. The results of this regression were largely similar to those of Regression 1, but the intervention sub-groups are more informative in terms of the nuance of children's experiences. We include the additional regression in Appendix A for interest, but do not comment on it further in this chapter.

from Children's Services. Additional variables detailing children's interventions are reserved for our subsequent analyses with the subset of children who had received an intervention.

Regression 1: Intervention sub-groups as predictors of KS4 attainment in the complete-case cohort

For the purposes of regression analysis (which requires minimum group sizes to provide the statistical power needed to detect any significant relationships), we combined all sub-groups with 40 or fewer cases (i.e. sub-groups 7, 12-15, 19, 22, 30, and 31) to produce a final sub-group (number 35) that represented 'Any other pattern of intervention' (*n* = 133); this left us with 26 sub-groups to use in the regression.

Variables were entered into the regression as follows:

- Model 1 consisted of the 24 of our 26 sub-groups that included a Children's Services intervention[21], to examine their unique relationship with KS4 attainment in the absence of any other predictor variables. The comparison group for reference is the larger group (*n* = 402,442) who had not received any type of intervention.
- Model 2 added the number of intervention periods, to see whether this was an additional predictor of attainment and whether it altered the predictive power of any of our sub-groups.
- Model 3 added measures gathered at KS1 (age 7): children's individual characteristics (gender, ethnicity, and special educational needs and disabilities), socio-economic status (eligibility for free school meals and relative position on the Income Deprivation Affecting Children Index) and KS1 attainment.
- Model 4 added measures from KS2 (age 11): special educational needs and disabilities, eligibility for free school meals, and type of school attended; fixed-term exclusions, unauthorised absences and school changes during KS2[22]; and KS2 attainment.
- Model 5 added measures from KS4 (age 16): special educational needs and disabilities, eligibility for free school meals, and type of school attended; and both permanent and fixed-term exclusions, unauthorised absences and school changes during secondary school.

The addition of further variables in each model was associated with a significant improvement in model fit[23]. There was a significant increase in variance explained in each model. Knowledge about

[21] Those who experienced substitute permanence arrangements were included as controls but are not presented here, as explained in Chapter 4.
[22] All regressions use the variable 'Changed school during KS2 (Years 3 to 6)'. We also tested the models using the variable 'Changed school during Year 5 or 6' and this made very little difference to the coefficients.
[23] All *ps* < .001.

which pattern of intervention children had experienced could explain 12% of the variance in KS4 attainment (Model 1), but the addition of information about the (in)stability of these interventions (Model 2) explained only a further 1% of the variance. Individual characteristics and socio-economic variables as measured at KS1 (Model 3) increased this by 38%, and information from KS2 (Model 4) by a further 9%. Finally, the addition of KS4 variables in Model 5 added a further 5% of variance explained. Having all of this information explains 65% of the variance in KS4 Attainment 8 scores.

This indicates firstly, that having information about young people's characteristics, socio-economic status, and earlier attainment, is more useful for predicting attainment at age 16 than simply knowing what pattern of interventions from Children's Services they have experienced. It also shows that the regression models (and the national datasets from which they are drawn) include a powerful set of predictors for KS4 attainment. Whereas regression models built to predict educational attainment in the general population can explain substantial variance in the outcome (e.g. Strand's [2014] analysis of English national data explained 51.3% of the variance in KS4 attainment), research in the field of Children's Services interventions more typically produces figures of around 20-40% (e.g. explaining 38.2% of the variance in educational success in Tessier et al., 2018; and 27.4% of 'behaviour problems' in Newton et al., 2000).

Tables 5.1 and 5.2 present information on the role of individual predictors in each model. Table 5.1 is useful to see how the relationship between individual intervention variables and KS4 attainment are affected by the addition of information from Key stages 1, 2, and 4. Table 5.2 outlines the significant predictors of KS4 attainment in each model.

Table 5.1: Regression 1 – Five-step multiple regression for KS4 Attainment 8 using intervention sub-groups

	Model 1	Model 2	Model 3	Model 4	Model 5
R^2	.12	.13	.51	.60	.65
	Unstandardised coefficients				
Constant	48.37	48.37	-4.59	-30.51	-25.30
Intervention sub-group (reference category: no intervention)					
Disabled children with longer intervention(s) from Children's Services (n = 3,118)	-36.52***	-34.51***	-7.22***	-4.48***	-1.84***
Disabled children with shorter intervention(s) from Children's Services (n =1,372)	-30.98***	-27.36***	-7.87***	-4.86***	-1.96***
Child in Need Plan (including at least 1 longer period of CINP): ended by Year 11 (n = 12,238)	-15.52***	-14.34***	-5.54***	-3.74***	-1.87***
Child in Need Plan (excludes any longer period of CINP): ended by Year 11 (n = 27,687)	-12.97***	-11.57***	-5.39***	-4.08***	-2.67***
Child Protection Plan (including at least 1 longer period of CPP): ended by Year 11 (n = 67)	-17.26***	-17.13***	-5.14***	-1.41	1.01
Child in Care (including at least 1 longer period as CIC): ended by Year 11 (n = 104)	-17.39***	-16.94***	-5.56***	-4.58***	-3.28**
Child in Care (excludes any longer period as CIC): ended by Year 11 (n = 127)	-11.39***	-10.75***	-4.34***	-3.48**	-2.34*
Child in Need Plan (including at least 1 longer period of CINP): ongoing in Year 11 (n = 2,834)	-24.07***	-21.56***	-13.13***	-11.35***	-5.07***
Child in Need Plan (excludes any longer period of CINP): ongoing in Year 11 (n = 6,242)	-19.75***	-17.07***	-10.53***	-9.30***	-5.35***
Escalating interventions ending with a longer period of being In Care: ended by Year 11 (n = 550)	-22.52***	-17.12***	-2.65***	-2.19***	-2.70***
Escalating interventions ending with a shorter period of being In Care: ended by Year 11 (n = 728)	-23.36***	-16.05***	-5.62***	-5.15***	-2.92***
Escalating interventions ending with a Child Protection Plan: ended by Year 11 (n = 3,303)	-18.70***	-12.66***	-4.90***	-3.68***	-1.72***
De-escalating interventions starting with a shorter period of being In Care: ended by Year 11 (n = 417)	-16.49***	-9.80***	-1.72*	-1.30*	-1.98***
De-escalating interventions starting with a Child Protection Plan: ended by Year 11 (n = 67)	-18.30***	-12.66***	-1.71	-0.15	-0.05
Peaked pattern of interventions including shorter period of being In Care: ended by Year 11 (n = 669)	-19.54***	-11.03***	-2.94***	-2.15***	-2.43***
Peaked pattern of interventions excluding being In Care: ended by Year 11 (n = 829)	-20.68***	-12.29***	-4.57***	-3.44***	-2.17***
Escalating interventions ending with a longer period of being In Care: ongoing in Year 11 (n = 3,259)	-27.09***	-19.99***	-5.86***	-4.64***	-3.36***
Escalating interventions ending with a shorter period of being In Care: ongoing in Year 11 (n = 1,122)	-33.25***	-24.91***	-15.45***	-14.00***	-6.57***
Escalating interventions ending with a Child Protection Plan: ongoing in Year 11 (n = 1,823)	-25.33***	-18.16***	-11.40***	-10.29***	-3.74***
De-escalating interventions starting with a longer period of being In Care: ongoing in Year 11 (n = 292)	-25.38***	-16.21***	-4.14***	-3.61***	-4.85***
De-escalating interventions starting with a shorter period of being In Care: ongoing in Year 11 (n = 218)	-27.75***	-19.21***	-10.58***	-9.81***	-6.00***
Peaked pattern of interventions including shorter period of being In Care: ongoing in Year 11 (n = 493)	-27.98***	-18.69***	-10.62***	-10.18***	-5.69***

	Model 1	Model 2	Model 3	Model 4	Model 5
Peaked pattern of interventions excluding being In Care: ongoing in Year 11 (n = 833)	-26.37***	-17.41***	-9.09***	-7.37***	-2.27***
Any other pattern of Children's Services intervention (n = 133)	-22.05***	-17.64***	-7.89***	-7.18***	-2.37*
Periods of intervention (reference category: 1 period of intervention)					
Child had 2 periods of intervention from Children's Services		-4.17***	-2.01***	-1.25***	0.15
Child had 3 periods of intervention from Children's Services		-6.71***	-3.40***	-2.11***	0.42*
Child had 4 periods of intervention from Children's Services		-8.44***	-4.89***	-3.01***	0.51*
Child had 5 or more periods of intervention from Children's Services		-11.00***	-5.68***	-3.26***	1.98***
Includes variables from Key Stage 1			•	•	•
Includes variables from Key Stage 2				•	•
Includes variables from Key Stage 4					•

$^{*}p < .05$; $^{**}p < .01$; $^{***}p < .001$

Table 5.2: Regression 1 key predictors

Model 1

Intervention sub-groups: In Model 1, membership of each of our sub-groups was related to lower KS4 attainment (by between 11 and 37 points), in comparison with children who had not received any intervention. Two of the three most substantial relationships were for the sub-groups of children receiving interventions concerning disabilities: compared with children with no interventions, disabled children scored 37 fewer points at KS4 if they had received a longer-term intervention and 31 points fewer if their intervention was shorter. Overall, children whose interventions were ongoing in Year 11 had lower KS4 scores (between 20 and 33 points below their peers) than those whose interventions had concluded by Year 11.

Model 2

Periods of intervention: In comparison with those experiencing just one period of intervention from Children's Services, increasing numbers of intervention periods were linked with increasingly lower KS4 scores: dropping by 4 points for 2 periods of intervention to 11 points lower for 5 or more periods of intervention.

Intervention sub-groups: All sub-groups retained their link with KS4 attainment following the addition of intervention periods in Model 2, though there were reductions in the size of their relationship with the outcome. The smallest reductions were for those sub-groups representing just one type of intervention that had ended by Year 11 (where the size of the relationship shrank by between 0 and 1 points); the largest reductions were for multiple intervention types that were ongoing in Year 11 (shrinking by between 7 and 9 points). This suggests that intervention periods explain more

of the relationship with attainment for the ongoing, multiple-type intervention sub-groups than for the single-type sub-groups with no ongoing interventions.

Model 3

Gender, ethnicity, deprivation and KS1 attainment: Some of the information available at KS1 was related to KS4 attainment as would be expected: girls did better than boys, children of most other ethnicities did better than those who were White British or Irish, and those with higher grades at KS1 also scored more points at KS4. Both neighbourhood and family deprivation were linked to lower scores.

SEND: In terms of SEND, the only significant link to KS4 attainment at this age was the presence of a behavioural, emotional, or social difficulty, which was related to lower scores.

Intervention sub-groups: With the addition of KS1 variables, most of our intervention sub-groups retained their link to KS4 attainment. The exceptions were children in 4 of the 7 sub-groups experiencing multiple intervention types that had ended by KS4. Membership of these sub-groups was no longer related to KS4 attainment after accounting for intervention periods, gender, ethnicity, SEND, deprivation, and KS1 attainment.

For the remaining sub-groups, the addition of these KS1 variables meant that the size of the relationship shrank substantially. This was especially evident for the sub-groups that had the strongest relationship to attainment in Model 1. Membership of the sub-groups of children with disabilities went from predicting KS4 scores that were over 30 points lower when no other information was present (Model 1), to just 7 or 8 points lower once accounting for information available at KS1 (Model 3). Similarly, sub-groups representing multiple intervention types that were ongoing in Year 11 also saw large reductions in their relationship with attainment. The smallest of these was a reduction of 14 points (falling from -25 points in Model 1 to -11 points in Model 3), and the largest was a reduction of 21 points (falling from -25 to just -4 points). The relatively low scores of these sub-groups (as seen in Chapter 4) may, therefore, largely be down to the other factors in our model.

Model 4

Educational factors and SEND: Of the information available at KS2, two significant relationships with KS4 attainment were found with variables that represented missing time at school in Years 3 to 6. Fixed-term exclusions were linked to lower scores, with each extra 5 sessions missed relating to 1 point lower in attainment. The proportion of possible school sessions missed due to unauthorised absences also had a significant relationship with the outcome, with children missing 10% of their school time in Years 3 to 6 scoring 4 points lower at KS4. A recorded behavioural, emotional, or social difficulty at this stage was also linked to lower KS4 scores, whereas higher KS2 attainment was linked to higher KS4 attainment scores.

Intervention sub-groups: The addition of KS2 variables further reduced the size of the relationship for our intervention sub-groups, but only by 1 or 2 points. For one sub-group (single-type, including a longer CPP), the relationship with KS4 attainment was almost entirely explained by the addition of these variables.

Variables from earlier models: Other variables which dropped below our 3-point threshold once information at KS2 was accounted for were: 2 or 3 periods of intervention, free school meal eligibility at KS1, and behavioural, emotional, or social difficulties at KS1.

Model 5

Educational factors and SEND: As might be expected given the proximity of their measurement, a number of factors recorded in secondary school were related to KS4 attainment. Fixed-term exclusions in Years 7 to 11 were linked to lower scores, with each extra 5 sessions missed related to scoring 1 point lower. Permanent exclusions during this same period were linked to scores that were 3 points lower. And children missing 10% of school time in Years 7 to 11 due to unauthorised absences scored 9 points lower at KS4 than those with no absences in this period. Children who had changed school in Year 10 or 11 scored 7 points lower than those who had not. Young people attending a non-mainstream school at KS4 also did worse compared with their peers in mainstream schools (by 9 points), but those who had attended a non-mainstream school at KS2 did better (by 6 points).

KS4 SEND categories were also linked to KS4 attainment, with social, emotional, and mental health, support without specialist assessment[24], and 'other' types of SEND all linked to KS4 scores that were 3-4 points lower than for children with no SEND recorded at this age.

Intervention sub-groups: The addition of KS4 variables further reduced the size of the relationship between our intervention sub-groups and KS4 attainment, to the extent that only 9 of the 24 still met our threshold of 3 points below those without any interventions. These were:

- 6 of the 7 sub-groups experiencing multiple intervention types that were ongoing in Year 11
- Those who had only ever experienced Child in Need Plans (whether longer or shorter) that were ongoing in Year 11
- Those who had only ever been In Care, with at least one longer period In Care, but who were no longer receiving an intervention in Year 11

Variables from earlier models: The number of intervention periods was also no longer related to KS4 attainment after controlling for other factors at KS4.

[24] This new code was added to the NPD in 2014, and aimed to identify those whose previous SEND provision was School Action but who now fell under SEND Support, but were at that point yet to be formally assessed for their type of special educational need. Children who were coded using this category would, therefore, represent a variety of types of SEND.

Overall, this regression analysis has shown that for all of the sub-groups, the size of the relationship with KS4 attainment is substantially reduced as successive models add new variables. This suggests that an increasing proportion of the difference in attainment between these sub-groups and the general population can be accounted for by information available at ages 7, 11, and 16 (individual characteristics, socio-economic status, and earlier educational attainment and experiences). This reflects the fact that children in receipt of interventions are over-represented in terms of special educational needs and disabilities, as well as school exclusions and absences, as shown in Chapter 4.

Those sub-groups that retain a significant and substantial (more than 3 points) relationship with KS4 scores are, therefore, likely to include children whose difficulties are either quantitatively or qualitatively different from those in the other sub-groups. The sub-group who had experienced a longer period In Care (with no other intervention types) might be seen to represent greater levels of 'need' than some of the other intervention sub-groups. Those young people in the sub-groups with interventions ongoing at KS4 could represent longer-term needs that may or may not have been recognised and supported from an early age, or might equally be different in terms of having particular difficulties that only arise during the teenage years.

Information about when interventions started was not included in our sub-groups, but is examined in Regression 2. Further factors relating to children's experiences of interventions cannot be explored in models that include a large group of children who have never received any intervention from Children's Services. For this reason, our next regression excludes this group.

Regression 2: Predictors of KS4 attainment in the subset of children who had ever received an intervention from Children's Services in school Years 1 to 11

This regression focused only on the subset of children who had experienced an intervention from Children's Services at any point in school Years 1-11 (*N* = 69,246). Again, variables were entered using a hierarchical forced entry method:

- Model 1 included measures relating to their first intervention experience: the timing of the start of the intervention (in relation to schooling), and the category of main need that was recorded at that time (the comparison group for the latter being those children whose primary need was listed as abuse or neglect).
- Model 2 added details of later interventions, including the child's age at the end of their last intervention and whether this was ongoing at the end of KS4, their highest level and duration of

intervention (with short-term CINP and CPP as the comparison group), the number of intervention periods, along with another indicating where an intervention had begun within 12 months of a previous intervention ceasing, and the total time the child had been in receipt of interventions.

- Models 3 to 5 added the same variables from KS1, 2 and 4 as outlined for Regression 1.
- Models 3 to 5 added the same variables from KS1, 2 and 4 as outlined for Regressions 1 and 2.

The addition of further variables in each model was associated with a significant improvement in model fit[25]. There was a significant increase in variance explained in each model. Knowledge about children's first interventions explained 4% of the variance in KS4 attainment (Model 1). The addition of other measures relating to intervention experiences added a further 8% to the variance explained (Model 2). Individual characteristics and socio-economic variables as measured at KS1 (Model 3) increased this by 32%, and information from KS2 (Model 4) by a further 7%. Finally, the addition of KS4 variables in Model 5 added a further 14% of variance explained. Having all of this information therefore explains 65% of the variance in KS4 Attainment 8 scores.

Tables 5.3 and 5.4 present information on the role of individual predictors in each model. Since the coefficient for gender in Regression 2 was 2.0, we only discuss binary variables here if their coefficients are larger than this (whether positive or negative).

[25] All *ps* < .001

Table 5.3: Regression 2 – Five-step multiple regression for KS4 Attainment 8 for children who had been In Need or In Care at any time in school Years 1 to 11

	Model 1	Model 2	Model 3	Model 4	Model 5
R^2	.04	.12	.44	.51	.65
	Unstandardised coefficients				
Constant	30.86	38.18	0.58	-15.86	-8.04
First intervention started during secondary school (age 12-16; reference category: started before age 12)	1.43***	0.63**	-1.83***	-2.25***	-1.09***
Primary need recorded for first intervention (reference category: abuse or neglect)					
Primary need: child's disability	-16.21***	-13.21***	-1.53***	-0.81**	-0.46
Primary need: parent's disability	3.38***	4.35***	2.78***	2.55***	1.53***
Primary need: acute stress	-1.44***	-0.86***	-0.98***	-0.69***	-0.19
Primary need: family dysfunction	-1.35***	-1.18***	-0.86***	-0.76***	-0.23
Primary need: socially unacceptable behaviour	-3.97***	-3.91***	-3.54***	-3.20***	-1.14***
Primary need: low income	-0.44	0.79	-0.80	-0.41	-0.64
Primary need: absent parenting	-0.20	0.40	-0.25	-0.18	0.04
Primary need: not known	0.60*	0.18	-0.09	0.07	0.03
Timing of end of final intervention (reference category: final intervention ended by age 11)					
Final intervention ended during secondary school (age 12+)		-2.16***	-1.59***	-1.23***	-0.35*
Final intervention was ongoing in Year 11 (reference category: ended before Year 11)		-5.79***	-4.74***	-4.60***	-2.46***
Highest level and duration of intervention (reference category: CINP or CPP <6 months)					
CINP 6+ months (n =18,423)		-2.44***	-1.60***	-1.28***	-0.29*
CPP 6+ months (n =3,883)		-1.27***	-0.82**	-0.74**	0.43*
CIC <12 months (n =4,304)		-2.08***	-1.98***	-2.19***	-1.14***
CIC 12+ months (n =4,577)		1.91***	1.73***	1.34***	0.30
Periods of intervention (reference category: 1 period of intervention)					
Child had 2 periods of intervention from Children's Services		-3.61***	-2.49***	-2.07***	-0.92***
Child had 3 periods of intervention from Children's Services		-5.41***	-3.88***	-3.18***	-1.14***
Child had 4 periods of intervention from Children's Services		-6.67***	-5.42***	-4.37***	-1.45***
Child had 5 or more periods of intervention from Children's Services		-8.64***	-6.52***	-5.10***	-0.59*

	Model 1	Model 2	Model 3	Model 4	Model 5
Child had at least one intervention that began within 12 months of a previous intervention ending		-0.35	-0.26	-0.25	-0.27
Total time in receipt of interventions (in months)		-0.05***	0.01**	0.01***	0.00
Includes variables from Key Stage 1			•	•	•
Includes variables from Key Stage 2				•	•
Includes variables from Key Stage 4					•

*$p < .05$; **$p < .01$; ***$p < .001$

Table 5.4: Regression 2 key predictors

Model 1
Categories of need: In Model 1, only three categories of need were related to KS4 attainment. Where the primary need was recorded as the child's disability or socially unacceptable behaviour, children scored lower in their KS4 exams (by 16 and 4 points, respectively) than children whose primary need was abuse or neglect. In contrast, children for whom parental disability was the primary need scored 3 points better than those whose primary need was abuse or neglect.
Model 2
Timing of interventions: The point at which the young person's final intervention ended was related to their KS4 attainment. Both those whose final intervention ended during secondary school, and those whose intervention was ongoing in Year 11, had lower scores than those whose intervention history finished before secondary school (by 2 and 6 points, respectively). **Level and duration of interventions:** The highest level and duration of intervention was also significant: compared to those with short-term, low-level interventions only, children who had experienced longer-term CINP status and those who had been In Care in the shorter-term, both scored 2 points lower at KS4. **Periods of intervention:** As in Regression 1, increasing levels of instability were linked with lower KS4 scores: dropping by 4 points for 2 periods of intervention to 9 points lower for 5 or more periods of intervention. The total time in receipt of interventions was also related to attainment, though to score 1 point lower at KS4 a child would have to have received interventions for an extra 20 months. **Categories of need:** The three categories of need retained their relationship with KS4 attainment following the addition of periods of intervention in Model 2. Only the child disability category saw a reduction (of 3 points) in the size of its relationship with the outcome. This suggests that having additional information about later interventions (level, timing, and intervention periods) explains some of the relationship with attainment for children whose primary need is their own disability, but not for those whose primary need is parental disability or socially unacceptable behaviour.

Model 3

Gender, ethnicity, deprivation and KS1 attainment: The KS1 factors that were related to KS4 attainment in Regression 1 were also significant here: girls did better than boys, children of most other ethnicities did better than those who were White British or Irish, and those with higher grades at KS1 also scored more points at KS4. Neighbourhood and family deprivation were also linked to lower scores.

SEND: As in Regression 1, the presence of a behavioural, emotional, or social difficulty was linked to lower scores at KS4. In this cohort, however, additional variables were significant predictors of KS4 attainment: profound multiple learning difficulties, 'other' types of SEND, and School Action SEND provision were all linked to lower scores.

Categories of need: With the addition of KS1 variables, the primary need category of child's disability was no longer related to our outcome, suggesting that this relationship was explained by the special educational needs and disabilities recorded at this stage. Parental disability and socially unacceptable behaviour saw little reduction in the size of the relationship (falling by 2 points and 0 points, respectively).

Variables from earlier models: In terms of the ending of the final intervention, only those that were ongoing in Year 11 retained their relationship with KS4 scores, with the size of the association dropping by 1 point. From our information on levels and durations of interventions, only experience of shorter-term stays In Care remained linked to lower scores. Periods of intervention were still related to lower KS4 attainment, with the size of the relationship shrinking by 1-2 points.

Model 4

Educational factors and SEND: The variables added in Model 4 that had significant relationships with KS4 attainment were the same as those identified in Regression 1. Lower scores were linked to missing school in Years 3 to 6 (through fixed-term exclusions and unauthorised absences), and to the presence of a behavioural, emotional, or social difficulty. Higher scores were linked to higher KS2 attainment.

Categories of need: With the addition of KS2 variables, the primary need categories of parental disability and socially unacceptable behaviour retained their relationship with our outcome and saw little reduction in its size (falling by under half a point). Similarly, there was little change in the size of the relationship for interventions ongoing in Year 11, being In Care in the shorter-term, and in the positive relationship for total time In Care.

Variables from earlier models: Increasing periods of intervention continued to be linked to lower KS4 scores, though the addition of KS2 variables reduced the size of the relationship by 1 or 2 points where instability was higher (4 or more periods of intervention).

Model 5

Educational factors and SEND: As in Regression 1, lower KS4 scores were linked to higher levels of fixed-term exclusions and unauthorised absences in Years 7 to 11, permanent exclusions during this same period, and school changes in Year 10 or 11. Young people attending a non-mainstream school at KS4

also did worse compared with their peers in mainstream schools (by 11 points), but if they had attended a non-mainstream school at KS2 they did better (by 3 points).

Almost all categories of SEND recorded at KS4 were linked to lower scores by 3 or 4 points. Autistic Spectrum Disorders and specific learning difficulties were just short of our 2-point threshold.

Categories of need: The addition of KS4 variables meant that the size of the relationship for the primary need categories of parental disability and socially unacceptable behaviour shrank to just +2 and -1 points, respectively.

Variables from earlier models: Also shrinking to below the 2-point threshold were shorter-term experience In Care and all levels of intervention periods. Having a final intervention ongoing in Year 11 remained a predictor of lower results, though the coefficient shrank from -5 to -2 points.

Restricting our regression analysis to those children who had experienced interventions during the school years allowed us to identify the factors that were related to higher or lower KS4 scores in this group. As with the larger cohort of children, increasing amounts of variance in the outcome could be explained by information on children's characteristics and experiences at KS1, KS2, and KS4. Some intervention factors (including specific reasons for receiving services, and intervention periods) retained a relationship with KS4 attainment until the end of primary school (KS2), though most were superseded by information from KS4.

Regression 3: Predictors of KS4 attainment in the subset of children who had ever been In Care in school Years 1 to 11

This regression focused only on the subset of children who had been In Care for 12 months or more continuously (excluding respite episodes) at any point in school Years 1-11 (*N* = 4,480). Again, variables were entered using a hierarchical forced entry method:

- Model 1 included measures relating to their first Care experience: the timing of the first entry to Care (in relation to schooling), and the reason for entry to Care that was recorded at that time (the comparison group for the latter being those children whose reason for entry was listed as any reason other than abuse, neglect, or child's disability).
- Model 2 added details of later Care placements, including whether their final placement was ongoing in Year 11, further details about the final placement (type, provider and location), the total time the child had spent In Care, whether most of their time had been in foster placements (as opposed to residential or other types of placement), and the total number of times they

changed placement. We also included the mean of all the child's available scores on the Strengths and Difficulties Questionnaire from across their time In Care.

- Models 3 to 5 added the same variables from KS1, 2 and 4 as outlined for Regressions 1 and 2.

The addition of further variables in each model was associated with a significant improvement in model fit[26]. There was a significant increase in variance explained in each model. Knowledge about children's first entry to Care explained 6% of the variance in KS4 attainment (Model 1). The addition of other measures relating to Care experiences added a further 23% to the variance explained (Model 2). Individual characteristics and socio-economic variables as measured at KS1 (Model 3) increased this by 18%, and information from KS2 (Model 4) by a further 4%. Finally, the addition of KS4 variables in Model 5 added a further 14% of variance explained. Having all of this information therefore explains 65% of the variance in KS4 Attainment 8 scores.

Tables 5.5 and 5.6 present information on the role of individual predictors in each model. Since the coefficient for gender in Regression 3 was 0.8, we only discuss binary variables here if their coefficients are larger than this (whether positive or negative).

[26] All *ps* < .001

Table 5.5: Regression 3 – Five-step multiple regression for KS4 Attainment 8 for children who had been In Care for at least 12 months continuously at any time in school Years 1 to 11

	Model 1	Model 2	Model 3	Model 4	Model 5
R^2	.06	.29	.46	.50	.65
	Unstandardised coefficients				
Constant	26.44	44.34	15.82	2.65	7.89
First placement In Care began in secondary school (age 12-16, reference category: started before age 12)	-5.64***	-3.03***	-5.23***	-5.68***	-1.22*
Reason recorded for first entry to Care (reference category: any other reason)					
Reason for entry: abuse or neglect	-0.37	-0.13	0.59	0.61	0.05
Reason for entry: child's disability	-18.79***	-13.54***	-0.46	-0.42	-1.24
Total time spent In Care (in days)		0.00	0.00	0.00	0.00
Total number of non-respite placement changes		-0.94***	-1.24***	-1.15***	-0.55***
Majority of time In Care was in foster placements		1.33	1.55	1.60	-0.02
Final placement In Care ongoing in Year 11		-3.55***	-1.37*	-0.85	-0.43
Final placement In Care was residential or other care		-8.02***	-7.08***	-7.04***	-2.42***
Final placement In Care was in private or third sector/voluntary Care		-2.20**	-1.61**	-1.13*	-0.66
Final placement In Care was outside of home local authority		0.94	0.01	-0.08	0.37
Mean SDQ score		-0.90***	-0.59***	-0.48***	-0.29***
Includes variables from Key Stage 1			•	•	•
Includes variables from Key Stage 2				•	•
Includes variables from Key Stage 4					•

*$p < .05$; **$p < .01$; ***$p < .001$

Table 5.6: Regression 3 key predictors

Model 1
First entry to Care: In Model 1, the timing of the child's first entry to Care was related to KS4 attainment, with those who first entered Care during secondary schooling scoring lower (by 6 points) than those who had first entered Care earlier. Where the reason for entry to Care was recorded as the child's disability, children scored 19 points lower than those who entered Care for other reasons.

Model 2

Later Care placements: The point at which the young person's final Care placement ended was related to their KS4 attainment: those whose placement was ongoing in Year 11 scored worse than those whose Care experiences finished before Year 11 (by 4 points). Children whose final placement was in residential or other types of care scored 8 points lower than those in foster care, and those whose final placement provider was a private or third sector/voluntary agency also scored lower (by 2 points) than those in local authority care.

Instability: As in Regressions 1 and 2, instability was linked with lower KS4 scores: here, each additional placement change was associated with scoring 1 point lower at KS4.

Emotional and behavioural difficulties: Higher levels of emotional and behavioural difficulties as measured by the SDQ were also related to KS4 attainment. For each extra point scored on the SDQ, children scored 1 point lower in their KS4 exams.

Model 3

Gender, ethnicity, deprivation and KS1 attainment: The KS1 factors that were related to KS4 attainment in Regressions 1 and 2 were also related here: girls did better than boys, children of most other ethnicities did better than those who were White British or Irish, and those with higher grades at KS1 also scored more points at KS4. Neighbourhood and family deprivation were not linked to KS4 attainment in this cohort, however.

SEND: Unlike in Regressions 1 and 2, the early presence of a behavioural, emotional, or social difficulty was not related to KS4 attainment. In this cohort, however, the presence of a hearing/visual/multisensory impairment was linked to lower KS4 scores.

First entry to Care: With the addition of KS1 variables, the category for reason of entry to Care of child's disability was no longer related to our outcome, suggesting that this relationship was explained by the special educational needs and disabilities recorded at this stage. First entering Care during secondary school retained its relationship to KS4 scores.

