



Independent Impact Evaluation Report

Brighter Futures and Bath Primary Partnership: an early intervention project to improve outcomes for vulnerable children

June 2014

Introduction

This report provides an impact evaluation of the Brighter Futures and Bath Primary Partnership Intervention Project. The Intervention Project is intended to help narrow the gap in educational achievement and improve the social functioning and emotional resilience for children with additional needs in the Bath area. The Project addresses key government policy which seeks to raise the attainment gap for disadvantaged pupils (DfE, 2014) and improve provision for children with SEN (DfE, 2013). It also reflects key findings from research reviews which highlight the most effective intervention systems for children with additional needs. For example, the Project's actions correlate with many of the key messages within the recent report 'Narrowing the Gap' from the Centre for Excellence and Outcomes in Children and Young People's Services (C4EO, 2010) by:

- carefully identifying and targeting children's specific needs
- tailoring services and interventions to address local circumstances and individual needs
- addressing several goals simultaneously and working at multiple levels
- providing both group work and individual support
- working in strong partnership

The BF/BPP Intervention Project also addresses a number of **Key Features** of the Ofsted Framework and provides evidence of:

- 'those aspects of schools' work that have the greatest impact on raising achievement'
- 'the views of parents, pupils and staff'
- 'the achievement of pupils'
- 'the behaviour and safety of pupils at the school'
- 'the extent to which the education provided by the school meets the needs of the range of pupils at the school, and in particular the needs of disabled pupils and those who have special educational needs'
- 'the views of parents, pupils and staff'

Aims of the Intervention Service

The overall aim for this service is to ensure that all children across the Bath Primary Partnership develop and achieve in an educational setting, regardless of their behavioural needs.

- To work together to provide support and early intervention for learners who need to improve their behaviour and attendance in their school setting.
- To build the capacity of schools to meet the needs of vulnerable children.
- To support vulnerable children through transition between key stages and school settings.
- To ensure the continuous education of learners who are at risk of exclusion, or who have been excluded, so that they can access appropriate learning opportunities.
- To review existing provision, share good practice and explore new opportunities to improve learning outcomes for all vulnerable learners in the local area.

Description of the Service

The membership of **The Bath Primary Partnership** covers 26 schools across the City of Bath. The Partnership structures include a Steering Group of representative Head Teachers and a Behaviour and Attendance Panel.

Brighter Futures is a non-profit social enterprise based at Three Ways School consisting of a team of 30+ specialist practitioners including: educational psychologists, specialist teachers, occupational therapists, family support workers, psychotherapists, play therapists, creative arts therapists, learning mentors, sports coaches and forest school leaders.

The interventions employed by Brighter Futures consist of established approaches including: Emotion Coaching, Attachment based interventions, the Thrive Approach, Mindfulness and Cognitive behaviour approaches, as well as Nurture strategies and Creative Arts therapies.

In September 2012, the Bath Primary Partnership commissioned Brighter Futures to lead the delivery of behaviour support services across the 26 schools to establish a range of innovative services to support the Partnership's aims. These services include:

1. Assessments

Holistic assessments undertaken by specialist practitioners, in partnership with teachers, other professionals, parents and carers, to identify and address the emotional, social, and behavioural needs of vulnerable learners.

2. Consultancy for the 'Team Around the Child'

The consultancy provides solutions and guidance to schools in order to raise the achievement of vulnerable learners, as well as modelling strategies with teachers, support staff, parents and carers. The coaching and mentoring of school staff is also provided in order to develop their

practice, using appropriate strategies and assessment tools to enable schools to build capacity to meet the needs of vulnerable children.

3. Behaviour support interventions

These include evidence-based strategies such as Emotion Coaching that work with the child to promote self-regulation, pro-social behaviour and well-being.

4. Professional Development

A range of CPD themes are covered including 'Behaviour Management strategies', 'Understanding ADHD and ASD', 'Attachment theory and practical classroom solutions', 'Whole school/classroom approaches to support emotional and social development'.

5. Therapeutic services

These include: Counselling, Play therapy, Creative Arts therapies (Art, Music, Drama, Dance Movement), Mentoring.

6. Group work

These focus on Learning to Learn, Listening Skills, Social Skills, the Friends programme, Forest School and Sports coaching.

7. Transition programmes

These help to support vulnerable children who move into or out of the area, transitions from Infant to Junior school and from Primary to Secondary, and support children who move between schools e.g. as part of a managed move.

8. Extended services

These support schools to develop lunchtime play opportunities, School holiday play opportunities for vulnerable children and parent support.

Executive Summary

'It has been the best experience we have had working with an outside agency working with children with behavioural needs'

'The quality of input from BF staff has been excellent with positive results for the pupils concerned'

1. The Strengths and Difficulties Questionnaire (SDQ) which was used to assess strengths and difficulties experienced by a child, in particular, emotional symptoms, conduct problems, inattention, peer relationship problems and pro-social behaviour revealed a statistically significance reduction in symptoms (from 23.23 to 15.63). This impact was sustained over both time periods.

