

SYSTEMATIC REVIEW OF INTERVENTIONS AIMED AT IMPROVING EDUCATIONAL OUTCOMES FOR CHILDREN AND YOUNG PEOPLE WITH A SOCIAL WORKER

Systematic review protocol

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Summary

Children and young people with a social worker consistently experience poorer educational outcomes than their peers, including lower attendance, higher rates of exclusion, and weaker attainment across all stages of education (Tawell et al., 2025; Berridge et al., 2020). These inequalities are shaped by a combination of adverse early experiences, instability, limited access to learning opportunities, and wider structural disadvantage, with effects that can extend well beyond the school years into health, employment, housing, and involvement with the justice system (Sebba & Luke, 2019).

The expanding evidence base in this area has contributed to increased policy attention in England. This includes the expansion of the Virtual School Head role to encompass children and young people with a social worker, and a Department for Education call for evidence on how practitioners can better support this group (Tawell et al., 2025). However, the evidence base remains limited in scope and quality, which is why there is a pressing need to better understand how educational support can be strengthened for this population and which approaches are most likely to reduce these longstanding inequities.

This mixed-methods systematic review will seek to understand which interventions are effective in improving educational outcomes for children and young people with a social worker, for whom they are most effective, and which practice elements or intervention components are associated with success. It will also examine the barriers and enablers to successful implementation of these interventions, alongside the views of children and young people, parents and carers, and practitioners on the acceptability and usefulness of different approaches. By synthesising evidence across impact, implementation, and user perspectives, the review aims to inform the development of a Practice Guide that can support more equitable and effective educational support for this population.

Following established systematic review methods, the review will use an overarching search strategy across major bibliographic databases, grey literature sources, reference lists, and key websites to identify relevant studies published from 1 January 2016 onwards. Eligibility criteria will be guided by the PICOS framework for questions on intervention effectiveness and the SPIDER framework for questions on implementation and user perspectives. Quantitative findings will be synthesised narratively, and where sufficient comparable data are available, pooled effects will be estimated via meta-analysis. Qualitative data will be synthesised thematically and reported narratively to explore implementation barriers and enablers, alongside user and practitioner perspectives on the acceptability and usefulness of interventions. The review will also code practice elements across interventions to identify the discrete practices most consistently associated with effective outcomes. The methodological quality of included studies will be assessed using established critical appraisal tools, with findings used to weight and contextualise the evidence.

The review will apply an equity lens throughout using frameworks such as PROGRESS-Plus and PRISMA-Equity, and draw on input from an Advisory Group, comprising lived, practice, and academic experience, to support the development, interpretation, and reporting of the review.



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Background, rationale, and question formulation

Background and overview

The term ‘children and young people with a social worker’ refers to children known to children’s social care, legally defined under the Children Act 1989 as needing help and protection due to risks to their development or health. This includes children on child in need (CiN) plans, child protection plans (CPP), children looked after (CLA) by local authorities, children in any kind of care placement (e.g. kinship care, foster care, residential care, and children adopted or on special guardianship order or child arrangement order, etc.) and care leavers. While over 400,000 children are classified in this way at any given time (around 1 in 30; Department for Education, 2026), cumulative estimates suggest that by age 18, approximately 1 in 4 children in England will have received social care support (Jay et al., 2025).

Children and young people with a social worker are among the most disadvantaged groups in society and experience poorer outcomes across multiple domains spanning health, wellbeing, housing, employment, and education, with educational attainment representing a particularly persistent area of inequality (Department for Education, 2018; Sebba & Luke, 2019). International and United Kingdom-based research has consistently shown that children and young people with a social worker experience significantly poorer educational outcomes and progress than those who have not had to engage with a social worker (Berridge, et al., 2020; Department for Education, 2019; Goding, Hartwell, & Kreppner, 2022; Luke & O’Higgins, 2018; Liabo, Gray, & Mulcahy, 2013; Tawell, et al., 2025). These disparities grow to be even more stark when children reach Key Stage 4 (10- to 16-year-olds), where research shows that children on child in need plans score 34% lower in attainment than peers, those on child protection plans 46% lower, and children in care 53% lower (Berridge et al., 2020). Notably, this attainment gap persists and often widens across educational trajectories.

The literature on the educational attainment gap of children and young people with a social worker has focused on a range of educational outcomes consistently found to be worse for this group (Sebba et al., 2015; Tawell et al., 2025). Among these are attendance (and absenteeism), enrolment and exclusions from school (including suspensions, managed moves, and drop-outs) (Sanders-Ellis et al., 2023; Sanders-Ellis et al., 2021), skills and attainment in literacy and numeracy (Department for Education, 2018; Sebba et al., 2015), other subject areas (e.g. science and ICT) (Sanders et al., 2019), and in exams and grade completion (Liabo et al., 2013). Other educationally relevant outcomes that have also been examined include motivation, academic attitudes, satisfaction, mental health, teacher–student relationships, school behaviour, and special educational status (Liabo et al., 2013). The implications of this gap extend well beyond the school years, with associations between poor educational outcomes and worse outcomes documented across the life course (Department for Education, 2018), including issues in physical and mental health, employment, housing, and offending (Sebba & Luke, 2019).

Importantly, the attainment gap cannot be attributed solely to social care involvement (Luke & O’Higgins, 2018; Sebba et al., 2015; Sinclair et al., 2020). Pre-care experiences of abuse, neglect, and instability, alongside environments with limited access to learning resources, have been identified as contributing to the inequity (Liabo, Gray & Mulcahy, 2013; Sebba et al., 2015; Sinclair



et al., 2020). Higher prevalence of special educational needs within this group further compound disadvantage (Berridge et al., 2020; Sebba et al., 2015). O'Higgins et al. (2017) found that the relationship between care status and educational outcomes consistently reduced once individual characteristics such as gender, ethnicity, and special educational needs were accounted for, although these variables were typically treated as control. In contrast, residential placements and placement instability were identified as specific factors that further exacerbate poorer educational performance compared to more stable foster or kinship arrangements. Berridge et al. (2020) found that, after controlling for demographic and contextual factors, including socio-economic status, special educational needs, and school stability, most of the attainment gap could be explained. This suggests that underlying social disadvantage, rather than social care involvement itself, is the primary driver of the attainment gap for children looked after. However, after these controls a substantial gap remains for children with ongoing statutory involvement at Year 11 and for those with care experience. For these groups, the nature and duration of the involvement predicted attainment independently of background. The gap widened with the severity of intervention at every key stage, from children on child in need plans through to child protection plans and children in care, and was most pronounced by GCSE level. Duration-related measures, including age of entry to care and number of separate intervention periods, showed smaller but still independent associations, and placement instability was linked to a further, smaller reduction in attainment.

This points to the importance of educational support during active periods of statutory involvement. The implication is that the attainment gap is not fixed, it is concentrated in specific circumstances and therefore tractable. Goding, Hartwell & Kreppner (2022) drew on this evidence to call for greater government responsibility in prioritising the educational attainment of children and young people with a social worker and pointed to emerging evidence that targeted interventions can narrow the gap. In response, the UK government published data examining the characteristics and educational outcomes of children on child in need plans, and made a call for evidence to further understand practitioners support in the area (Department for Education, 2018). This led to the expansion of the Virtual School Head (Department for Education, 2023) role within local authorities in England, from promoting educational achievement of children in care to incorporate all children and young people with a social worker after recognising their poorer educational outcomes at every educational stage (Sanders-Ellis et al., 2021; Tawell et al., 2025). Virtual School Heads are responsible for overseeing educational support for this group across local authorities, promoting attendance, attainment, and multi-agency collaboration (Sanders-Ellis et al., 2021; Tawell et al., 2025). Other statutory mechanisms support this work at earlier stages. All looked-after children aged 2–18 have a Personal Education Plan (PEP), coordinated by their social worker and overseen by the Virtual School Head (Webb et al., 2026). The PEP is meant to act as an evolving part of each child's care plan to ensure children can access high-quality provision to meet their developmental needs. Implementation of the PEPs are financially supported by the Early Years Pupil Premium (EYPP) since they are two, and the Pupil Premium Plus (PP+), regardless of family income (Department for Education, 2025).

