Therapeutic early interventions to prevent school exclusion and truancy: evaluation of three contemporaneous projects

Scoping Report

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1. Introduction

In March 2011, the Paul Hamlyn Foundation (PHF) commissioned the Office for Public Management (OPM) to conduct an evaluation of three therapeutic early interventions to prevent school exclusions and truancy. These are:

- Mounts Bay School's Student Support Services
- Services working in Feltham and Hanworth Together (SWIFT) working with The School and Family Works to deliver Multi-Family Therapy Groups
- Teignmouth Community College Learning Partnership's Learning 2 Learn project

We are conducting the evaluation in two phases:

1. A scoping phase, from April 2011 until August 2011
2. The main evaluation, from September 2011 until July 2013.

This reports sets out our findings from the scoping phase so far, along with the steps required to complete this phase of work.

1.1 The scoping phase: purpose and methods

The purpose of the scoping phase is to:

- establish relationships with key stakeholders and seek their involvement in the main evaluation
- understand the wider evidence base on therapeutic interventions in schools
- generate clarity about the theories underpinning the three projects and understand how they are being delivered 'on the ground'
- identify any project adjustments and learning that has happened already
- generate clarity across the three projects, the PHF and ourselves about the measures that will be used to evaluate the projects and track progress.

Our methods comprised:

- a site visit to each project to speak with key contacts and, in some cases, observe interventions with young people. The interview guide we used during our visits is provided in Appendix 1.
- development and refinement of a Pathways to Outcomes (PtO) model for each project which describes them in their current state. The PtO model is 'live' and will be revisited and refined at different points in the main evaluation to reflect any project adjustments and surface learning.
- facilitation of a measurement workshop attended by the three projects and the PHF to provide a 'sense check' of our current thinking about project characteristics and further develop project logic models and measures.
- partnership working with Kings College London to undertake an evidence review, which will be updated and expanded over the course of the evaluation.

- expert interviews designed to guide our evidence review and main evaluation methods with

  - Susan Blishen, Right Here Project Manager at PHF
  - Roger Catchpole, Training and Development Manager at Young Minds
  - Bhupinder Bhoday, Children's Mental Health Team at Department for Education (this was limited to a brief discussion. After initially agreeing to a longer interview, this participant has since declined due to other work commitments).
  - Marcia Brophy, Programme Lead for Wellbeing, Resilience and Families at the Young Foundation
  - Professor Lord Richard Layard, London School of Economics

1.2 This report

This report sets out the intelligence and findings we have gathered through our site visits and the measurement workshop, as well as the findings from the evidence review. The report is set out as follows:

- Chapter 1: Policy context and evidence review
- Chapter 2: Mounts Bay, SWIFT and Teignmouth Community College: project overview and emerging learning
- Chapter 3: The main evaluation
- Chapter 4: Next steps

2. Policy context and evidence review

This chapter begins with an overview of the policy context surrounding therapeutic interventions in schools. The remainder of the chapter contains key findings from our evidence review. Our focus in the evidence review has been on 'what works' in relation to implementation and impact, with the aim of identifying useful learning for the three projects. In the interests of brevity and efficiency, we concentrated on literature which synthesized evidence across multiple interventions rather than drilling down into individual programmes. This approach is also sensitive to the different nature of the three projects involved the evaluation. Our references can be found in Appendix 2.

2.1 The policy context

Under the previous administration, the development of the Every Child Matters outcomes[1], supported by the Children's Act 2004, marked a formal introduction of emotional well being work into schools. Schools were prompted to think in a more joined up way because of tools such as the National Service Framework for Children, Young People and Maternity Services published in 2004 which integrated a range of services from education and health as part of its 10 year plan to improve children's health.

In 2007 The Children's Plan identified the improvement of children and young people's mental health as a critical priority in improving children's services. It also led to a national review of Child and Adolescent Mental Health Services (CAMHS), which identified a need for children and young people's mental health and well being to be addressed within universal services (OPM, 2009). In line with this, a number of initiatives were introduced including Targeted Mental Health in Schools (TaMHS).

The TaMHS initiative funded a range of local authorities and primary care trusts over 2008-2011 to provide targeted, evidence based support to children and young people with emotional and mental health support needs, and to develop a whole school approach to improving emotional well being. A national review of the TaMHS initiative was conducted by the Anna Freud Centre at University College London and is due to report in September 2011.

TaMHS built on the Social Emotional Aspects of Learning (SEAL) programme in schools, delivered through phased funding until 2011. SEAL provided a structured curriculum framework and resources for teaching social, emotional and behavioural skills at the whole school level. Although take up was high - 89.5% of all primary schools and 64% of secondary schools had adopted SEAL by July 2009 - a large-scale national evaluation of SEAL in secondary schools (Humphrey et al 2011) found that the programme, as implemented by schools in the research sample, failed to deliver a statistically significant impact upon pupils' social and emotional skills, general mental health difficulties, pro-social behaviour or behaviour problems. The authors attributed this in part to 'patchy' delivery of the initiative and tentatively pointed to staff 'will and skill' in addition to time and resource allocation as being the most crucial aspects of successful implementation.

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[1] Be healthy, stay safe, enjoy and achieve, make a positive contribution and achieve economic well being

TaMHS also dovetailed with the National Healthy Schools Programme which encourages schools to consider emotional health and wellbeing alongside personal, social and health education, healthy eating and physical activity. Schools were incentivised to achieve 'healthy schools' status as it provided evidence of their contribution to the five Every Child Matters outcomes within the Joint Area Reviews of children's services and local authority Annual Performance Assessments. Findings from a 2009 independent qualitative evaluation of the healthy schools programme revealed significant links between achieving and working towards healthy schools status and better Ofsted ratings of school effectiveness, lower total and unauthorised pupil absence, and higher participation in physical education. In particular, it is *perceived* to bring about changes associated with improved learning among pupils – such as improved concentration, greater participation in physical activity, and increased confidence.

Whilst the previous administration's focus on emotional and social health in schools undoubtedly increased the use of therapeutic interventions, it is as yet unclear what will happen under the current administration. A recent review into early intervention led by Graham Allam MP (2011) has made recommendations that aim, in the long term, to improve outcomes for children from deprived backgrounds and break the cycle of deprivation. The recommendations concern existing services, and how they integrate early years into their work, as well as a call for the formation of new services for parents. The report recommends a whole family approach to enhance the *'socio- emotional capabilities of the new generations'* and calls for a centralised strategic plan to embed early intervention in the work of all government departments.   In November 2010, the government announced a new £110M education endowment fund (EEF) designed to raise standards in underperforming schools. Innovative or 'tried and tested' therapeutic approaches will need to be able to demonstrate an impact on attainment if they are to receive funding.

Recent policy developments such as the SEN and Disability Green Paper 2011 highlight the need for a coherent single assessment for children, young people and their families, which suggests a whole systems and integrated approach to children's health and children's services, similar to that of the previous government. On the other hand, the government is driving towards individualism and competition amongst schools as seen in the push for more schools to become academies and in the Free Schools policy. Therefore, at this stage, it is not clear what developments will be made centrally in the area of supporting social, emotional and behavioural work in schools. The national curriculum is still under review, including the future of personal, social, health and economic education[2].

The government's approach to tackling exclusion and truancy is becoming clearer as evidenced through recent announcements and interviews. In a recent media article, Nick Gibb MP noted that the Education Bill will *"put teachers back in control of the classroom so pupils can learn without disruption and teachers have more power to tackle truancy"* and that *"reducing truancy rates is critical to our objective of closing the attainment gap between those from poorer and wealthier backgrounds*."[3]*.* David Cameron recently underlined the government's emphasis on ensuring parental accountability for children's truancy[4]. The

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[2] Website: http://www.bbc.co.uk/news/education-12227491 link accessed on 12th July 2011

[3] http://www.guardian.co.uk/education/2011/mar/29/truancy-levels-soar-in-primary-schools accessed 12th July 2011

[4] http://www.independent.co.uk/news/uk/politics/truants-parents-could-face-benefits-cut-says-cameron-2351888.html

Government's social policy review, announced in the wake of the recent riots, will look into whether the parents of children who are constantly truant from school should have their benefits cut.

2.2 Therapeutic interventions with children, young people and families: an introduction

The term 'therapeutic intervention' refers to a broad range of programmes which differ in their underpinning theories; content; audience; and expected outcomes. Despite these differences, Becker et al (2004) argue they share a common goal of improving the self - esteem, self–control, self -perception, emotional state and interpersonal relationships of children, young people and their families. Whilst the literature provides some evidence that therapeutic interventions can lead to improved attendance and behaviour, these are not commonly identified as primary aims of the interventions.

Becker et al identified 31 different types of therapeutic interventions used in school and non-school settings. We have broadly categorised these as:

1. Parenting support and training
2. Family therapy
3. Individual therapy
4. Nurture groups and learning support units
5. Cognitive behavioural programmes
6. Creative and physical therapies.

2.3 Therapeutic interventions: what works?

Therapeutic interventions have been used with varying success in tackling a range of issues and problems facing children and young people. In the following sections we discuss some of the therapeutic approaches for which there is evidence of success. However, it is important to note that this evidence is often mixed. For each therapeutic approach we present the evidence of its effectiveness, the outcomes it delivers and any existing evidence in the literature on good practice in implementation.

2.3.1 Parent support and training

Parenting support and training programmes are well-established interventions that have been delivered with varied success. A systematic review of the costs and benefits of parental interventions (London Economics, 2007) reported a particular lack of long-term evaluations of parenting programmes, although highlighted evidence that parental behaviour, including involvement in their child's education and discipline techniques, could have important effects on child development.

Where parenting support and training has been delivered well, there is evidence that it can reduce anti-social behaviour (including substance misuse and association with anti-social peers), re-offending, reconviction rates and behaviour problems amongst children and young people (Kendall et al, 2008). DCSF (2008) in their guidance for practitioners implementing the TaMHS project report that evidence suggests that parent support programmes are **most**

effective when they are targeted at parents of younger children with less severe behavioural problems.