Variables from earlier models: All other Care variables that were related to KS4 attainment in Model 2 retained this relationship in Model 3. The size of the relationship for factors relating to the final placement shrank by 1-2 points; those relating to number of placement changes and SDQ score saw little change.

Model 4

Educational factors and SEND: Some of the variables added in Model 4 that were related to KS4 attainment were the same as those identified in Regressions 1 and 2. Lower scores were linked to missing school in Years 3 to 6 through fixed-term exclusions, and by the presence of a behavioural, emotional, or social difficulty. Higher scores were linked to higher KS2 attainment. In this cohort, however, unauthorised absences in Years 3 to 6 were not related to lower KS4 scores, but having an identified moderate learning difficulty at KS2 was.

Variables from earlier models: The addition of KS2 variables meant little change from Model 3 for the relationships with Care-related variables. The only substantial difference was that placements that were ongoing in Year 11 were no longer linked to lower KS4 scores.

Model 5

Educational factors and SEND: As in Regressions 1 and 2, lower KS4 scores were linked to higher levels of fixed-term exclusions and unauthorised absences in Years 7 to 11, and school changes in Year 10 or 11. Young people attending a non-mainstream school at KS4 also scored lower compared with their peers in mainstream schools (by 13 points), but if they had attended a non-mainstream school at KS2 they did better (by 4 points). Permanent exclusions in secondary school were not linked to KS4 attainment in this cohort. Most categories of SEND recorded at KS4 were linked to lower scores by 3 to 6 points.

Variables from earlier models: The addition of KS4 variables meant that the size of the relationship for some of the Care factors shrank considerably. The relationships for first entering Care during secondary school, and having a final placement in residential or other Care, shrank by 4-5 points. The relationship between the number of placement changes and KS4 attainment shrank by half (from —1.15 to —0.55 points), and that for SDQ score shrank to —0.29 points. Gender was no longer a significant predictor of outcome in this cohort after controlling for all other factors.

Restricting our regression analysis to those children who had been In Care for at least 12 months continuously during the school years allowed us to identify the factors that predict higher or lower KS4 scores in this group. As with the larger cohort of children who had received any type of intervention (shown in Regression 2), increasing amounts of variance in the outcome could be explained by information on children's characteristics and experiences at KS1, KS2, and KS4. Though some Care-related factors were not linked to attainment in the final model, others retained their relationship with lower KS4 scores even after controlling for all other variables: namely, first entering Care during secondary school, having higher numbers of placement changes, and having a final placement in residential or other types of care (rather than in foster care). Finally, higher SDQ scores retained a relationship with the outcome, with higher scores (indicating more difficulty) predicting lower KS4 scores.

How can we account for children who succeed in KS4 attainment despite experiencing severe early adversity requiring social work intervention?

Regression 4: Predictors of KS4 attainment in the subset of children who were In Need or In Care by the end of KS1

To answer this question we used multiple regression to identify the factors that predict educational attainment at KS4, focusing only on children who were In Need or In Care by the end of KS1 (N = 15,794). The variables used in the regression were the same as those used in Regression 2, and were again entered in five steps using a hierarchical forced entry method. The addition of further variables in each model was associated with a significant improvement in model fit[27]. There was a significant increase in variance explained in each model. Knowledge about children's first interventions explained 8% of the variance in KS4 attainment (Model 1). The additional of other measures relating to intervention experiences added a further 9% to the variance explained (Model 2). Individual characteristics and socio-economic variables as measured at KS1 (Model 3) increased this by 33%, and information from KS2 (Model 4) by a further 7%. Finally, the addition of KS4 variables in Model 5 added a further 12% of variance explained. Having all of this information therefore explains 69% of the variance in KS4 Attainment 8 scores.

Since the coefficient for gender in Regression 4 was 1.5, we only discuss variables here if their coefficients are larger than this (whether positive or negative).

[27] All *ps* < .001

Table 5.7: Regression 4 – Five-step multiple regression for KS4 Attainment 8 for children who had been In Need or In Care by the end of KS1

	Model 1	Model 2	Model 3	Model 4	Model 5
R^2	.08	.17	.50	.57	.69
	Unstandardised coefficients				
Constant	27.57	36.20	0.54	-14.46	-5.04
Primary need recorded for first intervention (reference category: abuse or neglect)					
Primary need: child's disability	-16.45***	-15.23***	-0.17	0.16	0.30
Primary need: parent's disability	3.21***	3.38***	2.24***	2.16***	0.87
Primary need: acute stress	0.13	0.12	0.13	0.20	0.27
Primary need: family dysfunction	0.16	-0.42	-0.20	-0.20	-0.14
Primary need: socially unacceptable behaviour	-2.77*	-4.20***	-3.15**	-2.59**	-1.10
Primary need: low income	1.64	1.58	-1.30	-0.59	-0.54
Primary need: absent parenting	6.73***	5.59***	1.90	1.86	1.63
Primary need: not known	0.47	-0.87	-0.48	-0.23	-0.19
Timing of end of final intervention (reference category: final intervention ended by age 11)					
Final intervention ended during secondary school (age 12-16)		-3.53***	-2.55***	-1.99***	-0.37
Final intervention was ongoing in Year 11 (reference category: ended before Year 11)		-5.14***	-3.51***	-3.30***	-1.73***
Highest level and duration of intervention (reference category: CINP or CPP <6 months)					
CINP 6+ months (n =18,423)		-1.22**	-0.26	0.07	0.63*
CPP 6+ months (n =3,883)		-1.87*	-1.24*	-0.79	0.71
CIC <12 months (n =4,304)		-0.52	0.00	-0.37	-0.35
CIC 12+ months (n =4,577)		2.52***	2.80***	2.08***	0.54
Periods of intervention (reference category: 1 period of intervention)					
Child had 2 periods of intervention from Children's Services		-2.90***	-1.44***	-0.99**	-0.47
Child had 3 periods of intervention from Children's Services		-4.02***	-2.44***	-1.73***	-0.94**
Child had 4 periods of intervention from Children's Services		-5.51***	-4.38***	-3.44***	-1.89***
Child had 5 or more periods of intervention from Children's Services		-8.18***	-5.86***	-4.49***	-0.97*
Child had at least one intervention that began within 12 months of a previous intervention ending		0.37	0.61	0.65	0.23
Total time in receipt of interventions (in months)		-0.03***	0.00	0.00	0.00
Includes variables from Key Stage 1			•	•	•

	Model 1	Model 2	Model 3	Model 4	Model 5
Includes variables from Key Stage 2				•	•
Includes variables from Key Stage 4					•

$^{*}p < .05$; $^{**}p < .01$; $^{***}p < .001$

Table 5.8: Regression 4 key predictors

Model 1
Categories of need: The same three categories of need that were significant in Regression 2 were also related to KS4 attainment in Regression 4, and one additional category was significant for this subset of children. Where the primary need was recorded as the child's disability or socially unacceptable behaviour, children scored lower in their KS4 exams (by 16 and 3 points, respectively) than children whose primary need was abuse or neglect. In contrast, children for whom parental disability or absent parenting was the primary need scored higher (by 3 and 7 points, respectively) than those whose primary need was abuse or neglect.
Model 2
Timing of interventions: The point at which the young person's final intervention ended was related to their KS4 attainment. Both those whose final intervention ended during secondary school, and those whose intervention was ongoing in Year 11, scored lower than those whose intervention history finished before secondary school (by 4 and 5 points, respectively). **Level and duration of interventions:** The relationship between highest level and duration of intervention and KS4 attainment differed for this subset of children. Compared with those with short-term, low-level interventions only, children who had experienced longer-term CPP status scored 2 points lower at KS4, whereas those who had been In Care in the longer-term scored 3 points higher. **Periods of intervention:** As in Regressions 1 and 2, increasing numbers of intervention periods were linked with lower KS4 scores: dropping by 3 points for 2 periods of intervention to 8 points lower for 5 or more periods of intervention. The total time in receipt of interventions was also related to attainment, though to score 1 point lower at KS4 a child would have to have received interventions for an extra 33 months. **Categories of need:** All four categories of need retained a relationship with KS4 attainment following the addition of periods of intervention in Model 2. Only the child disability and absent parenting categories saw a reduction (both of 1 point) in the size of their relationship with the outcome. This suggests that having additional information about later interventions (level, timing, and intervention periods) explains little of the relationship between categories of need and KS4 attainment.
Model 3
Gender, ethnicity, deprivation and KS1 attainment: The KS1 factors that were related to KS4 attainment in Regressions 1 and 2 were also related here: girls did better than boys, children of most other ethnicities did better than those who

were White British or Irish, and those with higher grades at KS1 also scored more points at KS4. Neighbourhood and family deprivation were linked to lower scores.

SEND: In common with the Regression 2 cohort, the presence of a behavioural, emotional, or social difficulty, profound and multiple learning difficulties, 'other' types of SEND, and School Action SEND provision, were all linked to lower scores. For this cohort only, the presence of a SEND statement at KS1 was also linked to lower KS4 scores (by 3 points).

Categories of need: With the addition of KS1 variables, the primary need categories of child's disability and absent parenting were no longer related to our outcome, suggesting that these relationships were explained by the special educational needs and disabilities recorded at this stage. Parental disability and socially unacceptable behaviour saw little reduction in the size of the relationship (both falling by 1 point).

Variables from earlier models: In terms of the ending of the final intervention, both secondary school ending and those that were ongoing in Year 11 retained a relationship with KS4 attainment, though each shrank by 1-2 points. Experience of longer-term stays In Care were still linked to higher scores, and the number of intervention periods was still linked to lower KS4 scores, with the size of the relationship shrinking by 1-2 points. The total time in receipt of interventions was no longer related to attainment.

Model 4

Educational factors and SEND: Most of the variables added in Model 4 that were related to KS4 attainment were the same as those identified in Regressions 1 and 2. Lower scores were linked to missing school in Years 3 to 6 (through fixed-term exclusions and unauthorised absences), and by the presence of a behavioural, emotional or social difficulty. Higher scores were linked to higher KS2 attainment. One further factor emerged as significant for this cohort: children who attended a non-mainstream school at KS2 scored 3 points lower at KS4 than those who were in mainstream schools.

Categories of need: With the addition of KS2 variables, the primary need categories of parental disability and socially unacceptable behaviour saw little reduction in the size of the relationship with KS4 scores (falling by under 1 point).

Variables from earlier models: There was also little change in the size of the relationships for interventions ending during secondary school or ongoing in Year 11, or for being In Care longer-term. Greater numbers of intervention periods (3 or more periods) continued to be linked to lower KS4 scores, though the addition of KS2 variables reduced the size of the relationship by 1 or 2 points.

Model 5

Educational factors and SEND: As in Regressions 1 and 2, lower KS4 scores were linked to higher levels of fixed-term exclusions and unauthorised absences in Years 7 to 11, permanent exclusions during this same period, and changing school in Year 10 or 11. Young people attending a non-mainstream school at KS4 also did worse compared to their peers in mainstream schools (by 12 points), but if they had attended a non-mainstream school at KS2 they did better (by 2 points). All categories of SEND recorded at KS4 were linked to lower results by 2 or 3 points.

Variables from earlier models: The addition of KS4 variables meant that the size of the relationship for the primary need categories of parental disability and socially unacceptable behaviour shrank to just 0.9 and -1.1 points, respectively. Also shrinking to below the 1.5-point threshold were longer-term experience In Care and all levels of intervention periods

except for those with 4 periods of intervention from Children's Services. Having a final intervention ongoing in Year 11 retained a relationship with lower scores, though the size of the relationship dropped from 3 to 2 points.

In comparison with Regression 2, then, information about interventions explained more of the variance in KS4 attainment for children who had experienced interventions by the end of KS1 than for those who had received interventions at any point in the school years. Again, some intervention factors retained a relationship with KS4 attainment until the end of primary school (KS2), but were superseded by information from KS4: for this cohort, this included not only specific reasons for receiving services and intervention periods, but also being In Care in the longer-term. Other factors were linked to KS4 attainment even after controlling for all other variables: children with interventions ongoing in Year 11 and those with four separate periods of intervention from Children's Services both had lower scores that were of a similar magnitude to the difference seen between genders.

Conclusion

Research Question 2: What are the factors associated with attainment at Key Stage 4?

Our regression analyses explained 65% of the variance in KS4 attainment in our complete-case cohort (Regression 1), indicating that the variables contained in the national datasets were powerful predictors of children's educational outcomes. On its own, information about children's intervention experiences explained 13% of the variance in KS4 scores. However, the largest amount of variance in scores was accounted for by information available at KS1: the child's gender, ethnicity, socio-economic status, and special educational needs and disabilities. Information from subsequent time points (KS2 and KS4) accounted for further variation in the outcome.

The magnitude of the relationship between children's intervention experiences and their KS4 attainment was reduced as more information was added to the model, supporting our argument that a substantial part of the 'attainment gap' for these pupils lies in their over-representation in other forms of disadvantage (as shown in Chapter 4). However, a number of our intervention sub-groups and some levels and durations of interventions remained significant predictors of KS4 attainment even after controlling for information available at ages 7, 11, and 16. In particular, those who fared poorly in their attainment, even after accounting for all other variables, were children who:

- had experienced time In Care
- were receiving interventions in Year 11.

In Regression 2, we focused on those who had received any intervention from Children's Services in school Years 1 to 11; this meant the models explored factors predicting variance in KS4 scores only within this group, rather than in comparison with those with no experience of interventions. In this analysis, again, 65% of the variance in KS4 scores was explained in the final model. Once all variables had been entered, the only aspect of intervention experiences that remained a predictor of higher or lower KS4 scores was whether or not the final intervention was ongoing in Year 11.

Finally, in Regression 3, we focused on those who had spent a continuous period of 12 months or more In Care at some point during school Years 1 to 11, to identify the key factors predicting KS4 attainment within this group. The model in this analysis also explained 65% of the variance in the outcome. As already seen in Regressions 1 and 2, the addition of information available at successive Key Stages meant that the size of the relationship between Care factors and KS4 attainment was reduced. However, even after controlling for all other variables, factors that remained significant predictors of poorer KS4 attainment were:

- experiencing the first entry to Care during secondary school
- having a final placement in residential or other types of care (as opposed to foster care)
- higher numbers of placement changes
- a higher SDQ score.

Across all three regressions, **school instability** was related to KS4 exam results. Missing a greater number of possible school sessions through unauthorised absences or fixed-term exclusions was a predictor of lower scores at KS4, though for children who had experienced time In Care this was only the case if those sessions were missed in secondary school (Years 7 to 11). Permanent exclusions during secondary school were also linked to lower scores, except for those who had been In Care. Changing school in Year 10 or 11 predicted lower scores across all of our regression models, including for those with experience of Care.

The **type of school** attended was another consistent predictor of KS4 attainment. Across all models, KS4 scores were lower for those in non-mainstream settings (including special schools, pupil referral units and alternative provision) in Year 11. These effects were present despite controlling for the presence of SEND.[28]

[28] Although the coefficients for non-mainstream schooling at the end of KS2 (Year 6) were positive, further analysis suggests that this reflects an interaction in the effects of non-mainstreaming schooling at KS2 and KS4. Without controlling for other variables, each of these predicts poorer KS4 scores; but the negative association with non-mainstream schooling at KS4 is less substantial for those who also attended non-mainstream schools at KS2 than for those who only entered non-mainstream schooling later.

Research Question 3: How can we account for children who succeed in KS4 attainment despite experiencing severe early adversity requiring social work intervention?

In Regression 4, we focused on children who had experienced an intervention by the end of KS1. This allowed us to examine the factors that were most pertinent for KS4 attainment for children who had been in receipt of an intervention from Children's Services by the age of 7. Information about interventions explained more of the variance in KS4 for this subset of children than it did for children who had received interventions at any point in the school years (17% versus 12%).

Some of the results for this cohort were similar to those for the larger cohort of children who had experienced an intervention at any point during the school years (as shown in Regression 2). Like that larger cohort, this analysis also showed that those whose final interventions were ongoing in Year 11 had lower KS4 scores. In addition, those with relatively high levels of intervention periods (four separate periods of intervention from Children's Services) had lower scores at KS4. Again, school instability and attending a non-mainstream school were related to KS4 attainment in the same way as in Regressions 1 to 3. These factors therefore appear to be important predictors of KS4 attainment, regardless of which specific part of the complete-case cohort is being examined.

The key differences in the regression results between this cohort (who had all experienced an intervention by the end of KS1) and the larger group of children who had experienced an intervention at any time during their schooling are of particular interest for our research question. Crucially, the role of the **highest level and longest duration of interventions** differed between Regressions 2 and 4. Although none of the categories in either regression had coefficients as large as those for gender once information from KS4 had been added (in Model 5), there was a noticeable difference in the results in Model 4 (which included information from KS1 and KS2). For the larger cohort of children who had received an intervention at any time in the school years (Regression 2), the key category was shorter-term time spent In Care, which predicted a lower score at KS4. In contrast, for those who had received their first intervention by the end of KS1 (Regression 4), the key category was a longer-term stay In Care, and this predicted a *higher* score at KS4. This suggests that for those children who have experienced severe early adversity requiring social work intervention (by the end of KS1 or age 7), a longer-term stay In Care at some point before the end of secondary school may be a protective factor for educational attainment.

6. Interviews with Children, Parents, Carers, Social Workers and Teachers: Part 1 – Contextual issues

The next two chapters turn from analysing national statistics to consider qualitative interview data. Chapters 6 and 7 are particularly concerned with the fourth of our research questions: what are parents', pupils', carers' and professionals' perspectives on the overall factors affecting educational progress for Children in Need and Children in Care, including the impact of family resources, educational and social work support or their absence?

As reported in Chapter 3, a total of 116 interviews were completed: 18 with Children in Need, 17 with their parents or guardians, 23 with Children in Care, 16 carers (mostly foster- but 2 residential), 19 social workers and 23 teachers. A further 7 more general, joint- or individual interviews were held with Virtual School Heads and social work managers. All of this produced a wealth of rich information for analysis, amounting to over 2,000 pages of transcription. To give some broad details of the children, overall the average (median) age was just over 11 years, ranging from 6-16. There were slightly more girls than boys, and just under 1 in 3 were from minority ethnic groups. The 'Good progress' and 'Poorer progress' groups were roughly equal (21:20), with slightly more of the Children in Need doing less well. Reflecting our sampling strategy, 9 of the 41 children were attending alternative education provision but could also reflect on their previous experiences in mainstream settings.

With few exceptions, children had a variety of very harmful experiences that led to social workers' involvement in their lives. This will be familiar to professionals but often unappreciated by lay commentators on the outcomes of Children in Care and Children in Need. To illustrate, some children regularly experienced physical violence and observed their mothers being hit, in one family over five years. Several parents were substance misusers, including during pregnancy. Some children were badly neglected and arrived at their foster carers dirty, very underweight, with few or scruffy clothes and matted hair. A 7 year-old was not fed on some days or seemed to live on a diet mainly of chocolate cake: eight decayed teeth needed to be removed. Another had survived on baked beans and had eaten what he called 'doggie chocs'. One boy's home life was chaotic and he was getting little sleep. A girl was said to have lived in an adult world up until the age of 12: she attended her parents' drinking parties and once was found with her siblings living in a tent in their neighbour's garden. A boy's mother had unpredictable, angry moods and he expected other adults he met to do the same. At the age of 3 a boy was left alone with the family dog while his parents were at the pub for six hours, bringing back strangers with them. One girl had her face 'ripped apart' by her brother's illegal dog, requiring repeated, extensive surgery.

Such experiences are not easily forgotten by children or overcome. A 15 year-old girl had been asked by her teacher, if she could be someone different who would she be?

> *And she said I would be my Nan. And the reason she said I want to be my Nan is because I then could have parented my mum better, and my mum could have parented us better, and we wouldn't have been taken away from her.*
>
> (Teacher)

We saw in Chapter 2 how a number of research studies have linked child maltreatment with a range of adverse educational experiences.

In this and the following chapter we discuss together Children in Need and Children in Care as a combined group, apart from where there were noticeable differences or it is otherwise important to differentiate, such as for policy reasons. Indeed, many CIC also spoke of their time prior to Care as CIN, and some CIN had previously been In Care. We repeat the caveat that we do not know if the views of participants also reflect those who declined to be involved: for example, whether participating professionals were more motivated by educational issues to give us their time.

The questions we asked participants were informed by the wider literature as well as our previous research (Sebba et al., 2015). Thus, we focused on educational history; school and placement transfers and reasons; professionals' roles and priorities with Children in Need/Children in Care; educational progress and perceived contributory factors; extra-curricular activities; special educational needs; learning support; school strategies; attendance, behaviour and exclusions; and family experiences, particularly learning environment as well as school-related resources and poverty. Obviously, we approached especially carefully interviews with children and parents: we were particularly interested to know what school/education was like; what was perceived to help children do well or impede their learning; and what school and teacher practices and approaches were helpful or unhelpful. Our semi-structured approach enabled other issues to be raised if participants felt them relevant.

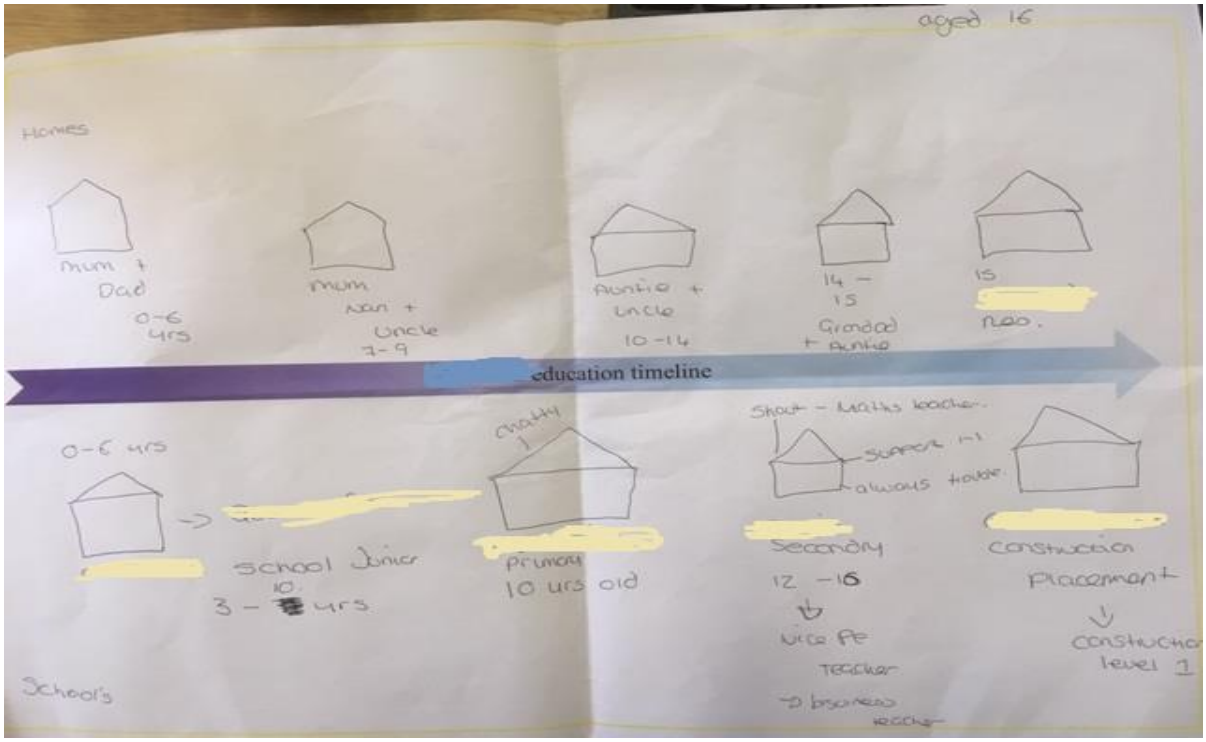
Our analysis summarises the main themes pertinent to our research objectives. Inevitably we need to be very selective in the space available. We begin in this chapter by discussing some general contextual issues arising from our interviews, which help fill some important gaps in our knowledge: the importance of education to children; the role of social workers in education; school strategies with Children in Need; and the impact of resources and poverty on children's education. This is followed, in Chapter 7, with a discussion of which factors were identified by participants as the main influences on children's educational progress, highlighted by the experiences of our 'Good progress'

and ‘Poorer progress’ groups. The general conclusions from this are combined with the results from our quantitative analysis in the final Chapter 8.

The importance of education to children

We began our interviews with children usually by completing the timelines which mapped the schools that children had attended and where they had lived. An example is shown in Figure 6.1. If they wished, children used coloured pens and stickers and wrote in features of different environments, such as particular achievements or favourite teachers. When used, it provided a useful independent activity which could relieve some of the pressure of the interview, as well as helping the interviewer keep track of what happened and when.

Figure 6.1 Timeline drawn by 16 year-old boy



Some general ‘warm-up’ questions were used to start the interview, including asking about hobbies and what was their favourite school subject (the most popular was maths, interestingly, unlike it seems the general school population [Hazell, 2018] and the often-perceived English cultural aversion to the subject).

We asked children whether or not they felt that education and schooling were important to them. One explanation for the attainment gap between Children in Need, Children in Care and the general school population might be that these pupils have lower motivation to do well or have other priorities. Our evidence would challenge this and, with few exceptions, children recognised that

education and doing well at school are very important. This spanned age-groups, Children in Need/in Care, and the 'Good progress' and 'Poorer progress' categories. Reasons varied, including the desire to attend university and get a good career. One 12 year-old girl had recently entered Care, having previously attended three primary and then two secondaries. She is fostered with a primary school teacher and her partner and is making good progress. The girl commented:

I[29] *How important is education to you?*

C *Very important because then I can get a good degree, good levels and get a good job so that I'm not like sticking around doing nothing.*

I *Do you think or talk about going to university?*

C *Yeah. I'm going to university. [I - 'You are? Brilliant!'] … I'm going to college then university.*

(Girl 12)

Other explanations for valuing education included the desire not to disappoint family members, usually mother; and to make something out of life more generally ('*I wanna' like succeed … and not just be like a let-down and just say this was all for nothing' [Girl 16]*).

Some children with Education, Health and Care Plans discussed the specific benefits for their learning needs, including this young boy with autism:

I *So, how important is school to you?*

C *Very important, I wouldn't be here if it wasn't for school. [*I - *'Why is it so important?] … Because it has helped me develop speech, learning and all that but other times it is just a pain in the bum, I have to admit.*

(Boy 11)

Another point to make at the outset is that, despite the lower attainments of the 'Poorer progress' group, many were nevertheless taking positive steps in their adjustment to school and their learning. For example, for most children living with foster carers, school attendance was not a problem. Several had noticeably increased their attendance since entry to Care, for example:

I *Can you remember what their attitude towards school was like when you first met them, when they first moved in with you?*

FC *When they moved here we obviously started going on about school because they'd never been. I think they walked down the stairs and said 'We're not going to school' and their mum said 'Ok'.*

[29] To be succinct, in this chapter the following abbreviations are used: 'I' for interviewer; 'C' is child; 'P' - parent; 'FC' – foster carer; 'SW' – social worker; 'T' – teacher; 'VSH' – Virtual School Head; and 'SWM' – social work manager.

I *So they had really poor attendance?*

FC *Yeah, it was terrible. I mean, not just weeks, it was months …They never went to school so we've got them and they keep going on now about they've got 100% attendance. They've not had a day off ill.*

A few children were said to be unable to cope with schooling at certain times and a young girl often went down with minor 'tummy upsets' after contact with parents. As above, some had previously missed much schooling, for example if parents had not encouraged attendance and/or they led very unsettled lives. Getting these children actually to attend school and participate in a classroom could be an important precursor for learning, as with this 11 year-old boy now living with his grandparents who are his Special Guardians:

> *When I was asked to work with him they were trying to get him back into mainstream primary school, back into the settings and he couldn't even go and sit within the classroom. You know, he was making progress in the sense that he was making attempts to go to a classroom and stand even by the classroom door but he wasn't even able to just go and sit in a room with the rest of the class. … Once he'd done it once or twice he began to blossom.*
>
> (Social worker)

His teacher explained the task ahead with this boy:

> *He essentially missed most of his primary school years so he had missed out on all the phonics input … so we really had to go right back to basics and start with phonics. He was working at Key Stage 1, Year 1, Year 2 levels, right until he left, more or less, although he did make significant progress in the final few terms of Year 6 … I think he's come on well with his social skills, and a lot of that will be down to good role-modelling and it's a very safe school …*
>
> (Teacher)

With the Children in Need group, school attendance was mixed. Two of the children moving to grandparents – as above - significantly improved their attendance. A Child in Need Plan with one family involved school, social worker or support worker collecting the children from home in the morning and taking to school if required. Child neglect was the concern of social work involvement in several cases, in which parents not reinforcing attendance was part of the problem. Ironically, a few children living at home had lower attendance levels due to the number of fixed-term exclusions they experienced – they had wanted to attend but were stopped from doing so.

For some children who had led very disrupted lives it was hoped that matters might settle down for them to do better in college. One 16 year-old girl had been in Care for three years, having been badly neglected at home and with an ambivalent relationship with her mother. The Care proceedings had been drawn out over two years, which had a major emotional impact on her, affecting her schooling. Her Education, Health and Care Plan (EHCP) application was declined twice.

In her interview she drew her timeline, started the discussion but felt unable to complete and asked to stop. She said that she has had 'loads' of social workers and three placement changes, one of which was of her own volition. Her social worker praised her ability and resilience and felt that she was developing self-confidence aided by two unconditional offers for college. However, she added that while this girl's life was becoming more stable and she was now engaging more with education, it was unfortunate that this was the very time that special funding (Pupil Premium Plus) stopped once young people were 16, as did oversight via the Personal Education Plan (PEP) process:

> *I think there's a real gap for young people going to college, because if they go to higher education there's lots of support for them, but they miss opportunities then when they get to college-age or sixth form age because there's nothing …*
>
> (Social worker)

One VSH made the same point: '*Up to age 16 we give them masses of support, and then it falls off a cliff*'.[30]

The role of social workers in education

As so little research has been undertaken on the education of Children in Need in particular, we wanted to investigate the extent to which social workers perceive education to be an important part of their role, or see it essentially as a matter for schools. The strong response we received from social workers was that education and schooling are significant concerns for them with both CIN and CIC groups. One answered emphatically: 'Of course!'. A social worker involved with CIN gave this example:

> *… I was in contact with their other schools probably about three times a week … Because the [three] children weren't going. … So we had quite a lot of contact because we had a plan in place where, if parents didn't take them, either social care or school or educational welfare would go every day to try and get the children into school and, obviously, when they were in school they weren't settled so there was a lot of meetings in schools, there was a lot of exclusions … [name] in particular was very distressed when she went to school, they couldn't even get her in the classroom. She'd spend a lot of time quite distressed in the corridor. So there was a lot going on...*
>
> (Social worker)

Social workers usually knew who their school links were, and schools would be involved in assessments and review meetings for CIN as well as CIC. Social work managers reinforced this aspect of the social work role, one explained:

> *I would absolutely argue that they're an integral part of working with the family to achieve outcomes, one of which will be educational outcomes for children in need, absolutely … I would*

[30] Government announced in October 2019 the intention to extend the payment of Pupil Premium Plus post-16 years.

expect the schools and that worker to be able to work openly, honestly in partnership with education providers to collectively make sure that that provision is meeting the needs of the child.