2. In terms of the impact on the children regarding the behavioural indices, attendance improved from 86.28 % to 96.38 %, exclusions dropped to zero, behaviour incidents significantly dropped from 15.47 to 2.23 points on average.
3. In terms of the impact on the children regarding academic attainment, reading increased from 13.17 to 17.53, writing increased from 11.57 to 15.3, and maths increased from 12.2 to 16.17 points on average. Additionally, the actual average point score of 2.62 exceeded the expected average point score of 1.61. For reading the expected average point score was 3.03 but the actual score was 4.38, for writing the expected average point score was 2.66 but the actual score was 3.66, and in maths the expected average point score was 2.72 but the actual score was 3.83.
4. In terms of cost-effectiveness, the total cost of the interventions for 117 children was £178,000. However, the cost for traditional alternative provision is significantly higher. For example, the cost of providing 1:1 support for 117 children with a Statement of Special Educational Needs would be £1,594,873.80.
5. In relation to the senior staff's perspectives (leaders of education) of their involvement with Brighter Futures according to various criteria such as ease of contact, response time to information, ability of Brighter Futures to identify needs, ability to meet needs, and staff response to support, 100% of staff considered the services of Brighter Future to be 'outstanding' or 'good'.
6. In relation to all the staff's perspectives of their involvement with Brighter Futures, 75 % strongly agreed that the intervention was beneficial, 90 % strongly agreed that the intervention provided high quality advice and support, 90 % felt more confident in meeting the needs of the vulnerable child/children, 62 % strongly agreed that they felt more skilled in meeting the needs of the vulnerable child/children and 58 % strongly agreed that they felt that their well-being had been increased as a result of support from Brighter Futures.
7. The case studies reflected the wider findings and demonstrated that there had been a positive impact on children, including a reduction in behavioural incidents and hyperactivity, along with an improvement in behavioural self-regulation, engagement/attention in learning and academic attitude, academic attainment, self-esteem, confidence and well-being, social skills and other pro-social behaviours, attendance and relationships with staff and peers. There was also a positive impact on staff recorded, including increased confidence to manage behaviour, a de-escalation of incidents, an adaptation of teaching and learning strategies to suit child, and improved well-being.
8. The two key features that the staff considered Brighter Futures did well were the support provided and the interventions.

Report of findings is in the following parts:

Part A – Impact on the children (p. 5)

Part B – Evaluation of services (p. 38)

Part C – Cost-effectiveness (p. 50)

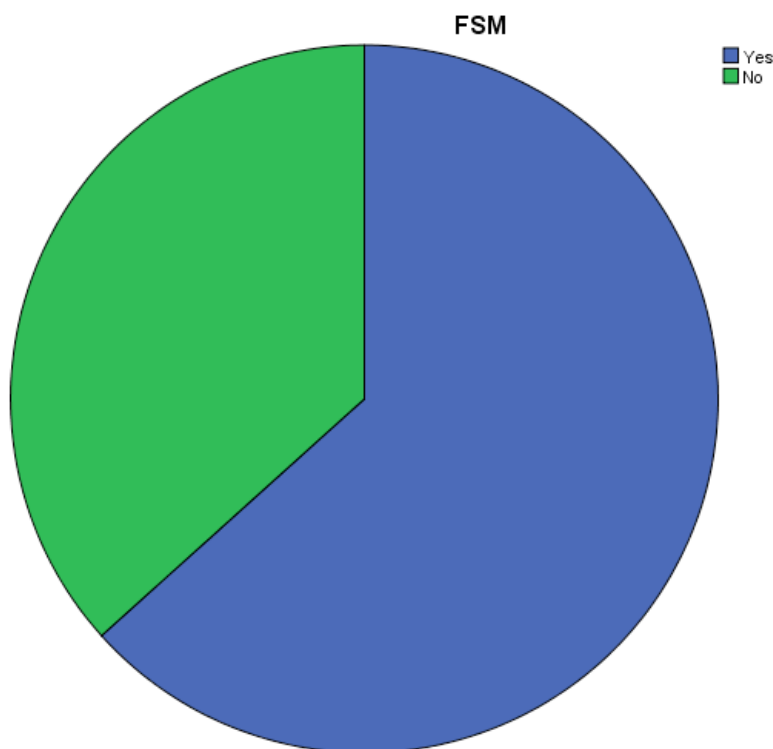
Findings of Impact Evaluation

Part A: Impact on the children

1. Progress data

Progress data was collected on a sample of primary school students (N=30) across the partnership who were referred for Brighter Futures intervention. This group comprised 19 FSM students (63.3%) and 11 non-FSM students (36.7%). The frequency distribution of FSM is presented in Chart 1.

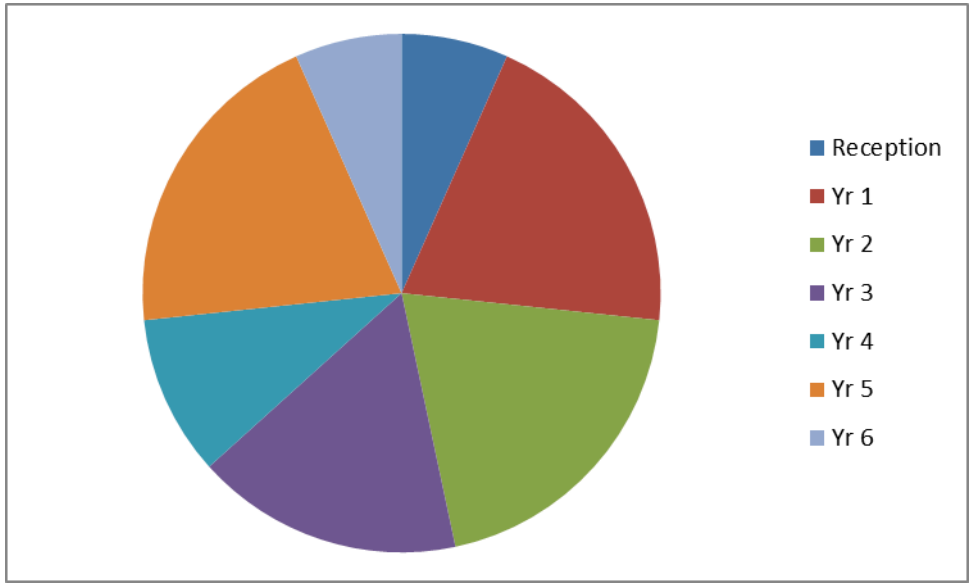
Chart 1. Frequency distribution of FSM.