Rationale and question formulation

Despite policy attention and promising initiatives, there remains limited clarity on what works, for whom and why, to improve educational outcomes for children and young people with a social worker. For instance, the initiative to expand the Virtual School Heads to include children and



young people with a social worker at present has a mixed evidence base with varying findings. On one hand, Sanders-Ellis et al. (2021) have argued there is evidence that Virtual School Heads in England have improved educational outcomes for children and young people with a social worker. In contrast, Tawell et al. (2025) have found limited Virtual School Head perceived success in improving attainment for this population. A review of existing literature suggests two major reasons: the variable quality of existing studies (Sanders et al., 2020; Sebba & Luke, 2019); and a reliance on single evaluations, with few robust replication efforts (Department for Education, 2018). Interventions studied are diverse, including academic tutoring, literacy support, programmes for engaging parents and carers, school-based social work, mental health and wellbeing support, and virtual school models, which makes direct comparison of effectiveness challenging.

Two systematic reviews of interventions for children on child in need plans illustrate these limitations. Forsman and Vinnerljung (2012) identified only eleven relevant studies, with tutoring showing the strongest support to close education gaps but concluded it was premature to draw firm conclusions due to small, unreplicated, single-site evaluations. Similarly, Männistö and Pirttimaa (2018) found some promise for tutoring and mentoring interventions in foster care, but highlighted the importance of implementation factors such as duration, context, and delivery format in influencing effectiveness of interventions. Both reviews called for stronger study designs, larger samples, and replication. Notably, these populations represent only a subset of children and young people with a social worker (they do not account for children on child protection plans nor children looked after). This, therefore, leaves important gaps in understanding what works for children who are not in a care placement but remain subject to statutory involvement, and even for these groups the evidence base remains underdeveloped.

The complexity of interventions further limits the synthesis of evidence. Many involve multiple components delivered in combination, making meaningful comparison of specific strategies challenging to assess within traditional meta-analytic approaches that do not take a components-based approach.

Understanding “what works” is also complicated by the heterogeneity of the population. Children and young people with a social worker have diverse needs, care histories, and educational trajectories (Berridge et al., 2020; Jay & McGrath-Lone, 2019; Sanders-Ellis et al., 2023; Sanders et al., 2020), which are not always accounted for in research designs. Some subgroups, particularly children on child in need plans who remain at home, have received little attention in education research (Berridge et al., 2021), leaving important gaps in understanding what works for whom.

Beyond questions of effectiveness, there is also limited evidence of how and why interventions produce their effects, and what enables or inhibits their successful implementation.

These gaps point to the need for approaches that can accommodate diverse intervention types, population heterogeneity, and context. A practice elements approach does this by moving beyond the evaluation of whole programmes to examine how specific intervention components (such as discrete practices, strategies, techniques and delivery features) contribute to effectiveness. Effective interventions often share common elements, and identifying these shared components yields more generalisable insights into what works across contexts and populations. This is especially relevant to the evidence base on children and young people with a social worker, where heterogeneous intervention types, diverse population characteristics, and variation in delivery context make



programme-level comparisons difficult, and where the ‘how’, ‘for whom’, and the conditions of delivery matter as much as the ‘what’. The approach has precedent in related areas. For instance, a review of Education Endowment Foundation (EEF)-funded trials by Sanders et al. (2020) identified promising evidence for interventions that support parents and carers to be actively involved in their children’s education. CEI has drawn on the same approach across a series of mixed-methods systematic reviews for Foundations, covering interventions for kinship carers (Ott et al., 2024), parents with complex and multiple needs (Baan et al., 2025), and foster carers and adoptive parents of children aged 0–10 (Featherstone et al., 2026). An approach organised around practice elements, with attention to distinguish what works for specific populations within this group, is well suited to bridging the gaps identified above.

This mixed-methods systematic review will evaluate the effectiveness of different types of interventions targeted at improving the educational outcomes of children and young people aged 0–18 years with a social worker, to inform the development of a Practice Guide to support this population. It will also extend eligibility to young people with Special Educational Needs and Disabilities (SEND) aged up to 25 years. This upper age limit reflects the statutory definition of “young person” up to age 25 under the Children and Families Act 2014 and the accompanying SEND Code of Practice: 0 to 25 years (Department for Education & Health, 2015). In doing so, it will address the gaps in existing research described above by synthesising evidence to determine what works best for the educational outcomes of this population, and for whom. It will additionally examine the practice elements and intervention components associated with effective interventions (how and why interventions work), explore the barriers and enablers to successful implementation, and capture the views of children, young people, parents, carers, and practitioners on the acceptability and usefulness of different approaches.

Research questions

To address the identified gaps in the literature, this systematic review will aim to answer five primary research questions, exploring what works (RQ1), for whom (RQ2), how and why (RQ3), as well as exploring processes around implementation (RQ4), and beneficiary perspectives (RQ5). Questions one to three focus on impact, while questions four and five explore implementation alongside user and practitioner perspectives and experiences.

RQ1 – What works: Which interventions are effective in supporting and improving educational outcomes in children and young people with a social worker?

RQ1.1: What interventions or types of interventions have been used to support and improve educational outcomes in children and young people with a social worker?

RQ1.2: What is the effectiveness of interventions to support and improve educational outcomes in children and young people with a social worker?

RQ2 – For whom: Which interventions (and intervention components and models) are effective for different populations of children and young people with a social worker?

RQ2.1: What are the known demographics and characteristics of the children and young people with a social worker served by these interventions?



RQ2.2: Which types of interventions/models demonstrate effectiveness for children and young people at different developmental age ranges (e.g. early years, primary, secondary and post-16)?

RQ2.3: Which types of interventions/models are effective for children and young people with different levels of statutory involvement, including different care placement types or arrangements?

RQ3 – How and why: What practice elements and intervention components are associated with effective interventions when supporting children and young people with a social worker?

RQ3.1: What are the practice elements or intervention components aimed at supporting children and young people with a social worker?

RQ3.2: What is the frequency and distribution of practice elements and intervention components among the available literature?

RQ3.3: What practice elements and intervention components are associated with effective interventions when supporting children and young people with a social worker?

RQ4 – Implementation: What are the enablers and barriers to successful implementation of interventions in supporting and improving educational outcomes in children and young people with a social worker?

RQ5 – User perspectives: What are the views of intervention users and practitioners about the acceptability and usefulness of interventions?

Eligibility criteria for research questions 1–3 will be informed by the PICOS framework (summarised below), and the eligibility criteria for questions 4 and 5 will be informed by the SPIDER framework.