(Social work manager)

With Children in Care, social workers explained that they had as much involvement as was necessary. If children were living in stable, successful long-term placements and making good progress at school, it was mainly left to the carers:

To be honest with you, it's different with each individual child. So, if I was thinking about [name] specifically, not a great deal because he does fairly well and most of the planning and additional support is reviewed within the PEP meetings and not very often do I need to see them outside that. He keeps me very up-to-date during our stat(utory) visits. So, if he ever brings something up, you know, that I needed to raise with school, I would do that straightaway, but with other children I'll have a much more full-on role with the school.

(Social worker)

It was noticeable that social workers generally saw their role regarding education as not just limited to child protection issues but to be broader, including with Children in Need. Some, described as 'high-end', child protection teams could have a narrower focus but this was the exception. When necessary, social workers described their efforts to *empower* parents or *advocate* on their behalf regarding education or schools. A good example included a parent with a challenging 12 year-old with an assessment for ADHD (Attention Deficit Hyperactivity Disorder). He had attended three primary schools and two secondary schools, having been permanently excluded from his first primary school for violent behaviour. His mother described a long battle to get the support in school he needed:

When my social worker spoke to them and said 'Well you told us at a meeting that you could support his needs'. 'Oh, we haven't got the funding right now.' My social worker was like 'Well, how long is that gonna' take?' 'We don't know if we can get funding.' So, she said 'Well, I've got some good news for you, [parent's name] is pulling him out.' 'Oh, you can't do that, we'll get onto Education.' She said 'Go ahead because at the end of the day, I will stand by her because you told me at a meeting in front of me and about 10 others that you could support his needs and now you're telling me that you ain't got the funding'. (I – 'Yeah. So, she sounds like she's been supportive of you?') Yeah, she supported me (through) all that – she's always been supportive of me.

(Parent)

Another situation, where the social worker acted as an advocate, involved a social worker challenging the sanctions a school imposed on a 15 year-old girl:

I probably liaise with the school two or three times a week because [name] does find school particularly challenging and the school sometimes are not very helpful. It's almost as though they require a lot of kind of oversight and prompts and reminders from me and from [name of

carer] in terms of being able to understand her behaviour so that she's not dealt with in a punitive manner because it's a big mainstream secondary. So sometimes they take a very kind of like sweeping line with situations rather than being a little bit more mindful of what [name's] been through. So, I'd say I have a lot of contact with them.

(Social worker)

It is important to recognise that schools and social workers were not the only services to support the education of Children in Need. Interviews with VSHs and managers referred to a range of other services that could be involved with families; including Early Help Service, family support workers, Behaviour Panels and Education Inclusion Service. Examples of joint-working were given.

Views from other participants concerning social workers' involvement in education and their effectiveness were generally positive. This included attending meetings when required, discussing educational issues and problems with the school, supporting families regarding school attendance and taking an interest in children's achievements. Children offered twice as many positive as negative comments, such as from one boy (11 years): '*… she's trying her hardest. She's getting most that she can out of it to like help me out*'. The positive comments' ratio was nearer three to one from carers/Special Guardians/grandparents and teachers. Typical comments from carers included:

[Name of SW] was always very good with school. She always came – obviously she came to the PEP reviews and she always showed an interest in his education and [name of child] so she was very supportive.

(Foster carer)

The same applied to teachers, who emphasised the usually good communication with social workers:

Yeah, really good, if she said that she would be at meetings, she was there. She was always very positive, she was on the end of the phone, you know kind of as was needed.

(Teacher)

There were more mixed views from parents about the involvement and effectiveness of social workers in children's education, although this applied particularly in one of our six local authorities. In response to the question '*Has [name's] social worker ever got involved with anything for school?*', one 15 year-old girl's father answered simply '*No*'. The teacher confirmed that the allocated social worker did not influence this girl's education: for meetings, someone from the safeguarding team usually attended instead. The girl commented that she never discussed education with her social worker and, if she ever visited, she stayed upstairs out of the way.

The contribution of social workers to children's education was jeopardised by their high levels of turnover. Several children explained that it was difficult to keep track of, and form new relationships

with, the different social workers. One 17 year-old girl, in Care for five years, said that she had about eight social workers in that time. Another girl (14 years) gave good insight into why she would not communicate with her social workers:

I Do they ever talk to you about school?

C No, I've only met him twice.

I Yeah? What about your last social worker?

C I literally had her two times.

I Really. So, what's it like then, having different social workers?

C It's really like you don't trust them 'cause you can't really speak to them if they've only been here two times and they're gone.'

(Girl 14)

Communication, building trust and reliability are important features for social workers to be effective with children and families. An important point was made by a teacher that their absence can have serious implications in child protection cases when lack of effective communication and missing information have often been features of child care tragedies (Sidebotham et al., 2016). One teacher commented that a change in social worker can be 'a disaster' when a child is missing school and there are safety concerns. A social work manager made the point that change and transitions generally are difficult in working with Children in Need.

Schools and Children in Need

It was shown in Chapter 2 that very little research has been undertaken into the education of Children in Need. As this is a very under-researched area, and as with the previous section concerning social workers' educational role, we wanted to investigate whether schools had any specific policies or approaches for Children in Need as a group. Nationally, much support is now in place for the education of Children in Care but this is not the case for Children in Need. Is there anything that occurs at the level of individual schools?

One issue is whether schools would necessarily know if a pupil legally was a Child in Need. Interviews with social work managers and VSHs confirmed that schools should always know as they are routinely informed and involved in the initial CIN assessment. Teachers interviewed could usually specify the number of CIC in their school but not the total of CIN. As a way of improving this awareness, without wishing to add to the burden on schools, one manager suggested that Ofsted should ask about CIN during its inspection visits as it did with CIC. Some schools knew their

population of CIN very well and had weekly meetings in which senior staff reviewed the situation and progress of all pupils about whom there were concerns, including CIN. Teachers stated that, in the absence of Pupil Premium Plus, schools' own resources for CIN varied: some considered these a priority group whereas others did not.

Notwithstanding the above, many examples were given of specific, school-based therapies and interventions for children, in which CIN participated as well as CIC: such as 'talking-' (including speech-), play-, music- or art-therapies. In addition, some alternative education settings and other schools had family support or liaison workers linked to the school. Reference was made to parents having a mobile- or direct phone number for a teacher, to communicate with easily in case of an emergency or if they required support. We have seen already some schools being very flexible such as, when urgent, in collecting a child or returning them home or to a relative. This was greatly appreciated by families, who said they would not have coped otherwise. However, it was noticeable that examples of adaptability were given more usually concerning *primary* rather than mainstream secondary schools. We should add the caution that we interviewed fewer teachers of older CIN pupils and so might not have been informed of all that was occurring; however, this does not seem to be the sole explanation. We return later to primary/secondary school differences.

One interesting case which highlights possible differences in how Children in Need and Children in Care were approached involved a 16 year-old (CIN) living at home with her mother. The girl had recently been excluded from school following a fight with other girls and told not to return. Mother and daughter were very concerned and unclear about what would happen next: school was currently closed for the end of term, and the social worker was away on leave. The girl was due to take her GCSEs in a few weeks and was uncertain if she could still take these and if so where (I - *Is there anyone else that can help you to sort out how you can get back to do your GCSEs, whether in that school or somewhere else*? C - *I don't know*). She had an offer of a college place but needed examination passes for this. It is a hypothetical argument but it is likely, in the case of a Child in Care, that a Virtual School would have been closely involved beforehand to try to avert the permanent exclusion and formulate an alternative strategy. Indeed, interviews with VSHs confirmed that they would now usually be informed beforehand of major difficulties and be able to take pre-emptive action. Instead, the situation with this family appeared to be drifting with no one taking responsibility. Family and daughter were already living with stress and it is likely that this uncertainty was adding to it. The girl was vulnerable – she could lose motivation and the situation could deteriorate in other ways.

A final point in this section concerns Children's Services' resources. We did not ask systematically but there were some suggestions that a shortage of social work resources had impacted on the role of schools working with Children in Need. It was explained by this teacher:

I Do you think there's been a shift, perhaps, in the thresholds?

T Oh, definitely yeah, yeah. The thresholds are much higher than, I don't know, I've done this safeguarding job for 11 years and over the 11 years you can see the thresholds have changed significantly. (I - *How does that impact on you as a school*?) Well, everything's shifted down, so with the early help plans for example, there's pressure on my colleagues to lead these cases and be lead practitioner on the early help plans, and very often it's very complex, the situation. Yes, school attendance or behaviour in school might be a symptom of the problem, but we don't feel really able or in a position to inform change, and certainly to lead on it, so it's the pressure it just puts down … But you can see why social care are doing that. So, something now that we would refer in, we would be told, well that's on an early help plan, sort of five years ago, would have met the threshold for at least a Child in Need, possibly more.

(Teacher)

Family financial resources and poverty

Our literature review in Chapter 2 revealed that many international studies have reported a link between family poverty, adverse educational outcomes and a wider range of social problems, such as poor health. We enquired sensitively whether parents and carers felt that they had sufficient income to raise their children adequately, especially regarding its impact on their education. This issue is dealt with here rather than in the next section on reasons for progress as it is a broader issue and raises more fundamental concerns. In line with our sampling strategy, about half our sample of Children in Need were making good educational progress despite some families living with acute financial difficulties but that does not make it unimportant.

Children in Need

Overall, most families with Children in Need were experiencing financial difficulties which were felt to be adversely affecting their education. These spanned many aspects of their lives. For example, buying school uniforms could be very expensive. Some children, because of their difficulties, could go through clothing very quickly, as one mother of a 9 year-old explained:

> *I would say the uniform is very expensive because last year he had a lot of anxiety and he was chewing his uniform. I had to buy three or four jumpers, £15 plus £3 for the postage, multiply by four or five that's a lot of money you know. And obviously I don't want him to go to school with a chewed jumper, not for any question to be raised and things like that.*

(Parent)

Changes of school, due to transfer or permanent exclusion, usually meant another uniform. This could be prohibitive, especially if unplanned. There were also pressures on children with 'own clothes days', who could be ill at ease with poor quality or unfashionable clothing. Another mother commented on how her 10 year-old son had to wear some of her clothes as the family could not afford new ones for him:

> *Unfortunately, my son, bless him, was wearing half my stuff … he couldn't get his trousers [i.e. too expensive for the family to buy], and it was obscene. And do you know what, it's actually being thanked [by him], that was one of the most emotional things being thanked, it was like 'Thanks for getting me … are you sure, no it's too much for you mum'.*
>
> (Parent)

Her final expression reflected her emotions at her young son's appreciation and understanding of the difficult family situation.

School behaviour policies often focused on wearing correct uniform, which worsened the effects. A girl (14 years) with special educational needs received an 'isolation' sanction, her first and only infringement, when she arrived at her mainstream secondary school wearing white shoes ('*I couldn't find my school shoes so I wore white trainers … I found that a bit harsh'*). A Virtual School Head referred to schools that sanction '*Young people who've maybe got Asda trousers which aren't quite the right shade*'.

Living with poverty also led to problems studying at home. Several Children in Need did not have access to a home computer: the same girl sanctioned for wearing her trainers did her homework by accessing online material using her mother's mobile phone. Another girl, making good progress at school, pointed out '*But like when we have to do our homework I can't do that because my laptop is broken*' (12 year-old). There could be difficulties when several siblings were sharing a laptop or when WiFi was stopped. The cost of buying books could also be prohibitive: the mother of the same girl explained: (I - *Have you ever found it difficult to buy things for school?)* P - *Yeah … well we don't buy books*). The teacher of one girl about to take her GCSE exams felt that the one thing that could benefit her education the most would be having a personal laptop:

> *I think she would benefit from that enormously. I think that would help her when she was at home to be able to access external materials, to do more research, to do things with revision because she wants to achieve and I think that perhaps that she doesn't have those kind of things at home that allows her to do it.*
>
> (Teacher)

Overcrowded housing conditions meant that even older children sometimes needed to share bedrooms. This led to problems finding quiet space for homework: (I – *Can you normally find somewhere quiet?*) *Sometimes I can't but I just do it* (Girl 15).

Though there was reference from social workers that some parents could be better at budgeting, there was stronger evidence of mothers especially making strenuous efforts to manage finances and of self-sacrifices. These were two examples:

I *Have you ever personally had to go without?*

P *I very rarely get myself anything because I make sure the kids always get stuff first so. I don't class it as doing without, I just class it as the kids come first.*

(Parent)

And the other:

P *Yeah, I mean they've never ever gone without food. I've always – I mean I've an older son, so when I'm getting short of food I can call him and say 'Look, I need to borrow some money to get some food'. He'll say 'Yeah, fine mum'. You know, but I've gone without yeah. I mean I've not eaten because I haven't had a lot of food and I've gave it to them.*

(Parent)

There were also cases of mothers borrowing money from children's grandparents or their fathers which, when separated, could lead to other problems including where domestic violence had occurred.

Children's Services were reported to be helping some families financially with living costs and school uniforms. There were also a variety of school initiatives, such as collecting uniforms from Year 11s and cleaning for others' use. Some Virtual Heads reported efforts with schools, such as 'cutting the cost of the school day'. However, managers outlined the general context in their areas, such as rising poverty and growing use of food banks, for example:

> *There's an ever-increasing issue with benefits, given universal credits, and families getting into real crisis situations with finances, we are seeing that more and more. I think the biggest thing for social workers to understand is the pressures that these families are under given what poverty brings, and the reality of living in poverty and what that means to stress levels, and how that impacts as well on education … Parents that work really long hours on zero contracts, so they don't have anyone to sit and do their homework with, I'm talking about smaller children. Overcrowding in housing, we see that hugely here in (name of LA), multi-occupancy housing where five people sleep in one room because they can't afford private rent. Housing is a huge issue here, as it is across (city) … I just think the stress for parents worrying about being evicted, about their benefits getting stopped – if they don't go to one appointment their benefits get stopped. I certainly think that's increasing, and social workers really worry about that.*
>
> (Social work manager)

Children in Care

In contrast to the parents of Children in Need we interviewed, foster carers were financially more comfortable. Children living with them would seldom be adversely affected by the items that we asked about: ability to buy school uniform, books and workbooks, regular access to a computer, a table or desk to sit at, own bedroom for older children, somewhere quiet to study and so on. Fostering allowances would generally cover the necessary costs. One foster carer summed up the answers generally when he said: 'I wouldn't say there are any frills to it but it does cover it'. A minority of carers disagreed and felt that allowances were insufficient (e.g. 'I think it depends on the individual circumstances. If carers are solely caring or you've got single carers it could be a struggle. I'm lucky to have a partner that works full-time').

Some carers were themselves paying for attendance at dance or drama clubs, sometimes involving disputes with schools or Children's Services about who should pay. Family holidays were expensive and some carers were also incurring excessive personal mileage. Their attitude was that if children needed something they should have it and they would argue about the money later.

It was pointed out that there was wide variation between what Virtual Schools and schools provided for Children in Care. VSs sometimes compensated for the shortfall, such as funding school trips and providing IPads/Tablets for a whole year group of CIC. Not all schools and colleges required school uniform or they allowed generic clothing, and some provided all required books and protective clothing required.

Family and friends carers

There were three sets of grandparent carers and one aunt/uncle couple in our sample. These were caring for children in different circumstances: two were Special Guardians, one had a Child Arrangements Order and the other were kinship foster carers. All told us that they were coping financially but their circumstances were far from easy. A teacher summarised the efforts that the grandmother of one 11 year-old was making:

> *In terms of buying him things, so keeping him up with the Jones, keeping him trendy, Nan would go out of her way. She would put what she wanted on hold in order to get him what he needed, so in terms of PlayStations and all that sort of stuff he'd have the latest. He'd have the really good phone but in terms of being able to provide him with the space, the support he might need, the prompts or help he might need, the books he might need, no…Yeah. I mean, in terms of Nan's engagement, I'm absolutely convinced their locality really helped. If she'd had to do any travelling at all we wouldn't have seen her … because she didn't have any transport to get her there.*
>
> (Teacher)

These relatives had become carers for children in difficult circumstances. One 11 year-old had lived with his carers just under a year and had left home following neglect, involving not being fed or clothed adequately and irregular school attendance. He had a managed move from his first primary school, lasted a day at his second before being permanently excluded and was now attending a PRU. His social worker observed that he is now beginning to settle down and his anger is under much better control. His grandmother reflected on their predicament:

> *Yeah, I do feel as though we have enough money but I think it's very unfair that grandparents who become Guardians of children are not funded the same as foster children are. We're doing exactly the same job and this is going to affect our finances. It's not going to put us into poverty but it is going to affect our finances, whereas at this time of life my husband and I shouldn't be worrying about that.*
>
> (Grandmother)

Conclusion

Analysis of interviews with children, parents, carers, social workers and teachers produced a wide variety of general, contextual information relevant to understanding the educational attainments and progress of Children in Need and Children in Care.

We saw that children appreciated the importance of education across all our groups. With the support of carers, school attendance was not a problem for Children in Care but more erratic for those living at home. It was interesting and reassuring to discover that social workers were active regarding the education of Children in Need; and not just regarding child protection but often working to empower and advocate for parents to help ensure an effective education. Social workers' involvement in education was generally appreciated by our participants, although parents were more critical. However, their contribution was undermined by their high level of turnover: children were wary of forming trusting relationships with social workers who might be only fleeting figures in their lives.

There were many examples of school-based initiatives both for Children in Need and Children in Care. There was more evidence of inclusion and flexibility in primary schools than secondary. It seemed that there were disadvantages for Children in Need in not being overseen by someone in the role of a Virtual School Head, who could act to anticipate educational problems and to resolve them adequately and speedily.

Regarding family resources, most parents struggled to provide full educational support for their children including school uniforms, computers, internet access, study workbooks etc. Mothers were often making personal sacrifices to attempt to shield children from the effects of poverty. Grandparent/relative carers managed financially but life could be a struggle. Foster carers coped better financially, although a minority argued that allowances were insufficient.

7. Interviews with Children, Parents, Carers, Social Workers and Teachers: Part 2 – Reasons for progress or lack of progress at school

This chapter continues with the analysis of qualitative interview data in the study and focuses specifically on the explanations given by our 116 participants for the educational progress of our samples of Children in Need and Children in Care. Samples were selected, it will be recalled, according to whether pupils had made 'Good progress' or 'Poorer progress' (see Chapter 3). Detailed analysis of the qualitative data highlighted four main, interlinked themes which were relevant to understanding educational progress and helped towards differentiating between the two groups. These were: stability and consistency; social, emotional and mental health difficulties; school strategies and responses; and peer influences. Each is discussed in turn.

Stability and consistency

The importance of stability and consistency was emphasised most often by respondents in explaining what had led to children making good educational progress. The terms were often used interchangeably to refer to placement, school and other arrangements that were unchanging or regularly occurring events in children's daily care. The value of being 'consistent/consistency' was mentioned unprompted in about half the Children in Care cases and with two grandparent Special Guardians. As one foster carer expressed it:

I *So what do you think's the main factor in terms of his progress at school?*

FC I think having a stable environment and routine. Routine's helped a lot. I mean we've got a set routine and set bedtime routine as well so I think that's helped a lot that he knows what he's doing, when he's doing it and when he's gotta' do it by … Routine's helped a great deal with (name) and knowing that he's secure.

(Foster carer)

Another foster carer commented about the girl (9 years) living with her:

> *When she was first with us and at the previous school, because there was so much going on in her life [before she entered Care], she didn't have enough time to put her effort into education that she wanted to. And now that's moved away and she's settled and secure here she's just flying, which is absolutely lovely. She's brilliant.*

(Foster carer)

The girl herself was aware of this:

I *Any times when you were doing not so well at school?*

C *Yeah, when I was having a hard time with my dad. (I - Oh okay. So that affected how well you could do at school?) Yes. But I managed it, I fought through it. I did it!*

(Girl 9)

Given the unsettled and unpredictable nature of children's early lives, consistent relationships with trusting adults who were reliably focused on meeting children's needs allowed caring and loving relationships to be developed, often for the first time. This happened usually in foster homes but, as we shall see, sometimes also in residential settings.

Children's insecurity was worsened for some by instability within the Care system itself. Children often needed convincing that they would not be rejected by a foster home: '*The fact that he's not gonna' be moving on – that took a lot of persuading (name)*' (Foster carer). A residential worker looking after a 15 year-old girl made the same point:

> *All the moves, you need a secure base, how can you learn if you've not got a safe and secure base … There have been times where placements have broken down and she has been kept at school not knowing about it, waiting for social workers until [eight o'clock] at night to know where you're going. So, if a member of staff was even two minutes late for picking her up at school in the past, it just brings all that back: 'Oh God, has something happened, am I being moved, and am I this, am I that?'. Horrendous.*

(Residential worker)

One grandparent outlined the importance of a reliable daily routine and how this had helped the boy's learning:

> *I think in the last nine months he's improving and because he's calm, he's in a settled environment, he knows I'm going to be here when he comes in, he knows what time he's going to get his tea. Prior to that he had sort of said that he was worried when he was at school he was worried about what his mum was doing, is his mum okay, is the police going to be at the door when he comes home, are they going to be fighting. He hasn't got those worries anymore and I think that is a massive problem for children, when they've got things going on in the family home and I think that's why he couldn't learn, he couldn't concentrate. He wasn't sent to school properly clothed. He wasn't sent to school with proper food and I think that's got a massive impact on a child being able to learn.*

(Grandparent)

The boy (11 years) recognised his own progress:

> *Since I've moved to my grandma's at the beginning I was kind of naughty, then I've been getting good rewards and stuff. (*I - *So things have been good since you've moved to grandma's?) Mm-hmm.*

(Boy 11)

Consistent relationships and a daily routine also allowed boundaries to be set to help manage children's challenging behaviour. His grandmother added: '*He loves consistency. He also likes boundaries. Without boundaries (name) don't cope and you have to push to get those boundaries …*'.

Stability and consistency were identified as important factors for *school* as well as placements and at home. This provided an important balance in children's lives. One secondary teacher explained:

> *Relationships, she cries for that. She cries for it. You know why we wanted her in school because the same people that you know are going to be here, you know, you're going to have the same English lesson, it's all routine and it's not going away. So, it is the same place.*
>
> (Teacher)

Another 16 year-old girl had remained at the same secondary school despite four changes in placements. Her social worker observed: '*School has always remained the same so in some ways school represented stability*'.

As a potentially important form of instability, we were interested in exploring children's views about school transfers. There were pros and cons associated with changing school. Pupils making good progress were more likely to take change in their stride: '*It was exciting*!' recalled one girl who had just moved up to her secondary school. She had lived in her only placement for five years, a permanent foster home; was described as '*a good student*' (Teacher); and would like to become an actress. Some others in the 'Good progress' group were initially hesitant but usually coped:

> *I feel fine but feel nervous because the teachers are going to be different and they're more stricter than the other teachers, but when I get used to them it will be fine.*
>
> (Boy 9)

For those who were confident, a new school could be the opportunity for a fresh start.

However, for others, school transfer could be a major event. One girl (16 yrs) changed school when she entered Care when she was 12 and was very worried what she would be confronted with:

> *I'm settled-in now but the thing is when I first got into Care and everything it was a big thing because I just didn't know what they were gonna' be like or anything … It was … I didn't like it to be honest. It was heart-breaking … No, I personally didn't like it at all. When I first got here (school) … I can remember the first day I got here I was just overwhelmed and I thought I was literally being stared upon and being judged or something … I wasn't able to tell my friends for a little bit, that I'm in Care … And maybe that's one reason why they weren't taking on board that I was always anxious of going to a class …*
>
> (Girl 16)

School transfers were also difficult for most of the Children in Need Group. We saw earlier the impasse following the permanent exclusion of one girl just before her GCSEs and uncertainty over what would be happening next. Another older boy (16 yrs), who had been dealing with depression, was asked what it was like transferring from primary to secondary school:

*Dreadful. (*I - *Dreadful?) Yeah. It became very difficult to go. It was going from like just being in the one classroom for like six hours and doing all your lessons and having breaks and stuff, to then go and do five different lessons and getting two breaks and then just having different teachers to teach you. You know, all these new faces, learning all these different names. It was like trying to fit in. No, dreadful.*

(Boy 16)

An important issue identified here concerns the comparative nature of primary and secondary schooling and how our samples of Children in Need and Children in Care experienced both. Primary schools emerge from these accounts as institutions that could often tolerate challenging behaviour and difference, and be inclusive for pupils with a variety of special needs. The concern was that secondary schools might not be the same and the extent to which they were familiar with, and sympathetic to, the problems of CIN and CIC was more variable. One boy with autism, in the final year of his primary school, was making good progress but his teacher had concerns about transfer:

I think right now the thing that I would do is I'd worry about transitioning. Primary schools are very safe places where you stay with the same teacher for the year and you get to know the other teachers. Going to secondary just worries me slightly where, though he's academic and he can deal with things, but he's going to have to suddenly open up to a whole new world. … Primary school, we tend to, not intentionally always, but wrap children up in quite a safe environment … and then suddenly, do we fully prepare them for secondary? … Everybody knows him and all the children know him as well, because we're a school with specialist provision onsite … And suddenly he's going to go into a place where maybe not every child has gone through an educational system where the mainstream and the specialist sort of place get on together, to learn together.

(Teacher)

Detailed plans had been implemented to facilitate this transfer but there were many uncertainties. Another teacher had similar concerns for her pupil (girl 10 yrs), who was also making good progress:

I think the secondary school that she's going to, I think that it's really important that they have a good understanding of what it's like to be a Child in Care and, you know, what helps and what works. And you know yeah, so that she has access (to) the package here to support her learning. But also, with the emotional side of things, having someone that she knows she can go and talk to and having that sort of emotional support in place … So, I think it isn't just about what looks good on paper that's the best school … If a school isn't used to having Children in Care, if they're not used to having to deal with carers and social workers and know what works, then okay so someone like (name) might be fine because actually she is quite level but she might not be.

(Teacher)

A manager summed this up more generally:

When you get into the big academies, it's much less personalised. In primaries they know every child, so you're gonna' get that interaction, they're also going to know the parents. Whereas in

a secondary you're dealing with young people, and you're dealing with the staff, and we've got some fairly big academies.

(Social work manager)

Social, Emotional and Mental Health Difficulties

A second explanation from participants for children's educational progress concerned their social, emotional and mental health difficulties (SEMH) and the extent to which these had been managed and ameliorated. Many children were understandably scarred by their previous experiences, outlined earlier (see beginning of Chapter 6). Significant SEMH difficulties were reported for practically all Children in Care and most Children in Need in our sample. In fact the CIN number is probably an underestimate as we were unable to interview all of their social workers and teachers. The range of stated problems included: anxiety and depression, sleeping difficulties, enuresis, emotional and behavioural regulation, anger, extreme shyness/lack of self-confidence, inability to communicate or open-up, eating disorders and self-harm. One girl in our sample, living at home, had taken an overdose a few months earlier.

Difficulties were reflected both at home/with carers and at school. One boy had been extremely challenging when he joined his current carers five years ago, when he was 6 years. Beforehand, he had lived in six different placements in a year. The interview with his foster mother was an emotional one, understandably in terms of what the family had endured:

He's quite controlling, his behaviour back then for a little six year-old was something else really and so when he come here – yes it took us a while to settle him in. At every bedtime, he would scream for two hours solid and me and (husband's name) would both have to be up in his bedroom with him for those two hours, until he eventually fell asleep. But it was full on screaming for two hours and even when we thought he was asleep, we would then start to move out of his room and then he would sit up straight and start screaming again. That went on for probably four or five months and now he just like, you know, he just goes to bed, obviously I go up with him … But that was quite challenging in itself without all the daytime stuff going on for a very angry, upset, controlling, everything six year-old, you know dealing with emotions … .

(Foster carer)

His previous primary school had not always been sympathetic: the boy had difficulty wearing school uniform, as certain clothes felt to him too tight and uncomfortable. On one occasion the school refused to let him past the school gates wearing his own clothes rather than the required uniform: the comment was made 'a good parent would bring their child to school properly dressed', which upset him and his carer. His current teacher explained how, initially, at school he would run around, attack people and throw furniture. The boy asked to be interviewed by the researcher on a

trampoline, with his carer sitting nearby. He commented on his previous school: 'They weren't treating me right … (should have) helped me a bit more and be a bit more supportive'. He likes his teachers at the new school who are supportive and help him - 'they're a lot kinder'. He also likes the way they manage his behaviour, distracting him to calm him down. At his previous school he said they left him alone in a room for an hour to calm down. His current teacher observed that signs of extreme distress in a child should be responded to by adults with more attention and concern, not less. He is now much more settled.

There were many other examples of how social, emotional and mental health difficulties hindered children's ability to engage with education. An older teenager (16 years) living at home (Child in Need) had good insight into his problems:

> *Well I'd like them to help me. I'd like them to work with me to get my mental state in a better like place before then I can eventually go to college or like an apprenticeship and do something for myself. So I'm hoping that they can work with me so I can plan on getting myself up and do something. I was going to go to (name of school) and do the 14 to 16 college and take a hospitality course, but then in the end I like chickened out because of like new people and all that … As I say I need to get my mental health sorted better first, finish up in a better place before I can go back. I don't know what I see myself doing. I honestly don't know. It's very cloudy.*
>
> (Boy 16)

Some children needed a great deal of courage to speak with the researcher but wanted to do so nevertheless, supported by a carer. One older girl (15 years), living in a residential home, suffered from severe anxiety, at times getting little sleep and being unable to leave her room for long periods. She had four placements in Care but since has been at the same residential home for four years. She was very able academically but missed school for long periods. Her school had been very flexible, allowing for her unpredictable and sometimes aggressive behaviour, and had modified the curriculum to suit her needs. However, she was receiving only six hours home tuition a week, which was generally felt to be insufficient. School was funding this tuition from its own resources; Pupil Premium Plus and EHCP funding already being spent on her services. Following cutbacks and unfilled vacancies, the Virtual School did not play a major part for this girl, including not attending PEP meetings, but has since been more helpful. She commented on her school difficulties: (I - '*You're not keen on a year at College?*') *It would probably be a little bit like a school and I don't do well in a school environment*.