Note. N = 30.

In total, 2 were in reception year (6.7%), 6 in year 1 (20%), 6 in year 2 (20%), 5 in year 3 (16.7%), 3 in year 4 (10%), 6 in year 5 (20%), 2 in year 6 (6.6%). The frequency distribution of year group is presented in Chart 2.

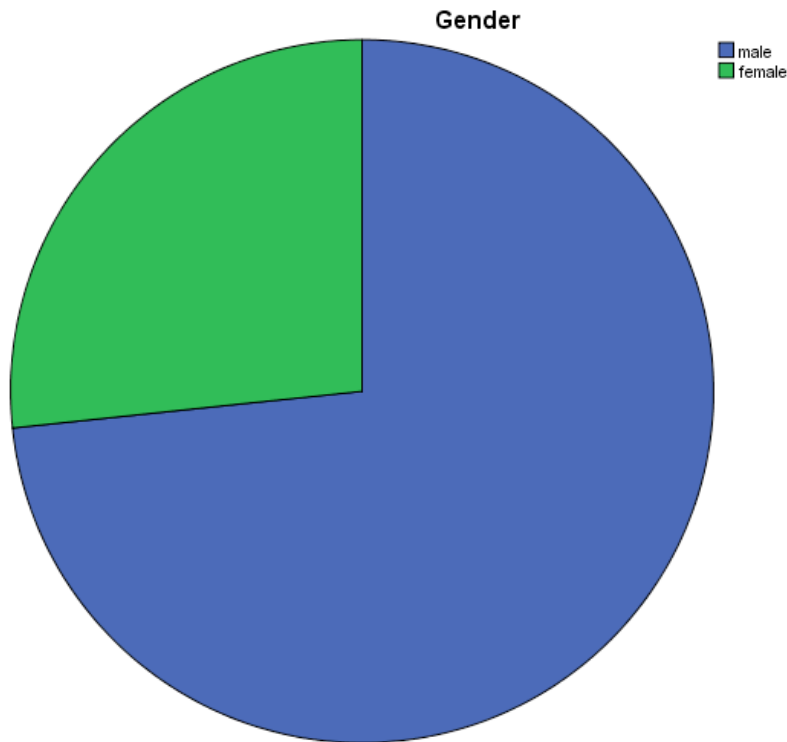
Chart 2. Frequency distribution of year group.



Note. N = 30.

The sample included 22 males (73.3%) and 8 females (26.7%). The frequency distribution of gender is presented in Chart 3.

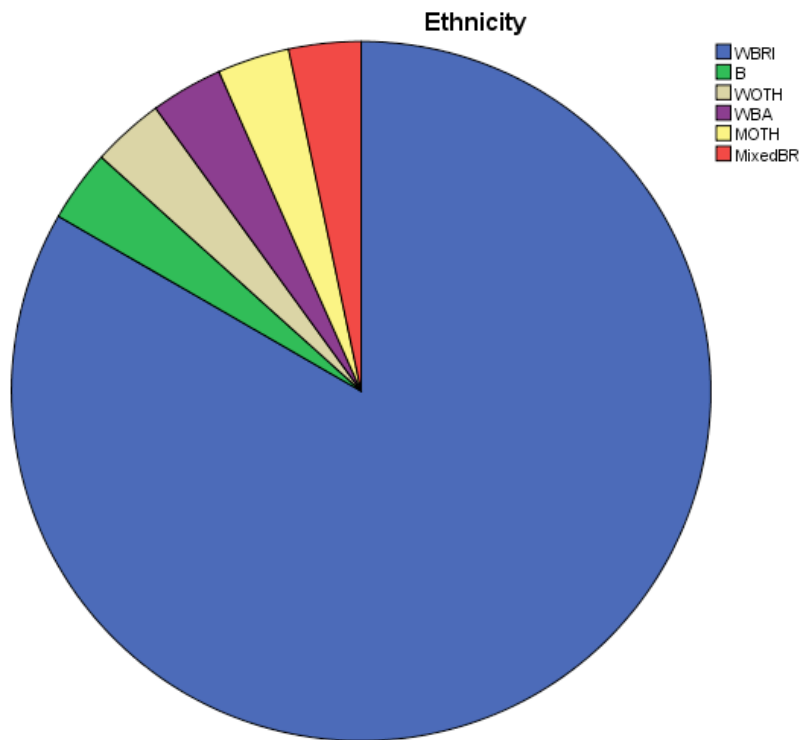
Chart 3. Frequency distribution of gender.



Note. N = 30.

In total, this group consisted of 25 White British students (83.3%), 1 B student (3.3%), 1 White other student (3.3%), 1 WBA (3.3%), 1 MOTH (3.3%) and 1 Mixed race British student (3.3%). The frequency distribution of student ethnicity is presented in Chart4.

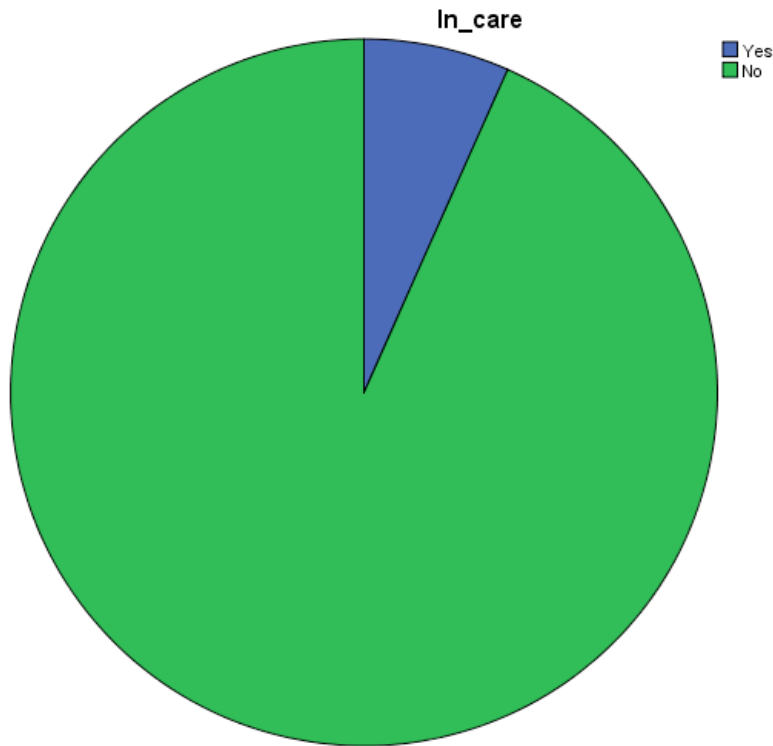
Chart 4. Frequency distribution of Student Ethnicity