One example of a successful parent support programme is the Incredible Years programme which is focused on strengthening parenting competences and fostering parents' involvement in children's school experiences. The programme has reportedly had a significant impact on range of child and parent outcomes including child adjustment and reduction in child problem behaviours, and is effective with parents from a range of different ethnic groups, including hard-to-reach and disadvantaged populations. Allen (2005) reports that the programme is currently being delivered in Birmingham children's centres to mothers of children aged 3 and 4 who score highly on the 25-item Strengths and Difficulties Questionnaire. He argues that *'using scientifically validated tools allows practitioners to approach families and offer them the help they need before their problems get out of hand'* (Allen, 2011: 73).

However, Kendall et al (2008) report evidence to suggest that improvement in children's behaviour cannot always be attributed to the participation by parents in training or support programmes. Additionally, Hallam et al (2004) in their study on the effectiveness of parenting programmes in five local authorities found that although parent attendance at a parenting programme resulted in a reported improvement in the behaviour of children at home, there was limited evidence to suggest that it resulted in improved behaviour and attendance **at school**. This was particularly the case when the child's problems were related to issues in school, for example, bullying or a poor relationship with a teacher. The authors report that because of this intervention, deliverers often saw **the need for complementing parenting programmes with direct work with children**. This was also echoed by DCSF (2008) in their guidance for practitioners delivering the TaMHS project where they reported evidence to indicate that parent training programmes should be combined with interventions with the child to promote problem solving skills and prosocial behaviours, particularly with older children with more severe problems. Hallam et al (2004) also provide some useful pointers for the evaluation, suggesting that it should combine self reporting and a more objective, external reporting based on observation.

The extent to which parenting programmes are assessed as successful **relies to an extent on the evaluation methods used.** Evaluations of parenting programmes have relied more on parental reports rather than on independent observations of children's behaviours. Where evaluations have primarily included parental reports, there have been high levels of success. On the other hand evaluations involving observation often report that effective change, although apparent at home, does not always transfer to other environments including schools (Hallam et al, 2004).

The literature reviewed has highlighted some key success factors for parenting programmes. These include:

- The duration of the programme: Short programmes (under 10 hours) are reportedly less effective than longer or time-unlimited treatment of 50 or 60 hours. Additionally, there is evidence to suggest that total number of hours spent working together may be more important than the number of sessions per se (Becker et al, 2004; Hallam et al, 2004; DCSF, 2008).

- The skills and training of deliverers: Parenting programmes need to be delivered by people who are suitably trained, skilled and supervised. Using skilled facilitators to

engage parents is also important. In particular, the relationship between parents and deliverers is key to the success of the programme (DCSF, 2008; Kendall et al, 2008).

- Programmes that are evidence based: programmes that draw on social learning principles and provide parents with an education about these principles are more likely to be successful (Becker et al, 2004; DCSF, 2008).

- Tailored and relevant programmes: There is evidence that programmes that are flexible and can be tailored to parents' needs are most effective. However, at the same time it is also important to retain fidelity to the core evidence based programme (Kendall et al, 2008).

2.3.2 Family therapy

There is a considerable body of evidence that indicates that interventions involving family therapy have had considerable success in tackling conduct problems and delinquency amongst children and young people.

One example is Functional Family Therapy (FFT) which is a 'multisystemic' programme which means that it focuses on the multiple domains within which adolescents and their families live. It targets young people between 11-18 years of age and involves a qualified therapist working with adolescents and their families to change interactional patterns and improve communication in families. A number of treatment outcomes have been reported. Becker et al (2004) in their review of the available evidence on therapeutic interventions, report that FFT has been found to improve family communication and result in lower rates of referral to and contact of children and young people with the courts. Similarly, Allen (2011) in his report on the importance of early intervention reports that multiple evaluations have indicated that FFT 'reduces criminal recidivism, out-of-home placement or referral of other adolescents in the family for extra help from children's services by between 25 per cent and 55 per cent. The programme is also proven to prevent adolescents with behaviour or drug use disorders from entering more restrictive and higher-cost services' (Allen, 2011: 75). There is also evidence to suggest that FFT results in longer terms gains, with follow-up studies indicating that positive impact extended to up to 2.5 years post programme delivery.

Another example of family based therapy is Multi Systemic Therapy (MST) which includes a package of different interventions delivered by a team of practitioners to young people and their families. MST views the family as part of a number of systems (school, peers, neighbourhood) and treatment includes tackling challenges and issues across these systems. Becker et al (2004) report that MST has been shown to be more effective in reducing delinquency, emotional behavioral problems and in improving family functioning compared to other interventions such as individual counseling, probation or court ordered activities. More specifically, follow-up studies up to 2, 4 and 5 years later show that young people who have participated in MST have lower arrest rates than young people who received other services. This long term impact of MST has also been echoed by Kendall et al (2008) who report that MST has been found to be successful in reducing offending in a thirteen year follow up study.

The is also evidence to indicate that MST is more successful in achieving some outcomes compared to others. Thomas et al (2008) in their review of evidence on the effectiveness of early interventions report that MST had a significant effect on time spent in institutions, risk of being rearrested and in the rates of subsequent arrests, but did not have a significant impact on risk of incarceration, psychosocial outcomes such as family functioning, or

child/adolescent behaviour. Additionally, DCSF (now DfE) (2008) in their guidance for practitioners implementing Targeted Mental Health in Schools (TaMHS) report that although MST is an effective approach, particularly for young people with 'severe or entrenched problems' it does involve the commitment of a large number of professional resources and can therefore be expensive.

Key to the success of family therapy is working in an active partnership with families. This makes the likelihood of a sustainable and positive recovery all the more likely as families feel they are genuinely involved in shaping the way their lives are being improved[5].

2.3.3 Individual therapy: counselling and mentoring

Individual therapy and counselling are well established as ways of providing therapeutic help for individuals who are experiencing social, emotional or behavioural difficulties. They include a range of theoretical approaches including psychotherapy and behavioural approaches. Becker et al (2001) argue that evidence indicates that behavioural approaches are more successful than non-behavioural approaches, and Wolpert et al (2006), in their guidance for mental health professionals working with children and young people, report that there is insufficient evidence to draw any conclusions about child psychotherapy.

Carr (2009) provides an up-to-date review of research on the effectiveness of psychotherapy and psychological interventions with children, adolescents, adults, people in later life, and people with intellectual and pervasive developmental disabilities. Drawing on recent meta-analyses, systematic reviews, and key research studies in psychotherapy, this research presents evidence for: the overall effectiveness and cost-effectiveness of psychotherapy, the contribution of common factors to the outcome of successful psychotherapy, and the effectiveness of specific psychotherapy protocols for particular problems. DCSF (2008) reports that parallel work with parents is important when using child psychotherapy, and additionally, that the quality of the relationship between the therapist and the child is of paramount importance in this approach.

With regards to behavioural approaches, such as Cognitive Behavioural Therapy (discussed later) there is evidence that these are most successful when they are used to treat **specific problems** such as anxiety, depression or attention problems (Becker et al, 2001; DCSF, 2008).

Mentoring programmes, although increasing in popularity, have not to date demonstrated strong evidence of positive impact on children and young people. This is often because many evaluations of such programmes are based on weak and unsound research methods (Tarling et al, 2004). However, there is some recent evidence to suggest that when implemented properly they can lead to better outcomes for participants. For example, Becker et al (2004) report that Learning Mentors in secondary schools, which were one strand of the Excellence in Cities initiative, had a significant impact on the attendance, behaviour, self-esteem and academic progress of the pupils they supported. Similarly, Kendall et al (2008) report that learning mentors have been found to contribute to a reduction in exclusions.

Becker et al (2004) also report that in the UK the largest mentoring evaluation was published in 2004 and was an assessment of ten programmes known as 'Mentoring Plus'. Mentoring

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[5] Evidence from the Westminster Family Project:
http://www.westminster.gov.uk/workspace/assets/publications/Thinking-Family-1256302181.pdf

Plus consisted of one-to-one mentoring with disaffected young people employing adult local volunteers, plus structured education and careers support. The impact of the programme was most evident in relation to young people's engagement in education, training and work and this engagement was most marked when programmes were well implemented.

This focus on good implementation is also stressed by DCSF (2008: 38) which identifies the success of *'well-structured mentoring schemes which carefully match an adult with a young person, and which follow strict guidelines and procedures.'*

The literature reviewed has highlighted some key success factors for mentoring programmes. These include:

- Clearly defined roles for mentors and systems for referral to them
- Adequate mentoring time period and frequency of contact to give both parties time to adapt to each other and establish a comfortable and mutually satisfying relationship
- Good links with pastoral and academic staff and regular liaison with parents
- Access for mentors to appropriate training and support
- Definite targets for pupils with regular review
- Well organised and manageable caseloads.

2.3.4 Group-based support: Nurture groups and learning support units

There is some evidence to suggest that taking vulnerable pupils out of mainstream classes and putting them in smaller, more supportive and targeted classes, such as nurture groups or learning support units, for a short period of time can have a positive impact on outcomes for children and young people.

- Nurture groups

Nurture groups[6] have a 40 year history, are underpinned by a strong theoretical foundation, require specific training, and have a prescribed approach to monitoring and evaluating outcomes.   Becker et al (2004) report the findings of a study that tracked and compared the progress of pupils in nurture groups, primarily in primary school, to the progress of those in mainstream classes. Attendance at the nurture group was associated with positive social, emotional and behavioural progress, as measured by Boxall Profile scores and the Strengths and Difficulties questionnaire. Additionally, parents whose children attended a nurture group were also less anxious and more optimistic about their children's development. DCSF (2008) also report the findings of an evaluation of nurture groups which found that there were statistically significant improvements for nurture group pupils in terms of social, emotional and behavioural functioning. Additionally, groups which had been in place for more than two years were found to be significantly more effective than groups which had been in existence for less than two years.