Another very insightful girl (14 years) was making good progress at school despite her difficult experiences. She moved to her current foster carer following the bereavement of her previous carer. Her birth mother had also recently died. She was anxious and understandably very cautious in the

interview but ended with a noteworthy summary on what, in her experience, helps Children in Care do well at school:

> *Just probably supporting them more because they go through a lot of trauma and if that's happened they're gonna' have a lot of upsetting issues on their mind. If they have that on their mind coming to school, they're not gonna' listen to the teachers 'cause they're gonna' have that rolling around their head. So, I think if they get the support that they need, more, then I think they wouldn't have much things to worry about it 'cause they're worrying about school, home and like other things.*
>
> (Girl 14)

Participants explained children's SEMH difficulties in terms of two main, linked theoretical ideas. One concerned attachment theory (Rutter, 1972), in which unsatisfactory early relationships with parents or parental figures had not prepared children to cope adequately. One social worker put it well when she said: '*He disassociates. I think that he's not anchored in the way that children need to be anchored in order to fully engage with education*' (our emphasis). The other common term used was *hypervigilance* (Howe, 2005), in this case referring to an aroused state of sensory awareness of maltreated children to potential risk. This explanation was used for children of different ages, both In Care and In Need. For example, with a 9 year-old:

> *Because going back when she was with mum, lots of unpredictable (things) were happening that she's a very hypervigilant child. So that got in the way of her making friendships and things like that, being able to concentrate, and still does to a degree because of her hypervigilance in the classroom. She's always wanting to know who people are, where are they going? What are they doing?*
>
> (Teacher)

And also with a teenager (15 years):

> *She really struggles with the local authority and she struggles to adhere to boundaries and she also has major trust issues. So, because of the way that she's kind of seen the world because of the way that her mum's treated her, she doesn't trust that if an adult, say in school, says that they'll do something for her, she doesn't believe them … So, kind of, it's almost like she's always in survival mode, so she's never really in a frame of mind that she can meaningfully access that education and that teaching that she's provided with because she's just always trying to survive.*
>
> (Social worker)

Examples given showed that this hypervigilance resulted in the classroom and at home in confrontational and controlling behaviour, suspicion, restlessness, inability to concentrate and reluctance to trust others – difficulties that have been reported in other studies (e.g. Trocmé and Caunce, 1995: see Chapter 2). We see later that it could also lead to problems in forming and maintaining friendships. The challenge was to trust adults sufficiently to relinquish such behaviours once they became unnecessary.

Although the range of SEMH difficulties would often get in the way of children's educational progress, sometimes learning, school and the structure they provide could be a coping mechanism. We saw in our earlier research (Berridge, 2017) how children can express *agency* and have different adaptive styles to deal with their circumstances. We saw this too in the current study with a 10 year-old girl making good progress at school:

I *And what was she like at school?*

FC *Very clever. Her coping mechanism at the time was to learn. Don't know how she used to do it but it's funny because it's gone the opposite almost. Because now she doesn't have to use it as a coping mechanism so she's not top of her game anymore! One day, as she's good at learning, if she ever chooses to use it again, hopefully not the same circumstances.*

Another foster carer felt that a girl (14 years) wished to keep to her daily routine to help her cope with a bereavement. Additional confirmation for the *agency* thesis came from the same carer:

> *Well there was behaviour obviously and it did take a while to deal with that but when she was ready, then you know – well look at her now. It's down to the kids, it's when they're ready. They might never be ready. We do guide them, you know and show them all this but it's when they're ready, not when I'm ready. I mean, I'm ready, you know, come in, here we are but it's down to them.*
>
> (Foster carer)

From this perspective Care, home and school can help to establish the preconditions for learning but it is then up to the child to opt-in once they feel ready and safe, and depending on their coping style.

Although Care services play an important part in stabilising children's lives and providing security, no doubt they can also sometimes exacerbate problems when they do not work to plan. A small number of children had experienced death of a carer: this obviously could not have been foreseen. Some children had experienced high levels of placement instability, which could reinforce feelings of rejection and mistrust. Social worker turnover, as we have seen, can prevent children from establishing relationships and being denied a potentially important sense of continuity.

Access to support services

A wide variety of supports for children's social, emotional and mental health was outlined, both in- and out of school. These included pastoral care, counsellors and specific therapeutic interventions (art/drama/attachment-based etc). There were frequent references to children being in contact with child and adolescent mental health services (CAMHS); although some professionals referred to the very long waiting lists ('massive queues', 'ridiculous'). Some young people accessed GPs for help with depression and anxiety. A few attended highly therapeutic environments, including some nationally known facilities. There were some reports of children refusing to engage with services.

Some structured support programmes for foster carers were also offered. We would not know the full picture but both Children in Need and Children in Care were accessing SEMH services support.

School Strategies and Responses

A third element in participants' responses which explained children's level of educational progress concerned the school contribution. Schools were felt to vary considerably in the extent to which they met our sample's learning needs and responded effectively to SEMH difficulties. For Children in Need and Children in Care in the 'Good progress' group, schools were considered generally supportive. However, for those in the 'Poorer progress' group, responses were more critical of school performance. This applied particularly to secondary schools but not exclusively. Indeed, interviews with VSHs and managers confirmed local variation: some schools were felt to be 'signed-up' to meeting the needs of these groups but others were less so. One VSH felt that with CIC they would be 'pushing against an open door' but others were less convinced. In addition, the situation was not necessarily improving: VSHs responded that the 'off-rolling' that has been reported nationally – whereby schools would seek ways of removing lower attaining pupils from the school roll, particularly later in Key Stage 4 (Ofsted, 2019) - would not get past Virtual Schools with CIC but it certainly would affect CIN. Across the six areas, some secondary schools were said to be pursuing a 'zero tolerance/three strikes and you're out' approach. One VSH commented:

> *So, we're constantly challenging things, for example we've got a team manager going to a meeting at a secondary school today that are throwing on the cards the permanent exclusion for a Child in Care. And when reading back the PEP in preparation for the meeting, the targets are, 'This child must concentrate in maths', 'This child must do this', 'This child must improve their behaviour points', whereas there's not that acceptance that, it's not about what this child must do, it's about what <u>you</u> need to do to support this child. I wouldn't say its necessarily improving, no … (In one school, the designated teacher) left, the new designated teacher came in, didn't get it at all, still doesn't, comes to all our training but still does not get it, and has no seniority within the school. It's taken a rapid decline, we would go from it being, absolutely you want your child to go there, to, no - if your child has got any SEMH needs, let's not consider that.*
>
> (Virtual School Head)

The use of 'isolation' in schools has received publicity (BBC, 2018), in which pupils are removed from classes as a sanction and sometimes sit in rooms with partitioned desks or separate booths. We did not investigate this in detail but reference was made to this practice in relation to five of our sample: three Children in Care and two Children in Need. Children's comments on this practice ranged from a girl (12) who was sent to isolation for three periods: she felt its use was often an overreaction – she thought that three periods was manageable but a whole day would be too much. A 16 year-old boy said that when he was given isolation he would not go to school. There was a difficult situation

involving another girl (15), who also refused to go to school rather than serve an 'isolation'. This led to a stand-off in which she was excluded for a week. Her foster carers opposed the isolation and her Virtual School told the school in question that they could not isolate a Child in Care.

We saw earlier how some schools were very supportive of families with CIN and the same applied with CIC. There were examples of schools being highly flexible and providing a variety of supports. Several children described individual strategies such as being given 'time-out'/'amber'/'flying' etc cards to show if they could sense they were not coping, becoming distressed or angry and needed to leave a classroom. If this occurred, one child was allowed to go outside and run around for 10 minutes. Another school had provided a wide range of interventions and supports for a 14 year-old girl. This included involvement in a summer school for vulnerable students' transition; following the 'Dan Hughes attachment framework' in work with the pupil; a double order of all workbooks so that she could always keep a set in school if ever one was forgotten; a very flexible curriculum negotiated with her based upon how much she felt she could access; a room that she and others could go to at any time during the day – she would 'self-regulate' then return to the class on her own; and meeting with her beforehand to prepare for and explain what would be said in PEP meetings. In addition, there was involvement of an educational mental health specialist over three years, who would work on 'self-soothing' techniques including hand massaging etc.; additional support on residential trips; weekly professional meetings to develop new strategies; and the girl would still call in to see the School Inclusion Manager for support while not attending school but receiving home tutoring. This Manager explained:

> *I think we've done the best job that we could. I can't really recall ever having a recommendation that we hadn't already tried … and I think we have always gone the extra mile. For example, attending CAMHS assessment appointments and things like that, you know, going and doing home visits and yes, just trying to involve her in every step as well … I can talk for hours about the stuff we've done for her but yes … I don't want this to sound big-headed but I think she's had absolutely everything this school, we have given her absolutely everything. We've gone above and beyond and beyond and beyond … Yeah, I mean we cater for (name's) needs.*
>
> (Teacher)

Foster carers gave examples of other schools that had been far less supportive: one school declined noticeably overall following the appointment of a new head:

> *He was officially made head and then the cracks really appeared because … he's got a very different approach to what to do with these children with individual needs/with additional needs/with anything and he's got a lot in that school … It's now been picked up by Ofsted and they'd gone from 'good' to 'needing improvement' and the main thing around their Ofsted report was there's some children … like in a classroom, they're been treated/given the same work as the more able children and if they're struggling they're not getting the help that they need … The teachers aren't getting the support they need from higher up the school.*

(Foster carer)

Another carer (girl 12) felt that the school was not playing its part in her overall care:

> *As soon as the kids cut-up in school they're phoning here 'Come and get them!' or whatever. Well, it's your turn to look after them! They're there. We have to sort it out at home so try and sort it out in school. I can never understand that bit. Give them a chance, do your training or whatever, this is not slagging them off because it's not all of them but what's the point of kids going to school and they say '(name's) not getting on well this morning, can you come and get her?' So, what's the facilities in school to cater for them then when they start like that?*

(Foster carer)

We saw earlier how school transition could be difficult for children, including adapting to the social and organisational structure of large, complex, secondary schools, compared with smaller, inclusive primaries. Some secondary schools made attempts to remedy this by providing staff who could be readily available if CIN/CIC needed it – keyworkers/key adult/mentors/counsellors. One child checked-in with her keyworker twice a day as a precaution. 'Open hot chocolate' was offered by some to reassure children and encourage meeting when required.

Teacher-pupil relationships

An interesting finding that emerged concerned the importance for children of *relationships with teachers*. Relationships with *social workers* are recognised as a key issue in the relevant literature (Munro, 2011) but this seems not to have emerged to the same degree in the UK concerning pupil-*teacher* relationships in *mainstream* schools; although it is acknowledged in alternative education settings and the SEMH sector (Cefai and Cooper, 2009). One boy (16 years) expressed this as follows:

> *(Teachers at secondary school) they're all like just horrid. There's a few sound ones but it's just not nice. Like I want to be a teacher, I want to have like a good relationship with my teacher. That's why I do better work in maths than I do in anything else because I've got a good relationship with him.*

(Boy 16)

A secondary teacher elsewhere recognised this: '*I think it's just good communication. You have to build a relationship with the child and a rapport…*'. A primary teacher made a similar point. She described her school as 'Attachment Aware' and emphasised the importance of teachers developing special relationships with pupils. The social distance adopted by teachers to assert authority could be counterproductive for a number of our sample. It would need further investigation but it was noticeable that the two schools just mentioned, and more generally those offering more interventions and initiatives for Children in Need/Children in Care, tended to be those with larger

numbers in these categories. This would make sense intuitively but require larger and more complete samples to confirm.

Accounts from Children in Need and Children in Care indicated that they differentiated strongly between teachers regarding their approach and effectiveness. We explored this with children by asking if they had a favourite, or least favourite, teacher and what was it about them that influenced their preference? Many children highlighted teachers who were 'fun' or 'funny'. These made lessons and learning enjoyable, children could relax and they helped children to engage with them. These are some examples:

I What about teachers? Have you ever had a favourite teacher?

C When I was at this school, I had a teacher, and he was a really good teacher, very fun and he got into a child mindset, and then focused on how he could teach us the best at our age. I was in the choir back in them days and we had a talent show coming up at the school and he was trying to encourage everyone to do it and I was a bit shy and he got me to do it. Me and my friends were practising for months every single evening at school. He would always come in and watch it and clap.

(Girl 15)

She was really awesome. She was kind, she was really funny as well. She was the best!

(Girl 9)

It gives me the confidence a bit.

(Girl 14)

Other qualities identified by children of popular teachers included being approachable, being understanding and patient, supportive, encouraging, being able to explain points clearly, and listening/finding time for you when you have a problem. As explained by an older boy (14 years):

He helps a lot. If you get stuck he won't just say, do this. He'll actually try and help you. Just a nice teacher, kind and polite.

(Boy 14)

Several teachers' responses indicated their understanding approach to Children in Need/Children in Care regarding, for example, behavioural management:

So it's just making sure that all staff are aware of where it's coming from … It's just having that understanding. … It's just making sure that our responses to behaviours that we're seeing are appropriate, that we're looking beyond the behaviour and just checking in on those children. Sometimes it's to do with if they have contact with parents and they get very anxious about that, and it's just having that time to talk with them and then making sure that someone catches up with them afterwards – me or the class teacher: 'How did it go?' Showing them that you're there.

(Teacher)

Regarding negative teacher qualities, one in three of our children responded unprompted that they disliked teachers who shout or are 'shouty'. This was linked to being too strict, unfair and unkind, or unhelpful. Examples included:

> *Just never got on. She always used to shout at me.*
>
> (Girl 15)

> *Every time she shouted at people like … and she hurt my feelings and she was shouting at (name) and me and that made me sad.*
>
> (Boy 11)

A 14 year-old girl also explained the effect this had on her personally:

I *Do they lose control of the group and shout or do they shout at people individually?*

C *They sometimes shout at the group, sometimes they just shout at people individually.*

I *Have they ever shouted at you like that?*

C *Once somebody did that. … (I - When they shouted at you what did that make you feel like?) Emotional … Like, I cried because I don't like it when people shout at me.*

(Girl 14)

Teachers might have a different perspective on these events and maltreated children could be particularly sensitive to loud voices required in large and noisy classrooms. But, especially for children who have experienced unpredictability and hostility in their lives, it feels unacceptable if they are then subjected in the classroom to experiences like these that make them feel so uncomfortable. Indeed, we recall from our previous study one girl who commented that the best thing about coming into Care is that you are no longer shouted at (Berridge et al., 2015). A teacher in the current study commented:

> *So, for example, I did an Inset (in-service training day) last year and we did it to all the staff. You know, when you see some child kicking-off, this is why and these are the helpful things to do and these are the unhelpful things to do. You know like showing them the sort of faces of the children that you need to be looking out for … Shouting at them is not going to help, so they can be aware of which children are in need at the moment and need us to think carefully about how we're managing them.*
>
> (Teacher)

Individual tuition

An important school strategy in response to children's learning needs was the provision of individual tuition. It could be difficult to establish exactly what additional learning support children were receiving as a number of therapeutic, counselling, mentoring and other interventions were being delivered. Nevertheless, it was apparent that most Children in Need and Children in Care in our

sample were receiving additional classroom help from teaching assistants (TAs) and others. Often this was individual support or when TAs worked with a wider group, or particularly lower achievers. Additional learning support was *very* popular with children, parents and carers. There were many examples:

I *What extra help do you get at school?*

C *(Name) helps me with my writing. Only with my writing because she only comes in when writing is happening.*

I *Is it good to have her do you think?*

C *Yeah really good. I get loads done when she's with me.*

(Girl 12)

And with a 11 year-old boy:

C *There is one woman who takes me out of the lesson.*

I *How often do you do that?*

C *I think it's two times a week. (I - 'Okay and what do you think about that?') I think she's helpful. Yes I think she helps me quite a lot.*

(Boy 11)

A teacher also explained the benefits:

> *We buy in a one-to-one maths teacher and English teacher … I think it makes a huge difference because … they [the pupils] work twice as hard as they would if they spent an hour in the classroom, because they work solidly for an hour. They would not do that in a classroom. They do a lot of listening and then a lot of talking while they are working so it builds their confidence, especially with maths and we have seen the results improve. I think it is great.*

(Teacher)

However, there were several cases where additional support was not provided where it was considered potentially useful, or had been provided but withdrawn. Some children recognised the effects of this:

> *It helped a lot actually. Right now like we don't have a TA or nothing we just have the teacher. So it's sort of like you've got to get round everyone with one teacher sort of thing, so it doesn't really work*. (I - *And do you think if you had a TA that would benefit you where you are now*?) *Yeah probably.*

(Girl 15)

It was said to be more difficult for schools to provide additional support from their own resources, especially if an EHCP was not in place. One social worker explained concerning a 11 year-old boy:

> *The schools were struggling to meet his needs. They didn't have the numbers, they didn't have the staff and they didn't have the resources. Initially, they thought they did but in terms of*

managing his behaviour, I think he was on a ratio of 1 to1 and then he was on a ratio of 2 staff to one. He's been excluded because he's picked up a weapon and threatened another young pupil with it, that's an extreme side of the ADHD behaviour. However, I'm always about 'Well, you know he should have been supervised'. One for one or two to one, where was the supervision? And then they say 'Well, there's no resources'.

(Social worker)

From our interviews there was no clear pattern of individual learning support being less likely for CIN compared with CIC: however, the picture was complex as more of our CIN (6 of the 18) were attending alternative education settings; these would usually have higher staffing ratios than mainstream settings and so teaching assistants were not required in the same way. Moreover, additional tuition in English and Maths was often routinely provided for Children in Care from Pupil Premium Plus funding, which was not available for Children in Need.

Individual support for children was also interwoven with the assessment of SEN: this is not just a school issue but part of a complex wider system. There were reports from parents, carers and social workers of delays in assessments, unmet needs and repeated unsuccessful applications. Indeed, the National Audit Office (2019) has recently reported that the current SEND system is 'unsustainable' due to rising demand and funding pressures. Interviews with VSHs and managers revealed a range of common problems across the six authorities - and SEND assessments and support were reported to be among their main challenges with CIC. They reported that SEND teams were under considerable pressure. There was a suggestion that CIC assessments could be prioritised as a result of VSH persistence, to the detriment of families with CIN. Regarding children with social, emotional and mental health difficulties specifically, it was commented that schools would often like to do more but were unable to do so with reduced resources. As a result, there were said to be signs of a cultural shift away from inclusion in mainstream schools. In addition, VSHs agreed that there were fundamental problems concerning the national system of assessments for children living and educated in *other* authorities: the local (resident) area takes the lead with the assessment process, although the 'home' authority continues to fund. This can make it very difficult to track progress in assessments and expedite them, especially when arrangements alter.

Peer Relations

A final theme emerging from our qualitative data, relevant to understanding children's educational progress, concerned their peer relations and friendships. Friendships are a very important issue for all children nationally: a recent Action for Children (2019) survey of 2,000 children across the UK revealed that the second highest worry for children (after schoolwork and exams) was falling-out with friends: reported by 45 per cent of girls and 33 per cent of boys. For our sample of Children in

Need and Children in Care, analysis showed that problems in peer relations or with friendships were reported for nearer two in every three; and also more often with girls than boys. Problems were across the sample, affecting those making good progress at school as well as poorer progress.

Peer relations are a key aspect of school life and we know that some children confide first or solely in their friends about personal problems rather than with parents/adults (Barter et al., 2009). Some of our sample were happy with their school friends, as with the 9 year-old now enjoying life in her foster home, in the top groups at school, wants to be a brain surgeon and enjoys learning at Brownies things like 'girls can do anything': '(I – *Do you have many friends who live near*?) C – *Yeah, I have friends, I'm so popular*!' Long may it continue.

But most children did not feel as assured and many reported difficulties in making friends, especially in large groups. Another girl of the same age had been to four primary schools. She is now making good progress but has always had problems with large groups, including attending assembly. She answered:

I *What kind of trouble did you get into? What happened?*

C *I just didn't go into class because I just don't like meeting other children. I just like being by myself*. (I - *And then they sent you home*?). *Yeah.*

(Girl 9)

A slightly older (11 year-old) boy had a similar experience:

I *And what about your old school?*

C *Err that was ages ago so I can't really remember, but I didn't really have many friends to be honest.*

(Boy 11)

Several factors contributed to children's difficulties with friendships. Joining a school mid-way through an academic year meant that social relations were already formed. Even joining at the start of the year was a disadvantage if a year group had known each other for several years previously. For Children in Need especially, peer groups could also be familiar with family troubles and conflicts ('*Because they used to slag her dad off, slag her mum off, and she's had it happened twice and it ain't nice. It was just too overwhelming for her, so her education at that stage was just out the window*.' [Grandmother]).

For some children friendships could be problematic as they preferred the company of adults and could be 'attention-seeking', which was unpopular with peers. In addition, the 'hypervigilance' reported earlier could impede social relations: some tended to be very controlling or possessive; while there were examples of some girls who sought to 'mother' others, having previously been

taking care of, or protecting, younger siblings. For example, the teacher of one younger girl remarked:

> *When she first came she was very exuberant, I think would be the word. She came in, she was very confident; she wanted to chat to us. She went straight into the classroom with the other children that were going to be moving-up with her, and I went out to check that she was alright at playtime and she was already organising them. She definitely wants to be the leader at times … Early days she had a few friendship issues but, as with a lot of looked after children, they find it hard to form friendships and maintain friendships so, she tended to want to be in charge and wasn't always thinking about other people's feelings.*

(Teacher)

For this girl and others, a variety of school initiatives were reported to tackle these friendship issues. This included encouragement of extra-curricular activities; steering children towards or away from particular peer groups; and 'supported play' such as a lunchtime Lego Club, set-up especially for a girl in our sample, to encourage friendships in small groups and sharing.

We asked children cautiously if bullying had ever been an issue at the schools they attended and, if so, whether it had affected them personally. Almost one in three of the sample replied that they had suffered being bullied. This included both Children in Need and Children in Care, and children in the 'Good progress' as well as the 'Poorer progress' groups. This feels high but bullying is not uncommon for all pupils, complicated by problems of definition, time-periods and the emergence of cyberbullying (Education Policy Institute, 2018). A 16 year-old girl spoke of her experience:

C *It started going downhill from there.*

I *Do you have any idea why that might be? You don't have to…*

C *Probably the fact that no one handled the bullying that was happening, so I didn't want to go into the lessons. Then it started going off the rails and I would never get into school …*

(Girl 16)

Bullying was sometimes given as a main reason for changing school when not age-related. As one parent of a 12 year-old put it:

> *That's the school I took him from, yeah. (*I - *So, why did you take him out?) Because he was being bullied, he was getting beat up all the time and they weren't doing nothing about it. He was coming home with bruises on him, he fell off the shed twice and they didn't do nothing.*

(Parent)

As we saw earlier, about a third of our sample were from minority ethnic groups. When bullying was mentioned we asked parents and carers and, if we judged appropriate, older children if racism had been a contributory factor. Racist bullying was not mentioned generally as an explanation. It was often said that children attended diverse schools, with mixed pupil- and staff groups.

The notable exception was a girl (15 years) from a Traveller background, who said that she had often been discriminated against and experienced name-calling due to her culture. In her words:

> *I've been called pikey before, a gypo, all of that … They don't understand what it's like because obviously every school I've been in, like, I've always had someone that's picked up on that.*
>
> (Girl 15)

She had been to five schools since first coming into Care when she was 5. One school transfer was because she was being bullied; a recent exclusion, she said, was when she retaliated violently to racist name-calling. Her carer and social worker were critical of how the school managed her behaviour and did not intervene sooner, when they could have seen it was escalating. Despite the Virtual School and social worker's efforts, it was said that the school had not provided the support agreed in the EHCP and the PEP. In contrast, her teacher commented that the school was very flexible with her: it had a 'zero tolerance' approach to bringing in mobile phones and swearing, resulting in an automatic fixed-term exclusion, but with her the teacher maintained that the school challenged her but tried not to exclude.

Conclusion

In addition to the influences identified in Chapter 6, four main themes stood out from our interviews relevant to understanding educational progress for Children in Need and Children in Care. First, the importance of stability and continuity was highlighted in helping children to recover from their often previous disorganised and damaging lives. This concerned both living arrangements and schooling. Secondly, early traumatic experiences often left children with social, emotional and mental health difficulties. The effects of these could be profound and long-lasting, with educational consequences, and services to address these were overstretched leading to long delays or no support. Thirdly, school strategies and responses to cope with these difficulties varied: some were considered understanding and supportive, and others less so. Children often struggled with the ethos and organisational features of secondary schools. Children's relationships with teachers emerged as important: children felt more confident and able to learn with teachers who were accepting and accessible. Individual tuition and teaching assistants could facilitate these relationships but these services were not always available or had been withdrawn. Finally, children often had problems with peer relations and friendships, which could affect their everyday experiences.

Overall, then, our interviews in Chapters 6 and 7 raise a number of important broader questions including: the effects of poverty on education; the nature of State education for vulnerable pupils, especially secondary schools; variations in school and teacher response; and children's social

relationships. Let us now combine these with our quantitative findings, as well as the wider research literature, to consider the main, overall messages from our study and their implications.

8. Conclusion

This final chapter brings together the different strands of our research and draws out its key conclusions. It has been a wide-ranging study and it is important to highlight and discuss the main findings and their implications. This involves combining complementary evidence from the quantitative and qualitative methods. We also make policy and practice recommendations to address the issues identified in the previous chapters.

To reiterate, this study built on our previous research (Sebba et al., 2015) and extends our interest in the educational experiences and progress of Children in Need and Children in Care. It has long been recognised that educational attainments for these groups are below those of the general child population. We need to understand better how children with very difficult or harmful family lives experience and make progress in their schooling, and which social work and educational practices can help to provide support. We saw in our literature review (Chapter 2) that, although some previous studies have investigated the education of Children in Care, very little attention has been given to the education of Children in Need. Studies that have examined factors associated with educational attainment help to explain a large part of the 'attainment gap' between children who receive social work interventions and their peers: we refer to these below.

In investigating these issues, we considered the social and policy contexts in which services were being delivered (see Chapter 1). Social care services of local authorities reportedly continue to improve, and the Children in Need group is achieving a higher profile in policy. These changes have occurred alongside a real-term cut of some 30% to local authorities' overall spending power and a fall in total school funding per pupil by 8% since 2010 (National Audit Office, 2019). Services for pupils with special educational needs and disabilities have been under particular pressure. Furthermore, the attainment gap between poorer and better-off pupils in England remains a perennial problem.

We identified four particular research questions to help take forward knowledge in this field. These were:

1. Compared with all pupils, what are the educational trajectories, attainments and progress of children who experience being In Need and/or In Care at some stage of their schooling in England?
2. What are the factors associated with attainment at Key Stage 4 (aged 16)?
3. How can we account for children who succeed in their educational attainments at 16 years despite experiencing severe early adversity requiring social work intervention?

4. What are parents', pupils' and professionals' perspectives on the overall factors affecting educational progress for Children in Need and Children in Care, including the impact of family resources, educational and social work support or their absence?

These questions were investigated by a combination of quantitative and qualitative methods. Our quantitative analysis was based on the cohort of 471,688 children in England who began school Year 1 (aged 5-6 years) in 2006/07, and continued to Year 11 (aged 15-16) in 2016/17. We made use of matched national administrative datasets on education and social care in a prospective longitudinal design, to identify any instances (during these school-going years) in which children were In Need or In Care, and to track children's educational attainment. Alongside this, interviews were held with 18 Children in Need, 23 Children in Care, 17 parents or Special Guardians, 16 foster/residential carers, 19 social workers and 23 teachers. A further 7 interviews were undertaken jointly or individually with Virtual School Heads and senior social work managers in order to help understand the local situation and put the findings in context.

As with all research we should aware of any limitations in our study, which could introduce bias to our results. These cannot always be avoided but help identify areas where we should be cautious in our conclusions. For example, our research analysis of large, secondary datasets has many advantages but also some drawbacks. Working with data for a national cohort of children is excellent in terms of scale, opportunities for statistical analysis and providing an authoritative overview. Yet, as with all secondary data, we were uninvolved in how the databases were set-up and exactly how they operate. There was no doubt some variation in local authority interpretation of what was required and accuracy of returns. The Children in Need data, especially, is still new (it started in 2009) and under development. In particular, a limitation in our work is that we have only partial pre-school data: we have data on Children in Care between school Years 1-11 (5-16 years) and for Children in Need between school Years 3-11, and for these pupils, on previous episodes as a Child in Care. However, we do not have data on children experiencing these interventions *solely* before the age of 5 for CIC and 7 for CIN as these were absent from the datasets; and episodes as a CIN before age 7 are only recorded if they were still ongoing at this point. Hence, our findings exclude a substantial proportion of the interventions that were received when children were very young and our figures for the proportion of all children and their families experiencing social work interventions are, therefore, an underestimate. This is unavoidable but still an important caveat. Furthermore, our decision to focus on a 'complete-case cohort', with data available at Key Stages 1, 2 and 4 of schooling, was essential to an analysis of educational progress, but meant that we were unable to include most Unaccompanied Asylum Seeking Children.

Similarly, with the interviews as in all qualitative research, it is never known whether those we did not manage to speak with would have answered differently to those whom we did. It is plausible that those who agreed to participate were more interested in the social work and educational issues involved and better organised to find the time to assist. These might be among the 'better' practitioners, providing enhanced experiences for parents and children. On the other hand, some who are less favourably disposed might welcome an opportunity to be critical of services. Certainly, many children, parents, carers and professionals offered critical comments, as shown in Chapters 6-7. However, we cannot assume that our interviewees necessarily speak for a wider group.

We outlined in Chapter 3 how we went to great lengths to recruit our sample of Children in Need and their parents. Recruiting our samples proved challenging, especially concerning Children in Need, and so we needed to adapt our strategies to identify some CIN in other ways, including from alternative education settings. Recruitment of some via the pupil referral units and the general opt-in mailing might have biased the CIN sample, although similar issues were highlighted by these participants to those recruited through their social workers. Because the recruitment of Children in Need families was so time-consuming, this caused some difficulties in having sufficient time to pursue interviews with all social workers and teachers (although numerous contacts were still attempted). Therefore, our awareness of the full circumstances of Children in Need is less complete than for Children in Care.

Despite these caveats, our combination of quantitative and qualitative work has produced some important findings, which should be of interest for policy, practice, and research.

Summary of main findings

We summarise the main findings from our research, organised under each of the four research questions. Some main overall themes are then discussed afterwards.

1. Compared with all pupils, what are the educational trajectories, attainments and progress of children who experience being In Need and/or In Care at some stage of their schooling in England, and what are the factors associated with these?

We saw in Chapter 4 that of our complete-case cohort of 471,688 children, 1 in 7 of them experienced an intervention from Children's Services at some stage between Years 1-11 – a substantial minority of all school-aged children. Half our sample received only one period of intervention from Children's Services. Looking at the highest level of intervention, for about three-quarters of them (76%) this was a Child in Need Plan; for 1 in 9 (11%) a Child Protection Plan; and 13% a Child in Care. In terms of volume, social work is clearly dominated by Children in Need

services. At each Key Stage of schooling, attainment and progress were lower for children who had any social work intervention compared with those who had no intervention. Serious difficulties at home clearly impacted on life at school and we saw in Chapters 6 and 7 that significant social, emotional and mental health difficulties were reported for practically all Children in Care and most Children in Need in our interview sample.