Note: N = 30.

This group comprised 2 students in care (6.7%) and 28 not in care (93.3%). The frequency distribution of children in care and not in care is presented in Chart 6.

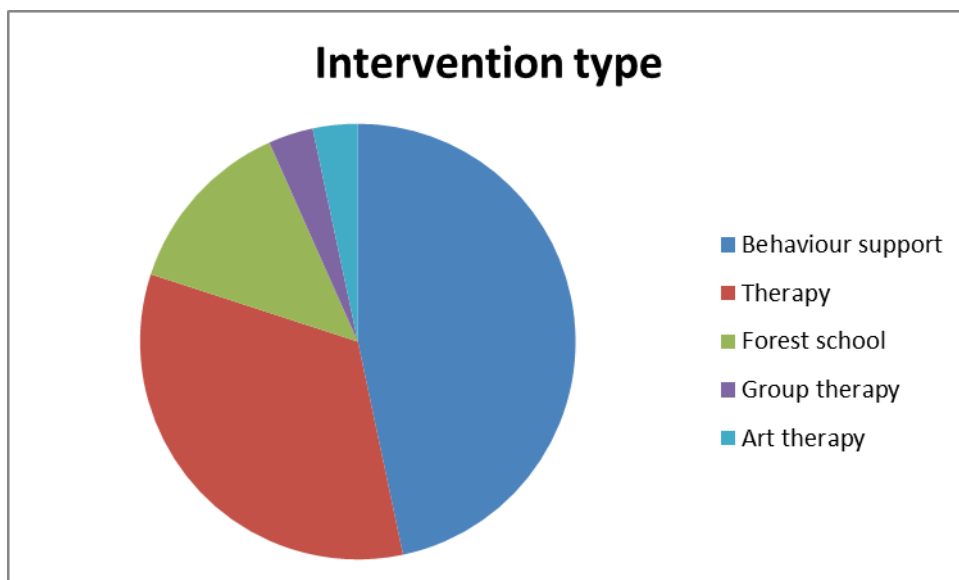
Chart 6. Frequency distribution of children in care and not in care.



Note. N =30.

In total, 14 received behaviour support (46.7%), 10 received therapy (33.3%), 4 attended forest school (13.3%), one received group therapy (3.3%) and one received art therapy (3.3%). The frequency distribution of intervention type is presented in Chart 7.

Chart 7. Frequency distribution of intervention type.



Note. N = 30.

Progress data on student strengths and difficulties, attendance, exclusion, behaviour incidents, reading scores, writing scores and math scores were collected for three months before the intervention (Time 1), after the intervention (Time 2), and three months later (Time 3) with the aim to explore pre and post intervention differences, as well as sustained change. Further progress data explored the difference between expected and achieved scores in Average Point Score, reading, writing and math.

Strengths and Difficulties Questionnaire (SDQ)

The Strengths and Difficulties Questionnaire (SDQ) was used to assess strengths and difficulties experienced by a child, in particular, emotional symptoms, conduct problems, inattention, peer relationship problems and pro-social behaviour (Goodman, 1997). Norms from a teacher-rated British sample (N = 10298) ages 4-15 collected by the Office of National Statistics reveal a mean score of 8.4 with a standard deviation of 5.8 (with a possible minimum score of 0 and possible maximum score of 40) (Meltzer et al., 2000). Psychometric properties of the scale were explored by Goodman (2001) revealing generally satisfactory reliability with respect to internal consistency (mean Cronbach α = .73), cross-informant correlation (mean = 0.34), and retest stability after 4 to 6 months (mean: 0.62). Predicted probability of independently diagnosed psychiatric disorder is raised in SDQ scores above the 90th percentile (mean odds ratio = 15.2 for teacher scales) (Goodman, 2001).