DCSF (2008) highlights a number of success factors for nurture groups, which have relevance for other group-based support:

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[6]   http://www.nurturegroups.org/

- 'the practical day-to-day work of the group is rooted in an understanding of the developmental needs of children, the interdependence of social, emotional and cognitive factors, and a commitment to the fostering of positive healthy development

- the work of the nurture group should be fully integrated into mainstream school and LEA policies and structures, so as to avoid the danger of groups becoming an exclusionary form of provision

- children's admission to, progress in, and eventual departure from the group should be informed by the use of appropriate diagnostic and evaluative tools, such as the Boxall Profile.' (DCSF, 2008: 68)

- Learning Support Groups

Positive findings have also been reported for the learning support units that formed one part of the Excellence in Cities initiative. Specifically, these units were found to contribute to improvement in school attendance, a reduction in exclusions and fewer behavioural incidents (Wilkin et al, 2003). According to the pupils involved, the success of these units could be attributed to: the ambience of classes that enabled them to concentrate; the positive relationships between staff and pupils; extra resources (especially computers) available to support learning; the small size of the groups, enabling more individual attention and the fact that they had involvement in decisions to enter and leave the units (Kendall et al, 2008; Wilkin et al, 2003).

2.3.5 Cognitive behavioural programmes

There is mixed evidence about the success of cognitive behavioural programmes. These programmes are used for a number of reasons in a variety of settings. For example, they are often used for the treatment of specific problems such as anxiety, depression and bulimia. They are also used in school settings to support the development of children's social and emotional skills. They are also commonly applied to preventing youth gang involvement. Techniques include anger management, problem-solving and social skills training (DfE, 2008; Fisher et al, 2008).

Becker et al (2004) report findings from a meta-analysis of 30 cognitive behavioural programmes with children and young people which found that these had a small to moderate effect on decreasing anti-social behaviour amongst participants. The authors also report that multiple sources of evidence have indicated that these programmes tend to be **more successful with older children** rather than younger children:

> *'One of the reasons for this is that adolescents are likely to be more developmentally mature in perspective-taking and expressive and language abilities. They are also likely to be less easily distracted.'*

Wilson et al (2001), in their meta analysis of 165 school based prevention activities, found that those initiatives that used cognitive behavioural methods were most effective in reducing delinquency, anti-social behaviour, drug use and school dropout. These included social competency and self control development instructional programmes and other cognitive behavioural programmes that involved teaching new behaviours through modelling, rehearsal, feedback on performance and reinforcement. Wilson et al go on to argue that cognitive behavioural prevention programmes '*appear to be among the most effective school based programs* (Wilson et al, 2001: 269)'.

Thomas et al (2008), in their review of evidence on early interventions for young people also report the findings of a study where cognitive behavioural interventions were successful in reducing school dropout of young people with disabilities. However, the authors also state that the evidence was not clear on the length of time an intervention needed to run for to be effective.

The literature reviewed also suggested that although these programmes can be successful with children with mild conduct problems, there is **no evidence that of their success with chronic or severe cases** or where other disorders exist as well (Wolpert et al, 2006; Becker et al, 2004).

There is evidence in the literature that cognitive behavioural programmes work best when:

- Combined with parenting programmes, particularly when targeted at younger children.
- Delivered as part of multi-modal programmes - which involves a range of institutions working together to deliver a programme that includes a variety of different approaches or elements. Evidence for the effectiveness of stand alone cognitive behavioural therapy (CBT), problem solving approaches and anger management programs for adolescents remains weak.

2.3.6 Creative and physical therapies (arts, play and sports therapies)

We found little substantive evidence relating to the success of arts therapy. Becker et al (2001) report on the findings of a review of 17 studies that focused on art therapy and concluded that there is only 'suggestive' (i.e. not proven) evidence of their success. Becker et al go on to argue that although art therapy can be helpful, for example with regards to offering creative opportunities for self expression, there is little evidence of its success as a therapeutic intervention to help children and young people with social, emotional or behavioural problems. Right Here (2008) in their review of literature related to early intervention and promoting young people's mental health also report that there is a lack of sufficient evidence to show the effectiveness of arts therapies. However, they also report that there is emerging evidence that arts therapies can help with some of the symptoms of schizophrenia such as depression, lack of energy and reduced motivation. They also report a small scale study by the Mental Health Foundation (2006) on four arts therapies in Scotland where participants demonstrated improve mental health and social functioning.

Similarly, there is mixed evidence about the success of play therapy. Becker et al (2001) argue that this is because research on play therapy often includes inadequate definitions of what constitutes play therapy, research methodology that relies of case studies, small samples and inadequate or non-measurable outcomes. More recent studies however are more encouraging. DCSF (2008) state that play therapy can be used successfully for developing more positive child/parent relationships and for enabling children to express themselves better. They report the findings from meta-analyses of a range of play therapy studies which showed that this approach is more successful with children under the age of seven. Treatment outcomes reported included increased feelings of self-efficacy, a higher self concept and higher levels of physical proximity between mothers and children. They also report on a review of two controlled studies of *Theraplay,* an interactive form of play therapy focusing on five dimensions of behaviour between parent and child, which found that the approach improved a number of behaviours including attention problems, non cooperation, defiance and shyness.

Whilst much has been written about the impact of sport/physical activity on the physical and social wellbeing of pupils (obesity, weight related issues and social inclusion), we found much less evidence about its impact on behaviour. A research briefing produced by Keele University (2001) in relation to the value of sport and the arts for disadvantaged young people highlights a largely *anecdotal* evidence base about their success and value, however *'little substantive, systematic research'* into their impact.

One large-scale study by Sandford et al (2008) reported that the HSBC/Outward Bound project and Youth Sport Trust/BSkyB 'Living For Sport' programme, both implemented with disadvantaged young people in UK schools, delivered positive impacts on the behaviour and attendance of large numbers of pupils, and that engagement in lessons and relationships with both teachers and peers had improved and could be sustained. The findings also demonstrated, however, that impact is highly individualised and context-specific. Positive impact is more likely to be sustained when some or all of the following project features are in place:

- effective matching of pupil needs with the specific project objectives
- locating project activities outside of the 'normal' school context
- working closely with pupils to choose activities
- setting targets and reviewing progress
- establishing positive relationships between project leaders/supporters (mentors) and pupils and
- giving pupils the opportunity to work with and for others.

2.3.7 Enabling factors

The evidence highlights a range of factors which can act as enablers (or, if absent, barriers) to successful implementation of therapeutic interventions and achievement of desired impacts.   Drawing on the work of Durlak and DuPre (2008) and Humphrey et al. (2010) we have grouped these as:

- **Project planning and set up** eg awareness of intervention, perceived benefits, staff buy in and involvement,
- **Operating environment** eg leadership support, shared vision, integration with other aspects of the school
- **Intervention characteristics** eg fidelity to original design (if evidence based intervention), adaptability, innovation
- **Implementer characteristics** eg skills, experience and behaviours of those involved in delivering the intervention
- **Support systems** eg structure and content of training, support and supervision of those delivering in the intervention.

From across the different types of therapeutic interventions we looked at, the following enabling factors appeared to be of particular importance:

- **A 'whole school' approach**: DCSF (2008) states that a whole school approach that benefits all children, including those with mental health needs and problems is key for success. The authors refer to evidence that suggests that providing targeted support is of little benefit unless it is reinforced by a whole school commitment and effort to promoting

positive mental health. Similarly, Hallam et al (2006) in their evaluation of the Primary Behaviour and Attendance pilot in 25 local authorities report on the success of the different components of the programme. This included a range of targeted therapeutic interventions which were found to be most successful in reducing exclusions when there was a commitment from the whole school and when the work was integrated with other school-wide initiatives.

- **Multi-modal interventions**: There is evidence to suggest that many therapeutic interventions on their own are not sufficient in delivering positive outcomes, and should in fact be delivered as part of package of support. For example, evidence indicates that parenting support programmes should be combined with direct interventions with the child, particularly with older children with more severe problems (Kendall et al, 2008; DCSF, 2008). Similarly, cognitive behavioural interventions are often more successful when they are delivered as part of multi-modal interventions. A multi-modal approach also allows for different agencies and practitioners to work together. DCSF (2008: 35) state *that 'it is important to remember that for children and young people with multiple needs, many other providers may be involved in securing better outcomes for them and their family. Therefore an important caveat in relation to all therapeutic work is that it should not take place in isolation.'*

- **Involvement of families**: DCSF (2008: 37) stated that *'therapeutic approaches are most effective when they look at the young person in the context of their family structure and work with all family members.'* The authors also refer to evidence that a key success factor for effective social and emotional learning programmes is involving **families as partners** so that they promote external modelling of emotional and social skills. Similarly, Becker et al (2004) in their review of therapeutic interventions in Nottingham emphasise that securing active parental cooperation and involvement was a key 'lesson learned' from the projects.

- **Adequate duration or length**: The evidence suggests that mentoring programmes, parent support programmes and nurture groups are all most successful when they are delivered over longer periods of time.

2.3.8 Using the evidence review

This evidence review was designed to increase our understanding of therapeutic interventions and generate knowledge that informs the design of the main evaluation. It was not intended to be a systematic review but to enable us to provide a broad and accessible overview of different types of intervention and some relevant learning from practice.

The evidence review has generated two main 'types' of evidence

(1) evidence about 'what works' in relation to different types of intervention. Whilst SWIFT falls firmly under the 'family therapy' category, we recognise that Mounts Bay and Teignmouth Community College combine a range of approaches. In the case of Teignmouth Community College, this includes cognitive behavioural approaches with individuals and groups, and individual therapy. At Mounts Bay, we understand that this will involve parental support, however the exact nature of therapeutic interventions requires further elaboration.

(2) five groups of enabling factors common to therapeutic interventions.

We will use the findings in the following ways:

- shaping the development of our fieldwork tools which will probe on the success factors central to different intervention types, and explore the relative importance of different types of enabling factors in facilitating or hindering intended impact.
- informing our interpretation of evaluation findings and recommendations, and relating these to the wider evidence base.