Thirteen percent of the sample had experienced four or more separate periods of intervention, and almost 1 in 5 overall experienced an intervention within a year after the previous one ending. The proportion was relatively low for CINP and short-term CPP (17% and 13%). However, a third of those with longer-term CPP and shorter periods in Care needed further interventions within a year. It could be that unforeseen family problems emerged but it might also suggest that, for over 8,000 of our 69,246 children, social care interventions had not adequately resolved existing problems and were terminated too soon. Excluding children whose primary need for intervention was a disability, we were surprised to discover that as many as *a quarter* (28%) of those who had any interventions were receiving an intervention in Year 11. Half of those experiencing a short stay in Care as the highest level of intervention had entered Care in their last year of schooling; while three-quarters of the longer-stay Care group were in Care in Year 11.

We conceptualised further children's social care experiences by identifying 'escalating', de-escalating' or 'peaked' patters of intervention. This resulted in 33 intervention sub-groups, which were then simplified into 6 broad 'intervention pattern types': disabled groups; single intervention types ended by Year 11; single intervention types continuing at Year 11; multiple interventions ended by Year 11; multiple interventions ended by Year 11; and no interventions. Groups differed significantly on educational outcomes at each Key Stage but in different ways. For KS1 and KS2, the highest attainers were those receiving a single type of intervention which had ended by KS4. The attainment gap between children receiving interventions and those not receiving interventions was greater at KS4 than at KS2. For KS4 attainment and progress, the types of intervention received were less important than whether intervention was ongoing in Year 11. Overall, the results revealed a more complex picture of educational attainments and progress than would be deduced from simple categories alone, such as whether In Need for over 6 months, or In Care for under a year.

2. What are the factors associated with attainment at Key Stage 4?

For all pupils nationally, our analyses showed that simply categorising children into our intervention sub-groups could explain 12% of the variance in attainment at KS4. However, the largest amount of variance in scores was accounted for by information available at KS1: the child's gender, ethnicity,

socio-economic status, and special educational needs and disabilities. These factors also accounted for a substantial proportion of the relationship between intervention patterns and KS4 attainment, suggesting that a large part of the 'attainment gap' for Children in Need and Children in Care might lie in their over-representation in broader forms of educational disadvantage.

Several of our intervention sub-groups and some levels and durations of interventions remained significant predictors of KS4 attainment even after controlling for information available at ages 7, 11, and 16. For example, compared with the wider pupil group, those who had experienced time In Care, and those who had interventions ongoing in Year 11, fared poorly in their attainment, even after accounting for all other variables. However, for most groups where the intervention had ceased by Year 11, the attainment gap between those who had received an intervention and those who had never received an intervention was not much bigger than the typical gender gap in attainment. These CIN and CIC gaps are much smaller than previously reported, including in our own earlier Nuffield funded study (Sebba et al., 2015). This reflects the fact that most previous studies have measured Care status exclusively at the same time as the outcome measures, for example Care status at the end of KS4. This has tended to magnify the size of the association between Care and educational outcomes.

When focusing only on children who had experienced a social work intervention during the school years, the information available at KS1 was even more important in explaining the variance in KS4 attainment. Given that the group of Children in Need and Children in Care includes those receiving services for disabilities and living in family poverty, this might be expected. Nonetheless, children who were receiving interventions in Year 11 had lower KS4 scores; this was true despite controlling for the start of the earliest intervention, suggesting that it was not only those who had come to the attention of Children's Services in the teenage years who were struggling educationally.

Examining the variance in KS4 attainment for children who had experienced time In Care, KS1 information was also important; however, a number of factors relating to their Care experience also emerged as important predictors. Supporting findings from our previous work (Sinclair et al., 2020), those who first entered Care during secondary school had lower scores than those who had entered earlier. Given that the majority of those In Care had previously been In Need, this group could represent those for whom all interventions had begun in adolescence, as well as those who received 'lower-level' interventions at a younger age which were escalated in the teenage years. Instability was also an important factor for those with Care experience: having higher numbers of placement changes was predictive of lower scores at KS4. Having a final placement in residential or other types of Care (rather than in foster care) was also linked to lower scores, as was having a higher average

level of emotional and behavioural difficulties, as indicated by a score on the Strengths and Difficulties Questionnaire.

As noted in Chapters 3 and 5, a number of the predictors identified in the analyses might themselves be seen as outcomes rather than as the causal mechanisms by which educational attainment is affected. For example, experiencing higher numbers of placement changes, or receiving a social work intervention in Year 11, were linked to lower KS4 scores, but are likely to reflect a greater level of underlying difficulties that also manifest in children's educational attainment.

3. How can we account for children who succeed in their educational attainments at 16 years despite experiencing severe early adversity requiring social work intervention?

Focussing on children who had experienced a social work intervention by the end of KS1 we found that a number of factors previously identified as important for the larger cohort were also linked to KS4 attainment in this group. As with the larger cohort, those pupils whose social care interventions had finished by Y11 had higher KS4 scores than those with continuing involvement in Year 11. It was also noticeable that, for this group experiencing early disadvantage, stability was linked to attainment: children who had experienced fewer than 4 or more separate contacts with Children's Services had higher KS4 scores. These two factors (intervention status in Year 11 and the total number of intervention periods) can therefore be said to predict KS4 attainment not only for those whose first social work intervention occurs during the teenage years, but also for those who have experienced interventions at an early stage. Whatever differences might exist between children who receive their first social work intervention at a young age or as teenagers, seem not to affect the importance of these factors. A longer-term stay In Care at some point before the end of secondary school also appeared to be beneficial for KS4 attainment, though not after controlling for information on educational experiences and SEND at KS4.

4: What are parents', pupils' and professionals' perspectives on the overall factors affecting educational progress for Children in Need and Children in Care, including the impact of family resources, educational and social work support or their absence?

Findings from interviews with participants were divided between Chapters 6 and 7: dealing first with some general issues that set the context for our discussion; followed by examination of the factors considered to account for the main differences between children who made 'Good progress' at school compared with those who made 'Poorer progress'. Initially, we saw the severe disadvantages

experienced both by Children in Need and Children in Care which underlie their difficulties. We explored with children whether they felt that education was important to them: with few exceptions, answers were positive, across different age-groups, CIN/CIC and both progress groups. Despite their lower attainment, many in the 'Poorer progress' group were beginning to improve following social work intervention: most children in foster care were now regular school attenders and engaging with learning. In contrast, attendance for the Children in Need group was more mixed.

As it is a very under-researched area, we investigated the extent to which social workers were involved in the education of Children in Need and whether they saw this as an important part of their involvement. The answer was clearly in the affirmative and social workers played a fuller part in children's education than some might have expected. With Children in Care their involvement depended on what was needed and, for example, children in long-term, settled placements who were making good progress at school needed less educational input from them and responsibility was mainly delegated to carers. But with Children in Need, social workers were more involved with schooling issues and this was not limited to child protection concerns. Social workers sometimes acted as advocates for birth parents, to help challenge the school to provide a good quality education and the necessary resources. Perceptions from all parties about the involvement of social workers in children's education were generally positive; with the exception of the parents of Children in Need, who were more critical. Part of this was due to the high level of turnover of social workers, which could jeopardise continuity and communication with families.

Interviews with teachers and Virtual School Heads revealed that schools' awareness of Children in Need among their population varied: sometimes they would be considered a priority group but for other schools they were not. Many CIN accessed a range of school-based therapies and interventions. Some schools were highly flexible in supporting families with CIN but this was reported more regarding primary rather than secondary schools. It was evident that Children in Need lacked the oversight and support that a Virtual School might provide for Children in Care.

Concerning family resources, the majority of foster families, but not all, felt that they were able to cope and provide sufficiently for children's education. This was in marked contrast to parents of Children in Need, most of whom found it very difficult to afford all that was required for effective school involvement, including school uniforms, computers, internet access and so on. Most grandparents/relative carers said that they managed financially but life all round could be a struggle money-wise.

Analysis revealed four main reasons given by participants to help explain why some children made good progress at school but others did not. First, and in line with Sebba et al. (2015), there was the

experience of stability and continuity in helping children to overcome previous harmful experiences. Secondly, children demonstrated a wide range of social, emotional and mental health difficulties (SEMH), which were being addressed with differing levels of success. Where children made less progress, this was said to be in part due to services being overstretched. Thirdly, school strategies and responses to deal with these problems varied considerably: some schools were perceived to be understanding and helpful but others much less so. Linked with this, children's relationships with teachers emerged as very important. Where children made more progress, they were more likely to have received effective, individual classroom support when it was required, and for this not to have been removed prematurely. Finally, it was reported that children making poorer progress suffered from greater problems with their peer groups, which affected their daily experiences. This could be affected by, or contribute to, their SEMH difficulties.

Overriding themes

There are many findings emerging from our research that should provide new insights into the education of Children in Need and Children in Care of relevance to policy makers, managers and practitioners in how we design and deliver Children's Services. Combining the quantitative and qualitative strands of our work, four important, overriding themes stand out.

Greater attention to Children in Need

One very important theme from our research concerns the requirement for *greater attention to Children in Need*. It was pointed out in Chapter 1 that there is growing awareness of the situation of the CIN group. This is certainly justified from our results. Very little other research has been undertaken on this topic (see Chapter 2), as the focus has largely been on Children in Care. Yet there are a number of reasons why Children in Need warrant further attention, both in policy and research. We have seen that Children's Services interventions are dominated by Children in Need cases: three-quarters of children requiring intervention only ever do so at the level of a Child in Need Plan. Moreover, nearly all children who enter Care begin as CIN cases, meaning that the characteristics and experiences of CIC are comparable to those of CIN. Indeed, like CIC, CIN experience considerable educational as well as social, emotional and mental health difficulties. Children in Need issues are present across childhood: older children are often involved, with between 20-30% of all Child in Need and Child Protection Plans experienced by our sample ongoing in Year 11. Finally, schools' awareness of Children in Need and the

extent to which they met their needs varied (see our fourth theme below). The group of children who are In Need but not In Care is certainly highly significant and it merits greater attention.

Our research findings are consistent with the conclusions of Government's *Children in Need Review* (2019d) (see Chapter 1). The Review emphasised the need for greater visibility for the group; suggested that instability in schooling should be tackled with fewer exclusions and 'off-rolling'; and better support both in school and in communities for Children in Need and their families is required, which also involves the efforts of Government departments other than DfE. These efforts would bring the response for CIN closer to that currently in place for CIC, who benefit from extra financial resources in the form of the Pupil Premium Plus, as well as the support and advocacy offered by the Virtual School Head role. CIN are as much if not more in need of the additional financial support as are CIC, since evidence shows that the move from birth families to Care placements brings children into neighbourhoods that are at comparable deprivation levels to the larger peer group (Fletcher et al., 2015).

In our interviews, we saw how parents' attempts to support the education of Children in Need were hampered by poverty: the costs of school uniforms, computers and internet access and other educational resources were prohibitive. Relative carers were also under much financial pressure. Senior social work managers interviewed stressed the impact on local families of poverty; withdrawal of benefits, benefit sanctions and resulting financial insecurity; 'zero-hours' contracts; overcrowded housing and the quality of some private accommodation. Our dataset for the current study revealed that whereas 10% of those who had never received a social work intervention were eligible for Free School Meals at age 16, the figure was over 3 times as high (34%) for those whose highest level of intervention was a CINP, and over 5 times as high (55%) for those who had been subject to a CPP. Research (Fahmy and Williamson, 2018) has demonstrated the interrelationship between domestic violence and family poverty, experienced by a number of our participants. More generally, we showed in Chapter 2 the strong link in the research literature between family poverty and lower educational attainment (e.g. Engle and Black, 2008). Government statistics show nearly one in three children living in poverty (Department for Work and Pensions, 2019). Child poverty is once again rising with over half of all children in some local areas, mainly in large cities, living below the poverty line (Stone and Hirsch, 2019). Shelter (2019) reports at the time of writing that 135,000 children in Britain are homeless and living in temporary accommodation, the highest figure in 12 years. Cuts to local authority and school budgets weaken their efforts to alleviate the effects of poverty.

Effective early intervention

A second theme arising from our research concerns the importance of *effective early intervention*. The importance of early intervention services has been asserted by the Early Intervention Foundation (EIF). EIF has demonstrated how early intervention can be introduced at any stage of a person's life to tackle problems before they emerge or to stop them from worsening. Interventions can occur to strengthen children's physical, cognitive, behavioural, and social and emotional development. A range of programmes and services for children have been evaluated to be effective and long-lasting benefits can be produced (see, for example, Molloy, 2019). Despite this, as we saw in Chapter 1, widespread cuts to early intervention and 'preventive' spending have occurred.

In the current study, very large numbers of children experienced an intervention from Children's Services at some stage of their schooling between Years 1-11: as many as 1 in 7. National statistics (DfE, 2019a) suggest that this figure would be even higher if we had been able to identify those whose interventions had been limited to the preschool years. Most of these interventions concerned Child in Need Plans, which did not escalate into other forms of intervention. Nevertheless, a quarter of them did at some point; and almost all Child Protection Plans and Child in Care interventions started as Child in Need Plans previously. Furthermore, around a third of the longer-term Child Protection Plans and shorter periods in Care that had ended were followed by a further intervention within a year, suggesting perhaps that problems were not adequately resolved.

Indeed, we saw from our interviews how some children and families had used services over many years, with varying levels of success. Families of Children in Need in our sample, when cases were closed, had resumed contact with Children's Services in a variety of situations. Sometimes it occurred when school attendance worsened and enquiries revealed that family circumstances had deteriorated. This sometimes occurred in cases involving child neglect as well as parents with learning disabilities or mental health difficulties; sometimes in these families the child might be acting in a caring role with responsibilities for a parent, usually mother, or siblings. Social work involvement could also resume if evidence of domestic violence re-emerged, or a new partner was felt to pose a risk to children. Some families had not engaged voluntarily with support offered, such as using a nursery or a children's centre. Parents had mixed views of the effectiveness of previous social work interventions: some were grateful that difficulties had eased, while others were more critical and relieved that they were no longer being scrutinised.

One mother of a Child in Need dealing with her son's mental health and substance misuse problems explained how earlier support had been helpful, however it had ended probably too soon:

> *Because this is like the second time round we've been through it, the first time we went through it we did think it helped because we even had family therapy sessions ... because I'd had [number anonymised] grown-up sons, the way (name) was carrying on I didn't know how*

to deal with it, so we got a bit of family counselling to help us along with that. So, all them were going fine. So, all the agencies backed-off sort of one by one, we think maybe a bit too quick because they all seemed to ... they were all there for (name) and then none of them were there for (name). So, I think that put him on a backwards slide.

(Parent)

Another finding suggesting the importance of effective early intervention concerns the number of children in our sample in contact with Children's Services in Year 11 – almost 3 in every 10. This could be interpreted in different ways. Older adolescents receive services for a variety of reasons but it is reassuring that the maltreatment of adolescents is now recognised in policy and research, including neglect, and there is a willingness to provide services (Rees et al., 2010; 2011). There is also, at long last, growing awareness that those who experience child sexual exploitation are victims rather than willing participants (Pearce, 2009; Webb and Holmes, 2015). Indeed, in the past, 'family support' has often been seen as being synonymous with care for *younger* children (Department of Health, 1993).

We searched our interview data for examples of young people in contact with Children's Services in Year 11 to help shed light on the poor educational outcomes for this group in our national sample. Our interviews included three 16 year-olds and associated adults, two of whom were Children in Need and one In Care - a late entrant when aged 13 years. All three were in the 'Poorer progress' group. Two were experiencing debilitating mental health problems, which were unresolved and affected their ability to attend and cope with secondary schooling: one suffered from agoraphobia and was unable to leave their house for six months. Social work support for two of the three was also perceived as ineffective: one was a young person who, in two years, reported that they had four social workers and had not got on with any of them; while the other had experienced about eight social workers since they were young.

Some of those in our national dataset receiving services in Year 11 were children in longer-term Care but these comprised only 1 in 6 of this group. If interventions had been early and effective, it might have been possible to reduce the number of children and families needing continuing support in Year 11. This could also apply to some of the 2,130 children who entered Care in Year 11. None of this is to suggest that supporting families with Children in Need is necessarily straightforward or trouble-free, as Chapters 6 and 7 revealed. Also, those receiving interventions at this late stage might have greater levels of need or issues that arise relatively late in their school years.

Other quantitative findings of relevance for this theme relate to the settings in which children were living and learning at age 16. For those who had spent time In Care, they had lower KS4 attainment if they were living in residential or other types of setting (as opposed to foster care) in Year 11. Since residential care is often used as a 'last resort' when suitable foster placements are unavailable or have previously been unsuccessful, the group of children who are living in residential care at age 16 often

comprise those with underlying and long-standing difficulties that might have been prevented from escalating with more effective earlier interventions and placements. Similarly, across the whole sample as well as within the group who had experienced social work interventions, KS4 attainment was lower for those in non-mainstream school settings in Year 11 (including special schools, pupil referral units and alternative provision) than for those in mainstream settings. Although for many children, as we saw in Chapter 7, a non-mainstream setting might be the most appropriate to support their learning needs (especially so for children with SEND in special schools), for others they are the result of escalating emotional and behavioural difficulties, which might have been addressed more effectively at an earlier stage.

Our findings on the importance of effective early intervention are in line with our previous research from the Sebba et al. (2015) study, discussed in Chapter 2. Publications drawing from that research have focused on when Children in Care taking KS4 exams first fall behind in their attainments and the conditions in which some then catch up (Sinclair et al., 2019a,b; 2020 – see Chapter 2). These papers show that educational problems both for Children in Care and Children in Need start very early and most have much lower attainments by the age of 7 with a high degree of persistence. Most CIC at 16 were not yet In Care when they were 7 and it would be difficult for them to be identified at that stage as future trajectories are uncertain. This previous work focused on children's status at age 16; since we also found CIN to have lower attainments compared with peers not receiving social work services with a prospective longitudinal sample in the current study, it is both practical and equitable for CIN overall to receive better early support.

It emerged from our interviews with children, as well as the parents and professionals involved in their care and education, how social, emotional and mental health difficulties often featured; intruding less into the lives of those making good progress at school compared with those who did not (see also Fletcher et al., 2015). Timely and effective support from education, social work and mental health services can provide an important form of family support and 'prevention' of further deterioration. Many of our sample had accessed Child and Adolescent Mental Health Services (CAMHS) in the past or continued to do so, but long delays were reported in our interviews, with problems in accessing services. There is growing awareness of the mental health needs of children: NHS (2018) reported that one in eight of those between 5-19 years have at least one diagnosable mental disorder and there is some evidence of a slight increase over time; the figure rises to nearer half of Children in Care (Ford et al., 2007). Government has announced a number of proposals ('Trailblazer Areas') to strengthen school- and community-based mental health services for children, although concern has been expressed over whether these are sufficiently ambitious (House of Commons Education, and Health and Social Care Committees, 2018; see also National Audit Office, 2018). Hence, we conclude from our evidence that

deficiencies in CAMHS and other children's mental health provision play an important part in understanding the educational attainment and progress of Children in Need and Children in Care.

Instability in children's care and education

The third theme to emerge from our study concerns the *lack of stability* in children's lives. Quantitative analysis revealed that for children who had experienced social work interventions by the age of 7, those with 4 or more periods of intervention from Children's Services had significantly lower attainments at KS4 than those with fewer contacts. As argued in the previous section, no doubt this reflects enduring problems in children's families and it is encouraging that local authorities recognise new or ongoing issues and continue to deliver the necessary services. Yet it might also be the case that more effective early intervention might avoid the need for repeated referrals and provide more permanent solutions. We saw in Chapter 1 that ADCS (2018) has expressed concern over 'repeat activity' (the 'revolving door') in delivering Children's Services. This was attributed to families with chronic needs repeatedly returning to the local authority for help. It also signified that adult needs were not being met, with implications for children's development including, no doubt, education.

We also found that for those who had experienced time In Care, instability in terms of a higher number of placement changes predicted lower KS4 attainment. For all children, including those who had experienced any social work interventions, our analyses showed that school instability was related to KS4 exam results: missing a greater number of possible school sessions through absences or exclusions, and changing school in Year 10 or 11, were all predictors of lower attainment at KS4.

Our interviews also showed that a major distinction between children making good progress at school and those with poorer progress was the presence of stability and continuity in their lives. As children themselves acknowledged, moving into Care provided many with the consistency and boundaries that had previously been lacking. Continuity in schooling was also important including, whenever possible, when placements changed. School transfer was usually felt to be managed effectively by those in the 'Good progress' group but it was more challenging for those with poorer progress, and in particular Children in Need. Some schools made considerable efforts to facilitate transfers, including prioritising vulnerable pupils, while others did less.

We saw from our qualitative data that there was much turnover of social workers. This added to instability and several children informed us that they had ceased to form relationships with social workers as it served no purpose because they were not expected to stay. Some mothers had been

helped through highly stressful and emotional experiences with social workers, including court cases which required much courage, and they were very saddened when they left.

The harmful effects of instability are probably one of the best known research findings in the child welfare field. The significance of continuity is embedded in attachment theories, which provide an important underpinning for social work (Bowlby, 1958). In our previous study, both school and placement changes were independent risk factors for poorer educational outcomes for Children in Care (Sebba et al., 2015). Selwyn et al's (2017) research shows that placement instability continues to be an important problem; although, as children have pointed out and some commented in our interviews, not all moves are necessarily detrimental.

The Children's Commissioner (2019b) provides useful insight into social worker instability – an important finding in our interviews with children, parents and carers. Evidence from the Children's Commissioner indicated that within-team and within-Authority instability are both problems and social worker relationships with children should be prioritised when restructurings are being considered. The local social work labour market plays a part, including vacancy levels and agency staff. Problems in social work are longstanding and historical: the work is very complex and inherently stressful, as our interviews revealed. Social work does not enjoy high professional status. Political and media reactions to child care tragedies play an important role in this and have undermined public confidence (Jones, 2014). In response to perceived social work problems, Government has embarked on an extensive programme of reform involving greater centralisation of powers which has not been without its critics (e.g. House of Commons Education Committee, 2016).

While much effort has focused on instability in the lives of Children in Care, much less attention has been paid to discontinuities and their effects in the lives of *Children in Need*, which links to our first theme. Concerning instability in education, there is greater awareness of the problem of school exclusion, which disproportionately affects Children in Need (DfE, 2019d; Timpson, 2019) — seen in one of our case studies of the girl who was 'in limbo' following an exclusion. Ofsted has also recognised the problem of 'off-rolling', in which some schools seek to remove lower attaining pupils to boost schools' results without pursuing formal fixed-term or permanent exclusion (YouGov, 2019). This was a problem identified in our interviews with social work managers and Virtual School Heads.

Nature of secondary schooling and educational policy for vulnerable learners

The fourth, and final, overriding theme arising from our study concerns the schooling experiences of Children in Need and Children in Care, especially *secondary schooling and educational policy*. As we have seen, many of our children experienced and posed difficulties both at school and at home,

frequently linked to their previous experiences. The general conclusion from our interviews was that primary schools were often more flexible than secondary schools, being inclusive institutions that could cope with these difficulties; whereas there was much more variation in how secondary schools responded. Virtual School Heads and our other participants told us that not all secondary schools were considered to be understanding or sympathetic to children's difficulties. We saw how some children considered their secondary schools to be large, unwelcoming organisations, which were very difficult to navigate. Some schools found ways to reduce these difficulties in the ways that they operated; while others appeared to maintain a narrower emphasis on academic excellence and disciplinary codes which disadvantaged the children we encountered.

Our national dataset revealed how exclusions were disproportionately high for those receiving social work interventions. Overall, the data showed that the proportion of children receiving a permanent exclusion in the secondary school years was very low, at 0.8% of the whole cohort. However, the rate differed according to children's status: for those who had never received a social work intervention, the figure was 0.4%, but it was 7 times as high (2.8%) for those whose highest intervention level was a CINP, over 12 times as high (5.0%) for those with a CPP, and 10 times as high (4.1%) for those who had been In Care. (These figures exclude the problems of 'off-rolling', informal exclusions and managed moves [Timpson, 2019]). Rates of fixed-term exclusions in secondary school were also far higher for Children in Need and Children in Care. On average, those who had never received a social work intervention had missed just 1 school session across Years 7-11 due to a fixed-term exclusion; the figure was far higher for those whose highest level of intervention was a CINP (6 sessions missed), CPP (10 sessions), or CIC (11 sessions).

Teachers that we interviewed emphasised their commitment to all pupils. Teaching is also, no doubt, highly challenging. Virtual School Heads emphasised how schools are currently under considerable public pressure with their academic results and Oftsed inspections. This might result in some distortion of the way that they operate to the disadvantage of vulnerable learners. Several VSHs argued that many secondary schools were becoming less inclusive as a result of an unrelenting focus on academic results and a clampdown on pupil behaviour. The Centre for Mental Health (2020) has warned how restrictive sanctions in school, such as the use of isolation, can worsen the mental health of children who have previously experienced trauma. Government advice on behaviour and discipline in schools (DfE, 2016) includes the importance of rewards as well as sanctions and an ethos of mutual respect, but much of the content appears to adopt a negative tone with an emphasis on discipline, punishment and teachers' powers. The recorded rate of permanent school exclusions for all pupils has risen steadily over the past five years; though not, interestingly, for children in care, which might reflect the protective role of

Virtual School Heads (DfE, 2019e). Fixed-term exclusions in secondary schools have also risen over the same period but remain low in primary settings (DfE, 2019g).

Attempts have been made to help teachers recognise how behaviour from pupils, such as Children in Care and Children in Need, might stem from attachment difficulties and the experience of trauma, as well as how to manage these problems effectively. Research by the charities for Children in Care and Care Leavers, *Become* and *Voices from Care Cymru* (2018) concluded that teacher training about Children in Care is insufficient and negative stereotypes about this group are not uncommon (see Chapter 1). Although numbers of Children in Care are small in most schools (e.g. Luke et al., 2015, showed that only 9% of secondary schools had more than 2 pupils In Care in Year 11), as we have seen, numbers of Children in Need are far higher. Indeed, the CIN Review (DfE, 2019b) showed that in half of all state secondary schools in England, children who had experienced time In Need at some point in the previous 6 years made up between 5% and 10% of the pupil population. Evaluations of targeted programmes in primary, secondary and alternative provision schools have reported positive results regarding teachers' attitudes, confidence and practice resulting in a calmer and more nurturing school environment (Sebba et al., 2018). Senior leader commitment was found to be essential; and professional development for *all* school staff on attachment awareness issues should occur as well as governor training if agreed responses to pupils are to be consistent. We pointed out earlier that Government is trialling the involvement of mental health specialists in schools; while a four-year initiative (*the Link Programme*) is underway to train staff at schools and colleges across England to support the mental health of students.

Relationships with teachers and teaching styles emerged as important for children in our study, in order for them to gain confidence, participate in the classroom and work to their best ability. We did not expect so many to raise the specific problem of teachers shouting and its personal impact. It was mentioned previously that the subject of relationships between social workers/carers and children has received much attention in the social work literature, including the Munro (2011) review; in contrast, it has received less attention in education. A review of the literature on school and teacher 'connectedness' in adolescent research (Garcia-Moya et al., 2019) reported evidence that pupil-teacher relationships have 'protective and predictive effects' (p. 423) on academic and mental health outcomes from a young age. Positive relationships with adults can provide an important foundation for resilience (Rutter, 2012). In the special education field, an international review of teacher strategies for effective interventions with pupils presenting social, emotional and behavioural difficulties (SEBD), concluded that the teacher's role is central in reducing, exacerbating or even sometimes causing pupils' SEBD (Cooper, 2011). The possession and display of qualities of empathy and positive regard led to improved student behaviour in classrooms.

In mainstream schools, qualitative research in Canada has focused on the emotional 'underlife' of teaching to investigate how they cope with occupational stress (Hargreaves, 2000). Interviews revealed that in elementary schools, teaching was felt to be generally rewarding with satisfaction derived from knowing pupils and their accomplishments. In contrast, secondary teachers reported that they did not know their pupils well or form emotional bonds with them: classroom emotions that intruded from outside were generally unwelcome and seen as departures from the normal school day. Other research has concentrated specifically on *attachment* in the classroom. US researchers Bergin and Bergin (2009; see also Bombèr, 2011) argued that attachment with teachers as well as with parents is very important for children. They cited evidence showing that children and teachers alike think that good teachers develop close, warm, trusting, positive relationships with pupils. They outline strategies whereby this can occur. For example, teachers should be well-prepared, show their 'real' self, hold high expectations for pupils and find opportunities to give autonomy to students. They also maintained that 'school bonding' is important, for example with extracurricular activities. The researchers stated that demonstrating attachment with pupils is easier for teachers in elementary schools than in secondary, as more time is spent with pupils and the organisation is less bureaucratic. Other strategies should include 'to provide continuity of people and place' (Bergin and Bergin, 2009, p160), facilitate transfers to new schools and new teachers, and keep schools small.

These approaches are also consistent with UNICEF's *Rights Respecting Schools* Initiative (https://www.unicef.org.uk/rights-respecting-schools/resources/), which uses the *UN Convention of the Rights of a Child* as a framework. The initiative, which now applies to some 5,000 schools in the UK, includes principles of mutual respect between pupils and adults at school and the evaluation of it demonstrated that it contributes to calmer, more nurturing school climate with lower exclusion and higher attendance rates (Sebba and Robinson, 2010).

The research findings lead us to conclude that we should work towards a more even approach across schools and sharing of good practice in how teachers relate to Children in Need and Children in Care. From our evidence it seems that some schools and teachers – secondary as well as primary – produce a more positive and inclusive environment for vulnerable learners, while others are less so. A strong political emphasis on academic excellence and 'zero tolerance' policies inflexibly implemented can disadvantage vulnerable pupils such as Children in Care – and, especially perhaps, Children in Need without Virtual Schools to help protect their interests.

Recommendations for policy and practice

Building on the above, the following are some of the specific changes that we feel would help to improve the educational attainment and progress of Children in Need and Children in Care.

- Efforts to increase the visibility of the Children in Need group should continue, including proposals contained in the Government's *Children in Need Review* (2019d). This should include raising the profile of the Children in Need group within schools, to bring more parity with Children in Care. While cognisant of the burden of inspections on schools, Ofsted should report on the situation of Children in Need in schools as well as Children in Care.

- It would also have resource implications but, as raised in the *Children in Need Review*, we agree that there would be strong advantages in Virtual Schools, or a similar service, overseeing Children in Need as well as Children in Care. VSHs that we interviewed saw the merit in this proposal, but were clear that they could not simply absorb this alongside existing responsibilities.

- There are strong arguments for Pupil Premium Plus (PPP) payments (currently £2,300 per annum for Children in Care and former CIC) to be extended in some form to Children in Need. CIN clearly face many learning difficulties, which often do not meet the threshold for SEND. Schools incur additional costs in providing for CIN and efforts could be more consistent and more effective if enhanced payments were available.

- Approaches that address the impact of poverty on education should be promoted. 'Poverty Proofing the School Day' (http://www.povertyproofing.co.uk/) is one interesting initiative we encountered in our research in the North-East, in which affordability of schooling is taken into account in school policies: for example the cost of uniforms, breaches of the uniform code, reducing the number of non-uniform days, improving computer access, breakfast clubs, offering free drinks and a snack before tests/examinations, and so on. We see merit in initiatives of this kind being extended.