PICOS Framework (RQ 1–3)

Population

The review will focus on children and young people aged 0–18 years with a social worker. Studies including young people with Special Educational Needs and Disabilities (SEND) aged 18–25 years will also be eligible where findings are reported for a broader population that encompasses those aged 0–18 (i.e. studies for 0–25 will be included but studies focused exclusively on the 18–25 age group will not be included) (see Rationale and question formulation). Where studies include participants both within and outside the 0–18 age range, a study will be considered eligible if at least 75% of the sample falls within this range, or if findings are disaggregated and reported separately for the 0–18 subgroup. This threshold is indicative and may be refined in consultation with Foundations as the review progresses. Eligibility on this criterion will be determined at the full-text review stage. This population includes those who may be considered children in need, be on a child protection plan, or children looked after reflecting active statutory involvement; children referred for a safeguarding concern but not allocated a social worker are not included. The population may encompass children and young people in any kind of formal care placement. For example, kinship care, foster care, residential care, and children adopted/on special guardianship order/a child arrangement order. We will conduct searches focusing on children and young people



in the UK and countries with child welfare systems broadly comparable to the UK, including the United States, Canada, Australia, New Zealand, Ireland, and European Union countries (Connolly & Katz, 2019). Where data permit, findings will be disaggregated by educational stage: early years (0–5), primary (5–10), secondary (11–16), and post-16/further education (17–18), to reflect the different developmental contexts in which interventions are delivered and the varying nature of educational outcomes across these stages. Where data permit, findings will also be disaggregated by level of statutory involvement (i.e. children in need, children on child protection plan, or children looked after) and, where applicable, by care placement type or arrangement (see RQ2.3).

Interventions

This review will include interventions delivered in early years, school, or college settings, as well as those delivered in community, clinical, or other settings, provided there is evidence that they aim to improve educational outcomes for children and young people with a social worker. This may include, but is not limited to, classroom-based programmes, extracurricular activities, extended early years provision, alternative provision, childminders, school support services, mentoring programmes, school nursing, and school-based mental health support. Interventions must have the explicit goal of supporting educational outcomes for our specified population.

Comparator

This review will include studies with inactive control groups (no intervention, waiting list, minimal intervention, service as usual) or studies that compare to an active control (another intervention). However, synthesis will consider the relevance of the comparator, and in 3-arm trials (intervention A, Intervention B, Services as Usual), we will compare interventions to the inactive control groups.

Outcomes

This review will include a wide range of outcomes relevant to educational progress and engagement for children and young people with a social worker. Recent guidance from the Cochrane Handbook (2024) suggests reviews should include critical and meaningful outcomes. Likewise, following Cochrane recommendations, up to seven primary outcomes will form the basis of the review. Final classifications will depend on the outcomes reported in the included studies. The outcomes considered in scope include:

Academic outcomes

- **Attendance** – including attendance in early years settings, schools, Pupil Referral Units, colleges, reduced timetables, managed moves, other alternative provision settings, and further education, as well as absenteeism, suspensions and exclusions (which can be considered a form of non-attendance), placement on reduced or part-time timetables, and enrolment in alternative provision
- **Attainment** – including attainment in educational settings up to age 18, including standardised test scores, grades, and recognised vocational qualifications or apprenticeships.
- **Course and qualification completion** – capturing successful completion of courses and programmes within educational settings.



Psychosocial outcomes

- **Attitudes towards education and learning** – including children's and young people's motivation to learn, perceptions of satisfaction with school and learning, and observed behavioural engagement in educational settings
- **Relationships within educational settings** – including quality of peer relationships and relationships with teachers or other educational staff
- **Wellbeing and mental health in the school environment** – including child internalising and externalising behaviours that affect children's and young people's emotional, behavioural, or social functioning within educational settings
- **Educational aspirations and motivation** – including children's and young people's sense of their own educational and future trajectories, expectations of achievement, and orientation towards continued learning.

We recognise that broadening the scope of outcomes beyond traditional metrics such as attendance and attainment introduces both important opportunities and methodological challenges. Key strengths include the ability to capture intermediate and enabling outcomes that may be crucial to a child's and young person's ability to achieve better educational outcomes. Key challenges include greater heterogeneity in outcome definitions and measurement tools, which may limit comparability across studies and the feasibility of quantitative synthesis. We will address these considerations in our synthesis, working closely with the project's Advisory Group to ensure that the outcomes reflect both evidence and lived experience priorities.

We will include outcome measures that use systematic direct observational techniques, administrative data (e.g. educational attendance), and validated instruments that rely on self-report or proxy report (e.g. parent/carer or teacher report). We acknowledge that different outcome domains are likely to have different timeframes of relevance and will provide a narrative summary of effectiveness outcomes and their associated time points.

Study design

Studies using randomised controlled trial and quasi-experimental designs which include a valid counterfactual, such as a parallel group or highly controlled time-series, will be included in the review. Studies using other designs, including pre-post studies without a comparator and qualitative-only studies, will not be eligible for RQ1–3.

SPIDER Framework (RQ 4 and 5)

Sample

This review will focus on the following groups:

- Children and young people aged between 0 and 18 years old with a social worker, including those who may be considered children in need, be on a child protection plan, or children look after. Studies including young people with SEND aged up to 25 years will also be eligible where findings are reported for a broader population that encompasses those aged 0–18 (see Rationale and question formulation). Where studies include participants both within and outside the 0–18 age range, a study will be considered eligible if at least 75% of the sample falls within this range, or if findings are disaggregated and reported separately



for the 0–18 subgroup. Given that RQ4 and 5 are limited to UK-based studies, this threshold is most likely to be applied in cases where a study reports on a broader population that includes both children and young people with a social worker and care leavers or young adults in transition. Children and young people may be in any kind of care placement. For example, kinship care, foster care, residential care, and children adopted/on special guardianship order/a child arrangement order.

- Parents and carers of children and young people with a social worker.
- Practitioners (e.g. social workers, child welfare practitioners, educators) working with children and young people with a social worker in the United Kingdom.

Phenomenon of interest

This review will identify enablers and barriers to successful implementation of interventions in supporting and improving educational outcomes in children and young people with a social worker informed by the Consolidated Framework for Implementation Research Framework (Damschroder et al., 2022), and the perceived acceptability and usefulness of different interventions for intervention users (children and young people, as well as their parents/carers) and practitioners. Studies will be limited to those conducted in the UK. This restriction reflects the extent to which implementation barriers and enablers, and the experiences of service users and practitioners, are shaped by national policy, legislation, and the structure of the children's social care system. Because education and children's social care are devolved across the UK's four nations, we anticipate broadly similar findings across nations but may revisit this scope following the initial review of literature if notable differences emerge.

Study design

This review will include studies that adopt appropriate methods to understand the experiences of service users and practitioners (i.e. professionals and end users) of the programme, such as implementation and process evaluations. These methods may include surveys, interviews and focus groups, as well as mixed-methods approaches. Studies may be found in grey literature or peer-reviewed journal articles. Studies that do not report on the experiences or perspectives of the specified sample groups, or that are conducted outside the United Kingdom, will not be eligible for RQ4 and 5.

Evaluation

The review will include studies that provide information on the enablers and barriers to the successful implementation of interventions, as well as the perceived acceptability and usefulness of different interventions designed to improve educational outcomes for children and young people with a social worker.

Research type

The review will consider any research type that explores the perceptions and experiences of the phenomenon of interest for inclusion (e.g. phenomenology, ethnography, grounded theory, or case study methodology).



Advisory Group

The Foundations Advisory Group¹ will be consulted to provide a critical, equity-focused lens, grounded in lived, professional, and practice-based experience. The Advisory Group is comprised of Directors of Children's Services, experts by experience, Virtual School Deputy Headteachers, Executive Headteachers, and CAMHS representatives, who will be actively engaged at different stages of the research. The Advisory Group will contribute to the interpretation and sense-making of emerging and preliminary findings, helping to surface equity implications, contextual factors, and practice-relevant insights that may not be evident from the literature alone.