3. Mounts Bay, SWIFT and Teignmouth Community College: project overview and emerging learning

3.1 Mounts Bay School Student Support Services

3.1.1 Overview

Mounts Bay secondary school in Penzance is introducing *6 levels of behaviour* to enable the early identification and support for pupils with behavioural and other issues. The school has a large intake of children from the most challenging estates in the area and, whilst the school is oversubscribed and its performance is strong, it would like to reduce the number of pupil exclusions. The *6 levels of behaviour*, and the processes underpinning this structure, are seen as a way to achieve this.

Mounts Bay has an ambitious Head that is open to new ideas. She is keen to invest in her staff by rotating roles and responsibilities and sending staff to look at best practice in different countries like the KIPP academy in New York or the Cameneous project in Europe. The school, which was a specialist sport college, is currently being converted into an academy. It has also moved to 100 minute classes, three times per day and from September 2011 every term will be nine weeks long. The first week of each term will be an assessment, diagnostic week with evaluations and assessments occurring in weeks six to eight. This means there will be the same routine each week, incorporating feedback to parents and meetings for staff.

The *6 levels of behaviour* will be an integral aspect of this new routine. The programme will happen in school although additional attention will be paid to Year 7 pupils as they join the school and may lead to earlier intervention at the feeder primary schools. At the time of fieldwork, the project was still at inception phase and further detail behind the project will emerge during later fieldwork visits. However, key elements of the approach include:

- Establishing clear guidance around the *6 levels of behaviour*, from level 1 (minor behavioural issues or changes in behaviour such as increasingly late or disrespectful) to level 6 (the point at which exclusion will be considered);

- All staff to be trained up to understand the 6 levels, and so to be able to place pupils into the system at an appropriate level;

- At the point of entry into the behaviour levels, certain staff will approached to plan and deliver an appropriate and personalised referral plan. This will be managed mainly by a dedicated key worker who will be responsible for coordinating the activity around the child;

  - At levels 1-2 this will mainly be kept within the remit of the Head of Year and Tutor lead;

  - At level 3 and above, a '360 degree team around the child' will occur and parents will be approached for their inclusion and support. This will also include wider therapeutic interventions as necessary; and

- Pupils will be reassessed at regular intervals depending on the nature of the referral plan and parents invited to take part in the process and engage with the school and their child's progress.

Desired outcomes are against four key areas. These include:

Pupils – will feel relaxed and supported – they know people they can speak to and ask questions. They will feel in control of their behaviour and school careers. They will be supported to identify key underlying drivers of their behaviours and to embrace the referral plan put in place to create positive change. The ultimate outcomes of the programme – beyond decreasing school exclusions and reducing truancy – meet with the broader objectives of the school, namely creating a generation of mature, resilient, fulfilled and confident pupils with a clear future trajectory.

School – the new structure is designed to create a positive learning atmosphere where teachers feel prepared and supported to encourage pupils, and discipline them when appropriate, and where pupils feel in control of their studies. It will help standardise teacher approach to discipline.

Parents - a major outcome of the programme is to engage with parents, to give them a voice and say in their child's schooling and to re-position the school as their partner. Parents will want to approach the staff, and know who to contact with issues.

Community – as well as improving the reputation of the school in the local area and encouraging the local community to use the sports facilities offered by the school, Mounts Bay has ambitions to influence Cornwall local authority as well as influencing government policy and thinking in the areas of behaviour and early intervention.

3.1.2 Pathways to Outcomes model

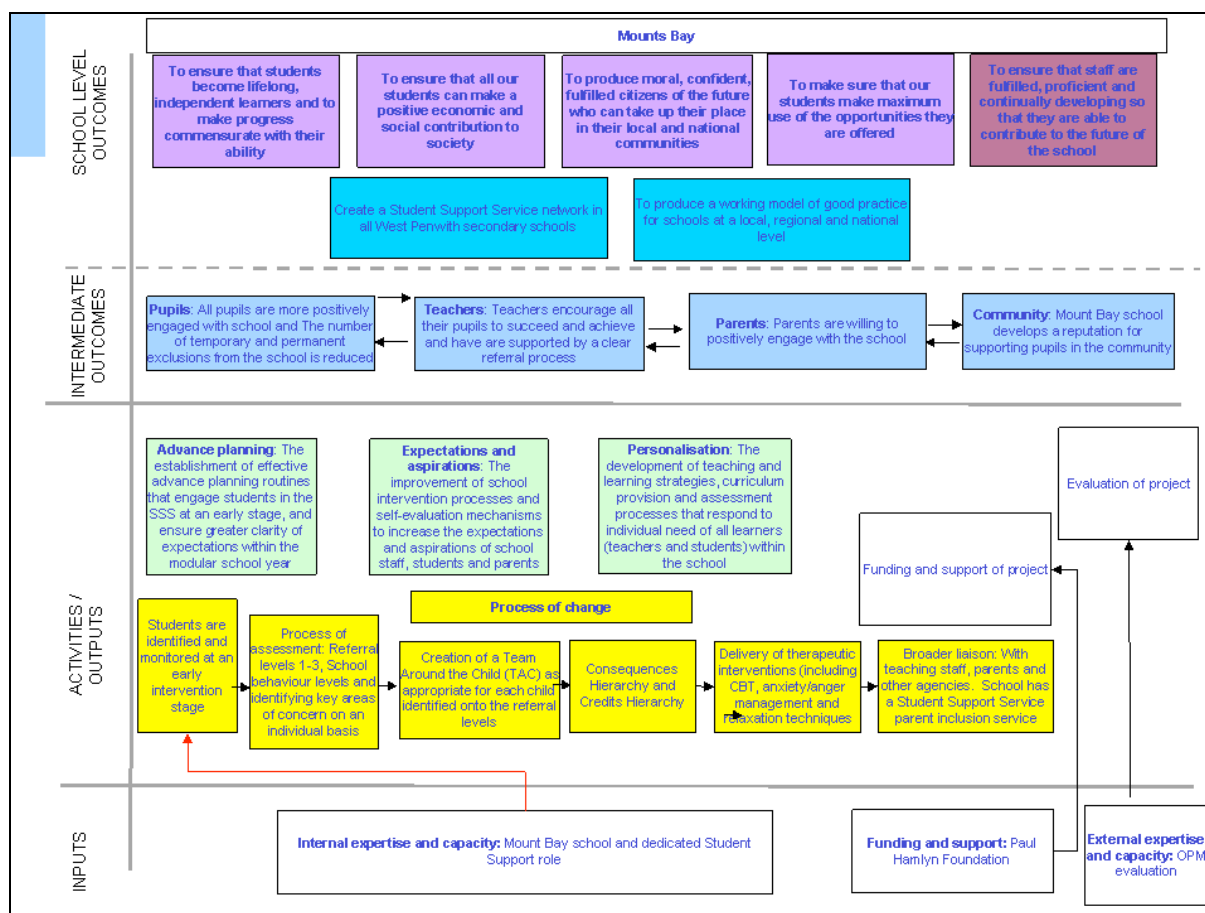Figure 1 describes the project as it is currently envisaged.

Figure 1: Mounts Bay Student Support Service Pathways to Outcomes model

The model is based on the following theories and assumptions:

- That regulating the process around behavioural issues will enable teachers to identify issues at an earlier point and for pupils to have access to influence their own referral plan

- That pupils will feel supported as a result of their personalised intervention plan, and take ownership of their own development and progress

- That the early interventions will prevent a larger number of pupils from reaching the point of exclusion as issues will be identified sooner and appropriate measures in place to address the behavioural problems or other wider needs of the pupil

- That providing clear guidance around levels of behaviour will ensure more consistent practice across teachers, ensuring all teachers discipline and mentor the pupils appropriately. This will 'provide a support service to staff so they can do their jobs'

- That a dedicated key worker will be able to coordinate all the different figures in a child's life at school including head of years, subject teachers, tutor teachers, key workers and other support staff and so create a more coherent plan where fewer (if any) pupils can fall through the gap

- That the teaching staff can learn from the relationships built between key worker and parents and that a new personalised approach will encourage parents to reassess their attitudes towards and relationships with the school. As one staff member commented, 'several key workers have first name contact with parents which personalises their contact.'

- That the increased engagement of parents will encourage them to encourage their children to engage with school, leading to a future generation of children with more positive attitudes towards the school, and

- That the evidence trail of the 1-6 level referral plans will support or undermine exclusions when and if they need to occur, rather than exclusions occurring or being rejected through insufficient evidence.

3.1.4 Emerging learning and early adjustments

At the time of fieldwork the model had not been fully launched in school but will be introduced in full in September 2011 alongside the change in school structure and status as an academy school. Nonetheless there is already some early learning and early adjustments including:

- The original model was to introduce the key worker at level 3, the point at which the team around the child (TAC) was to be created. However the plan now is for the dedicated key worker to be involved at the very start of the process to ensure the pupil has more consistent and earlier support;

- There is a sense that the work with parents is already having an impact. Staff are also being allocated official school email addresses which they will be encouraged to pass onto parents to facilitate online contact;

- There are anticipated challenges around launching the project in one go – however staff are used to change and the programme will be aligned with broader school-wide changes to be part of a bigger push for change. The key worker will also be recruited to support staff through the programme;

- The school is looking to recruit the ex-Connexions worker as the dedicated key worker. She is a highly desirable candidate as she knows the systems, the schools and many of the pupils already. At the time of out visit, there was some debate around her role and her start date was being finalised;

- The key worker is to be supported by an 'on call' member of staff. At the time of fieldwork the remit of the key worker was being finalised, including the extent to which this role will be paid for through PHF funds; and

- Outcomes are taken from the original PHF bid but will be revisited and reconsidered as the project progresses, to reflect the development of the project. One challenge for the evaluation is to reconcile which impacts are the result of the PHF-funded project and which impacts reflect the broader, structural changes happening within the school.