- We recommend a review of decision making procedures surrounding 'case closure' so that families are not left without adequate support. There have been efforts to strengthen reunification practice concerning children returning home from *Care* (Wilkins and Farmer, 2015). There would be advantages for attention also to be given to how social work interventions with Children in Need families are ended. Efforts to improve stability in care placements and with social workers should continue. Foster carer 'hubs' are an interesting idea and should be explored further (McDermid et al., 2016). Better general mental health support

for children, and SEND support at school, should help foster and residential carers to cope on a daily basis. Further efforts should also be made to avoid changes in school for both Children in Need as well as Children in Care, especially during crucial examination years.

- Teacher training for pupils' well-being should include the specific circumstances of Children in Need and Children in Care, for example 'attachment awareness' issues. There should be less variation across secondary schools in their inclusiveness, including reviewing the practices of 'off rolling' and processes leading to exclusion. This should include attention being given in the secondary sector to teacher-pupil relationships; teaching style; and effective and acceptable behaviour management techniques for vulnerable pupils, including use of self-regulation.

In addition to these specific recommendations emerging directly from our research, there are more general policy areas in which concerns have been raised by others and that influence the education of Children in Need and Children in Care. These issues emerged in our interviews, for example: access to Child and Adolescent Mental Health Services; the implementation of reforms for pupils with Special Educational Needs and Disabilities; the provision of better legal advice and general support for relative carers (see Ashley and Braun, 2019); and the growing problem of child and family poverty, including the imposition of benefit sanctions.

Future research

Our study highlights areas where gaps exist and more needs to be known. Our priorities would include the following.

As we saw in the literature review (Chapter 2), much less research has been undertaken in England on the group of Children in Need compared with Children on Care, including educational experiences. This should be remedied. For example, it would be useful to investigate the circumstances in which Children in Need Plans and Child Protection Plans start and end; exactly what professional involvement is undertaken and to what effect.

It would also be very useful to know more about recurrent interventions and why so many children require social work services in Year 11. It might be that some children living at home require longer-term support rather than a series of shorter interventions. Supervision Orders, as a standalone option, are not now widely used and raise a number of concerns (Harwin et al., 2019). It would be valuable to examine further the relationship between the use of different interventions: Children in Need Plans, Child Protection Plans and Supervision Orders - as well as children who legally enter Care yet remain

living at home, which we were informed in interviews with managers was growing in use in some authorities.

Instability – at home or in Care placements, in school, and with social workers – remains a key barrier for educational success. Further research is warranted that identifies the factors predicting these various types of instability (see Children's Commissioner, 2019b), and the perceptions of children and families on how they impact learning. Analyses focusing on Children in Care could make use of the recent addition to the national dataset of a variable indicating the reason for placement changes (including whether this was requested by the carers or the child).

We saw in Chapter 2 that a number of studies have been undertaken concerning the education of Children in Care but few with Children in Need. Insufficient school-based work has been undertaken on the daily school experiences of CIC and CIN pupils. This emerged as an important issue in our research, especially regarding secondary schooling. We should explore further how CIC and CIN navigate secondary schooling; how and why exactly do schools vary in their 'inclusiveness'; and whether we can find ways to better understand and extend the approaches of those schools which attempt to mitigate the difficulties for vulnerable pupils associated with their social organisation, structure and teacher-pupil relations.

Moreover, we should not overlook the situation of relative carers in future research studies. The relative carers that we spoke with were providing important continuity and stability for children, who were making good educational progress. Family circumstances were not easy for this group, who lacked resources and often did not have adequate support when it was needed. As relative care is becoming a steadily growing option, and one that children generally value, we should include them in our future research, including the educational dimension. We should also bear in mind the many children living informally with kin without State support, many of whom would (continue to) be Children in Need or even Children in Care if relatives had not come forward (Wijedasa, 2017).

More precise information on the details of children experiencing substitute permanence arrangements (adoptions, SGOs and ROs) would enable an examination of educational attainment and it predictors for this important group.

At a methodological level, we feel that undertaking longitudinal research which links large-scale national datasets has many advantages and we would want to see more studies of this type. The possibilities offered by these datasets in terms of answering a range of policy-relevant research questions are far-reaching. For example, although claims cannot be made about causation, we plan to produce path analytic models to investigate whether some variables (e.g. school absences and exclusions) mediate the relationship between social work interventions and educational attainment. We will also explore the

options for more complex analyses including the possibility of partitioning social work interventions according to the Key Stage during which they were experienced. In Chapter 3, however, we outlined a number of limitations to the datasets, particularly in relation to the meaning of individual variables at the practice level. We would, therefore, like to encourage work that examines the production and use of data for these national datasets at the local level; further knowledge of how local authority staff assign meaning to variables would illuminate our understanding of the national findings.

We also advocate the use of mixed methods approaches, which have been invaluable in the current study. Incorporating children, parent, carer and professionals' perspectives brings added strengths in helping to make sense of the statistical analysis and providing insights on issues that the datasets do not cover currently, for example children's experiences at school.

Finally, there is potential for further work to investigate the educational progress of specific groups of children who were outside the scope of the current study. Our research was unable to include the experiences of children who experienced social work interventions solely before the age of 5 (Children in Care) or 7 (Children in Need) and did not receive further Children's Services input while at school. Potentially, this could include a significant number of children as well as children with distinctive experiences (e.g. the majority of adoptions in England occur when children are under 5; DfE, 2019c) and alternative research designs should focus on, or incorporate, these groups. In addition, we were unable to include the majority of unaccompanied asylum seekers as Key Stage test scores did not exist from an early age. Research (e.g, Ott and O'Higgins, 2019) has begun to explore the educational experiences of these young people.

Final thoughts

This has been a complex study and one that has posed a variety of challenges. However, we were able to track the schooling and social care experiences of approaching half a million children born in England over the course of a year. It was enlightening to speak with 41 of them, as well as parents, carers and professionals involved in their lives. Findings from the different elements of our research were complementary. We learned of some remarkable stories and accounts of individual determination. The study confirmed some findings that we would have expected but also revealed surprises. Children in Care are often considered a highly disadvantaged social work group, having lived through family breakdown, and they command the majority of policy and research attention. But we saw that Children in Need are at the heart of the service and that is how most Children in Care and their families first experience social work interventions.

We aim to disseminate widely our results and conclusions, both to a general audience as well as policy makers, managers and practitioners involved in Children's Services and Education. There is a desire for relevant information, which we will attempt to meet. We will also write individually to those children, parents, carers and professionals who assisted us and asked for feedback. We hope all will feel that our efforts have been useful and will lead to improvements.

References

Action for Children. (2019). *Choose Childhood: Building a brighter future for our children*. Retrieved from https://www.actionforchildren.org.uk/media/12029/cc-report-final-0507.pdf

ADCS. (2018). *Safeguarding Pressures Research Phase 6 2018.* Retrieved from https://adcs.org.uk/safeguarding/article/safeguarding-pressures-phase-6

Ashley, C., & Braun, D. (2019). *The highs and lows of kinship care: Analysis of a comprehensive survey of kinship carers 2019*. Retrieved from https://www.frg.org.uk/images/e-publications/Kinship_carers_survey_analysis.pdf

Barter, C., McCarry, M., Berridge, D., & Evans, K. (2009). *Partner exploitation and violence in teenage intimate relationships.* Retrieved from https://www.researchgate.net/publication/265245739_Partner_Exploitation_and_Violence_in_Teenage_Intimate_Relationships

BBC. (2018). *Hundreds of pupils spend week in school isolation booths. Retrieved from* https://www.bbc.co.uk/news/education-46044394

Become and Voices from Care Cymru. (2018). *Teachers who care: How to help teachers and schools support looked after children.* Retrieved from https://www.becomecharity.org.uk/media/1734/teachers-who-care.pdf

Bergin, C., & Bergin, D. (2009). Attachment in the classroom. *Educational Psychology Review*, *21*(2), 141-170.

Berridge, D. (2007). Theory and explanation in child welfare: Education and looked-after children. *Child & Family Social Work*, *12*(1), 1-10.

Berridge, D. (2017). The education of children in care: Agency and resilience. *Children and Youth Services Review*, *77*, 86-93.

Berridge, D., Bell, K., Sebba, J., & Luke, N. (2015). *The educational progress of looked after children in England: Technical report 3: Perspectives of young people, social workers, carers and teachers.* Retrieved from http://www.education.ox.ac.uk/wp-content/uploads/2019/05/Technical-Report-3.pdf

Bilson, A., Featherstone, B., & Martin, K. (2017). How child protection's 'investigative turn' impacts on poor and deprived communities. *Family Law*, *47*(4), 416-9.

Bombèr, L. (2011). *What about me? Inclusive strategies to support pupils with attachment difficulties make it through the school day*. Duffield: Worth Publishing.

Bowlby, J. (1958). The nature of the child's tie to his mother. *International Journal of Psycho-analysis*, *39*, 350-373.

Brady, E., & Gilligan, R. (2019). The role of agency in shaping the educational journeys of care-experienced adults: Insights from a life course study of education and care. *Children & Society*.

Brannen, J. (1992). *Mixing methods: Qualitative and quantitative research*. Aldershot: Avebury.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77-101.

Brown, A., Waters, C. S., & Shelton, K. H. (2017). A systematic review of the school performance and behavioural and emotional adjustments of children adopted from care. *Adoption & Fostering*, *41*(4), 346-368.

Bywaters, P., Brady, G., Sparks, T., & Bos, E. (2016). Child welfare inequalities: New evidence, further questions. *Child & Family Social Work*, *21*(3), 369-380.

Bywaters, P., Scourfield, J., Jones, C., Sparks, T., Elliott, M., Hooper, J., McCartan, C., Shapira, M., Bunting, L., & Daniel, B. (2018). Child welfare inequalities in the four nations of the UK. *Journal of Social Work*, 1468017318793479.

Carroll, C., Black, E., & Bettencourt, M. (2019). *The education of children in care in North East England.* Retrieved from https://www.ucl.ac.uk/ioe/sites/ioe/files/education-of-children-in-care-in-north-east-england-march-2019.pdf

Cefai, C., & Cooper, P. (2009). *Promoting emotional education: Engaging children and young people with social, emotional and behavioral difficulties*. London: Jessica Kingsley Publishers.

Centre for Mental Health. (2020). *Briefing 54: Trauma, challenging behaviour and restrictive interventions in schools*. Retrieved from https://www.centreformentalhealth.org.uk/sites/default/files/2020-01/Briefing_54_traumainformed%20schools_0.pdf

Children's Commissioner. (2019a). *Briefing: The children leaving school with nothing*. Retrieved from https://www.childrenscommissioner.gov.uk/wp-content/uploads/2019/09/cco-briefing-children-leaving-school-with-nothing.pdf

Children's Commissioner. (2019b). *Stability Index 2019*. Retrieved from https://www.childrenscommissioner.gov.uk/publication/stability-index-2019/

Cooper, P. (2011). Teacher strategies for effective intervention with students presenting social, emotional and behavioural difficulties: An international review. *European Journal of Special Needs Education*, *26*(1), 71-86.

Cullinane, C. (2019). *Tackling the 'shadow education system'*. Retrieved from https://www.suttontrust.com/newsarchive/tackling-the-shadow-education-system-private-tuition/

Department for Education (2015). *Special educational needs and disability code of practice: 0 to 25 years.* Retrieved from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/398815/SEND_Code_of_Practice_January_2015.pdf

Department for Education. (2016). *Behaviour and discipline in schools. Advice for headteachers and school staff*. Retrieved from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/488034/Behaviour_and_Discipline_in_Schools_-_A_guide_for_headteachers_and_School_Staff.pdf

Department for Education. (2018a). *Children in need of help and protection: Data and analysis*. Retrieved from

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/690999/Children_in_Need_of_help_and_protection_Data_and_analysis.pdf

Department for Education. (2018b). *Children in need of help and protection: Preliminary longitudinal analysis*. Retrieved from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/809819/Children_in_Need_of_help_and_protection-Preliminary_longitudinal_analysi....pdf

Department for Education. (2018c). *Improving the educational outcomes of children in need of help and protection: Interim findings*. Retrieved from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/762826/Children_in_Need_of_help_and_protection-Interim_findings.pdf

Department for Education. (2018d). *Outcomes for children looked after by local authorities in England, 31 March 2017.* Retrieved from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/695360/SFR20_2018_Text__1_.pdf

Department for Education. (2018e). *Promoting the education of looked-after children and previously looked-after children: Statutory guidance for local authorities*. Retrieved from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/683556/Promoting_the_education_of_looked-after_children_and_previously_looked-after_children.pdf

Department for Education. (2019a). *Characteristics of children in need: 2018 to 2019.* Retrieved from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/843046/Characteristics_of_children_in_need_2018_to_2019_main_text.pdf

Department for Education. (2019b). *Children in need of help and protection. CIN review: Final data and analysis*. Retrieved from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/809108/CIN_review_final_analysis_publication.pdf

Department for Education. (2019c). *Children looked after in England (including adoption), year ending 31 March 2019.* Retrieved from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/850306/Children_looked_after_in_England_2019_Text.pdf

Department for Education. (2019d). *Help, protection, education: Concluding the children in need review*. Retrieved from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/809236/190614_CHILDREN_IN_NEED_PUBLICATION_FINAL.pdf

Department for Education. (2019e). *Outcomes for children looked after by local authorities in England, 31 March 2018.* Retrieved from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/794535/Main_Text_Outcomes_for_CLA_by_LAs_2018.pdf

Department for Education. (2019f). *Outcomes for children looked after by local authorities in England, 31 March 2018: Additional tables.* Retrieved from

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/800431/Additional_tables_Outcomes_for_CLA_2018.pdf

Department for Education. (2019g). *Permanent and fixed-period exclusions in England: 2017 to 2018*. Retrieved from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/820773/Permanent_and_fixed_period_exclusions_2017_to_2018_-_main_text.pdf

Department for Education. (2019h). *Secondary accountability measures: Guide for maintained secondary schools, academies and free schools.* Retrieved from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/840275/Secondary_accountability_measures_guidance__-_October_2019_final_with_ref.pdf

Department for Work and Pensions. (2019). *Households below average income: An analysis of the UK income distribution: 1994/95 to 2017/18*. Retrieved from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/789997/households-below-average-income-1994-1995-2017-2018.pdf

Department of Health. (1993). *The Children Act 1989 Guidance and Regulations: Vol. 2 Family support, day care and educational provision for young children*. London: Department of Health.

Drew, H., & Banerjee, R. (2019). Supporting the education and well-being of children who are looked-after: What is the role of the virtual school? *European Journal of Psychology of Education*, *34*(1), 101-121.

Eckenrode, J., Rowe, E., Laird, M., & Brathwaite, J. (1995). Mobility as a mediator of the effects of child maltreatment on academic performance. *Child Development*, *66*(4), 1130-1142.

Economic and Social Research Council. (2015). *Research ethics framework*. Swindon: ESRC.

Education Endowment Foundation. (2018). *The attainment gap 2017*. Retrieved from https://educationendowmentfoundation.org.uk/public/files/Annual_Reports/EEF_Attainment_Gap_Report_2018.pdf

Education Policy Institute. (2018). *Bullying: A review of the evidence*. Retrieved from https://epi.org.uk/publications-and-research/bullying-a-review-of-the-evidence/

Engle, P. L., & Black, M. M. (2008). The effect of poverty on child development and educational outcomes. *Annals of the New York Academy of Sciences*, *1136*, 243.

Fahmy, E., & Williamson, E. (2018). Poverty and domestic violence and abuse (DVA) in the UK. *Journal of Gender-Based Violence*, *2*(3), 481-501.

Family Rights Group. (2018). *Care Crisis Review: Options for change*. Retrieved from https://www.frg.org.uk/images/Care_Crisis/CCR-FINAL.pdf

Ferguson, H. B., & Wolkow, K. (2012). Educating children and youth in care: A review of barriers to school progress and strategies for change. *Children and Youth Services Review*, *34*(6), 1143-1149.

Flessa, J. J. (2007). *Poverty and education: Towards effective action: A review of the literature*. Retrieved from:

https://cus.oise.utoronto.ca/UserFiles/File/Poverty%20lit%20review%20(J_%20Flessa%20-%2010_2007).pdf

Fletcher, J., Strand, S., & Thomas, S. (2015). *The educational progress of looked after children in England: Technical report 1: Secondary school progress and attainment.* Retrieved from http://www.education.ox.ac.uk/wp-content/uploads/2019/05/Technical-Report-1.pdf

Font, S. A., & Maguire-Jack, K. (2020). It's not "Just poverty": Educational, social, and economic functioning among young adults exposed to childhood neglect, abuse, and poverty. *Child Abuse & Neglect*, *101*, 104356.

Ford, T., Vostanis, P., Meltzer, H., & Goodman, R. (2007). Psychiatric disorder among British children looked after by local authorities: comparison with children living in private households. *The British Journal of Psychiatry*, *190*(4), 319-325.

Forsman, H., & Vinnerljung, B. (2012). Interventions aiming to improve school achievements of children in out-of-home care: A scoping review. *Children and Youth Services Review*, *34*(6), 1084-1091.

Frances, B., & Hutchings, M. (2013). *Parent power? Using money and information to boost children's chances of educational success*. Retrieved from https://www.suttontrust.com/wp-content/uploads/2014/08/1parentpower-final.pdf

García-Moya, I., Bunn, F., Jiménez-Iglesias, A., Paniagua, C., & Brooks, F. M. (2019). The conceptualisation of school and teacher connectedness in adolescent research: A scoping review of literature. *Educational Review*, *71*(4), 423-444.

Geiger, J. M., & Beltran, S. J. (2017). Experiences and outcomes of foster care alumni in postsecondary education: A review of the literature. *Children and Youth Services Review*, *79*(C), 186-197.

Goemans, A., van Geel, M., van Beem, M., & Vedder, P. (2016). Developmental outcomes of foster children: A meta-analytic comparison with children from the general population and children at risk who remained at home. *Child Maltreatment*, *21*(3), 198-217.

Goodman, R. (1997). The Strengths and Difficulties Questionnaire: a research note. *Journal of Child Psychology and Psychiatry*, *38*(5), 581-586.

Gordon, D., Mack, J., Lansley, S., Main, G., Nandy, S., Patsios, D., Pomati, M., & the PSE team. (2013). *Poverty and social exclusion in the UK: PSE UK first results – living standards*. Retrieved from https://www.poverty.ac.uk/sites/default/files/attachments/The_Impoverishment_of_the_UK_PSE_UK_first_results_summary_report_March_28.pdf

Gypen, L., Vanderfaeillie, J., De Maeyer, S., Belenger, L., & Van Holen, F. (2017). Outcomes of children who grew up in foster care: Systematic-review. *Children and Youth Services Review*, *76*, 74-83.

Hanrahan, F., Boddy, J., & Owen, C. (2019). 'Actually there is a brain in there': Uncovering complexity in pathways through education for young adults who have been in care. *Children & Society*, *34*, 46-61.

Hargreaves, A. (2000). Mixed emotions: Teachers' perceptions of their interactions with students. *Teaching and Teacher Education*, *16*(8), 811-826.

Harker, R. M., Dobel-Ober, D., Akhurst, S., Berridge, D., & Sinclair, R. (2004). Who Takes Care of Education 18 months on? A follow-up study of looked after children's perceptions of support for educational progress. *Child & Family Social Work*, *9*(3), 273-284.

Harwin, J., Alrouh, B., Golding, L., McQuarrie, T, Broadhurst. K., & Cusworth, L. (2019). *The contribution of supervision orders and special guardianship to children's lives and family justice*. Retrieved from https://www.cfj-lancaster.org.uk/app/nuffield/files-module/local/documents/HARWIN%20main%20report%20SO%20and%20SGOs%20_%204Mar2019.pdf

Harrison, N. (2019). Patterns of participation in higher education for care-experienced students in England: why has there not been more progress? *Studies in Higher Education*, 1-15.

Hazel, W. (2018, September 4). Stark gender gap in pupils' favourite subjects, *Times Educational Supplement*. Retrieved from https://www.tes.com/news/stark-gender-gap-pupils-favourite-subjects

House of Commons Education Committee. (2016). *Social work reform*. HC 201. Retrieved from https://publications.parliament.uk/pa/cm201617/cmselect/cmeduc/201/201.pdf

House of Commons Education Committee. (2019). *A ten-year plan for school and college funding.* HC 969. Retrieved from https://publications.parliament.uk/pa/cm201719/cmselect/cmeduc/969/96902.htm

House of Commons Education and Health and Social Care Committees. (2018). *The Government's Green Paper on mental health: Failing a generation*. Retrieved from https://publications.parliament.uk/pa/cm201719/cmselect/cmhealth/642/64202.htm

House of Commons Library. (2019). *Briefing paper: Academies and free schools*. Number 07059. Retrieved from https://researchbriefings.parliament.uk/ResearchBriefing/Summary/SN07059#fullreport

Howe, D. (2005). *Child abuse and neglect: Attachment, development and intervention*. London: Macmillan.

Hutchinson, J., Bonetti, S., Crenna-Jennings, W., & Akhal, A. (2019). *Education in England: Annual report 2019.* Retrieved from https://epi.org.uk/wp-content/uploads/2019/07/EPI-Annual-Report-2019.pdf

Jackson, S. (1987). *The education of children in care*. Bristol: School of Applied Social Studies, University of Bristol.

Jackson, S., & Cameron, C. (2012). Leaving care: Looking ahead and aiming higher. *Children and Youth Services Review*, *34*(6), 1107-1114.

Jay, M. A., & Gilbert, R. (2020). Special educational needs, social care and health. *Archives of Disease in Childhood*. Advanced online publication. Retrieved from https://adc.bmj.com/content/early/recent

Jones, R. (2014). *The story of Baby P: Setting the record straight*. Bristol: Policy Press.

Kääriälä, A., & Hiilamo, H. (2017). Children in out-of-home care as young adults: A systematic review of outcomes in the Nordic countries. *Children and Youth Services Review*, *79*, 107-114.

Khambati, N., Mahedy, L., Heron, J., & Emond, A. (2018). Educational and emotional health outcomes in adolescence following maltreatment in early childhood: A population-based study of protective factors. *Child Abuse & Neglect*, *81*, 343-353.

Leiter, J. (2007). School performance trajectories after the advent of reported maltreatment. *Children and Youth Services Review*, *29*(3), 363-382.

Leiter, J., & Johnsen, M. C. (1997). Child maltreatment and school performance declines: An event-history analysis. *American Educational Research Journal*, *34*(3), 563-589.

Luke, N., & O'Higgins, A. (2018). Is the care system to blame for the poor educational outcomes of children looked after? Evidence from a systematic review and national database analysis. *Children Australia, 43*(2), 135-151.

Mallett, C. A. (2012). The school success program: Improving maltreated children's academic and school-related outcomes. *Children & Schools*, *34*(1), 13-26.

Männistö, I. I., & Pirttimaa, R. A. (2018). A review of interventions to support the educational attainments of children and adolescents in foster care. *Adoption & Fostering*, *42*(3), 266-281.

McDermid, S., Baker, C., Lawson, D., & Holmes, L. (2016). *The evaluation of the Mockingbird Family Model: Final evaluation report*. Retrieved from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/560625/DFE-RR528-Mockingbird_family_model_evaluation.pdf

McGrath-Lone, L., Harron, K., Dearden, L., & Gilbert, R. (2018). Exploring longitudinal care histories for looked after children: a sequence analysis of administrative social care data. *International Journal of Population Data Science*, *3*(2).

Molloy, D. (2019). *Early help resource pack*. Retrieved from https://www.eif.org.uk/resource/early-help-resource-pack

Montacute, R., & Cullinane, C. (2018). *Parent power 2018: How parents use financial and cultural resources to boost their children's chances of success*. Retrieved from https://www.suttontrust.com/wp-content/uploads/2018/09/Parent-Power-2018.pdf

Munro, E. (2011). *The Munro review of child protection: Final report, a child-centred system*. Retrieved from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/175391/Munro-Review.pdf

National Audit Office. (2018). *Improving children and young people's mental health services*. HC1618. Retrieved from https://www.nao.org.uk/wp-content/uploads/2018/10/Improving-children-and-young-peoples-mental-health-services.pdf

National Audit Office. (2019). *Support for pupils with special educational needs and disabilities in England.* HC 2636. Retrieved from https://www.nao.org.uk/wp-content/uploads/2019/09/Support-for-pupils-with-special-education-needs.pdf

Newton, R. R., Litrownik, A. J., & Landsverk, J. A. (2000). Children and youth in foster care: Disentangling the relationship between problem behaviors and number of placements. *Child Abuse & Neglect*, *24*(10), 1363-1374.

NHS. (2018). *Mental health of children and young people in England, 2017*. Retrieved from https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2017/2017

Ofsted. (2017). *The annual report of Her Majesty's Chief Inspector of Education, Children's Services and Skills 2016/17.* Retrieved from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/666871/Ofsted_Annual_Report_2016-17_Accessible.pdf

Ofsted. (2018). *The annual report of Her Majesty's Chief Inspector of Education, Children's Services and Skills 2017/18*. Retrieved from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/761606/29523_Ofsted_Annual_Report_2017-18_041218.pdf

Ofsted. (2019). *Off-rolling: An update on recent analysis.* Retrieved from https://educationinspection.blog.gov.uk/2019/09/06/off-rolling-an-update-on-recent-analysis/

O'Higgins, A., Sebba, J., & Gardner, F. (2017). What are the factors associated with educational achievement for children in kinship or foster care: A systematic review. *Children and Youth Services Review*, *79*, 198-220.

Ott, E., & O'Higgins, A. (2019). Conceptualising educational provision for unaccompanied asylum-seeking children in England. *Oxford Review of Education*, *45*(4), 556-572.

Pearce, J. (2009). *Young people and sexual exploitation: 'It isn't hidden, you just aren't looking'.* London: Routledge Falmer.

Pecora, P. J. (2012). Maximizing educational achievement of youth in foster care and alumni: Factors associated with success. *Children and Youth Services Review*, *34*(6), 1121-1129.

Randolph, K. A., & Thompson, H. (2017). A systematic review of interventions to improve post-secondary educational outcomes among foster care alumni. *Children and Youth Services Review*, *79*, 602-611.

Reardon, S., & Waldfogel, J. (2016). *International inequalities: learning from international comparisons.* Retrieved from https://dera.ioe.ac.uk/30223/1/International-inequalities_FINAL.pdf

Rees, G., Gorin, S., Jobe, A., Stein, M., Medforth, R., & Goswami, H. (2010). *Safeguarding young people: Responding to young people aged 11-17 who are maltreated*. Retrieved from https://www.childrenssociety.org.uk/sites/default/files/tcs/research_docs/Safeguarding%20Young%20People%20-%20Responding%20to%20Young%20People%20aged%2011%20to%2017%20who%20are%20maltreated_0.pdf

Rees, G., Stein, M., Hicks, L., & Gorin, S. (2011). *Adolescent neglect: Research, policy and practice.* London: Jessica Kingsley Publishers.

Rose, W., & McAuley, C. (2019). Poverty and its impact on parenting in the UK: Re-defining the critical nature of the relationship through examining lived experiences in times of austerity. *Children and Youth Services Review*, *97*, 134-141.

Rentfrow, J., & De Vries, R. (2016). *A winning personality: The effects of background on personality and earnings*. Retrieved from https://www.suttontrust.com/wp-content/uploads/2016/01/Winning-Personality-FINAL.pdf

Rutman, D., & Hubberstey, C. (2018). Fostering educational success of children and youth in care: Perspectives of youth with experience living in care. *Children and Youth Services Review*, *94*, 257-264.

Rutter, M. (1972). *Maternal deprivation reassessed*. Harmondsworth: Penguin.

Rutter, M. (2012). Resilience as a dynamic concept. *Development and Psychopathology*, *24*(2), 335-344.

Ryan, T. P. (2008). *Modern regression methods* (Vol. 655). New York: John Wiley & Sons.

Sebba, J., & Berridge, D. (2019). The role of the Virtual School in supporting improved educational outcomes for children in care. *Oxford Review of Education*, *45*(4), 538-555.

Sebba, J., Berridge, D., Luke, N., Fletcher, J., Bell, K., Strand, S., Thomas, S., Sinclair, I., & O'Higgins, A. (2015). *The educational progress of looked after children in England*. Oxford: Rees Centre/Bristol: University of Bristol.

Sebba, J., Fancourt, N., & Dingwall, N. (2018) *Attachment Aware Schools programme evaluation*. Retrieved from http://www.education.ox.ac.uk/research/attachment-aware-schools-programme-evaluation/

Sebba, J., & Robinson, C. (2010). *Evaluation of UNICEF UK's Rights Respecting Schools Award.* Retrieved from https://www.unicef.org.uk/rights-respecting-schools/wp-content/uploads/sites/4/2014/12/RRSA_Evaluation_Report.pdf

Selwyn, J., Magnus, L. I., & Briheim-Crookall, L. (2017). *Our Lives, Our Care: Looked after children's views on their well-being*. Bristol: School for Policy Studies, University of Bristol.

Shelter. (2019). *A child becomes homeless in Britain every eight minutes*. Retrieved from https://england.shelter.org.uk/media/press_releases/articles/a_child_becomes_homeless_in_britain_every_eight_minutes

Sidebotham, P., Brandon, M., Bailey, S., Belderson, P., Dodsworth, J., Garstang, J., Harrison, E., Retzer, A., & Sorensen, P. (2016). *Pathways to harm, pathways to protection: A triennial analysis of serious case reviews 2011 to 2014*. Retrieved from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/533826/Triennial_Analysis_of_SCRs_2011-2014_-__Pathways_to_harm_and_protection.pdf

Sinclair, I., Berridge, D., O'Higgins, A., Luke, N., & Thomas, S. (2019a). 'Closing the gap': The conditions under which children in care are most likely to catch up at school. [Manuscript submitted for publication].

Sinclair, I., Luke, N., & Berridge, D. (2019b). Children in care or in need: Educational progress at home and in care. *Oxford Review of Education*, *45*(4), 443-460.

Sinclair, I., Luke, N., Fletcher, J., O'Higgins A., Strand S., Berridge D., Sebba, J., & Thomas, S. (2020). The education of children in care and children in need: Who falls behind and when? *Child &*

Family Social Work. Advanced online publication. Retrieved from https://onlinelibrary.wiley.com/journal/13652206

Stone, J., & Hirsch, D. (2019). *Local indicators of child poverty, 2017/18.* Retrieved from http://www.endchildpoverty.org.uk/wp-content/uploads/2019/05/child-poverty-indicators-2019-report-to-ecp-1.pdf

Strand, S., & Lindorff, A. (2018). *Ethnic disproportionality in the identification of Special Educational Needs (SEN) in England: Extent, causes and consequences.* Retrieved from http://www.education.ox.ac.uk/wp-content/uploads/2018/12/Combined-Report_2018-12-20.pdf

Tessier, N. G., O'Higgins, A., & Flynn, R. J. (2018). Neglect, educational success, and young people in out-of-home care: Cross-sectional and longitudinal analyses. *Child Abuse & Neglect*, *75*, 115-129.