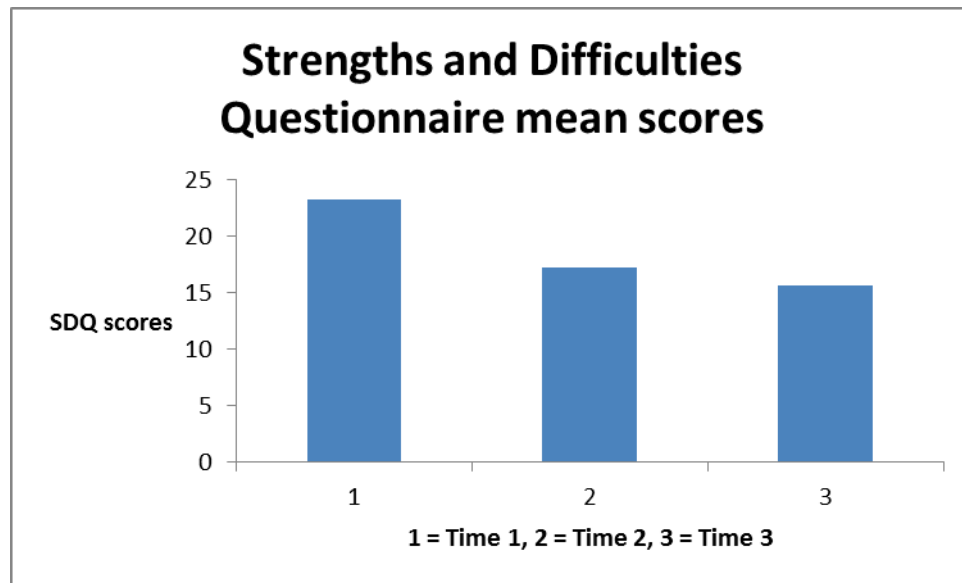
A one-way repeated measures ANOVA was conducted using SPSS (version 21) to compare scores on the SDQ at Time 1 (three months before training), Time 2 (at completion of training) and Time 3 (three-month follow-up). Mauchly's test indicated that the assumption of sphericity had been violated $X^2(2) = .70, p < 0.05$ suggesting a loss of power and an increase in the probability of a type 2 error (the likelihood of rejecting the null hypothesis when it is true, or the failure to observe a difference when in fact there is one). The means and standard deviations are presented in Table 1. There was a significant effect for time, Wilks' Lambda = .26, $F(2, 28) = 39.56, p < 0.001$, multivariate partial eta squared = .74 suggesting a very large effect size (Cohen, 1998).

Table 1. Descriptive statistics for Strengths and Difficulties Questionnaire scores for Time 1, Time 2, and Time 3.

Time period	N	Mean	Standard deviation
Time 1 (Pre-intervention)	30	23.23	4.26
Time 2 (Post-intervention)	30	17.23	4.45
Time 3 (3-month follow-up)	30	15.63	5.03

Post-hoc comparisons using the Bonferroni correction indicated that the mean score for Time 1 (M = 23.23, SD = 4.26) was significantly greater than the mean score at Time 2 (M = 17.23, SD = 4.45); that the mean score for Time 1 (M = 23.23, SD = 4.26) was significantly greater than the mean score for Time 3 (M = 15.63, SD = 5.03); and that the mean score for Time 3 (M = 15.63, SD = 5.03) was significantly less than the mean score for Time 2 (M = 17.23, SD = 4.45). The means plots are displayed in Figure 1.

Figure 1. Means plot of Strengths and Difficulties Questionnaire mean scores at Time 1, Time 2 and Time 3. (NB reduction in score indicates positive progress).



Note: N = 30.

Attendance

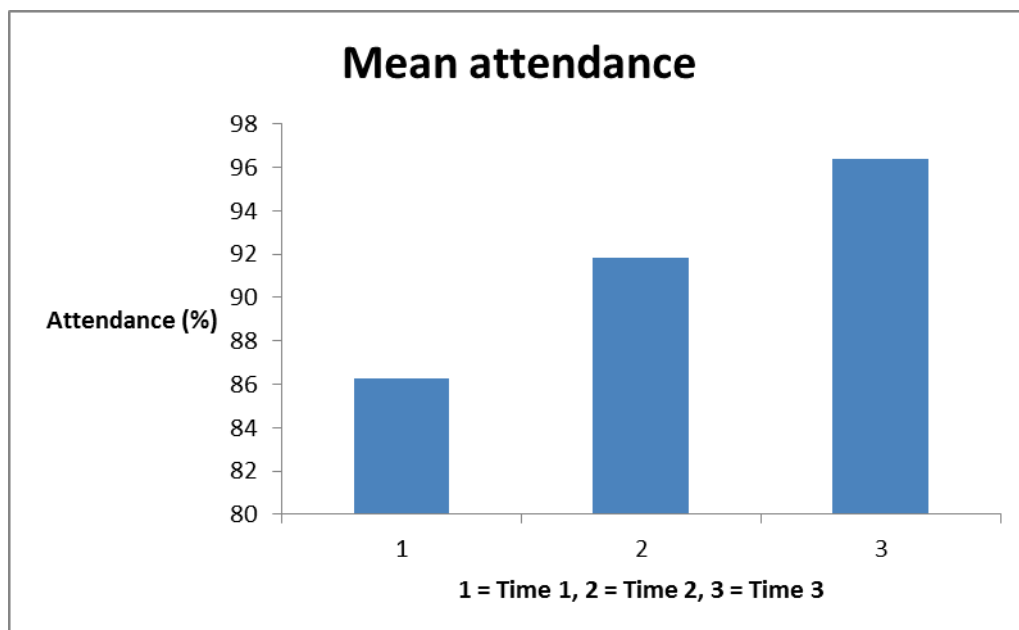
Data on the attendance of pupils was collected and percentage of student attendance for Time 1 (three months before training), Time 2 (at completion of training) and Time 3 (three months after training) was recorded. A one-way repeated measures ANOVA was conducted using SPSS (Version 21) to compare percentage scores for attendance at Time 1, Time 2 and Time 3. Mauchly's test indicated that the assumption of sphericity had been violated $X^2(2) = .61, p < 0.05$ suggesting a loss of power and an increase in the probability of a type 2 error (the likelihood of rejecting the null hypothesis when it is true, or the failure to observe a difference when in fact there is one). The means and standard deviations are presented in Table 2. There was a significant effect for time, Wilks' Lambda = .77, $F(2, 28) = 4.23, p < 0.05$, multivariate partial eta squared = .23 suggesting a large effect size (Cohen, 1998).

Table 2. Descriptive statistics for Attendance (in percentage) scores for Time 1, Time 2, and Time 3.