3.2 Services Working in Feltham and Hanworth Together (SWIFT)

3.2.1 Overview

SWIFT - in collaboration with its partner The School and Family Works – aims to work therapeutically and systemically with families at risk, children at risk of exclusion and local schools through its programme of Multi-Family Therapy Groups. SWIFT was first established as an extended schools cluster in Hounslow in London, and is managed by a multi-agency board with a reputation for engaging hard to reach families. All money is held by the lead school, Crane Park Primary, who manages the grant on behalf of the cluster. Three schools in the Hanworth cluster first piloted Family Groups in 2008-9, using a multi-family therapy technique devised by the Marlborough Family Service (MFS). The Marlborough model has received national attention, having been endorsed by the former Department of Children, Schools and Families, and has been proven to deliver positive impact on behaviour, exclusion, mental health, academic achievement and parental functioning.

The pilot - which consisted of 4 Family Groups - was shown to be successful in engaging 'families at risk' (i.e. families that experience multiple and complex problems which restrict their life chances, such as poor mental and/or physical health, low income, poor housing, alcohol and drug misuse, domestic abuse, etc[7]). The pilots provided some evidence of having reduced exclusions, as well as a number of other positive outcomes for the families involved. Consequently there was a strong appetite among local partners to apply for PHF funding to support the continuation of the model in 2010.

The programme is delivered in two primary schools, through a Year 1 and 2 group (infants), and a Year 4 & 5 group (juniors), and for students in Years 7, 8 and 9 at Feltham Community College. Key elements of the approach include:

- Establishing 3 multi-family therapy groups, bringing up to 8 families (i.e. at least one parent and one 'focus child') together in one group

- The schools identify families they think will most benefit from this intervention

- Each school identifies and offers the time of a school-based partner (the deputy head / SENCo or pastoral lead) to co-facilitate the group with the specialist mental health partner from The School and Family Works

- In initial sessions the child, the parent, the child's classroom teacher and the school-based partner agree long-term goals for the child. These are recorded as 'external targets', and reviewed half termly. Progress towards these targets is monitored weekly by parent and teacher on a target card, brought to Family Group session for discussion weekly. Additionally 'internal targets' are set in each group session for each child, working from any difficulties arising at home or school in the previous week.

- Groups run weekly in school time over two hours, The facilitators, children and an adult per family attend, creating a group session of up to 18 people. In sessions families

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[7] See definition of 'families at risk' in Reaching Out: Think Family; Analysis and themes from the Families At Risk Review, Cabinet Office, 2007http://www.devon.gov.uk/reachingoutthinkfamily.pdf

identify current problems, develop reflective and analytical skills through activity work, and support and challenge each other towards mutually agreed targets.

- Children return to class and there is 'parent reflection time'. Family Group members will offer and be offered strategies on how to manage situations to achieve more positive outcomes and competence.

- When the child is consistently scoring high on all long-term targets and all parties – child, parent and school, agree the intervention is no longer required, the child and parent 'graduate' from the group. This change process often takes a year.

- School-based partners explore opportunities to help embed approaches in school strategies.

Desired outcomes for the children and young people include greater emotional well-being, reduced exclusions and improved school attendance. In addition the aim is to support vulnerable families, reduce their sense of isolation, improve their relationships with each other, with schools and other services. Longer-term it is hoped the programme will impact positively on wider issues such as early entry to the criminal justice system, teenage pregnancy/sex and reduce referrals to CAMHS and Social Care.

3.2.2 Pathways to Outcomes model

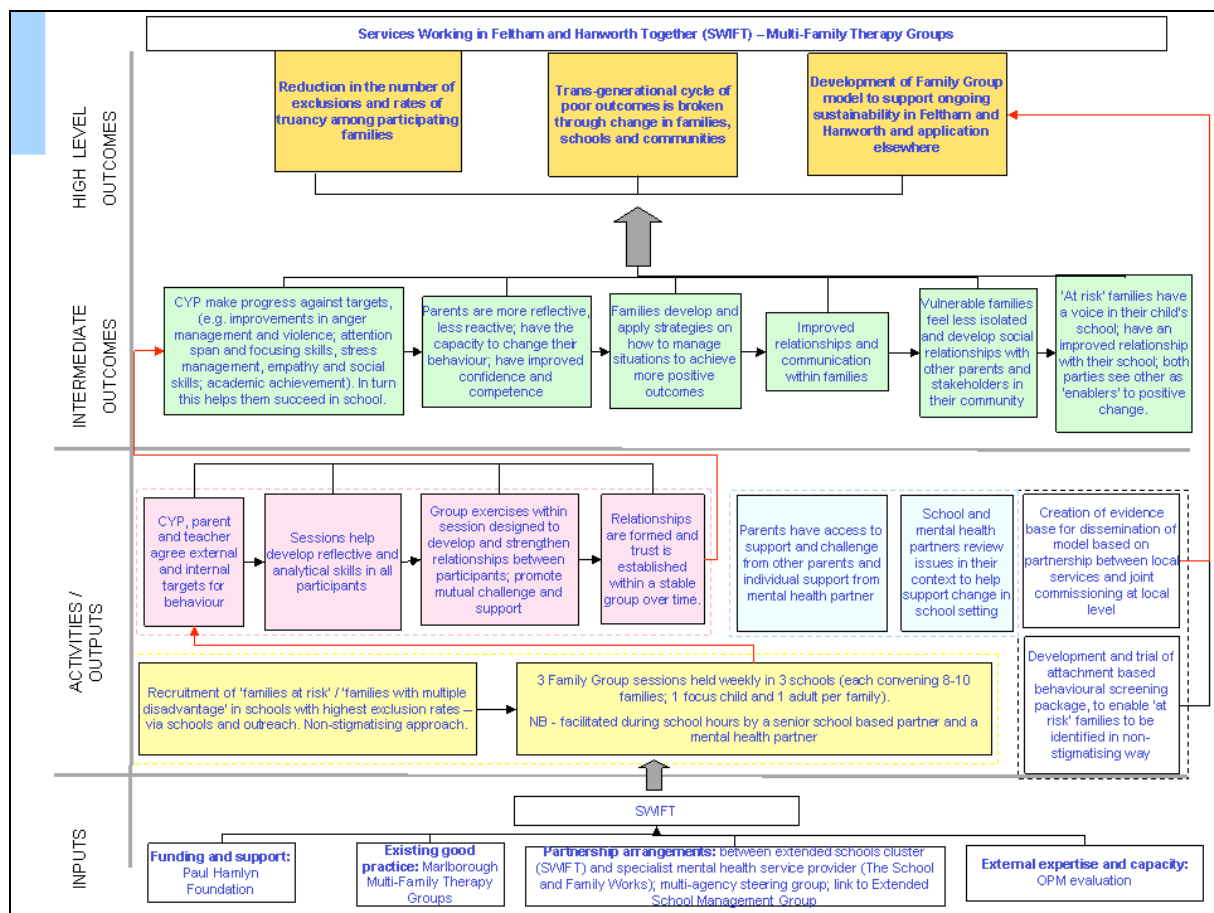Figure 2 describes the project as it is currently envisaged.

Figure 2: SWIFT Pathways to Outcomes model

The model is based on the following theories and assumptions:

- The nature of a child's relationship with her/his family or primary carer is one of the most important determinants of educational outcomes. The capacity of children to relate well to school staff and peers is influenced by their early attachment experience with significant adults at home (Bowlby, Geddes). Where parenting is perceived as 'low warmth / high criticism' by school staff insecure attachment patterns are indicated.

- Advances in neuro-science have demonstrated how development of neuronal pathways is 'use dependent'[8]. The development of new neuronal pathways is facilitated when all parts of the child's network (family and all school staff) work together consistently to support and sustain new thinking habits.

- Many 'families at risk' are likely to experience problematic relationships – both internally within families, and externally with schools, other services and the wider community – and be trapped in a cycle of behaviours characterised by reactivity and fear.

- Patterns of poor relationships and behaviours are likely to be intergenerational and will repeat themselves unless specialist support services can help break these cycles.

- Schools often have a limited capacity to deal adequately with pupils from 'at risk' families who are disengaging from school and/or presenting challenging behaviours in school. Furthermore schools – and indeed any single agency – will have limited leverage to affect positive change if they work in isolation with a child or young person, without also engaging families and the wider system.

- Positive outcomes can only be achieved if all parties view each other as equals who have the power to affect positive change. The Family Group model is underlined by a theory of 'co-production' and aims to

  – break down patterns of mutual distrust and 'blame cultures', whereby other parties are viewed as 'problems' or 'barriers'

  – focus on commonalities, e.g. that everyone wants what is best for the child

  – empower children, young people, parents and professionals who may feel disempowered by negative cycles of behaviours and outcomes, e.g. through developing a 'sense of agency'9, by tracking improvements and successes within a supportive group environment, and through the act of helping others.

- That a group based multi-party therapeutic intervention is well placed to help break intergenerational cycles of poor outcomes, by:

  – developing positive relationships between children, parents, schools and wider support networks in the community, while also

  – enhancing 'reflective capacity' within families and services – so they are empowered to understand ingrained problems, and supported to use this insight to affect positive change.

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[8] Childhood Trauma, the Neurobiology of Adaptation & Use-dependent Development of the Brain: How States become Traits by Bruce D. Perry.
[9] i.e. the subjective awareness that one is initiating, executing, and controlling one's own actions in the world

The School and Family Works aims to *'build relationships and facilitate emotional growth and learning by offering opportunities to reflect, sort out, reduce reactivity and clear space for rational choice.'*

3.2.4 Emerging learning and early adjustments

Emerging learning and early adjustments from the delivery of the intervention so far is that:

- The model continues to be viewed as a very successful addition to the support available to vulnerable families in the local area by all the strategic partners involved.

- It is very challenging to evidence or 'baseline' the success of the programme in engaging families that are most 'at risk' without stigmatising them or jeopardising the relationship building phase that's crucial to the first few meetings with a new family. For example there are strong concerns about using tools such as the Chaos Index (South West London & St Georges Mental Health Trust – New Directions Team http://www.meam.org.uk/wp-content/uploads/2010/05/NDT-Assessment-process-summary-April-2008.pdf which may invite families to dwell on their problems in an unhelpful way.