Tilbury, C., Creed, P., Buys, N., Osmond, J., & Crawford, M. (2014). Making a connection: School engagement of young people in care. *Child & Family Social Work*, *19*(4), 455-466.

Timpson, E. (2019). *Timpson review of school exclusion*. CP 92. Retrieved from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/807862/Timpson_review.pdf

Trocmé, N., & Caunce, C. (1995). The educational needs of abused and neglected children: A review of the literature. *Early Child Development and Care*, *106*(1), 101-135.

Trout, A. L., Hagaman, J., Casey, K., Reid, R., & Epstein, M. H. (2008). The academic status of children and youth in out-of-home care: A review of the literature. *Children and Youth Services Review*, *30*(9), 979-994.

Van Ijzendoorn, M. H., Juffer, F., & Poelhuis, C. W. K. (2005). Adoption and cognitive development: a meta-analytic comparison of adopted and nonadopted children's IQ and school performance. *Psychological Bulletin*, *131*(2), 301-316.

Webb, J., & Holmes, D. (2015). *Working effectively to address child sexual exploitation: Evidence scope.* Retrieved from https://www.rip.org.uk/resources/publications/evidence-scopes/working-effectively-to-address-child-sexual-exploitation-evidence-scope-2017-

Whiting, C. C. (2002). School performance of children who have experienced maltreatment. *Physical & Occupational Therapy in Pediatrics*, *21*(2-3), 81-89.

Wijedasa, D. (2017). *Children growing up in the care of relatives in the UK.* Retrieved from https://www.bristol.ac.uk/media-library/sites/policybristol/briefings-and-reports-pdfs/2017-briefings--reports-pdfs/PolicyBristol_Report_November_2017_Kinship_Care.pdf

Wilkins, M., & Farmer, E. (2015). *Reunification: An evidence-informed framework for return home practice*. London: NSPCC.

Yin, R. K. (2017). *Case study research and applications: Design and methods*. California: Sage Publications.

YouGov. (2019). *Exploring the issue of off-rolling*. Retrieved from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/800582/Ofsted_offrolling_report_YouGov_090519.pdf

Appendix A

This appendix includes the full regression models discussed in Chapter 5, along with descriptive statistics for the included predictors (numbers and percentages for categorical variables; range of values, mean and standard deviation for continuous variables). Each regression differs in terms of the variables entered in Models 1 and 2, according to the research question being investigated. A standard set of variables is used in Models 3 to 5 across all regressions, covering individual characteristics and educational experiences at Key Stages 1, 2, and 4 (ages 7, 11, and 16).

Each regression table shows the R^2 statistic, indicating the proportion of variance in our outcome (KS4 Attainment 8 score) explained by the predictors included in that model. The role of individual predictors in the model is shown by its unstandardised coefficient and the associated *p*-level (as indicated by the number of asterisks against the coefficient). *p*-levels tell us whether an individual variable is a significant predictor of the outcome, after controlling for all other variables in the model; non-significant variables cannot help us to predict KS4 attainment. The unstandardised coefficient shows the direction and the size of the relationship between the predictor and the outcome, since it represents the change in outcome (KS4 Attainment 8 score) associated with a change of one unit in the predictor. For binary predictors (e.g. gender, eligibility for free school meals, presence of a particular SEND), the reference category against which this factor is being compared is shown. Positive coefficients mean that an increase of one unit in the predictor is associated with an increase in attainment score, while negative values mean that an increase of one unit in the predictor is associated with a *decrease* in attainment score. As an example, Model 1 of Table A.2 shows that 'Disabled children with longer intervention(s) from Children's Services' is a significant predictor of KS4 Attainment 8 score. The coefficient for this variable shows the change in attainment score when comparing young people with this intervention pattern (scoring 1 on this variable) against those with no type of Children's Services intervention (scoring 0). A change of one unit on this predictor is associated with a coefficient of -36.52. In other words, young people who are alike on all the other variables in the model will on average have an Attainment 8 score that is 36.52 points lower if they have experienced this pattern of interventions than if they have not experienced any interventions.

The key findings from each table are outlined in Chapter 5. In reading the coefficients in the tables below, we would advise looking at each model in turn. Some factors change in the nature of their relationship with the outcome as more factors are added to the regression. Interpreting their role requires reading all models to see how information held about the child at different time points helps to explain their KS4 attainment. We also remind readers that the range of possible outcome values is from 0-90 points across 8 exam subjects. Coefficients of around 1.5 (whether positive or negative) therefore

represent roughly a difference of one grade (for example, the difference between a C grade and a B grade) in one exam subject.

Table A.1: Regression 1 – Descriptive statistics for predictors for complete-case cohort (*N* = 471,688)

	N	**%**	**Range**	**Mean *(SD)***
Periods of intervention reference category: 1 period of intervention	37,764	8.0		
Child had 2 periods of intervention from Children's Services	15,035	3.2		
Child had 3 periods of intervention from Children's Services	7,704	1.6		
Child had 4 periods of intervention from Children's Services	4,318	0.9		
Child had 5 or more periods of intervention from Children's Services	4,427	0.9		
Gender: female	230,730	48.9		
Ethnicity reference category: White British or Irish	382,777	81.2		
Ethnicity: Asian	41,919	8.9		
Ethnicity: Black	21,116	4.5		
Ethnicity: Mixed	18,221	3.9		
Ethnicity: Other (including Chinese)	7,633	1.6		
IDACI (standardised score)			-1.24 – 4.19	0.00 (1.00)
Eligible for Free School Meals at KS1	81,412	17.3		
KS1 SEND(reference category: no SEND	441,818	93.7		
SEND: Autistic spectrum disorder	2,327	0.5		
SEND: Behavioural, emotional and social difficulties	4,848	1.0		
SEND: Hearing/visual/multisensory impairment[1]	3,293	0.7		
SEND: Physical disability[1]	3,190	0.7		
SEND: Speech, language and communication difficulties	11,173	2.4		
SEND: Specific learning difficulty	1,064	0.2		
SEND: Moderate learning difficulty	5,041	1.1		
SEND: Severe learning difficulty	1,187	0.3		
SEND: Profound multiple learning difficulties[1]	706	0.1		
SEND: Other	1,025	0.2		
KS1 SEND provision reference category: no provision	389,056	82.5		
SEND Provision: School Action	52,762	11.2		

	N	%	Range	Mean *(SD)*
SEND Provision: School Action Plus	23,072	4.9		
SEND Provision: Statement	6,798	1.4		
KS1 attainment: average points (reading, writing, maths, and overall science)			3 – 27	15.33 (3.57)
Total sessions missed for fixed-term exclusions Years 3 to 6			0 – 161	0.19 (2.38)
Unauthorised absences as a proportion of total possible sessions during KS2 (Years 3 to 6)			0.00 – 0.52	0.01 (0.01)
Changed school during KS2 (Years 3 to 6)	168,414	35.7		
Eligible for Free School Meals at KS2	85,156	18.1		
KS2 SEND reference category: no SEND	420,144	89.1		
SEND: Autistic spectrum disorder	4,356	0.9		
SEND: Behavioural, emotional and social difficulties	10,213	2.2		
SEND: Speech, language and communication difficulties	7,665	1.6		
SEND: Specific learning difficulty	7,553	1.6		
SEND: Moderate learning difficulty	14,406	3.1		
SEND: Severe learning difficulty	1,753	0.4		
SEND: Other	1,769	0.4		
KS2 Non-mainstream school	4,630	1.0		
KS2 attainment: total points (English, maths, and science)			0 – 78	56.50 (9.39)
Total sessions missed for fixed-term exclusions Years 7 to 11			0 – 306	2.01 (8.83)
Ever permanently excluded during secondary school (Years 7 to 11) (reference category: not excluded)	3,769	0.8		
Unauthorised absences as a proportion of total possible sessions during secondary school (Years 7 to 11)			0.00 – 1.00	0.01 (0.03)
Changed school during KS4 (Years 10 to 11)	10,788	2.3		
Eligible for Free School Meals in Year 11	63,734	13.5		
KS4 SEND reference category: no SEND	401,349	85.1		
SEND: Autistic spectrum disorder	6,960	1.5		
SEND: Social, emotional and mental health difficulties	16,614	3.5		
SEND: Speech, language and communication difficulties	5,843	1.2		
SEND: Specific learning difficulty	14,028	3.0		
SEND: Moderate learning difficulty	15,195	3.2		
SEND: Severe learning difficulty	1,630	0.3		
SEND: Other	3,862	0.8		
SEND: SEND support but no specialist assessment of type of need	1,365	0.3		

	N	%	Range	Mean *(SD)*
KS4 Non-mainstream school	14,491	3.1		
KS4 School type not known	1,175	0.2		

KS = Key Stage; IDACI = Income Deprivation Affecting Children Index; SEND = special educational needs and disabilities.

[1] These SEND categories combine information from KS1, KS2 and KS4 (see Methods chapter).

Table A.2: Regression 1 – Five-step multiple regression for KS4 Attainment 8 using intervention sub-groups

	Model 1	Model 2	Model 3	Model 4	Model 5
R^2	.12	.13	.51	.60	.65
	Unstandardised coefficients				
Constant	48.37	48.37	-4.59	-30.51	-25.30
Intervention sub-group (reference category: no intervention)					
Disabled children with longer intervention(s) from Children's Services (n = 3,118)	-36.52***	-34.51***	-7.22***	-4.48***	-1.84***
Disabled children with shorter intervention(s) from Children's Services (n =1,372)	-30.98***	-27.36***	-7.87***	-4.86***	-1.96***
Child in Need Plan (including at least 1 longer period of CINP): ended by Year 11 (n = 12,238)	-15.52***	-14.34***	-5.54***	-3.74***	-1.87***
Child in Need Plan (excludes any longer period of CINP): ended by Year 11 (n = 27,687)	-12.97***	-11.57***	-5.39***	-4.08***	-2.67***
Child Protection Plan (including at least 1 longer period of CPP): ended by Year 11 (n = 67)	-17.26***	-17.13***	-5.14***	-1.41	1.01
Child in Care (including at least 1 longer period as CIC): ended by Year 11 (n = 104)	-17.39***	-16.94***	-5.56***	-4.58***	-3.28**
Child in Care (excludes any longer period as CIC): ended by Year 11 (n = 127)	-11.39***	-10.75***	-4.34***	-3.48**	-2.34*
Child in Need Plan (including at least 1 longer period of CINP): ongoing in Year 11 (n = 2,834)	-24.07***	-21.56***	-13.13***	-11.35***	-5.07***
Child in Need Plan (excludes any longer period of CINP): ongoing in Year 11 (n = 6,242)	-19.75***	-17.07***	-10.53***	-9.30***	-5.35***
Escalating interventions ending with a longer period of being In Care: ended by Year 11 (n = 550)	-22.52***	-17.12***	-2.65***	-2.19***	-2.70***
Escalating interventions ending with a shorter period of being In Care: ended by Year 11 (n = 728)	-23.36***	-16.05***	-5.62***	-5.15***	-2.92***
Escalating interventions ending with a Child Protection Plan: ended by Year 11 (n = 3,303)	-18.70***	-12.66***	-4.90***	-3.68***	-1.72***
De-escalating interventions starting with a shorter period of being In Care: ended by Year 11 (n = 417)	-16.49***	-9.80***	-1.72*	-1.30*	-1.98***
De-escalating interventions starting with a Child Protection Plan: ended by Year 11 (n = 67)	-18.30***	-12.66***	-1.71	-0.15	-0.05
Peaked pattern of interventions including shorter period of being In Care: ended by Year 11 (n = 669)	-19.54***	-11.03***	-2.94***	-2.15***	-2.43***
Peaked pattern of interventions excluding being In Care: ended by Year 11 (n = 829)	-20.68***	-12.29***	-4.57***	-3.44***	-2.17***

	Model 1	Model 2	Model 3	Model 4	Model 5
Escalating interventions ending with a longer period of being In Care: ongoing in Year 11 (n = 3,259)	-27.09***	-19.99***	-5.86***	-4.64***	-3.36***
Escalating interventions ending with a shorter period of being In Care: ongoing in Year 11 (n = 1,122)	-33.25***	-24.91***	-15.45***	-14.00***	-6.57***
Escalating interventions ending with a Child Protection Plan: ongoing in Year 11 (n = 1,823)	-25.33***	-18.16***	-11.40***	-10.29***	-3.74***
De-escalating interventions starting with a longer period of being In Care: ongoing in Year 11 (n = 292)	-25.38***	-16.21***	-4.14***	-3.61***	-4.85***
De-escalating interventions starting with a shorter period of being In Care: ongoing in Year 11 (n = 218)	-27.75***	-19.21***	-10.58***	-9.81***	-6.00***
Peaked pattern of interventions including shorter period of being In Care: ongoing in Year 11 (n = 493)	-27.98***	-18.69***	-10.62***	-10.18***	-5.69***
Peaked pattern of interventions excluding being In Care: ongoing in Year 11 (n = 833)	-26.37***	-17.41***	-9.09***	-7.37***	-2.27***
Any other pattern of Children's Services intervention (n = 133)	-22.05***	-17.64***	-7.89***	-7.18***	-2.37*
Periods of intervention (reference category: 1 period of intervention)					
Child had 2 periods of intervention from Children's Services		-4.17***	-2.01***	-1.25***	0.15
Child had 3 periods of intervention from Children's Services		-6.71***	-3.40***	-2.11***	0.42*
Child had 4 periods of intervention from Children's Services		-8.44***	-4.89***	-3.01***	0.51*
Child had 5 or more periods of intervention from Children's Services		-11.00***	-5.68***	-3.26***	1.98***
Gender: female (reference category: male)			3.19***	3.56***	3.07***
Ethnicity (reference category: White British or Irish)					
Ethnicity: Asian			8.23***	7.00***	6.01***
Ethnicity: Black			5.74***	4.81***	3.92***
Ethnicity: Mixed			2.15***	1.85***	1.95***
Ethnicity: Other (including Chinese)			10.51***	8.56***	7.62***
IDACI (standardised score)			-1.58***	-1.46***	-1.14***
Eligible for Free School Meals at KS1 (reference category: not eligible)			-3.46***	-1.98***	-1.11***
KS1 SEND (reference category: no SEND)					
SEND: Autistic spectrum disorder			-1.34**	0.34	-0.07
SEND: Behavioural, emotional and social difficulties			-4.37***	-1.26***	-0.83*
SEND: Hearing/visual/multisensory impairment[1]			-0.48	0.02	-0.79***
SEND: Physical disability[1]			-2.13***	-1.02***	-1.95***
SEND: Speech, language and communication difficulties			-0.60	-0.43	-0.63*
SEND: Specific learning difficulty			-2.01***	-1.27*	-1.38**
SEND: Moderate learning difficulty			-1.59***	-0.35	-0.18
SEND: Severe learning difficulty			-0.43	-1.05*	-1.46**

	Model 1	Model 2	Model 3	Model 4	Model 5
SEND: Profound multiple learning difficulties[1]			-0.78	-0.71	-1.28**
SEND: Other			-2.38***	-0.70	-0.56
KS1 SEND provision (reference category: no provision)					
SEND Provision: School Action			-1.73***	-0.26***	0.01
SEND Provision: School Action Plus			0.58	1.76***	1.88***
SEND Provision: Statement			0.05	1.60***	2.10***
KS1 attainment: average points (reading, writing, maths, and overall science)			3.23***	1.55***	1.49***
Total sessions missed for fixed-term exclusions Years 3 to 6				-0.19***	0.10***
Unauthorised absences as a proportion of total possible sessions during KS2 (Years 3 to 6)				-39.70***	30.24***
Changed school during KS2 (Years 3 to 6)				-1.12***	-1.00***
Eligible for Free School Meals at KS2 (reference category: not eligible)				-1.91***	-0.99***
KS2 SEND (reference category: no SEND)					
SEND: Autistic spectrum disorder				-0.86***	0.70**
SEND: Behavioural, emotional and social difficulties				-4.22***	-0.52***
SEND: Speech, language and communication difficulties				1.48***	2.00***
SEND: Specific learning difficulty				1.08***	1.79***
SEND: Moderate learning difficulty				0.99***	2.04***
SEND: Severe learning difficulty				1.21***	2.26***
SEND: Other				-0.53	0.43
KS2 Non-mainstream school (reference category: mainstream school)				1.95***	5.88***
KS2 attainment: total points (English, maths, and science)				0.92***	0.86***
Total sessions missed for fixed-term exclusions Years 7 to 11					-0.23***
Ever permanently excluded during secondary school (Years 7 to 11) (reference category: not excluded)					-3.02***
Unauthorised absences as a proportion of total possible sessions during secondary school (Years 7 to 11)					-86.81***
Changed school during KS4 (Years 10 to 11)					-6.50***
Eligible for Free School Meals in Year 11 (reference category: not eligible)					-0.13*
KS4 SEND (reference category: no SEND)					
SEND: Autistic spectrum disorder					-1.94***
SEND: Social, emotional and mental health difficulties					-4.03***
SEND: Speech, language and communication difficulties					-1.61***
SEND: Specific learning difficulty					-1.41***

	Model 1	Model 2	Model 3	Model 4	Model 5
SEND: Moderate learning difficulty					-2.17***
SEND: Severe learning difficulty					-1.58***
SEND: Other					-3.04***
SEND: SEND support but no specialist assessment of type of need					-3.81***
KS4 Non-mainstream school (reference category: mainstream school)					-9.42***
KS4 School type not known					-14.56***

CINP = Child in Need Plan; CPP = Child Protection Plan; CIC = Child in Care; KS = Key Stage; IDACI = Income Deprivation Affecting Children Index; SEND = special educational needs and disabilities.

$^{*}p < .05$; $^{**}p < .01$; $^{***}p < .001$

[1] These SEND categories combine information from KS1, KS2 and KS4 (see Methods chapter).

Table A.3: Regression 2 – Descriptive statistics for predictors for children who had been In Need or In Care at any time in school years 1 to 11 (*N* = 69,246)

	n	%	Range	Mean *(SD)*
First intervention started during secondary school (age 12-16)	23,995	34.7		
Primary need recorded for first intervention reference category: abuse or neglect	33,862	48.9		
Primary need: child's disability	4,176	6.0		
Primary need: parent's disability	1,968	2.8		
Primary need: acute stress	7,410	10.7		
Primary need: family dysfunction	12,586	18.2		
Primary need: socially unacceptable behaviour	1,848	2.7		
Primary need: low income	267	0.4		
Primary need: absent parenting	465	0.7		
Primary need: not known	6,663	9.6		
Timing of end of final intervention reference category: final intervention ended by age 11	22,818	33.0		
Final intervention ended during secondary school (age 12+)	46,411	67.0		
Final intervention was ongoing in Year 11	19,545	28.2		
Periods of intervention reference category: 1 period of intervention	37,764	54.5		
Child had 2 periods of intervention from Children's Services	15,033	21.7		
Child had 3 periods of intervention from Children's Services	7,704	11.1		
Child had 4 periods of intervention from Children's Services	4,318	6.2		
Child had 5 or more periods of intervention from Children's Services	4,427	6.4		
Child had at least one intervention that began within 12 months of a previous intervention ending	12,764	18.4		
Total time in receipt of interventions (in months)			0.03 – 198.93	22.49 (33.76)
Gender: female	34,427	49.7		
Ethnicity reference category: White British or Irish	55,644	80.4		
Ethnicity: Asian	4,798	6.9		
Ethnicity: Black	4,069	5.9		
Ethnicity: Mixed	3,780	5.5		
Ethnicity: Other (including Chinese)	951	1.4		
IDACI (standardised score)			-1.22 – 4.19	0.00 (1.00)
Eligible for Free School Meals at KS1	28,254	40.8		

	n	%	Range	Mean *(SD)*
KS1 SEND(reference category: no SEND	58,323	84.2		
SEND: Autistic spectrum disorder	1,026	1.5		
SEND: Behavioural, emotional and social difficulties	2,193	3.2		
SEND: Hearing/visual/multisensory impairment[1]	847	1.2		
SEND: Physical disability[1]	1,186	1.7		
SEND: Speech, language and communication difficulties	2,902	4.2		
SEND: Specific learning difficulty	309	0.4		
SEND: Moderate learning difficulty	1,820	2.6		
SEND: Severe learning difficulty	860	1.2		
SEND: Profound multiple learning difficulties[1]	555	0.8		
SEND: Other	334	0.5		
KS1 SEND provision reference category: no provision	45,263	65.4		
SEND Provision: School Action	13,060	18.9		
SEND Provision: School Action Plus	7,195	10.4		
SEND Provision: Statement	3,728	5.4		
KS1 attainment: average points (reading, writing, maths, and overall science)			3.0 – 22.5	13.21 (4.13)
Total sessions missed for fixed-term exclusions Years 3 to 6			0 – 161	0.84 (5.23)
Unauthorised absences as a proportion of total possible sessions during KS2 (Years 3 to 6)			0.00 – 0.52	0.01 (0.03)
Changed school during KS2 (Years 3 to 6)	31,294	46.1		
Eligible for Free School Meals at KS2	31,784	45.9		
KS2 SEND reference category: no SEND	50,821	73.4		
SEND: Autistic spectrum disorder	1,665	2.4		
SEND: Behavioural, emotional and social difficulties	5,124	7.4		
SEND: Speech, language and communication difficulties	2,060	3.0		
SEND: Specific learning difficulty	1,687	2.4		
SEND: Moderate learning difficulty	4,637	6.7		
SEND: Severe learning difficulty	1,138	1.6		
SEND: Other	490	0.7		
KS2 Non-mainstream school	3,388	4.9		
KS2 attainment: total points (English, maths, and science)			0 – 78	51.12 (11.13)
Total sessions missed for fixed-term exclusions Years 7 to 11			0 – 294	6.79 (16.76)

	n	%	Range	Mean *(SD)*
Ever permanently excluded during secondary school (Years 7 to 11) (reference category: not excluded)	2,233	3.2		
Unauthorised absences as a proportion of total possible sessions during secondary school (Years 7 to 11)			0.00 – 0.90	0.04 (0.07)
Changed school during KS4 (Years 10 to 11)	4,409	6.4		
Eligible for Free School Meals in Year 11	24,960	36.0		
KS4 SEND reference category: no SEND	45,769	66.1		
SEND: Autistic spectrum disorder	2,375	3.4		
SEND: Social, emotional and mental health difficulties	8,269	11.9		
SEND: Speech, language and communication difficulties	1,532	2.2		
SEND: Specific learning difficulty	2,625	3.8		
SEND: Moderate learning difficulty	4,526	6.5		
SEND: Severe learning difficulty	1,098	1.6		
SEND: Other	953	1.4		
SEND: SEND support but no specialist assessment of type of need	395	0.6		
KS4 Non-mainstream school	9292	13.4		
KS4 School type not known	774	1.1		

KS = Key Stage; IDACI = Income Deprivation Affecting Children Index; SEND = special educational needs and disabilities.

[1] These SEND categories combine information from KS1, KS2 and KS4 (see Methods chapter).

Table A.4: Regression 2 – Five-step multiple regression for KS4 Attainment 8 for children who had been In Need or In Care at any time in school years 1 to 11

	Model 1	Model 2	Model 3	Model 4	Model 5
R^2	.04	.12	.44	.51	.65
	Unstandardised coefficients				
Constant	30.86	38.18	0.58	-15.86	-8.04
First intervention started during secondary school (age 12-16; reference category: started before age 12)	1.43***	0.63**	-1.83***	-2.25***	-1.09***
Primary need recorded for first intervention (reference category: abuse or neglect)					
Primary need: child's disability	-16.21***	-13.21***	-1.53***	-0.81**	-0.46
Primary need: parent's disability	3.38***	4.35***	2.78***	2.55***	1.53***
Primary need: acute stress	-1.44***	-0.86***	-0.98***	-0.69***	-0.19

	Model 1	Model 2	Model 3	Model 4	Model 5
Primary need: family dysfunction	-1.35***	-1.18***	-0.86***	-0.76***	-0.23
Primary need: socially unacceptable behaviour	-3.97***	-3.91***	-3.54***	-3.20***	-1.14***
Primary need: low income	-0.44	0.79	-0.80	-0.41	-0.64
Primary need: absent parenting	-0.20	0.40	-0.25	-0.18	0.04
Primary need: not known	0.60*	0.18	-0.09	0.07	0.03
Timing of end of final intervention (reference category: final intervention ended by age 11)					
Final intervention ended during secondary school (age 12+)		-2.16***	-1.59***	-1.23***	-0.35*
Final intervention was ongoing in Year 11 (reference category: ended before Year 11)		-5.79***	-4.74***	-4.60***	-2.46***
Highest level and duration of intervention (reference category: CINP or CPP <6 months)					
CINP 6+ months (n =18,423)		-2.44***	-1.60***	-1.28***	-0.29*
CPP 6+ months (n =3,883)		-1.27***	-0.82**	-0.74**	0.43*
CIC <12 months (n =4,304)		-2.08***	-1.98***	-2.19***	-1.14***
CIC 12+ months (n =4,577)		1.91***	1.73***	1.34***	0.30
Periods of intervention (reference category: 1 period of intervention)					
Child had 2 periods of intervention from Children's Services		-3.61***	-2.49***	-2.07***	-0.92***
Child had 3 periods of intervention from Children's Services		-5.41***	-3.88***	-3.18***	-1.14***
Child had 4 periods of intervention from Children's Services		-6.67***	-5.42***	-4.37***	-1.45***
Child had 5 or more periods of intervention from Children's Services		-8.64***	-6.52***	-5.10***	-0.59*
Child had at least one intervention that began within 12 months of a previous intervention ending		-0.35	-0.26	-0.25	-0.27
Total time in receipt of interventions (in months)		-0.05***	0.01**	0.01***	0.00
Gender: female (reference category: male)			3.77***	3.54***	2.01***
Ethnicity (reference category: White British or Irish)					
Ethnicity: Asian			9.56***	8.18***	6.10***
Ethnicity: Black			6.43***	5.49***	4.23***
Ethnicity: Mixed			1.88***	1.64***	1.88***
Ethnicity: Other (including Chinese)			11.01***	9.42***	7.57***
IDACI (standardised score)			-0.85***	-0.87***	-0.43***
Eligible for Free School Meals at KS1 (reference category: not eligible)			-2.53***	-1.77***	-0.91***
KS1 SEND (reference category: no SEND)					
SEND: Autistic spectrum disorder			-0.16	0.96	-0.72***

	Model 1	Model 2	Model 3	Model 4	Model 5
SEND: Behavioural, emotional and social difficulties			-4.30***	-0.95	-1.33*
SEND: Hearing/visual/multisensory impairment[1]			1.46*	1.26*	-0.72
SEND: Physical disability[1]			-0.22	0.22	-1.95***
SEND: Speech, language and communication difficulties			-0.20	0.34	-0.66
SEND: Specific learning difficulty			-1.18	-0.22	-1.74*
SEND: Moderate learning difficulty			-1.24	-0.26	-0.97
SEND: Severe learning difficulty			-0.78	-0.28	-1.35*
SEND: Profound multiple learning difficulties[1]			-2.65**	-2.78***	-3.65***
SEND: Other			-3.05**	-0.86	-1.34
KS1 SEND provision (reference category: no provision)					
SEND Provision: School Action			-1.96***	-0.72***	-0.52***
SEND Provision: School Action Plus			-0.17	0.79	1.36*
SEND Provision: Statement			-1.73*	-0.09	1.31*
KS1 attainment: average points (reading, writing, maths, and overall science)			2.56***	1.29***	1.20***
Total sessions missed for fixed-term exclusions Years 3 to 6				-0.17***	0.06***
Unauthorised absences as a proportion of total possible sessions during KS2 (Years 3 to 6)				-27.36***	23.94***
Changed school during KS2 (Years 3 to 6)				-0.49***	-0.43***
Eligible for Free School Meals at KS2 (reference category: not eligible)				-1.31***	-0.63***
KS2 SEND (reference category: no SEND)					
SEND: Autistic spectrum disorder				-1.32**	-0.03
SEND: Behavioural, emotional and social difficulties				-4.45***	-0.82***
SEND: Speech, language and communication difficulties				0.05	0.49
SEND: Specific learning difficulty				-0.68	0.52
SEND: Moderate learning difficulty				-0.29	0.95***
SEND: Severe learning difficulty				-0.87	0.31
SEND: Other				-1.48*	-0.23
KS2 Non-mainstream school (reference category: mainstream school)				-0.97**	3.33***
KS2 attainment: total points (English, maths, and science)				0.66***	0.57
Total sessions missed for fixed-term exclusions Years 7 to 11					-0.18***
Ever permanently excluded during secondary school (Years 7 to 11) (reference category: not excluded)					-2.79***
Unauthorised absences as a proportion of total possible sessions during secondary school (Years 7 to 11)					-64.14***

	Model 1	Model 2	Model 3	Model 4	Model 5
Changed school during KS4 (Years 10 to 11)					-5.90***
Eligible for Free School Meals in Year 11 (reference category: not eligible)					0.28***
KS4 SEND (reference category: no SEND)					
SEND: Autistic spectrum disorder					-1.92*
SEND: Social, emotional and mental health difficulties					-3.77***
SEND: Speech, language and communication difficulties					-2.54***
SEND: Specific learning difficulty					-1.93***
SEND: Moderate learning difficulty					-3.12***
SEND: Severe learning difficulty					-2.60***
SEND: Other					-3.58***
SEND: SEND support but no specialist assessment of type of need					-4.13***
KS4 Non-mainstream school (reference category: mainstream school)					-11.12***
KS4 School type not known					-16.58***

CINP = Child in Need Plan; CPP = Child Protection Plan; CIC = Child in Care; KS = Key Stage; IDACI = Income Deprivation Affecting Children Index; SEND = special educational needs and disabilities.

$^{*}p < .05$; $^{**}p < .01$; $^{***}p < .001$

[1] These SEND categories combine information from KS1, KS2 and KS4 (see Methods chapter).