CEI's Methods Lab will additionally provide peer review of this protocol and search strategy, drawing on internal methods expertise, and of the final report.

Further considerations

While all research questions look at the same population, interventions and outcomes of interest, RQ1–3 focus on impact and would be best answered by literature employing rigorous causal designs, specifically randomised controlled trials and quasi-experimental designs with a valid counterfactual, as set out in the Study Design criteria in the PICOS framework above, with methodological quality further assessed through critical appraisal (see Critical appraisal). RQ4 and 5 will explore perspectives and experiences and may be best answered through exploration of qualitative or mixed-methods literature. As such, our search methodology will involve one overarching literature search with two sets of inclusion and exclusion criteria for RQ1–3 and RQ4 and 5. Additional searches of key sites that publish high-quality (i.e. peer-reviewed) grey literature will also be conducted to answer both sets of research questions, as described below.

Literature suggests that differences in social policy make cross-country comparisons difficult (Jay & Mc Grath-Lone, 2019). Therefore, to ensure the results of the review are relevant to the UK setting, we will aim to limit the search to high income countries with similar child protection systems to the UK, notably England, Wales, Scotland, Northern Ireland, USA, Canada, Australia, New Zealand, France, Germany, Sweden, Finland, Norway, Denmark, Netherlands and Ireland (Connolly & Katz, 2019).

The qualitative questions (RQ4 and 5) will further be constrained using only literature from the UK only to get a better understanding of how to improve educational outcomes for children and young people within the national, social, and policy context.

¹ Throughout this protocol, references to the 'Advisory Group' denote the Foundations Advisory Group



Identifying relevant work

A comprehensive and systematic search strategy has been developed to ensure thorough coverage of the relevant literature. This search was developed iteratively, incorporating terminology from reviews in adjacent areas and refined to balance sensitivity with precision.

Search strategy

We will review four pre-identified reviews for relevant studies:

- School non-attendance by children with a social worker in the UK: A rapid review of extent, risk factors and interventions (Sanders-Ellis et al., 2023)
- What works in education for children who have had social workers? (Sanders et al., 2020)
- Educational outcomes of children in contact with social care in England: a systematic review (Jay & McGrath, 2019)
- A review of interventions to support the educational attainments of children and adolescents in foster care (Männistö & Pirttimaa, 2018)

To ensure earlier relevant literature is not missed, we will apply backward and forward citation chaining to these four reviews: screening their reference lists and tracking studies that cite them, using Google Scholar's citation-tracking feature and AI-assisted citation-mapping tools. Records identified this way will go through the same screening and eligibility checks as records found through database searching. The authors of the pre-identified systematic reviews will be contacted to identify any supplemental, additional, or in-press literature. If additional key authors are identified during screening, contact will be capped at 15 individuals, with priority given to those with the most recent and most cited work. The team will also contact authors to resolve eligibility questions for studies that reach full-text review without sufficient information for a clear inclusion decision.

Additionally, the following databases will be searched for published studies:

- EBSCOhost (British Education Index)
- Ovid (PsycINFO, Social Policy & Practice)
- ProQuest (Applied Social Sciences Index & Abstracts, ERIC, International Bibliography of the Social Sciences, and Social Services Abstracts)
- Social Sciences Citation Index (SSCI)
- Scopus
- Campbell Collaboration's Library
- Cochrane Central Register of Controlled Trials.

In addition to searching the databases outlined above, we will conduct searches for grey literature such as policy reports, evaluations, dissertations, and research reports. We will also seek to ask the Advisory Group (and CEI's Methods Lab) to share papers or contact authors of any relevant literature they are aware of.

Key websites to be searched will include:

- California Evidence-Based Clearinghouse for Child Welfare (<https://www.cebc4cw.org/>)



- CASCADE: Children's Social Care Research and Development Centre (<https://cascadewales.org/>)
- CELCIS: Centre for Excellence for Children's Care and Protection (<https://www.celcis.org/>)
- CLS: Centre for Longitudinal Studies, UCL (<https://cls.ucl.ac.uk/>)
- Department for Education Social Care Innovation (<https://www.gov.uk/government/publications/childrens-services-innovation-programme>)
- Education Endowment Foundation (<https://educationendowmentfoundation.org.uk>)
- Early Intervention Foundation (archived website; <https://www.eif.org.uk>)
- Foundations (<https://foundations.org.uk/>)
- Institute for Fiscal Studies (IFS) - Education and skills (<https://ifs.org.uk/>)
- National Children's Bureau, Social care research (<https://www.ncb.org.uk/what-we-do/research-evidence/our-research-projects/social-care-research>)
- National Foundation for Educational Research (NFER) (<https://www.nfer.ac.uk/>)
- Nuffield Foundation (<https://www.nuffieldfoundation.org/>)
- Ofsted (<https://www.gov.uk/government/organisations/ofsted>)
- Rees Centre, University of Oxford (<https://www.education.ox.ac.uk/rees-centre/>)
- Sutton Trust (<https://www.suttontrust.com/>)
- Washington State Institute for Public Policy (<https://www.wsipp.wa.gov/>)
- What Works Clearinghouse (<https://ies.ed.gov/ncee/wwc/>)
- What Works for Children's Social Care (archived website; <https://whatworks-csc.org.uk/>).

For each listed website, searches will be conducted using the site's internal search function where available, supplemented by manual browsing of relevant topic areas and publication lists. Searches will be documented by one reviewer.

Search terms

Our database search terms will focus on population, intervention, study design. The preliminary search terms have been refined to optimise coverage of the literature while minimising returns of irrelevant results and will be tested to include the pre-defined set of key literature known by the team and used in key literature set out above. We have also used the large language model Sonnet 4.6 (Anthropic, 2026) throughout the months of May and June 2026 to help with suggestions for ways to structure searches, using a detailed explanation of the search question as a prompt, in line with Cochrane guidance (Higgins et al., 2024). These searches were conducted for the purposes of search strategy development only. Formal database searches will begin after protocol registration.

Indicative search terms developed in ERIC (ProQuest) are listed here:

1. TI,AB("child with a social worker" OR "children with a social worker" OR "young people with a social worker" OR "children in need" OR "child in need" OR "child protect*" OR "looked after child" OR "looked after children" OR "looked after youth" OR "vulnerable child" OR "vulnerable children" OR "vulnerable young people" OR "children in care" OR "child in care" OR "care experienced child*" OR "care experienced youth*" OR "out of home care" OR "out of home placement" OR "out of home placements" OR "kinship care" OR "foster care" OR "foster carer" OR "foster carers" OR "foster home" OR "foster homes" OR