- Entry and exit to the groups is conducted on a rolling basis, and participants cannot be viewed in terms of tidy cohorts. Due to the intensive outreach work that goes on before a family formally enters a group (which can last up to 3 months), it is not realistic to expect a whole new group to be formed and ready to start on a set date (e.g. at the beginning of term); similarly the fact that members leave the group when they are ready to do so means that formal end dates that apply to the whole group also do not exist.

- Despite strong buy-in from all partners, there can be challenges in securing the time of individual school-based co-facilitators – this is a challenge that needs to be addressed for the model to retain its integrity.

- It is extremely important for the schools and the dedicated delivery partner to have a joined up approach to key issues, e.g. whether pupils involved in the Family Groups are exempt from permanent exclusion while they're engaged in the intervention; and how onward referrals are dealt with (e.g. to social services if a child is identified as being at risk through the course of discussions). Inconsistencies can lead to confusion and suspicion on the part of the families involved, and have the potential to damage the reputation of the programme.

- Towards the end of their involvement, parents can often provide rich insights and verbal testimonies about the impact of the Family Groups model. The School and Family Works have captured examples of this through a series of short films. This is something that is likely to be integrated into the model itself in future (i.e. through parents recommending the programme to new families as part of the outreach and recruitment phase), and is something that could inform our approach to evaluating the model.

3.3 Teignmouth Community College Learning Partnership

3.3.1 Project Overview

The Teignmouth Community College (TCC) is part of the Teignmouth Local Learning Community (LLC) in South West Devon – an area with pockets of high deprivation, child poverty and social inequality. The local learning community is lead by Teignmouth Community College – a very large academy secondary school with a 6th form. The learning community comprises the college as the lead school and 6 local primary schools[10]. TCC receives nearly all of its pupils from the schools that form their learning community.

The PHF funding is supporting a project named "Learning 2 Learn" which aims to pilot a flexible model of support for students at risk of exclusion as well as those identified as 'vulnerable' – ultimately reducing rates of truancy and exclusions. Furthermore the project hopes to build a more cohesive community of schools and families.

The schools have previously developed their own (separate) strategies for supporting vulnerable young people at risk of exclusion. The Learning 2 Learn project aims to ensure all schools in the learning partnership have shared and common strategies to identify and support young people at risk, and their families. This will be building on earlier successes such as a common attendance policy across all schools in the partnership.

The two year project started in September 2010 and is due to run for two full academic years. The project is an early intervention – and whilst it is lead by a secondary school, the support is provided to primary school pupils in years 5 and 6. Support is delivered by two specialist intervention workers – qualified councillors who work with pupils, parents and teachers across the schools. The Learning 2 Learn project lead is the assistant head teacher of Teignmouth Community College and the project team (councillors, project lead and two administrative staff) are based in a dedicated building within the grounds of the college.

According to initial funding applications, Learning 2 Learn intends to work with 120 young people and 50 parents over the course of two years though a mixture of group interventions and one to one support. The intention is for group activities to cover a wide range of issues such as bullying and confidence building, whilst one to one support is to be more focused on overcoming barriers to learning and improving attendance and learning at school. Parents will be able to access support from the two counsellors which may include advice, if needed, on issues such as the importance of bedtime routines and setting boundaries. Parents will be able to feedback ideas and comments to project workers, helping to shape the support on offer.

In order to embed and sustain the project, two members of staff per partner school will be trained to continue the work once funding ends. Furthermore, there are five further Local Learning Communities in the surrounding area. Whilst the PHF funding and the Learning 2 Learn project is focusing solely on the Teignmouth community – there are plans to share learning regionally amongst other learning communities.

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[10] Bishopsteignton School; Hazeldown School; Inverteign Community Nursery and Primary School; Our Lady & St Patrick's Roman Catholic Primary School, Teignmouth; Shaldon Primary School; and Stokeinteignhead School

Desired outcomes for the children and young people include reduced number of days lost due to truancy and exclusion. The Learning 2 Learn project team also see the immediacy and availability of support to pupils and families as essential to this. They are placing emphasis on ensuring pupils and families have access to support where and when they need it – conscious of the oft-too-long waiting lists to access such support. In addition the team feel that widening access to support is an important outcome – providing support to those that may not meet criteria for support from other sources.

3.3.2 Pathways to Outcomes model

Figure 3 describes the project as it is currently envisaged.
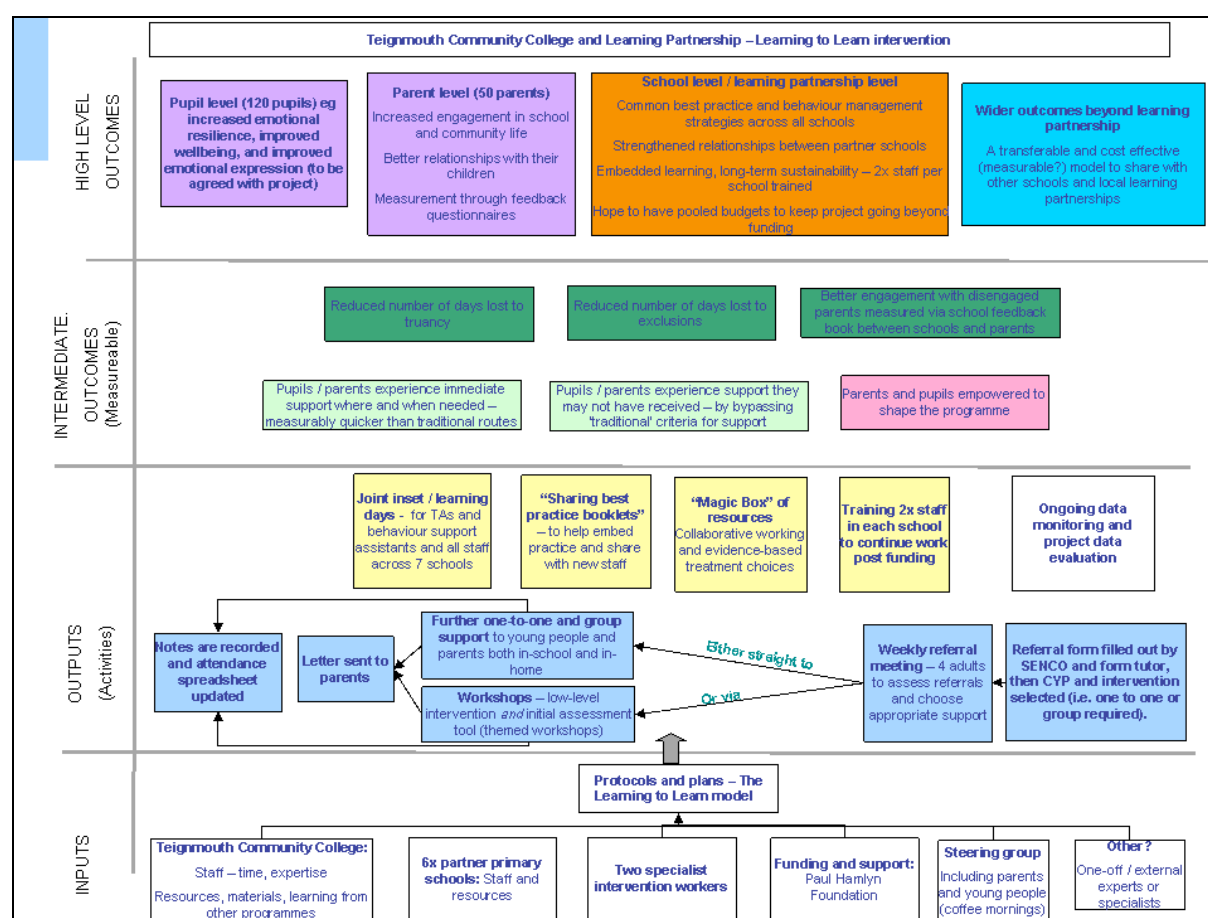
Figure 3: Learning to Learn Pathways to Outcomes model

Whilst not explicitly stated in the model it feels to us that there are additional outcomes that the Learning 2 Learn project value highly and are trying to achieve. In particular – improving the emotional wellbeing and resilience of the young people they are working with as well as equipping young people with the skills and language to deal with their feelings and challenging situations. It will be useful to have a further discussion with project team members about these when revisiting the model in the main evaluation phase.

From initial scoping conversations and site visits, the following theories and assumptions underpin the model:

- There is value in developing shared practice amongst all partner schools in order that pupils arriving at TCC have experienced consistent behaviour management and support strategies.

- Holding group and 1 to 1 support sessions 'off-site' – namely within the grounds of Teignmouth Community College - serves to help the young people feel comfortable and willing to engage in the support that they need.

- Similarly – employing external experts in the form of the two trained councillors allows the staff to engage with pupils and families on a level that is different from the teacher-pupil / teacher-parent dynamic.

- Holistic, multi-stakeholder engagement is central to success. This includes engaging with parents and families as well as all staff across all partner schools. A formidable feat of the project has seen the successful arrangement of a joint (all staff from all 7 schools) inset day in September 2011. Similarly, the team have put efforts into engaging non-teaching staff in schools – teaching assistants and other support workers through training sessions, best-practice manuals, involving teaching assistants in sessions and observing and providing tips and feedback to teaching assistants to improve their practice.

- The importance of building young people's emotional resilience and wellbeing, through core principles of good counselling practice. Many of the interventions used and described by the two Learning 2 Learn councillors involved helping young people to be self-aware and to express their feelings, recognise their own strengths and weaknesses, be mindful and reflective as well as developing empathy. Skills such as improved emotional communication and the ability to choose what they wish to share with others. Learning to trust others (such as L2L staff) and knowing how to seek out and find for themselves praiseworthy examples of achievements, skills and personal attributes were key skills the L2L team are trying to equip young people with.