Table A.5: Regression 3 – Descriptive statistics for predictors for children who had been In Care for at least 12 months continuously at any time in school years 1 to 11 (*N* = 4,480)

	n	%	Range	Mean *(SD)*
First placement In Care began in secondary school (age 12-16)	1,501	33.5		
Reason recorded for first entry to Care reference category: any other reason	1,500	33.5		
Reason for entry: abuse or neglect	2,800	62.5		
Reason for entry: child's disability	180	4.0		
Total time spent In Care (in days)			1 – 5,659	268.61 (455.04)
Total number of non-respite placement changes			0 – 19	2.39 (2.45)
Majority of time In Care was in foster placements	3,728	83.2		

	n	%	Range	Mean *(SD)*
Final placement In Care ongoing in Year 11	3,481	77.7		
Final placement In Care was residential or other care	1,166	26.0		
Final placement In Care was in private or third sector/voluntary Care	1,648	36.8		
Final placement In Care was outside of home local authority	1,595	35.6		
Mean SDQ score			0 – 40	13.79 (6.67)
Gender: female	2,216	49.5		
Ethnicity reference category: White British or Irish	3,782	84.4		
Ethnicity: Asian	117	2.6		
Ethnicity: Black	231	5.2		
Ethnicity: Mixed	303	6.8		
Ethnicity: Other (including Chinese)	47	0.0		
IDACI (standardised score)			-1.20 – 4.18	0.54 (1.06)
Eligible for Free School Meals at KS1	2,448	54.6		
KS1 SEND(reference category: no SEND	3,296	73.6		
SEND: Autistic spectrum disorder	74	1.7		
SEND: Behavioural, emotional and social difficulties	367	8.2		
SEND: Hearing/visual/multisensory impairment[1]	41	0.9		
SEND: Physical disability[1]	56	1.3		
SEND: Speech, language and communication difficulties	257	5.7		
SEND: Specific learning difficulty	25	0.6		
SEND: Moderate learning difficulty	244	5.4		
SEND: Severe learning difficulty	103	2.3		
SEND: Profound multiple learning difficulties[1]	44	1.0		
SEND: Other	36	0.8		
KS1 SEND provision reference category: no provision	2,270	50.7		
SEND Provision: School Action	1,026	22.9		
SEND Provision: School Action Plus	819	18.3		
SEND Provision: Statement	365	8.1		
KS1 attainment: average points (reading, writing, maths, and overall science)			3.0 – 22.5	11.88 (4.36)
Total sessions missed for fixed-term exclusions Years 3 to 6			0 – 140	1.76 (7.88)
Unauthorised absences as a proportion of total possible sessions during KS2 (Years 3 to 6)			0.00 – 0.52	0.01 (0.03)

	n	%	Range	Mean *(SD)*
Changed school during KS2 (Years 3 to 6)	2,629	58.7		
Eligible for Free School Meals at KS2	1,793	40.0		
KS2 SEND reference category: no SEND	2,494	55.7		
SEND: Autistic spectrum disorder	98	2.2		
SEND: Behavioural, emotional and social difficulties	779	17.4		
SEND: Speech, language and communication difficulties	175	3.9		
SEND: Specific learning difficulty	136	3.0		
SEND: Moderate learning difficulty	525	11.7		
SEND: Severe learning difficulty	118	2.6		
SEND: Other	62	1.4		
KS2 Non-mainstream school	408	9.1		
KS2 attainment: total points (English, maths, and science)			0 – 72	48.13 (11.79)
Total sessions missed for fixed-term exclusions Years 7 to 11			0 – 216	9.29 (18.68)
Ever permanently excluded during secondary school (Years 7 to 11) (reference category: not excluded)	102	2.3		
Unauthorised absences as a proportion of total possible sessions during secondary school (Years 7 to 11)			0.00 – 0.67	0.03 (0.06)
Changed school during KS4 (Years 10 to 11)	397	8.9		
Eligible for Free School Meals in Year 11	728	16.3		
KS4 SEND reference category: no SEND	2,375	53.0		
SEND: Autistic spectrum disorder	118	2.6		
SEND: Social, emotional and mental health difficulties	960	21.4		
SEND: Speech, language and communication difficulties	117	2.6		
SEND: Specific learning difficulty	191	4.3		
SEND: Moderate learning difficulty	403	9.0		
SEND: Severe learning difficulty	93	2.1		
SEND: Other	101	2.3		
SEND: SEND support but no specialist assessment of type of need	38	0.8		
KS4 Non-mainstream school	997	22.3		
KS4 School type not known	154	3.4		

KS = Key Stage; IDACI = Income Deprivation Affecting Children Index; SEND = special educational needs and disabilities.

[1] *These SEND categories combine information from KS1, KS2 and KS4 (see Methods chapter).*

Table A.6: Regression 3 – Five-step multiple regression for KS4 Attainment 8 for children who had been In Care for at least 12 months continuously at any time in school years 1 to 11

	Model 1	Model 2	Model 3	Model 4	Model 5
R^2	.06	.29	.46	.50	.65
	Unstandardised coefficients				
Constant	26.44	44.34	15.82	2.65	7.89
First placement In Care began in secondary school (age 12-16; reference category: started before age 12)	-5.64***	-3.03***	-5.23***	-5.68***	-1.22*
Reason recorded for first entry to Care (reference category: any other reason)					
Reason for entry: abuse or neglect	-0.37	-0.13	0.59	0.61	0.05
Reason for entry: child's disability	-18.79***	-13.54***	-0.46	-0.42	-1.24
Total time spent In Care (in days)		0.00	0.00	0.00	0.00
Total number of non-respite placement changes		-0.94***	-1.24***	-1.15***	-0.55***
Majority of time In Care was in foster placements		1.33	1.55	1.60	-0.02
Final placement In Care ongoing in Year 11		-3.55***	-1.37*	-0.85	-0.43
Final placement In Care was residential or other care		-8.02***	-7.08***	-7.04***	-2.42***
Final placement In Care was in private or third sector/voluntary Care		-2.20**	-1.61**	-1.13*	-0.66
Final placement In Care was outside of home local authority		0.94	0.01	-0.08	0.37
Mean SDQ score		-0.90***	-0.59***	-0.48***	-0.29***
Gender: female (reference category: male)			2.28***	2.00***	0.76
Ethnicity (reference category: White British or Irish)					
Ethnicity: Asian			4.64**	4.04**	2.75*
Ethnicity: Black			3.07**	2.27*	1.71*
Ethnicity: Mixed			0.85	0.29	0.56
Ethnicity: Other (including Chinese)			8.18***	6.30**	5.01**
IDACI (standardised score)			-0.01	-0.26	-0.09
Eligible for Free School Meals at KS1 (reference category: not eligible)			-0.32	-0.64	-0.47
KS1 SEND (reference category: no SEND)					
SEND: Autistic spectrum disorder			3.18	2.40	1.24
SEND: Behavioural, emotional and social difficulties			1.03	2.51	1.24
SEND: Hearing/visual/multisensory impairment[1]			7.08**	6.70*	2.71
SEND: Physical disability[1]			2.91	3.13	1.46

	Model 1	Model 2	Model 3	Model 4	Model 5
SEND: Speech, language and communication difficulties			1.98	2.95	2.76
SEND: Specific learning difficulty			5.61	5.47	1.92
SEND: Moderate learning difficulty			-0.44	1.13	1.42
SEND: Severe learning difficulty			0.05	0.25	0.89
SEND: Profound multiple learning difficulties[1]			-0.37	-0.64	-1.67
SEND: Other			0.80	1.92	0.44
KS1 SEND provision (reference category: no provision)					
SEND Provision: School Action			-0.59	0.30	0.05
SEND Provision: School Action Plus			-2.44	-2.01	-1.13
SEND Provision: Statement			-3.27	-2.39	-1.01
KS1 attainment: average points (reading, writing, maths, and overall science)			1.83***	0.97***	0.89***
Total sessions missed for fixed-term exclusions Years 3 to 6				-0.11**	0.01
Unauthorised absences as a proportion of total possible sessions during KS2 (Years 3 to 6)				-4.70	8.62
Changed school during KS2 (Years 3 to 6)				0.26	-0.04
Eligible for Free School Meals at KS2 (reference category: not eligible)				1.41*	1.30**
KS2 SEND (reference category: no SEND)					
SEND: Autistic spectrum disorder				0.45	0.80
SEND: Behavioural, emotional and social difficulties				-2.44**	-0.40
SEND: Speech, language and communication difficulties				-1.33	0.01
SEND: Specific learning difficulty				-2.48	-0.30
SEND: Moderate learning difficulty				-2.63**	-0.73
SEND: Severe learning difficulty				-0.74	1.39
SEND: Other				-1.80	-1.38
KS2 Non-mainstream school (reference category: mainstream school)				0.00	3.52***
KS2 attainment: total points (English, maths, and science)				0.45***	0.40***
Total sessions missed for fixed-term exclusions Years 7 to 11					-0.16***
Ever permanently excluded during secondary school (Years 7 to 11) (reference category: not excluded)					-1.53
Unauthorised absences as a proportion of total possible sessions during secondary school (Years 7 to 11)					-49.30***
Changed school during KS4 (Years 10 to 11)					-5.45***
Eligible for Free School Meals in Year 11 (reference category: not eligible)					-0.23
KS4 SEND (reference category: no SEND)					

	Model 1	Model 2	Model 3	Model 4	Model 5
SEND: Autistic spectrum disorder					-2.36
SEND: Social, emotional and mental health difficulties					-2.77***
SEND: Speech, language and communication difficulties					-5.65***
SEND: Specific learning difficulty					-3.50***
SEND: Moderate learning difficulty					-4.43***
SEND: Severe learning difficulty					-5.10**
SEND: Other					-1.87
SEND: SEND support but no specialist assessment of type of need					-0.52
KS4 Non-mainstream school (reference category: mainstream school)					-13.32***
KS4 School type not known					-16.71***

KS = Key Stage; IDACI = Income Deprivation Affecting Children Index; SEND = special educational needs and disabilities; SDQ = Strengths and Difficulties Questionnaire.

$^{*}p < .05$; $^{**}p < .01$; $^{***}p < .001$

[1] These SEND categories combine information from KS1, KS2 and KS4 (see Methods chapter).

Table A.7: Regression 4 – Descriptive statistics for predictors for children who had been In Need or In Care by the end of KS1 (*N* = 15,794)

	n	%	Range	Mean *(SD)*
Primary need recorded for first intervention reference category: abuse or neglect	6,461	40.9		
Primary need: child's disability	1,958	12.4		
Primary need: parent's disability	637	4.0		
Primary need: acute stress	1594	10.1		
Primary need: family dysfunction	2,451	15.5		
Primary need: socially unacceptable behaviour	207	1.3		
Primary need: low income	123	0.8		
Primary need: absent parenting	148	0.9		
Primary need: not known	2,215	14.0		
Timing of end of final intervention reference category: final intervention ended by age 11	7,089	44.9		
Final intervention ended during secondary school (age 12+)	8,698	55.1		

	n	%	Range	Mean *(SD)*
Final intervention was ongoing in Year 11	5,189	32.9		
Periods of intervention reference category: 1 period of intervention	5,744	36.4		
Child had 2 periods of intervention from Children's Services	3,851	24.4		
Child had 3 periods of intervention from Children's Services	2,427	15.4		
Child had 4 periods of intervention from Children's Services	1,662	10.5		
Child had 5 or more periods of intervention from Children's Services	2,110	13.4		
Child had at least one intervention that began within 12 months of a previous intervention ending	3,252	20.6		
Total time in receipt of interventions (in months)			0.03 – 198.93	58.19 (49.17)
Gender: female	7,248	45.9		
Ethnicity reference category: White British or Irish	12,712	80.5		
Ethnicity: Asian	851	5.4		
Ethnicity: Black	1,013	6.4		
Ethnicity: Mixed	984	6.2		
Ethnicity: Other (including Chinese)	232	1.5		
IDACI (standardised score)			-1.20 – 4.19	0.50 (1.06)
Eligible for Free School Meals at KS1	7,615	48.2		
KS1 SEND reference category: no SEND	11,211	71.0		
SEND: Autistic spectrum disorder	552	3.5		
SEND: Behavioural, emotional and social difficulties	906	5.7		
SEND: Hearing/visual/multisensory impairment[1]	258	1.6		
SEND: Physical disability[1]	539	3.4		
SEND: Speech, language and communication difficulties	883	5.6		
SEND: Specific learning difficulty	116	0.7		
SEND: Moderate learning difficulty	676	4.3		
SEND: Severe learning difficulty	535	3.4		
SEND: Profound multiple learning difficulties[1]	402	2.5		
SEND: Other	109	0.7		
KS1 SEND provision reference category: no provision	7,929	50.2		
SEND Provision: School Action	3,282	20.8		
SEND Provision: School Action Plus	2,488	15.8		
SEND Provision: Statement	2,095	13.3		

	n	%	Range	Mean *(SD)*
KS1 attainment: average points (reading, writing, maths, and overall science)			3.0 – 21.0	11.70 (4.65)
Total sessions missed for fixed-term exclusions Years 3 to 6			0 – 149	1.18 (6.41)
Unauthorised absences as a proportion of total possible sessions during KS2 (Years 3 to 6)			0.00 – 0.52	0.01 (0.03)
Changed school during KS2 (Years 3 to 6)	7,916	50.1		
Eligible for Free School Meals at KS2	7,940	50.3		
KS2 SEND reference category: no SEND	9,184	58.1		
SEND: Autistic spectrum disorder	692	4.4		
SEND: Behavioural, emotional and social difficulties	1,808	11.4		
SEND: Speech, language and communication difficulties	599	3.8		
SEND: Specific learning difficulty	426	2.7		
SEND: Moderate learning difficulty	1,442	9.1		
SEND: Severe learning difficulty	643	4.1		
SEND: Other	172	1.1		
KS2 Non-mainstream school	1,920	12.2		
KS2 attainment: total points (English, maths, and science)			0 – 78	47.96 (12.20)
Total sessions missed for fixed-term exclusions Years 7 to 11			0 – 266	6.37 (16.20)
Ever permanently excluded during secondary school (Years 7 to 11) (reference category: not excluded)	374	2.4		
Unauthorised absences as a proportion of total possible sessions during secondary school (Years 7 to 11)			0.00 – 0.80	0.03 (0.07)
Changed school during KS4 (Years 10 to 11)	916	5.8		
Eligible for Free School Meals in Year 11	6,153	39.0		
KS4 SEND reference category: no SEND	8,679	55.0		
SEND: Autistic spectrum disorder	879	5.6		
SEND: Social, emotional and mental health difficulties	2,183	13.8		
SEND: Speech, language and communication difficulties	409	2.6		
SEND: Specific learning difficulty	608	3.8		
SEND: Moderate learning difficulty	1,284	8.1		
SEND: Severe learning difficulty	629	4.0		
SEND: Other	251	0.6		
SEND: SEND support but no specialist assessment of type of need	76	0.5		
KS4 Non-mainstream school	3,381	21.4		
KS4 School type not known	217	1.4		

KS = Key Stage; IDACI = Income Deprivation Affecting Children Index; SEND = special educational needs and disabilities.

[1] These SEND categories combine information from KS1, KS2 and KS4 (see Methods chapter).

Table A.8: Regression 4 – Five-step multiple regression for KS4 Attainment 8 for children who had been In Need or In Care by the end of KS1

	Model 1	Model 2	Model 3	Model 4	Model 5
R^2	.08	.17	.50	.57	.69
	Unstandardised coefficients				
Constant	27.57	36.20	0.54	-14.46	-5.04
Primary need recorded for first intervention (reference category: abuse or neglect)					
Primary need: child's disability	-16.45***	-15.23***	-0.17	0.16	0.30
Primary need: parent's disability	3.21***	3.38***	2.24***	2.16***	0.87
Primary need: acute stress	0.13	0.12	0.13	0.20	0.27
Primary need: family dysfunction	0.16	-0.42	-0.20	-0.20	-0.14
Primary need: socially unacceptable behaviour	-2.77*	-4.20***	-3.15**	-2.59**	-1.10
Primary need: low income	1.64	1.58	-1.30	-0.59	-0.54
Primary need: absent parenting	6.73***	5.59***	1.90	1.86	1.63
Primary need: not known	0.47	-0.87	-0.48	-0.23	-0.19
Timing of end of final intervention (reference category: final intervention ended by age 11)					
Final intervention ended during secondary school (age 12+)		-3.53***	-2.55***	-1.99***	-0.37
Final intervention was ongoing in Year 11 (reference category: ended before Year 11)		-5.14***	-3.51***	-3.30***	-1.73***
Highest level and duration of intervention (reference category: CINP or CPP <6 months)					
CINP 6+ months (n =18,423)		-1.22**	-0.26	0.07	0.63*
CPP 6+ months (n =3,883)		-1.87*	-1.24*	-0.79	0.71
CIC <12 months (n =4,304)		-0.52	0.00	-0.37	-0.35
CIC 12+ months (n =4,577)		2.52***	2.80***	2.08***	0.54
Periods of intervention (reference category: 1 period of intervention)					
Child had 2 periods of intervention from Children's Services		-2.90***	-1.44***	-0.99**	-0.47
Child had 3 periods of intervention from Children's Services		-4.02***	-2.44***	-1.73***	-0.94**
Child had 4 periods of intervention from Children's Services		-5.51***	-4.38***	-3.44***	-1.89***
Child had 5 or more periods of intervention from Children's Services		-8.18***	-5.86***	-4.49***	-0.97*
Child had at least one intervention that began within 12 months of a previous intervention ending		0.37	0.61	0.65	0.23
Total time in receipt of interventions (in months)		-0.03***	0.00	0.00	0.00
Gender: female (reference category: male)			3.20***	2.84***	1.47***

	Model 1	Model 2	Model 3	Model 4	Model 5
Ethnicity (reference category: White British or Irish)					
Ethnicity: Asian			7.88***	6.74***	5.16***
Ethnicity: Black			4.83***	4.15***	3.30***
Ethnicity: Mixed			1.52**	1.28**	1.34***
Ethnicity: Other (including Chinese)			10.49***	8.59***	6.90***
IDACI (standardised score)			-0.45***	-0.49***	-0.21*
Eligible for Free School Meals at KS1 (reference category: not eligible)			-1.25***	-0.76**	-0.49*
KS1 SEND (reference category: no SEND)					
SEND: Autistic spectrum disorder			-0.42	-0.14	-1.01
SEND: Behavioural, emotional and social difficulties			-4.29***	-1.44	-1.02
SEND: Hearing/visual/multisensory impairment[1]			1.39	0.81	-0.79
SEND: Physical disability[1]			0.01	0.19	-1.78*
SEND: Speech, language and communication difficulties			-0.08	0.30	0.04
SEND: Specific learning difficulty			0.07	0.03	-0.95
SEND: Moderate learning difficulty			-2.22	-1.18	-0.85
SEND: Severe learning difficulty			-1.53	-0.54	-1.19
SEND: Profound multiple learning difficulties[1]			-2.51*	-2.55**	-3.26***
SEND: Other			-3.37*	-1.88	-1.67
KS1 SEND provision (reference category: no provision)					
SEND Provision: School Action			-2.06***	-1.06***	-1.11***
SEND Provision: School Action Plus			-0.58	0.60	0.45
SEND Provision: Statement			-2.65*	-0.28	0.74
KS1 attainment: average points (reading, writing, maths, and overall science)			2.49***	1.22***	1.08***
Total sessions missed for fixed-term exclusions Years 3 to 6				-0.13***	0.05***
Unauthorised absences as a proportion of total possible sessions during KS2 (Years 3 to 6)				-22.64***	20.91***
Changed school during KS2 (Years 3 to 6)				-0.06	-0.16
Eligible for Free School Meals at KS2 (reference category: not eligible)				-1.45***	-0.59**
KS2 SEND (reference category: no SEND)					
SEND: Autistic spectrum disorder				-0.13	0.47
SEND: Behavioural, emotional and social difficulties				-4.41***	-1.43***
SEND: Speech, language and communication difficulties				-0.68	-0.14
SEND: Specific learning difficulty				-0.28	0.17

	Model 1	Model 2	Model 3	Model 4	Model 5
SEND: Moderate learning difficulty				-1.26**	0.27
SEND: Severe learning difficulty				-1.41	-0.16
SEND: Other				-0.91	0.22
KS2 Non-mainstream school (reference category: mainstream school)				-2.72***	1.69***
KS2 attainment: total points (English, maths, and science)				0.63***	0.54***
Total sessions missed for fixed-term exclusions Years 7 to 11					-0.16***
Ever permanently excluded during secondary school (Years 7 to 11) (reference category: not excluded)					-3.19***
Unauthorised absences as a proportion of total possible sessions during secondary school (Years 7 to 11)					-58.25***
Changed school during KS4 (Years 10 to 11)					-5.81***
Eligible for Free School Meals in Year 11 (reference category: not eligible)					0.10
KS4 SEND (reference category: no SEND)					
SEND: Autistic spectrum disorder					-1.53**
SEND: Social, emotional and mental health difficulties					-2.95***
SEND: Speech, language and communication difficulties					-2.75***
SEND: Specific learning difficulty					-2.56***
SEND: Moderate learning difficulty					-3.37***
SEND: Severe learning difficulty					-2.53***
SEND: Other					-2.77***
SEND: SEND support but no specialist assessment of type of need					-2.71*
KS4 Non-mainstream school (reference category: mainstream school)					-11.75***
KS4 School type not known					-15.13***

CINP = Child in Need Plan; CPP = Child Protection Plan; CIC = Child in Care; KS = Key Stage; IDACI = Income Deprivation Affecting Children Index; SEND = special educational needs and disabilities.

**p < .05; **p < .01; ***p < .001*

[1] These SEND categories combine information from KS1, KS2 and KS4 (see Methods chapter).

Additional regression: Predictors of KS4 attainment in the complete-case cohort

Variables for this regression were entered using a hierarchical forced entry method:

- Model 1 consisted of the measures of highest level and duration of intervention.
- Model 2 added the number of intervention periods.
- Models 3 to 5 added the same variables from KS1, 2 and 4 as outlined for Regression 1 (see Chapter 5).

The addition of further variables in each model was associated with a significant improvement in model fit[31]. The amount of variance explained by each model was the same as for Regression 1, rising from 11% of the variance in Model 1 to 65% of the variance in Model 5. This suggests that information on the highest level and longest duration of intervention has the same predictive power for KS4 attainment as do our intervention sub-groups.

[31] All *ps* < .001.

Table A.9: Additional regression – Five-step multiple regression for KS4 Attainment 8 using intervention levels and duration

	Model 1	Model 2	Model 3	Model 4	Model 5
R^2	.11	.12	.51	.59	.65
	Unstandardised coefficients				
Constant	48.37	48.37	-4.62	-30.57	-25.28
CINP or CPP <6 months (n = 38,061)	-15.31***	-12.77***	-6.15***	-4.82***	-3.00***
CINP 6+ months (n =18,423)	-20.19***	-18.24***	-6.77***	-4.89***	-2.31***
CPP 6+ months (n =3,883)	-22.18***	-14.58***	-6.31***	-4.85***	-1.66***
CIC <12 months (n =4,304)	-26.19***	-16.82***	-7.60***	-6.73***	-4.15***
CIC 12+ months (n =4,577)	-25.54***	-17.59***	-4.41***	-3.46***	-3.29***
Periods of intervention (reference category: 1 period of intervention)					
Child had 2 periods of intervention from Children's Services		-5.08***	-2.54***	-1.81***	-0.03
Child had 3 periods of intervention from Children's Services		-7.91***	-4.20***	-2.94***	0.20
Child had 4 periods of intervention from Children's Services		-10.11***	-6.14***	-4.28***	0.22
Child had 5 or more periods of intervention from Children's Services		-13.14***	-7.34***	-4.93***	1.59***
Gender: female (reference category: male)			3.15***	3.53***	3.05***
Ethnicity (reference category: White British or Irish)					
Ethnicity: Asian			8.25***	7.01***	6.01***
Ethnicity: Black			5.74***	4.81***	3.91***
Ethnicity: Mixed			2.12***	1.82***	1.94***
Ethnicity: Other (including Chinese)			10.52***	8.57***	7.61***
IDACI (standardised score)			-1.58***	-1.46***	-1.14***
Eligible for Free School Meals at KS1 (reference category: not eligible)			-3.44***	-1.98***	-1.11***
KS1 SEND (reference category: no SEND)					
SEND: Autistic spectrum disorder			-1.39**	0.31	-0.12
SEND: Behavioural, emotional and social difficulties			-4.35***	-1.29***	-0.87*
SEND: Hearing/visual/multisensory impairment[1]			-0.50	0.03	-0.77***
SEND: Physical disability[1]			-2.12***	-0.94***	-1.89***
SEND: Speech, language and communication difficulties			-0.56	-0.45	-0.66*
SEND: Specific learning difficulty			-2.00***	-1.29**	-1.42**
SEND: Moderate learning difficulty			-1.57***	-0.37	-0.21

	Model 1	Model 2	Model 3	Model 4	Model 5
SEND: Severe learning difficulty			-0.40	-0.94	-1.42**
SEND: Profound multiple learning difficulties[1]			-0.87	-0.62	-1.19*
SEND: Other			-2.39***	-0.75	-0.60
KS1 SEND provision (reference category: no provision)					
SEND Provision: School Action			-1.72***	-0.25***	0.01
SEND Provision: School Action Plus			0.58	1.83***	1.94***
SEND Provision: Statement			-0.04	1.74***	2.23***
KS1 attainment: average points (reading, writing, maths, and overall science)			3.23***	1.55***	1.49***
Total sessions missed for fixed-term exclusions Years 3 to 6				-0.19***	0.10***
Unauthorised absences as a proportion of total possible sessions during KS2 (Years 3 to 6)				-39.17***	31.19***
Changed school during KS2 (Years 3 to 6)				-1.10***	-0.99***
Eligible for Free School Meals at KS2 (reference category: not eligible)				-1.87***	-0.97***
KS2 SEND (reference category: no SEND)					
SEND: Autistic spectrum disorder				-0.84***	0.73**
SEND: Behavioural, emotional and social difficulties				-4.18***	-0.47***
SEND: Speech, language and communication difficulties				1.49***	2.01***
SEND: Specific learning difficulty				1.07***	1.79***
SEND: Moderate learning difficulty				1.00***	2.05***
SEND: Severe learning difficulty				1.29***	2.30***
SEND: Other				-0.47	0.46
KS2 Non-mainstream school (reference category: mainstream school)				2.00***	6.00***
KS2 attainment: total points (English, maths, and science)				0.92***	0.86***
Total sessions missed for fixed-term exclusions Years 7 to 11					-0.23***
Ever permanently excluded during secondary school (Years 7 to 11) (reference category: not excluded)					-3.12***
Unauthorised absences as a proportion of total possible sessions during secondary school (Years 7 to 11)					-87.67***
Changed school during KS4 (Years 10 to 11)					-6.54***
Eligible for Free School Meals in Year 11 (reference category: not eligible)					-0.12*
KS4 SEND (reference category: no SEND)					
SEND: Autistic spectrum disorder					-1.92***
SEND: Social, emotional and mental health difficulties					-4.08***
SEND: Speech, language and communication difficulties					-1.63***

	Model 1	Model 2	Model 3	Model 4	Model 5
SEND: Specific learning difficulty					-1.42***
SEND: Moderate learning difficulty					-2.18***
SEND: Severe learning difficulty					-1.51***
SEND: Other					-3.06***
SEND: SEND support but no specialist assessment of type of need					-3.84***
KS4 Non-mainstream school (reference category: mainstream school)					-9.45***
KS4 School type not known					-14.70***

CINP = Child in Need Plan; CPP = Child Protection Plan; CIC = Child in Care; KS = Key Stage; IDACI = Income Deprivation Affecting Children Index; SEND = special educational needs and disabilities.

$^{*}p < .05$; $^{**}p < .01$; $^{***}p < .001$

[1] *These SEND categories combine information from KS1, KS2 and KS4 (see Methods chapter).*

Table A.10: Additional regression key predictors

Model 1
Level and duration of interventions: In Model 1, all of our intervention levels were related to lower KS4 scores in comparison with children who had not received any intervention. The most substantial relationships were for children who had spent time In Care (-26 points for those in shorter or longer stays), and the smallest were for those with shorter, lower-level interventions (-15 points).
Model 2
Periods of intervention: As in Regression 1, greater numbers of intervention periods were linked with lower KS4 scores: dropping by 5 points for 2 periods of intervention to 13 points lower for 5 or more periods of intervention. **Level and duration of interventions:** All intervention levels and durations retained their relationship with KS4 attainment following the addition of intervention periods in Model 2, though there were reductions in the size of their relationship with the outcome. The smallest reductions were for the lowest levels (which shrank by 2 points); the largest reductions were for Children in Care in the shorter and longer term (shrinking by 9 and 8 points, respectively). This suggests that intervention periods explain more of the relationship with attainment for children who have spent time In Care than for those who have only experienced lower-level interventions.
Model 3
Gender, ethnicity, deprivation and KS1 attainment: The KS1 factors that were linked with KS4 attainment in Regression 1 were also significant here: girls did better than boys, children of most other ethnicities did better than those who were White British or Irish, and those with higher grades at KS1 also scored more points at KS4. Neighbourhood and family deprivation, and the presence of a behavioural, emotional, or social difficulty, were linked to lower results. **Level and duration of interventions:** With the addition of KS1 variables, levels and duration of intervention retained their relationship with lower KS4 scores, but the size of the relationship was reduced. Interestingly, the size of the reduction from Model 1 to Model 3 increased with increasing levels and durations: from 9 points for those with short-term, lower-level interventions, to 22 points for longer-term Children in Care. The poor attainment of these sub-groups (as seen in Chapter 4) may, therefore, largely be down to the other factors in our model. **Variables from earlier models:** The relationship between the number of intervention periods and KS4 scores was also retained, but shrank: dropping by between 2 points for 2 periods of intervention and 6 points for 5 or more periods of intervention.
Model 4
Educational factors and SEND: Again, the significant predictors in Model 4 were the same as those identified in Regression 1. Fixed-term exclusions and unauthorised absences in Years 3 to 6, and a recorded behavioural, emotional, or social need at KS2 predicted lower scores at KS4. Higher KS2 attainment was linked to higher KS4 attainment scores. **Level and duration of interventions:** The addition of KS2 variables further reduced the size of the relationship between levels and duration of interventions and KS4 scores, but only by 1 or 2 points.

Variables from earlier models: Other predictors whose relationship with attainment dropped below our 3-point threshold with the addition of information from KS2 were: 2 or 3 periods of intervention, free school meal eligibility at KS1, and behavioural, emotional, or social difficulties at KS1.

Model 5

Educational factors and SEND: As in Regression 1, lower KS4 scores were linked to higher levels of fixed-term exclusions and unauthorised absences in Years 7 to 11, permanent exclusions during this same period, school changes in Year 10 or 11, and specific SEND categories (social, emotional, and mental health, support without specialist assessment, and 'other' types of SEND. Young people attending a non-mainstream school at KS4 also did worse compared with their peers in mainstream schools (by 9 points), but if they had attended a non-mainstream school at KS2 they did better (by 6 points).

Variables from earlier models: The addition of KS4 variables further reduced the size of the relationship between intervention levels and durations and KS4 scores. Although all retained a relationship, only 3 of the 5 categories still met our threshold of 3 points below those without any interventions. These were:

- CINP or CPP <6 months
- CIC <12 months
- CIC 12+ months

The number of intervention periods was also no longer linked to KS4 attainment after controlling for other factors at KS4.

As was the case for the intervention sub-groups in Regression 1, the analysis of intervention levels and durations in Regression 2 has shown that for all those who have experienced interventions, the size of the coefficients is substantially reduced as variables are added to the model. Those experiencing the highest level of intervention (Children in Care) and the lowest level and duration (CINP or CPP <6 months) still had lower KS4 attainment after controlling for all other variables. These broad-level categories cut across a number of the sub-groups used in Regression 1.