- "foster family" OR "adoptive care" OR "adoptive carer" OR "adoptive carers" OR "supported lodgings" OR "group care" OR "congregate care") OR TI,AB(("social care" OR "social service" OR "social services" OR "social work" OR "social worker" OR "social workers" OR "residential care") N3 (child* OR youth* OR adolescen* OR "young people" OR "young person" OR teen* OR famil* OR minor* OR juvenile*)) [4,777]
2. TI,AB(child* OR adolescent* OR baby OR babies OR infant* OR toddler* OR "school age" OR "school aged" OR girl* OR boy* OR teen* OR preteen* OR "pre teen" OR "pre teens" OR "pre-teen" OR "pre-teens" OR youth OR "young person" OR "young people") [423,084]
 3. TI,AB(school* OR "early years" OR nursery OR preschool* OR pre-school* OR childminder* OR "childminding" OR classroom* OR "pupil referral unit" OR PRU* OR "alternative provision" OR college* OR "further education" OR "educational setting" OR "educational settings" OR "school-based" OR educat* OR teach* OR learn* OR train* OR diploma* OR certificate* OR tutor* OR achiev* OR perform* OR academic OR kindergarten OR "primary years" OR "middle school" OR "high school" OR "vocational education" OR recess OR extracurricular) [1,587,673]
 4. TI,AB(intervention* OR program* OR support* OR tutoring OR mentoring OR "early intervention" OR "family support" OR "parent engagement" OR "parental engagement" OR "parents engagement" OR "carer engagement" OR "mental health support" OR "behaviour intervention" OR "behaviour interventions" OR "behavioural intervention" OR "behavioural interventions" OR "behavior intervention" OR "behavior interventions" OR "behavioral intervention" OR "behavioral interventions" OR "social worker in school" OR "social workers in school" OR "social worker in schools" OR "social workers in schools" OR "virtual school" OR "virtual schools" OR "classroom strategy" OR "classroom strategies" OR "classroom adaptation" OR "classroom adaptations" OR "teaching strategy" OR "teaching strategies" OR "teacher strategy" OR "teacher strategies" OR "teaching adaptation" OR "teaching adaptations" OR "teacher adaptation" OR "teacher adaptations") [712,155]
 5. TI,AB(affect* OR effect* OR outcome* OR evaluation* OR "comparison group" OR "comparison groups" OR experiment* OR impact* OR QED OR quasi-experiment* OR quasiex* OR "quasi experiment*" OR RCT OR "randomised controlled trial" OR "randomised controlled trials" OR "randomized controlled trial" OR "randomized controlled trials" OR "treatment group" OR "treatment groups" OR "intervention group" OR "intervention groups" OR "control group" OR "control groups" OR "random assignment" OR "randomly assigned" OR "random allocation" OR "randomly allocated" OR "randomised allocation" OR "randomized allocation") [740,977]
 6. TI,AB(qualitative OR survey* OR questionnaire* OR implementation OR interview* OR "focus group" OR "focus groups" OR "process evaluation" OR "mixed method" OR "mixed methods" OR barrier* OR enabler* OR facilitat*) [549,797]
 7. S5 or S6 [1,029,885]



8. S1 AND S2 AND S3 AND S4 AND S7 [1,225]

9. S8 with limiters (published after 31st December 2015 in English language) [443]

We will combine search terms using Boolean operators and include wildcards and truncation symbols to maximize efficiency. Database-specific search strategies will be created, as different databases accept different syntax.² We will document each search, including the exact search terms used, their combinations, search dates, sources consulted, and the number of studies identified and retrieved.

Study selection criteria

Inclusion and exclusion criteria will be guided by the PICOS and SPIDER frameworks outlined above. In addition, we will apply exclusion criteria based on:

- **Timeframe** – Include studies published from 1 January 2016 onwards. This window covers the main UK policy developments discussed in the Background section: the 2018 DfE call for evidence, the Virtual School Head expansion, and the 2023 statutory guidance on kinship care and children with a social worker. It also builds on evidence already synthesised in the pre-identified reviews, so earlier intervention studies are accounted for without duplicating that work. Citation chaining will still surface earlier literature that remains relevant, and more recent publications typically reference the policy history of the preceding decade, including developments in comparable countries.
- **Language** – We will only include studies in English.

The final search strategy will be tailored to each database and tested for sensitivity to ensure all relevant studies are identified.

Study records

Data management

All citations identified in the searches will be imported into Covidence, where duplicate records will be removed prior to screening. We aim to screen all studies and will use Covidence's machine learning algorithm to enhance efficiency of the screening process. If the initial number of hits is too large (e.g. over 6,000) we will work with Foundations to either further refine the search or negotiate a stopping point leveraging on Covidence's machine learning algorithms that analyses screening patterns from earlier decisions within the review and using these insights predicts the relevance of yet-to-be-assessed studies. For this, at least 25 studies need to be double screened by humans for title and abstract to refine 'most relevant' publications as screening continues. Over time, the system's predictions become increasingly accurate as more studies are screened. Thus, the software can prioritise studies by ranking the most relevant and likely-to-be-included items first. This enables quicker identification of pertinent studies, streamlining the process of advancing

²Where a database's indexing supports it, the search will be supplemented with relevant subject-heading terms alongside the title and abstract terms above.



them to the full-text review stage compared to traditional methods. Additionally, Covidence offers the flexibility to screen a subset of studies, which is particularly valuable if the volume of retrieved records exceeds the resources available for this review.

Extraction of study details, quantitative and qualitative findings will be managed using Microsoft Excel, incorporating both free text entry and pre-specified codes to aid comprehensive but targeted reporting.

Screening and full-text review

As the review uses a single overarching search, the same screening process will be applied to both RQ1–3 (assessed against PICOS criteria) and RQ4 and 5 (assessed against SPIDER criteria). Reviewers will assess each record against both frameworks simultaneously, including a record if it meets the criteria for either or both strands. Records may therefore be eligible for one strand but not the other. Where the volume of literature permits ³, systematic review screening methods will be applied, with titles and abstracts independently screened by two reviewers and any discrepancies, including those flagged as ‘maybe’ eligible, will be resolved in discussion with a third reviewer. Any studies that remain unclear after discussion will be put through to full-text review. Where the volume of records necessitates a more rapid approach (>1,850 records), we propose to adopt established rapid review screening methods (Garritty et al., 2024). In such cases, a subsample of titles and abstracts (at least 20%) would be independently screened by two reviewers, and if sufficient inter-rater agreement is reached (e.g. >80%), the remainder of screening would be completed by a single reviewer, with uncertainties resolved with a second reviewer.

All texts deemed potentially eligible at the title and abstract stage will undergo a full-text review to determine final inclusion. At this stage, eligibility criteria differ by strand. For RQ1–3, studies must use a randomised controlled trial or quasi-experimental design with a valid counterfactual. For RQ4 and 5, studies must adopt appropriate methods to understand the experiences of service users and practitioners, such as implementation and process evaluations using surveys, interviews, focus groups, or mixed-methods approaches. A study may be included for one strand but excluded from the other. Mixed-methods studies containing both a quasi-experimental and a qualitative component will be eligible for both strands simultaneously. Full-text screening will be conducted using systematic or rapid review methods, depending on the volume of results and the resources available. Where there are uncertainties or discrepancies, a third reviewer will be consulted to make a final decision. In addition, we will carefully check for duplicate reporting of the same trial to ensure data integrity and avoid double-counting results.

All studies excluded at the full-text review stage will be recorded with the primary reason for exclusion. These will be reported in a supplementary appendix to the final review report. A PRISMA flow diagram will document the number of records identified, screened, assessed for eligibility, and included or excluded at each stage of the search and selection process.

³ This number is based on the estimated maximum volume manageable for full systematic double-screening within the project’s available staffing and timeline.



Extraction

A data extraction template spreadsheet will be developed with input from methods and subject area experts in the team. The spreadsheet will then be piloted by two team members on a sub-set of 2–5 studies, selected to reflect diversity in study design, intervention type, and outcome reporting. The template will be refined iteratively based on this early piloting before formal data extraction of all selected studies is commenced. Data items will include the PROGRESS-Plus Framework (Welch et al., 2024), to identify characteristics that stratify opportunity and outcomes and an equity focus (i.e. place of residence, race/ethnicity/culture/language, occupation, gender/sex, religion, education, socioeconomic status, social capital, personal characteristics associated with discrimination, e.g. disability, features of relationships, excluded from school, and time-dependent relationships⁴).