Time period	N	Mean	Standard deviation
Time 1 (Pre-intervention)	30	86.28	22.92
Time 2 (Post-intervention)	30	91.81	17.89
Time 3 (3-month follow-up)	30	96.38	3.57

While the mean score for attendance at Time 2 (M = 91.81, SD = 17.89) was greater than Time 1 (M = 86.28, SD = 22.92), that the mean score for Time 3 (96.38, SD = 3.57) was greater than Time 2 (M = 91.81, SD = 17.89) and that the mean score for Time 3 (96.38, SD = 3.57) was greater than Time 1 (M = 86.28, SD = 22.92), all post-hoc comparisons using the Bonferroni correction failed to reach significance. The means plots are displayed in Figure 2.

Figure 2. Means plot of attendance at Time 1, Time 2 and Time 3.



Note: N =30

Exclusions

The number of days of fixed term exclusions was recorded for Time 1 (three months before training), Time 2 (at completion of training) and Time 3 (three months after training) was recorded. Mauchly's test of sphericity could not be conducted as two of the conditions had a mean and standard deviation of 0. A one-way repeated measures ANOVA was conducted using SPSS (Version 21) to compare percentage scores for exclusions at Time 1, Time 2 and Time 3. The means and standard deviations are presented in Table 2. There was a significant effect for time, Wilks' Lambda = .80, $F(2, 28) = 7.12$, $p < 0.05$, multivariate partial eta squared = .20 suggesting a large effect size (Cohen, 1998).

Table 3. Descriptive statistics for exclusion scores for Time 1, Time 2, and Time 3.

Time period	N	Mean	Standard deviation
Time 1 (Pre-intervention)	30	0.63	1.3
Time 2 (Post-intervention)	30	0	0
Time 3 (3-month follow-up)	30	0	0

Post-hoc comparisons using the Bonferroni correction indicated that the mean score for Time 1 (M = 0.63, SD = 1.3) was significantly greater than the mean score at Time 2 (M = 0, SD 0); that the mean score for Time 1 (M = 0.63, SD = 1.3) was significantly greater than the mean score for Time 3 (M = 0, SD = 0).

Behaviour Incidents

The number of logged behaviour incidents (disruptive behaviour to the class involving physical aggression or assault) was recorded. A one-way repeated measures ANOVA was conducted using SPSS (version 21) to compare the number of behaviour incidents at Time 1 (three months before training), Time 2 (at completion of training) and Time 3 (three-month follow-up). Mauchly's test

indicated that the assumption of sphericity had been violated $X^2(2) = .90, p < 0.05$ suggesting a loss of power and an increase in the probability of a type 2 error (the likelihood of rejecting the null hypothesis when it is true, or the failure to observe a difference when in fact there is one). The means and standard deviations are presented in Table 1. There was a significant effect for time, Wilks' Lambda = .26, $F(2, 28) = 40.78, p < 0.001$, multivariate partial eta squared = .74 suggesting a very large effect size (Cohen, 1998).

Table 4. Descriptive statistics for Behaviour Incidents for Time 1, Time 2, and Time 3.

Time period	N	Mean	Standard deviation
Time 1 (Pre-intervention)	30	15.47	9.88
Time 2 (Post-intervention)	30	3.33	3.3
Time 3 (3-month follow-up)	30	2.23	2.66

Post-hoc comparisons using the Bonferroni correction indicated that the mean score for Time 1 ($M = 15.47, SD = 9.88$) was significantly greater than the mean score at Time 2 ($M = 3.33, SD = 3.3$); that the mean score for Time 1 ($M = 15.47, SD = 9.88$) was significantly greater than the mean score for Time 3 ($M = 2.23, SD = 2.66$); and that the mean score for Time 3 ($M = 2.23, SD = 2.66$) was significantly less than the mean score for Time 2 ($M = 3.33, SD = 3.3$). The means plots are displayed in Figure 4.

Figure 4. Means plot of behaviour incidents at Time 1, Time 2 and Time 3.



Note: N = 30

Reading

Teacher assessed standardised scores in reading were recorded. A one-way repeated measures ANOVA was conducted using SPSS (version 21) to compare reading scores at Time 1 (three months before training), Time 2 (at completion of training) and Time 3 (three-month follow-up). Mauchly's test indicated that the assumption of sphericity had been violated $X^2(2) = .36, p < 0.05$ suggesting a loss of power and an increase in the probability of a type 2 error (the likelihood of rejecting the null

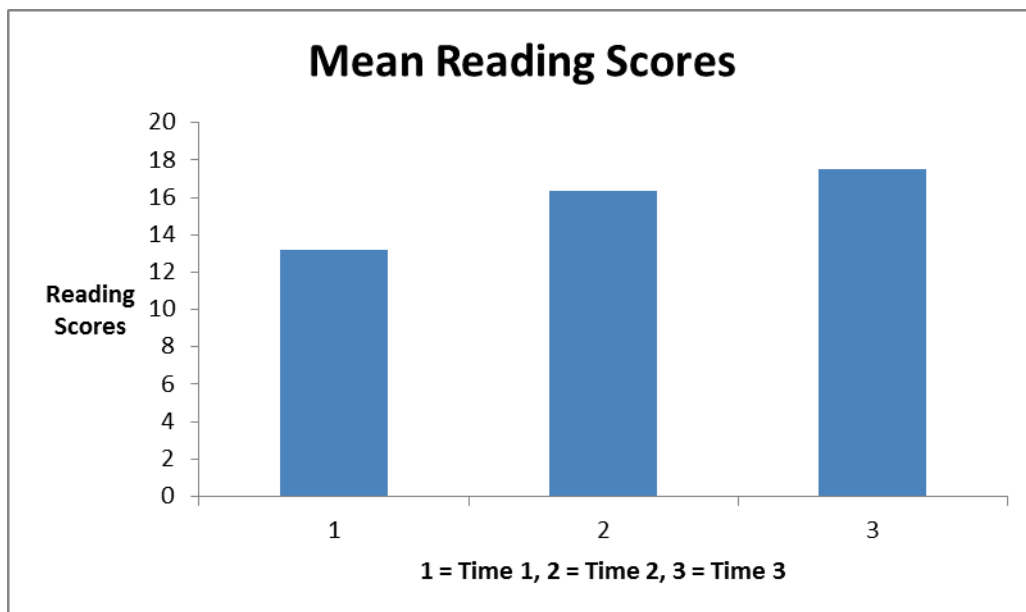
hypothesis when it is true, or the failure to observe a difference when in fact there is one). The means and standard deviations are presented in Table 1. There was a significant effect for time, Wilks' Lambda = .22, $F(2, 28) = 49.82$, $p < 0.001$, multivariate partial eta squared = .78 suggesting a very large effect size (Cohen, 1998).