- Partnership working and strong and enabling strategic leadership are proving to be central to driving forward the project. Good communication and a shared vision have already allowed the schools in the learning community deal well with pupils and families at risk of exclusion or non-attendance. By working in partnership and sharing information – head teachers have either encouraged parents to stay and work things out (by making it clear that they'll communicate directly with the other head teachers of local schools) or they have been able to forewarn partner schools about possible issues which they can then address.

- The team recognises that many families in their area had recent and possibly longstanding negative experiences of engaging with the local educational establishments and 'authority figures'. Intergenerational patterns of poor relationships and behaviours will repeat themselves unless specialist support services can help break these cycles, which underlines the importance of working with parents and carers.

Emerging learning and early adjustments

The Learning 2 Learn team continue to reflect on and adapt their practice. They recognise that there are areas where they are having good successes (such as the direct work with young people). There are also areas where they have had less success to date as well as areas which will need ongoing adaptation and innovation, for example engaging parents. The team is trying out a number of ways to gently and slowly engage with parents of the children they work with.

Additionally, the team is thinking about how best to engage fully the teaching and non-teaching staff in schools in the work they are doing. In particular – ensuring that their work with young people is not 'undone' by other school professionals and that staff in schools continue to embrace and embed the good practice started by the Learning 2 Learn team.

One specific and notable adaptation since the project start up is the inclusion of 'low-level' one day workshops which were not initially planned for and are additional to the group and one-to-one support offered. These workshops are used as both a low-level intervention for small groups of young people around specific issues (friendship, self-confidence etc), *and* as a tool for assessment. The sessions, run by trained councillors, have been valuable in helping to identify hidden support needs for vulnerable young people who may not have been picked up on by their schools. An early example from these groups included one child revealing that they were experiencing a very traumatic home life which nobody at the school was aware of.

Similarly, the team have had to sharpen their assessment and referral processes in a number of ways. At one level they have had to work hard to encourage some schools or teachers to refer pupils to them – something the low-level workshops have addressed in part. At the other level they were seeing a number of inappropriate referrals. A more robust process is now in place and combined with strong leadership and strategic partnerships – TCC is able to refer young people to other appropriate services where necessary.

4. The main evaluation

4.1 Our conceptual framework

In our discussions with project stakeholders through interviews and the measurement workshop, a couple of themes emerged which have helped shape our conceptual framework for the evaluation:

- whilst projects recognised the PHF's interest in reduced truancy and exclusion, some expressed concern about this high level indicator being emphasized at the expense of other intermediate outcomes, which they felt were equally, if not more, important. The project logic models should help allay this fear, as they reflect the full range of intended outcomes, of which reduced exclusion and truancy is one. Through the evaluation we will work with projects to encourage measurement of school-level truancy and exclusion levels, which can be benchmarked against previous years, and explore how truancy and exclusion can be measured at an individual level for pupils who receive an intervention. Reduced truancy and exclusion can be conceptualised as an indicator of a changed relationship between a child and its school.

- project staff agreed that, at their core, they are seeking to change relationships between different sets of stakeholders: pupils, parents/families, the school and its staff, and the wider community. The sets of relationships that projects are seeking to change may differ across projects, however there are clear overlaps in terms of projects' desire to change pupils' and families' relationship with the schools they are working with.

Whilst the three projects are quite different in nature, our analysis of the three project Pathways to Outcomes models revealed commonalities in terms of inputs, outputs and intermediate outcomes. From this we developed a generic logic model which is illustrated in Figure 5.
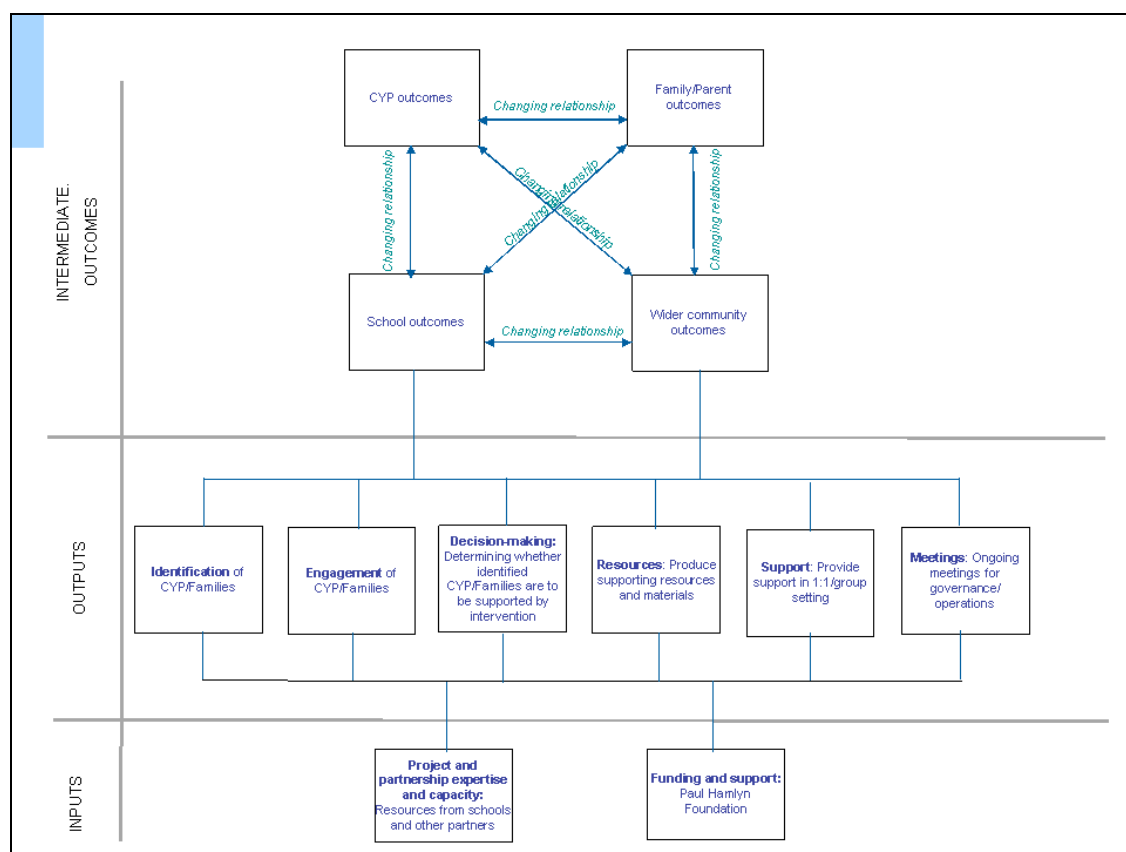
INTERMEDIATE OUTCOMES

CYP outcomes — *Changing relationship* — Family/Parent outcomes

Changing relationship

Changing relationship

Changing relationship

Changing relationship

School outcomes — *Changing relationship* — Wider community outcomes

OUTPUTS

Identification of CYP/Families

Engagement of CYP/Families

Decision-making: Determining whether identified CYP/Families are to be supported by intervention

Resources: Produce supporting resources and materials

Support: Provide support in 1:1/group setting

Meetings: Ongoing meetings for governance/ operations

INPUTS

Project and partnership expertise and capacity: Resources from schools and other partners

Funding and support: Paul Hamlyn Foundation

Figure 5: Generic logic model

During the measurement workshop held at OPM on 5 July, the generic logic model was presented to representatives from all three projects and a representative from PHF. The purpose of the workshop was to:

- Sense check the salience and relevance of the logic model;

- Facilitate individual and collective reflection and discussion around inputs, outputs and outcomes. In particular representatives from all projects were encouraged to:

  - identify what they are already collecting for each of the 'boxes' in the model

  - identify what they are intending to collect for these

  - think about what else they may need to be collecting

  - encourage the sharing of experience and practice.

We recognised that representatives from the projects will require time to think through the measurement aspects of the model, and we encouraged them to continue to reflect on appropriate and relevant measures after the workshop. We further recognised that project representatives may need to consult with other colleagues or ascertain whether required data may already be held by other partners. We will be collating further feedback and thoughts from all projects and populate the model with suggested and actual measures.

Given the consensus around the importance of examining how each project works towards transforming particular sets of relationships, our evaluation will focus on the types of measures that contribute towards our understanding of what enables or supports these relationships to change. We will explore how projects are seeking to change different sets of

relationships, the factors which enable change to happen, and the impact this has on the various stakeholder groups involved.

The evidence review, and scoping interviews, indicated that there are likely to be 5 groups of 'enabling factors' underpinning the projects' success at bringing about positive outcomes. To recap, these are:

- **Project planning and set up** eg awareness of intervention, perceived benefits, staff buy in and involvement,

- **Operating environment** eg leadership support, shared vision, integration with other aspects of the school

- **Intervention characteristics** eg fidelity to original design (if evidence based intervention), adaptability, innovation

- **Implementer characteristics** eg skills, experience and behaviours of those involved in delivering the intervention

- **Support systems** eg structure and content of training, support and supervision of those delivering in the intervention.

Our fieldwork during site visits will be designed to explore the relative importance of different enabling factors (and combinations of factors) underpinning each project.

4.2 Methods

Since the projects submitted their funding bids to PHF, there have been a number of changes. These reflect emerging realities of project implementation 'on the ground' as well as emerging clarity around the theory and practice of what the intervention can or should look like, and hence what it may realistically achieve. This is to be expected. By generating consensus and clarity through the project-specific Pathways to Outcomes models and the generic logic model, we have co-created a basis on which the main evaluation can proceed in a grounded manner. At the same time, by keeping the Pathways to Outcomes models 'live', we will continue to revisit the theory and practice underpinning the projects, ensuring that we are always clear about any changes that have taken place; the reasons for these; and the likely impact they may have on the achievement of intended outcomes.

The main evaluation will involve the following activities:

- finalising the routine data to be generated or collated by each project, building on the measurement workshop.

- collating these data from projects on a regular basis (to be determined in consultation with each project).

- assessing the quality and relevance of such data, and revisiting the continued relevance of measures as we update and refresh the respective Pathways to Outcomes models.