Quantitative data

In line with AMSTAR 2 (Shea et al., 2017), two reviewers are expected to extract data. However, if the number of included studies exceeds the team’s capability of double extraction, single extraction will take place according to established rapid review methods (Garritty et al., 2024), with the piloting of the extraction template serving as a calibration opportunity. Extraction will be supervised by senior members of the team to ensure reliable and valid extraction for the remaining studies. Staff conducting data extraction will also be able to asynchronously ask questions and discuss with colleagues and supervisors using an internal communications platform (i.e. Slack). Weekly spot checks on two randomly selected articles will also be conducted by supervising advisors. Where key outcome data are missing or insufficiently reported, study authors will be contacted by email, with a maximum of three attempts per study during the data extraction period.

In addition to study design and outcome data, extraction will cover information as relevant, for example on demographics of the study population (including SEND status where reported), name or type of intervention, intervention length and dosage, details on the intervention (e.g. using TIDieR checklist definitions for delivery format, delivery modality, workforce, etc.) (Hoffmann et al., 2014). Extraction will also record the funding source or sources for each included study, as reported by the study authors.

Fields for use in meta-analyses will be included in the Excel extraction template, including means, standard deviations, and sample sizes of intervention and control groups, standardised effect sizes with confidence intervals, and quantitative variables to consider for use in subgroup or sensitivity analyses (e.g. care placement type, placement stability – including any associated school moves – developmental stage etc.). These will be extracted as described above.

Qualitative data

Qualitative data extraction and coding will be conducted using the data analysis software NVivo 15, selected for artificial intelligence features that support the coding process. Human coders will apply their own codes first; NVivo’s AI functions will then be used for suggestions on clusters and child codes, keeping human judgement central throughout. Relevant studies containing qualitative

⁴ <https://methods.cochrane.org/equity/projects/evidence-equity/progress-plus>



data, such as participant quotes, thematic descriptions, and report findings sections, will be imported into the software. A coding framework will be developed based on the research questions and relevant theoretical models to analyse these studies, combining deductive coding (using predefined codes) with inductive coding (identifying emerging themes). This framework will be refined iteratively during the initial coding process to capture unanticipated themes.

For included studies, two coders will independently apply codes, and NVivo's coding comparison query will be used to assess coding consistency and resolve discrepancies through regular discussions. Codes will be organised hierarchically to distinguish between overarching themes, subthemes, and specific data points. For all qualitative imported studies, data will be extracted and coded in NVivo 15. Where the volume of qualitative studies exceeds available capacity, a calibration exercise will be conducted on a subset of studies (20%), and remaining studies will be coded by one reviewer with a second reviewer consulted to resolve uncertainties.

Practice elements

Practice elements will be explicitly defined to support reliable and transparent coding (Chorpita et al., 2005) across the RQ1–3 effectiveness studies included in the review. Drawing on the team's expertise in common practice element approaches, we will build on existing frameworks to develop a bespoke coding framework tailored to this review. Our approach will align with the following steps:

- **Identification of candidate frameworks** – We will identify and review existing practice element coding schemes used in relevant systematic reviews of educational and social care interventions, taking as our starting point the 26-item coding framework developed by Leijten et al. (2019), and drawing on coding frameworks used in prior systematic reviews commissioned by Foundations: What interventions improve outcomes for kinship carers and the children in their care (Ott et al., 2024); Effective interventions and practices for parents experiencing complex and multiple needs (Baan et al., 2025); and Equity-focused systematic review of interventions for foster carers and adoptive parents (Featherstone et al., 2026).
- **Framework refinement and adaptation** – Building on this starting framework, we will refine and extend the coding scheme to distil practice elements relevant to interventions aimed at supporting children and young people with social workers. This process will be informed by key reviews in the field (e.g. Berridge et al., 2020; Sanders et al., 2020) and the team's prior experience applying common and practice elements approaches.
- **Definition of coding domains** – The coding framework will capture both intervention content (e.g. strategies to support children's reading, tutoring, parental engagement) and delivery and implementation methods (e.g. modelling, role-play, coaching).
- **Review and validation** – The draft coding framework will be reviewed with Foundations and the Advisory Group to ensure clarity, relevance, and appropriateness.
- **Application and iterative refinement** – Interventions will be coded for the presence of each practice element. Where new practice elements are identified that are not included in the a priori framework, these will be added iteratively to the codebook, with definitions refined to maintain consistency.



This structured process will support a rigorous and transparent synthesis of common practice elements across diverse interventions. For efficiency, we will code each included programme once, drawing on the paper that provides the most recent programme description, and additional coding interventions described as a modification of, or ‘based on’, an included programme. Coding will be carried out by one reviewer with double coding of the initial five programmes by a second reviewer. The extraction and coding will be checked by an experienced member of the research team, with an in-depth check on a select number of programmes (approximately 10%).

Critical appraisal

The critical appraisal process is designed to systematically assess the quality, rigor, and relevance of studies included in the review, ensuring the reliability of the synthesised findings. We will use established tools tailored to the study designs included in the review:

- **Randomised controlled trials (RCTs)** – This review will apply the Cochrane Risk of Bias 2 (RoB2) tool to evaluate domains such as randomisation processes, deviations from intended interventions, missing outcome data, measurement of outcomes, and selective reporting.
- **Quasi-experimental designs (QEDs)** – This review will use the ROBINS-I tool will be used to assess risk of bias across domains including confounding, selection of participants, and outcome assessment.
- **Qualitative studies** – This review will use the CASP Qualitative Checklist to evaluate the methodological rigor, trustworthiness, and transferability of information; this will assist with our later scoring for GRADE CERQual finding statements.

For mixed-methods studies eligible for both strands, the risk of bias tool applied to the quantitative component will be determined by study design: RoB2 for randomised components and ROBINS-I for quasi-experimental components. The qualitative component will be appraised separately using the CASP Qualitative Checklist.

In the case of RCTs and QEDs assessments, we will pilot the use of large language models (LLM) artificial intelligence tools to assist in the ROB2 and ROBINS-I assessments, respectively. Existing evidence, though mixed, indicates that LLMs can function as a complementary tool to support quality appraisal (Eisele-Metzger et al., 2025; Lai, Ge & Sun, 2024; Taneri, 2025). Quantitative risk of bias instruments are prioritised for this pilot given the stronger evidence base for AI efficiency gains in this domain compared to qualitative appraisal tools. The use of large language models in risk of bias assessment is treated in this review as a methodological pilot. It will proceed only if pre-specified agreement thresholds are met and will revert to a fully human workflow if they are not.

We will use an enterprise account of Claude (Anthropic), which ensures inputs are not used to train public models and that uploaded content is not retained beyond the immediate task. We will review publisher terms for each included study to determine what level of AI support is permissible; where AI processing is prohibited, those papers will be handled through a fully human workflow.

LLM use will be strictly assistive within a human-led process, limited to structured appraisal judgements and supporting rationale, without verbatim reproduction of copyrighted text. All outputs will be reviewed by at least one human researcher, with a second consulted in cases of



discrepancy, ensuring human judgement takes precedence throughout, consistent with recommendations in the literature (Eisele-Metzger et al., 2025; Fabiano et al., 2024) and with Cochrane standards and RAISE recommendations.