Table 5. Descriptive statistics for reading scores for Time 1, Time 2, and Time 3.

Time period	N	Mean	Standard deviation
Time 1 (Pre-intervention)	30	13.17	6.82
Time 2 (Post-intervention)	30	16.33	6.81
Time 3 (3-month follow-up)	30	17.53	6.99

Post-hoc comparisons using the Bonferroni correction indicated that the mean score for Time 1 ($M = 13.17$, $SD = 6.82$) was significantly lower than the mean score at Time 2 ($M = 16.33$, $SD = 6.81$); that the mean score for Time 1 ($M = 13.17$, $SD = 6.82$) was significantly lower than the mean score for Time 3 ($M = 17.53$, $SD = 6.99$); and that the mean score for Time 3 ($M = 17.53$, $SD = 6.99$) was significantly higher than the mean score for Time 2 ($M = 16.33$, $SD = 6.81$). The means plots are displayed in Figure 5.

Figure 5. Means plot of reading scores at Time 1, Time 2 and Time 3.



Note: N = 30

Writing

Teacher assessed standardised scores (APS) in reading were recorded. A one-way repeated measures ANOVA was conducted using SPSS (version 21) to compare writing scores at Time 1 (three months before training), Time 2 (at completion of training) and Time 3 (three-month follow-up). Mauchly's test indicated that the assumption of sphericity had been violated $\chi^2(2) = .49$, $p < 0.05$ suggesting a loss of power and an increase in the probability of a type 2 error (the likelihood of rejecting the null hypothesis when it is true, or the failure to observe a difference when in fact there is one). The means and standard deviations are presented in Table 1. There was a significant effect

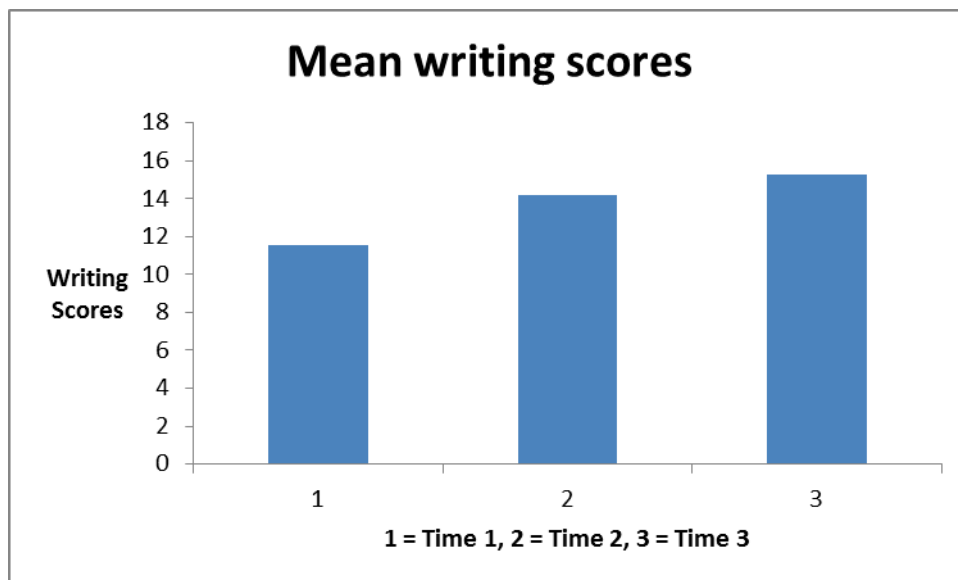
for time, Wilks' Lambda = .23, $F(2, 28) = 44.92$, $p < 0.001$, multivariate partial eta squared = .76 suggesting a very large effect size (Cohen, 1998).

Table 6. Descriptive statistics for writing scores for Time 1, Time 2, and Time 3.

Time period	N	Mean	Standard deviation
Time 1 (Pre-intervention)	30	11.57	5.78
Time 2 (Post-intervention)	30	14.17	5.8
Time 3 (3-month follow-up)	30	15.3	6.04

Post-hoc comparisons using the Bonferroni correction indicated that the mean score for Time 1 ($M = 11.57$, $SD = 5.78$) was significantly lower than the mean score at Time 2 ($M = 14.17$, $SD = 5.8$); that the mean score for Time 1 ($M = 11.57$, $SD = 5.78$) was significantly lower than the mean score for Time 3 ($M = 15.3$, $SD = 6.04$); and that the mean score for Time 3 ($M = 15.3$, $SD = 6.04$) was significantly higher than the mean score for Time 2 ($M = 14.17$, $SD = 5.8$). The means plots are displayed in Figure 6.

Figure 6. Means plot of writing scores at Time 1, Time 2 and Time 3.