- agree with each project the key trigger points for their respective interventions, in order to design and conduct responsive data collection with children, young people and parents/carers, as appropriate. This approach allows us to track pupils' and families' views, experiences and outcomes over time in a way that fits with the pattern of delivery of each intervention.

- develop fieldwork tools designed to explore the five groups of 'enabling factors' (identified in section 2.3.7) and how these facilitate or hinder intended impacts in each project. We

will also explore the key success factors associated with different 'types' of intervention as identified in the evidence review, which will enable us to relate our findings and recommendations back to the wider evidence base.

- annual site visits to each project to assess ongoing implementation (including any project adjustments, their rationale, and impact) and to explore the impact of the project on staff members and the schools involved. This approach provides us with cross sectional sets of evidence at the same points in time. The exact timings of these visits will be agreed with PHF and the projects involved, however we anticipate undertaking the first site visit in Spring 2012 in order to supportive a formative thrust to the evaluation.

- working with Kings College London to update our evidence review on an annual basis.

- 'Learning for the Future' workshops involving key stakeholders from all schools towards the end of years 2 and 3. These will help crystallise learning and identify what may be transferable to other contexts.

Table 1 reflects our discussions with projects to date about data collection *methods*, including the kinds of monitoring and evaluation data projects are collecting and can share with us, and the methods and timing for responsive data collection.   We will continue this dialogue with projects in the early stages of the main evaluation. As discussed at the measurement workshop, it will be important for projects to capture the full range of resources contributed to the project (financial and in-kind from all partners involved) in order to guide decisions around long-term sustainability.   Alongside this, it will be essential for projects to be able to distinguish between activities and outcomes which can be directly attributed to PHF funding and those which come about through other means.

Table 1: Overview of initial discussions with projects about the main evaluation methods

Project	Routine monitoring data	Evaluation data *collected by project*	Responsive data collection by OPM	Site visits
Mounts Bay	A live database, with associated referral sheets and measurement sheets, will provide an overview of pupils' levels of behaviour (and any movement) at any point in time. Will record support provided to pupils and parents/carers by advisor and SENCO School-level data on exclusions and truancy	Pupil Attitudes to Self and School (PASS) survey. Will explore the potential to involve a group of pupils in peer research to look at the impact of the 6 levels of behaviour on changes to school culture	OPM's research should dovetail with the PASS survey. The PASS survey will generate quantitative data on themes/issues, which can be explored in greater depth through qual. research by OPM. Useful to undertake first wave of research at beginning of the academic year, when pupils encounter the 6 levels of behaviour and complete the PASS survey. A second wave of research at the mid-point would provide useful follow up. Pupils should participate individually or with parents. Not appropriate to facilitate group discussions as referral plans will be unique and personal to each pupil. The same applies to parents/carers. Tracking individual pupils and/or families over time (through a case-study approach) is desirable as each participant will join the 0 – 6 programme at a different level and will be provided with a unique referral plan.	Focus group with school staff could generate interesting insights into their ways of working together on this project, however may prove logistically difficult esp. if no budget to incentivise participation. Individual interviews with school staff may be more feasible.

Project	Routine monitoring data	Evaluation data *collected by project*	Responsive data collection by OPM	Site visits
SWIFT	Attendance rates (and DNAs) Exit interviews	Exploring the 'My Outcomes' framework used by Marlborough in relation to mental wellbeing of parents. Target report cards (showing weekly progress against agreed behavioural targets for the children and young people, as judged by their teachers) offer some opportunity for measurement, but this is by no means a complete data set and use in some schools is very patchy. Annual attendance Exclusions	Feedback from all stakeholders indicates that qualitative methods will generate the most insightful data on participating families. May be useful to track individual families through a case-study approach, in addition to some whole group work, since each group will consist of participants at very different stages of their journey. Video diaries could prove an effective method for collecting data in a non-threatening way.	Whilst discussions with school staff will be important, fieldwork should not be limited to this group. Discussions with a wider range of stakeholders (eg social workers) will be important in evidencing impact beyond the school environment.
Teignmouth Community College	Referral forms filled out by SENCO and form tutor Attendance rates at one-to-one or group interventions Notes from each intervention Possibility of using a feedback book between school and family/parents	Qualitative measures in place to gather pupils' and parents' views on the programme, its impact and effectiveness. Exploring the potential to use the PASS survey Potential to involve a group of pupils who've received interventions to design and deliver peer research.	A rolling programme of individual and group support means that responsive data collection will take place at various points over the year depending on the groups and individuals participating in the evaluation. As part of the support on offer, young people produce a range of creative outputs such as 'A good day for me looks like…' which could be incorporated into our data collection methods.	Discussions with teachers and TAs will be useful in providing feedback about any changes experienced in the classroom as a result of the interventions.

5. Next steps

The following steps are required to complete the scoping phase:

- PHF to sign off the scoping report.

There is ongoing work for OPM and projects which has begun in the scoping phase and will continue as part of the main evaluation, most importantly:

- finalising the routine data to be generated or collated by each project, as well as the responsive data collection by OPM (Table 1), and the timings of this. We will wish to speak to projects about this as soon as possible.

- exploring opportunities for involving children and young people as active contributors to the evaluation, for example through peer research.

Appendix 1: Topic Guide

The interviewee and the project

- To start with, could you briefly tell me about your role in relation to this project and how long you've been involved with it.

- *If appropriate, ask interviewee to give you a brief overview of the project and what it is trying to achieve (as a 'warm up')*

- How did the project come about? *Please explore the history of the project, how long its been running, predecessor projects etc.*

- Why was such a project considered necessary?

- Did you draw on any particular information or evidence to inform your thinking about project design? *If yes, please ask for details.*

- Who is involved in steering and delivering the project? *Map names and roles*

- What are your expectations for your project? What would 'success' look like?

- What features of your project do you feel will be central to its success? *Please probe for detailed response, as this can surface underlying theory of change.*

- Do you have experience or knowledge of other approaches and interventions to reducing school exclusion and truancy? (this information will help us in the evidence review). What features of your project distinguish it from these other approaches?

- How does the project link in with other approaches/initiatives to reduce exclusion and truancy and improve pupil well-being within your school and locality?

Project set up

- Who was involved in setting up the project and what did it involve?

- How long was the set up phase?

- Did you find that you had to make any changes/modifications to the project during the set up phase and its early implementation? *[If 'yes'] – what were these, and what were the reasons for each modification? (if they have background documents on the initial vision/thinking behind project, then may be useful to get them to reflect specifically on what aspects are different, and why)*

- Have you generated any learning from the set-up phase? *If yes, please capture details.*

Project Implemenation

We're assuming projects are at a steady state now, having been in operation for around 6 months. Do check though, as set up can often take longer than initially anticipated)

Please share the Pathways to Outcomes diagram with the interviewee. Hopefully you'll already have shared this with the lead contact for each project, who has had a chance to comment on it.

- Review content to check they are happy that it represents the project in its current form (please avoid going into each section in detail)

- ▪ *Is there anything missing?*
  - *Have we included anything which isn't relevant?*

- Why do you think delivering the project in this way will bring about the outcomes you're seeking? (we're seeking to surface the project 'logic' here). Depending on answer, we might ask 'how do you know?'(ie evidence).

- Are there any outcomes which are of particular importance to your school/s?

- Which stakeholders need to be involved to make the project a success?

- Have you come up against any challenges so far? What impact have they had on the project and how have you overcome them?

- Given your experience of implementing eth project, do you feel the project is likely to achieve the desired outcomes? Do they think some outcomes are more likely than others, and why?

- Do they think there are any unanticipated outcomes that they have not been capturing?

- What do you feel would have happened in the absence of this project? Why do you say this?

Monitoring

We need to map what indicators the project is currently measuring and how. Also, whether there are any gaps or areas where they feel measurement could be improved. With reference to the Pathways to Outcomes diagram, please ask the following:

- What data are you routinely collecting in terms of project inputs, outputs and outcomes? Please invite them to consider which inputs, outputs and outcomes are particularly important and their reasons for saying this.

- The above question is likely to reveal that there will be gaps in data collection. If this is so, please ask whether they have plans to collect these data, or whether they know of any relevant data that may fill some of these gaps (e.g. from another school, from the LA etc)

- What tools do you use (or are planning to use) to measure CYP outcomes? eg SDQs, Boxall Profiles etc?

- What tools do you use (or are planning to use) to measure school-level outcomes? eg Pupil Attitude to School and Self Survey

- In our main evaluation, we are hoping to capture data that allows us to assess CYP and school level outcomes pre and post intervention.

  - ▪ what, in your opinion, would constitute a sensible 'before' data collection point and why? eg once a referral has been made? after the CYP has come into contact with a professional? etc

  - ▪ what would constitute sensible 'after' data collection points and why? eg immediately after the intervention, a week, month etc after the intervention?

  - ▪ are there any mid-way points where you feel it would be useful to collect data, and why?

- Do you have any summated project input, output or outcome data that we could have a look at?

- Do you intend to make any changes to the data you collect or the way you collect it over the coming academic year?

Lessons learned

- What are the main learning points to have emerged from implementing the project so far?
- Are you intending to make any changes to the way which the project is managed and delivered in the coming academic year? If yes, please ask what these changes are, and the rationale

The main evaluation

We'll be undertaking our main evaluation over the coming two academic years.

- What are the key groups of people that we should be talking to for the evaluation of your project, and why (i.e. what type of evidence/perspectives they will each generate)?
- Where relevant, do you have any suggestions for specific individuals from these groups to be involved?
- What are the best ways of involving these groups, e.g. phone, email, online methods, face-to-face?
- Are there any issues we need to be aware of when seeking to gather information from these groups?

Finally

- Are there any relevant contextual factors that we need to be aware of for the main evaluation?
- Do you have any suggestions of organisations or individuals who may be interested in the findings from this evaluation (i.e. for influencing purposes).
- Check for any more information / intelligence the respondent may wish to share

Offer thanks, and close with a reminder of:

- Measurement workshop taking place on (date still to be agreed)
- First Steering Group meeting taking place on 20 July at Teignmouth Community College

Appendix 2: References

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