For the pilot, which covers only the quantitative RoB2 and ROBINS-I assessments, two human reviewers and the LLM will independently appraise a 20% sample of included studies. Independent appraisal is used at this validation stage to test whether the LLM's judgements reliably agree with human raters; the pilot is deemed successful upon reaching 80% inter-rater agreement. If this threshold is met, appraisal of the remaining studies will follow a supplementary model: one human reviewer appraises each study with the LLM's output available as a check, and a second human reviewer is consulted only to resolve discrepancies. If 80% agreement is not achieved after three calibration attempts, the pilot will be reported as unsuccessful in supplementary material and appraisal will proceed with a fully human workflow. All AI-use decisions, including prompts, outputs, and validation steps, will be reported in supplementary material, in line with PRISMA guidance and RAISE recommendations. This contingency does not affect the review timeline, as the human workflow is the default approach throughout.

In either case, a calibration exercise will be conducted within the assessment team, whereby two reviewers independently assess a sample of studies followed by discussion to align interpretations. Discrepancies will be resolved through discussion, with a third reviewer consulted, when necessary, before remaining appraisal is completed by a single reviewer.

The results of the critical appraisal will be summarised in risk of bias tables, highlighting the strengths and limitations of each study. Studies deemed to have high risk of bias will not be excluded but will be flagged for sensitivity analysis to assess their impact on overall findings. Appraisal findings will inform the weighting of evidence during synthesis. Sensitivity analyses will explore the influence of excluding high-risk studies to ensure the robustness of conclusions. For qualitative studies, where studies have significant methodological limitations according to GRADE-CERQual confidence ratings, these will not be excluded given the risk of losing contextually important evidence in an area where qualitative literature is limited. Appraisal results will be reported in appendices of the final review, providing clear evidence of the methodological quality of included studies.

Summarising the evidence

Quantitative synthesis

The primary approach to quantitative synthesis will be narrative, summarising intervention characteristics, participant demographics, and study settings to contextualise quantitative findings, used to examine narratively for whom interventions work (e.g. PROGRESS-Plus characteristics including ethnic groups, SEND) and the practice elements of effective interventions. The synthesis will separate interventions by intervention type (e.g. academic tutoring/literacy/numeracy; school-based social work/Virtual School models; parental/carer engagement interventions; mental health or wellbeing interventions), care placements, level of statutory involvement (child in need, child on a child protection plan, or child looked after), and developmental stage where possible. Patterns and trends in effect sizes will be explored descriptively, particularly where statistical pooling is not



possible due to heterogeneity or insufficient data. Divergences or anomalies in findings will be analysed qualitatively to identify possible explanatory factors, such as differences in study design, population characteristics, or intervention delivery.

In the first set of analyses, we aim to address RQ1 and examine the summary effect (i.e. estimated pooled effect size) for key outcomes of interventions aimed at improving educational outcomes for children and young people with a social worker. Where sufficient comparable data is available, and subject to available time and resources, meta-analysis will be conducted to estimate pooled effect sizes for the outcomes of interest (e.g. educational attendance, attainment). Standardised effect sizes (e.g., Hedges' *g* or odds ratios) will be calculated for continuous and categorical outcomes, converting as needed. Q-test and I^2 statistics will be used to assess the degree of heterogeneity among studies. Substantial heterogeneity will trigger further exploration of potential moderators. Where sufficient studies are pooled, funnel plots and Egger's test will be employed to detect potential publication bias, ensuring the robustness of pooled estimates. GRADE (Schünemann et al., 2013) will be used to assess the confidence in cumulative evidence for any meta-analyses.

If meta-analysis is conducted, we will explore potential heterogeneity and effect modifiers by conducting subgroup analyses separating interventions by care placement type (e.g. kinship care, foster care, residential care, adoption/SGO), by level of statutory involvement (child in need, child on a child protection plan, or child looked after) and by developmental stage where possible. Meta-regression will be considered as an alternative if the pooled sample of studies allows, with the protocol updated accordingly; based on the anticipated volume of eligible studies, we expect the sample to be too small for this approach. Where outcomes are binary, effect sizes will be transformed into number needed to treat (NNT) to aid interpretation. Sensitivity analyses will be conducted to assess the robustness of findings by excluding studies with high risk of bias, studies with imputed data, or studies with other potential sources of heterogeneity identified during the analysis. The results of these sensitivity analyses will be compared with the main analysis to evaluate the impact of these factors on the overall conclusions.

If sufficient papers are identified (at least three with sufficient homogeneity in population, intervention, comparison, outcomes, and study design), we will run subgroup analyses looking at particular characteristics that stratify opportunities and outcomes, including educational stage (pre-primary, primary, secondary, post-16/further education) and characteristics per the PROGRESS-Plus framework (such as ethnicity, place of residence, religion, gender). We are not pre-specifying these given the context needed to decide if such groupings are appropriate within constraints of the data. In reporting on effective interventions and practice elements, we will draw out any available information regarding experience of delivery with different groups with particular characteristics (per PROGRESS-Plus framework), potential risks to specific groups, or adaptations recommended. If sufficient homogenous papers are identified (at least three) we will consider the appropriateness of using Harvest plots to visualise the variation in effectiveness across these characteristics.

The synthesis process will adhere to best practices, and we will report using PRISMA-Equity. Results will be presented using appropriate tables and figures, to facilitate their understanding and interpretation.



Practice effects

We will identify and synthesise practice elements across included interventions and report these in a structured descriptive table. The table will summarise the range of practice elements identified, their frequency across studies, and their distribution within studies reporting positive or statistically significant effects. The table supports comparison across intervention types and shows which practice elements appear most consistently in effective interventions. Where the data allow, the team will also use meta-regression to test whether the presence of specific practice elements is associated with larger intervention effects. This requires sufficient comparable studies sharing a practice element and measuring the same outcome (indicatively, a minimum of three studies) and is subject to available time and resources. Where insufficient studies preclude meta-regression, the association between practice elements and effectiveness will be examined descriptively by comparing the distribution of elements across studies with positive findings against those without, and findings will be reported with appropriate caveats about the limitations of this approach. Network Component Analysis was considered but deemed outside the current scope; the team will monitor the literature during the review for its feasibility and, if warranted, revisit this in a future protocol update subject to discussions with Foundations.

Qualitative synthesis

For qualitative data, the synthesis will employ a narrative synthesis approach, focusing on identifying enablers and barriers to the successful implementation of interventions. Additionally, it will explore the perceived acceptability and usefulness of various interventions for intervention users (children and young people, as well as their parents/carers) and practitioners, providing rich contextual insights to complement the quantitative findings.

Data from qualitative studies will be synthesised using thematic analysis (Braun & Clarke, 2006) to identify recurring themes related to barriers, enablers, and user perspectives on interventions. Clear and coherent finding statements will be developed to capture the key insights from the synthesis. The GRADE-CERQual approach (Lewin et al., 2018) will be applied to systematically assess the confidence in the qualitative evidence, considering factors such as methodological limitations, coherence, adequacy of data, and relevance.

Reporting

A comprehensive final report will be drafted in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses Equity extension (PRISMA-Equity) standards, including a PRISMA flow diagram and a supplementary list of excluded studies with reasons, as described in Identifying relevant work. The report will begin with an executive summary outlining the purpose, methods, key findings, limitations and recommendations of the review. Findings will be shaped by sense-making sessions with the Advisory Group, ensuring that interpretation and recommendations are informed by practitioner and stakeholder knowledge.



Equality, Diversity, Inclusion, and Equity

We specialise in working with communities facing adversity and promoting equity, diversity, and inclusion in syntheses and implementation. We recognise the inequalities in child welfare intervention and resources in the UK (Bywaters & Featherstone, 2020), the relationship between poverty and abuse and neglect (Bywaters et al., 2022), as well as the structural inequality and structural racism from which racial disparities and trauma often stem. Children who enter care commonly have histories of overlapping adversities, and the care experience itself can compound earlier trauma (Bywaters et al., 2022). Children from minoritised groups are disproportionately represented in statutory social care, a pattern driven by poverty, discrimination, and differential thresholds for intervention (Bywaters, 2020; Department for Education, 2024). Trauma and structural disadvantage together shape how young people experience care, engage with professionals, and respond to intervention. These concerns are central to understanding the educational outcomes of children and young people with a social worker, and equity considerations are woven throughout every stage of this review.

Equity is embedded in this review through a set of complementary frameworks and organisational commitments. All staff at CEI have undertaken a series of Practice Development Sessions as a team to consider Equity, and we will have used and will continue to work with the CEI Equity Framework to surface equity issues in interventions, research processes, and how to use research learning to address inequity (23 prompts). The Framework was informed by Child Trends and writing on equity in implementation (Andrews, Parekh, & Peckoo, 2019). The review also follows the PRISMA-Equity reporting framework, and the analysis of implementation evidence draws on an equity in implementation science lens to examine the factors at different levels that influence take-up, reach and impact (Baumann & Cabassa, 2020).

At the initial stage, the search is designed to capture grey literature rather than privilege only academic publications, and to capture a wide variety of terminology, ensuring under-represented communities and contexts are not excluded by the boundaries of formal academic publishing. Data extraction follows PROGRESS-Plus to ensure data is extracted to explore diversity and equity. Synthesis has been planned to consider subgroups and equity, and reporting will highlight what we do know as well as what we do not.

The research team for this project brings a range of academic, professional, and personal backgrounds that shape how this review has been conceptualised, and how it will be conducted and interpreted. The core team is composed entirely of women, several of whom are first-generation university graduates, bringing an understanding of educational systems that is grounded partly in navigating higher education without intergenerational academic advantage. Some team members were not brought up in the United Kingdom, and therefore do not have personal, lived experience of the UK education system, which may influence how national policy and practice contexts are interpreted. None of the research team members have had a social worker during childhood, meaning the team does not have lived experience of the social care system from the perspective of children and young people with a social worker. The team also includes members from ethnically diverse backgrounds.

We recognise that these positional factors confer both strengths and limitations. They may enhance sensitivity to issues of inequality, access, and structural disadvantage, while simultaneously



underscoring the importance of not assuming lived experience or speaking on behalf of children, young people, and families with experience of social care. We recognise that background does not determine perspective, and we will approach interpretation reflexively and cautiously.

To address these positionality considerations, the review has been designed to centre stakeholder perspectives through consultation with the Foundations Advisory Group, including sense-making sessions in which findings will be presented to interrogate emerging themes and surface contextual knowledge not captured in the literature. Careful attention will also be paid to participant voice in qualitative synthesis, and reflexive team discussions throughout the review process. This reflexivity is intended to support transparency, minimise interpretive bias, and ensure the findings are grounded as closely as possible in the evidence and lived experiences reported in the literature.

In disseminating findings, we will consider equity including who to reach and influence for the findings to address inequity and any risks in dissemination (e.g. distortion of messages) and how to mitigate these. We plan an accessible summary of findings as a first step to addressing power in dissemination of findings, and we are working collaboratively in thinking about equity in the development and implementation of the Practice Guide.

Registration

This protocol will be registered with the Open Science Framework (OSF) prior to the start of formal database searches, study screening, and data extraction. Registration is contingent on approval by Foundations, anticipated in late July 2026.

Personnel

Name	Role	Affiliation
Dr Katherine Young	Co-lead principal investigator	Director (UK), Centre for Evidence and Implementation
Dr Sharon Chi Tak Lee	Co-lead principal investigator	Principal advisor, Centre for Evidence and Implementation
Dr Paula Verdugo	Project manager and main point of contact	Advisor, Centre for Evidence and Implementation
Tamara Pemovska	Lead on systematic review methods	Advisor, Centre for Evidence and Implementation
India Thompson	Lead on practice elements	Advisor, Centre for Evidence and Implementation
Alice Mills	Researcher	Senior research assistant, Centre for Evidence and Implementation
Ssanyu Kayser	Researcher	Research assistant, Centre for Evidence and Implementation
Prof Aron Shlonsky	Expert advisor	Social work department, Monash University, and Methods Lab expert, Centre for Evidence & Implementation



Timeline

Dates	Activity	Staff responsible/ Leading
March – July 2026	Preparation of the protocol	All contributing
August 2026 – February 2027	Study selection, data extraction, and coding	Lee, Verdugo, Pemvoska, Thompson, Mills & Kayser
January – February 2027	Coding on practice elements	Verdugo, Thompson & Kayser
March – April 2027	Quantitative synthesis	Young, Lee, Verdugo & Mills
March – April 2027	Qualitative synthesis	Lee, Verdugo, Pemovska, Thomspon & Kayser
April – October 2027	Report drafting	All contributing



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Appendix 1: Glossary of care types and terms

The following table provides definitions of key care types and legal statuses referred to in this review. This list is indicative and non-exhaustive; additional care arrangements may be captured through the review search.

Term	Definition ⁵
Children and young people	People under the age of 18 or 25. A child is anyone who has not yet reached their 18 th birthday. The fact that a child has reached 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital or in custody in the secure estate, does not change their status or entitlements to services or protection.
Children in care	All children whose care is being provided by the local authority, regardless of the legal provision under which they are being cared for by the local authority.
Child in need (CiN)	A child who is unlikely to reach or maintain a satisfactory level of health or development, or their health or development will be significantly impaired without the provision of children's social care services, or the child is disabled.
Looked-after child (LAC), child looked after (CLA)	A child is looked after by a local authority if they are provided with accommodation for a continuous period of more than 24 hours (section 20 Children Act 1989) or are subject to a care order (defined in section 22(1) Children Act 1989).
Kinship care	A child lives in kinship care if the child: - lives with a relative, friend or other person connected with the child for all or part of the time, <i>and</i> - the child lives with that person for all of the time, or for more time than the child lives with a parent, and they provide all of the care and support provided for the child, or more of that care and support than is provided for the child by a parent; <i>or</i> - if the child lives with two or more people mentioned in part (a) all or most of the time (whether or not the child lives with those people at the same time), and those people, taken together, provide all or most of the care and support provided for the child. Kinship carers do not include: • A parent of the child • A local authority foster parent who had no connection with the child prior to the child being placed with them • A person caring for the child in a professional capacity.

⁵ Department for Education. (2026). *Children's social care national framework: Statutory guidance on the purpose, principles for practice and expected outcomes of children's social care*.
<https://assets.publishing.service.gov.uk/media/69b3fo2cfdbfc4d58fc8cf22/childrens-social-care-national-framework.pdf>



Appendix 2: Comparable countries

The following list identifies countries considered to have child welfare systems broadly comparable to the United Kingdom for the purposes of this review. This list is indicative and non-exhaustive; comparability was determined based on Connolly and Katz (2019).

- United Kingdom
- United States
- Canada
- Australia
- New Zealand
- Ireland
- European Union countries