Note: N = 30

Math Scores

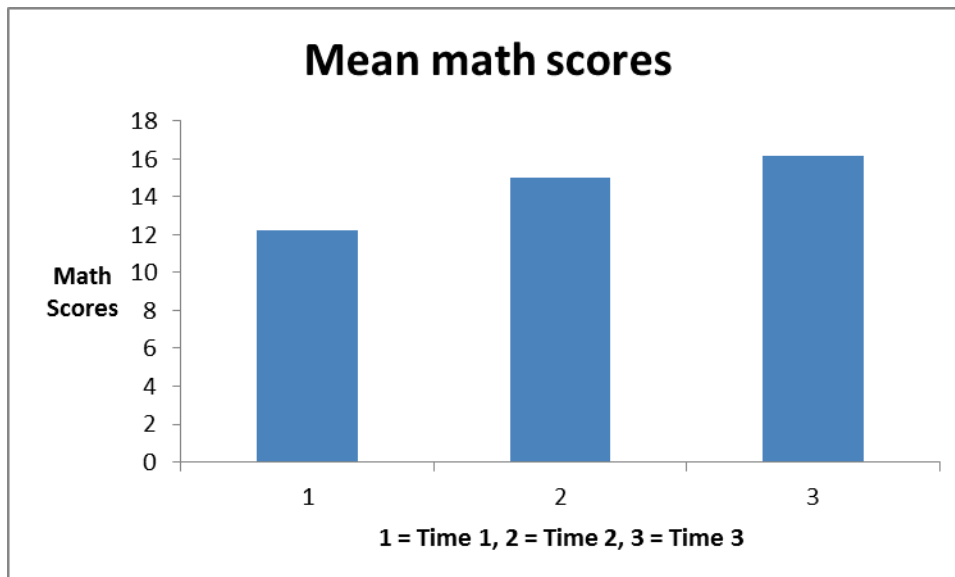
Teacher assessed standardised scores (APS) in mathematics were recorded. A one-way repeated measures ANOVA was conducted using SPSS (version 21) to compare math scores at Time 1 (three months before training), Time 2 (at completion of training) and Time 3 (three-month follow-up). Mauchly's test indicated that the assumption of sphericity had been violated $\chi^2(2) = .42$, $p < 0.05$ suggesting a loss of power and an increase in the probability of a type 2 error (the likelihood of rejecting the null hypothesis when it is true, or the failure to observe a difference when in fact there is one). The means and standard deviations are presented in Table 1. There was a significant effect for time, Wilks' Lambda = .24, $F(2, 28) = 43.39$, $p < 0.001$, multivariate partial eta squared = .76 suggesting a very large effect size (Cohen, 1998).

Table 7. Descriptive statistics Math scores for Time 1, Time 2, and Time 3.

Time period	N	Mean	Standard deviation
Time 1 (Pre-intervention)	30	12.2	5.59
Time 2 (Post-intervention)	30	14.97	6.03
Time 3 (3-month follow-up)	30	16.17	5.96

Post-hoc comparisons using the Bonferroni correction indicated that the mean score for Time 1 (M = 12.2, SD = 5.59) was significantly lower than the mean score at Time 2 (M = 14.97, SD 6.03); that the mean score for Time 1 (M = 12.2, SD = 5.59) was significantly lower than the mean score for Time 3 (M = 16.17, SD = 5.96); and that the mean score for Time 3 (M = 16.17, SD = 5.96) was significantly higher than the mean score for Time 2 (M = 14.97, SD 6.03). The means plots are displayed in Figure 7.

Figure 7. Means plot of math scores at Time 1, Time 2 and Time 3.

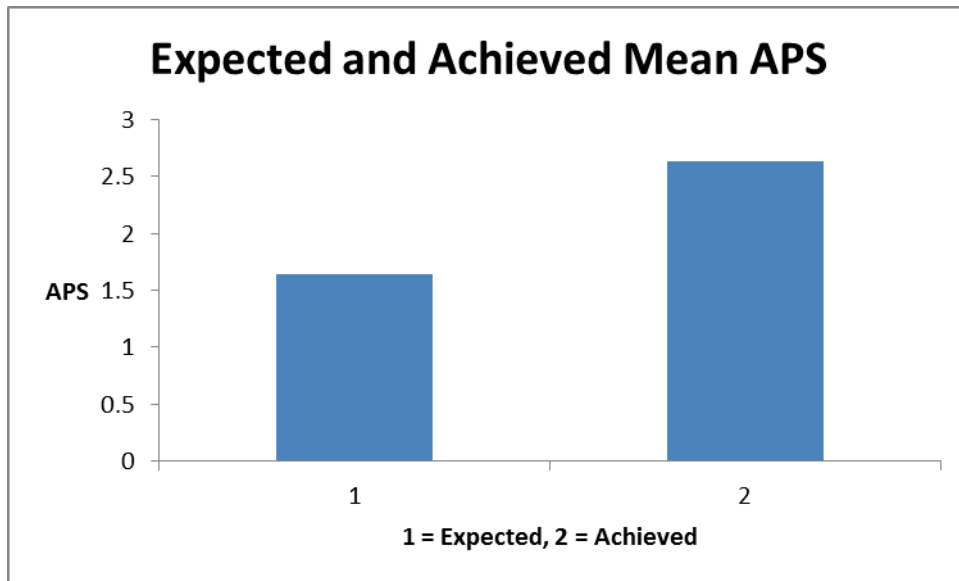


Note: N = 30

Expected and Actual Average Point Scores

Expected Average Point Score (APS) means over a 3 month interval were compared with Actual APS mean scores using a paired samples t-test. Actual APS mean scores (M = 2.62, SD = 0.63) were significantly higher than the Expected APS mean scores (M = 1.61, SD = 0.63), $t(56) = -6.09$, $p < 0.05$, $r = 0.63$ indicating a moderate effect size. The means plots are displayed in Figure 8.

Figure 8. Means plot of the Expected and Actual APS scores over a 3 month period.

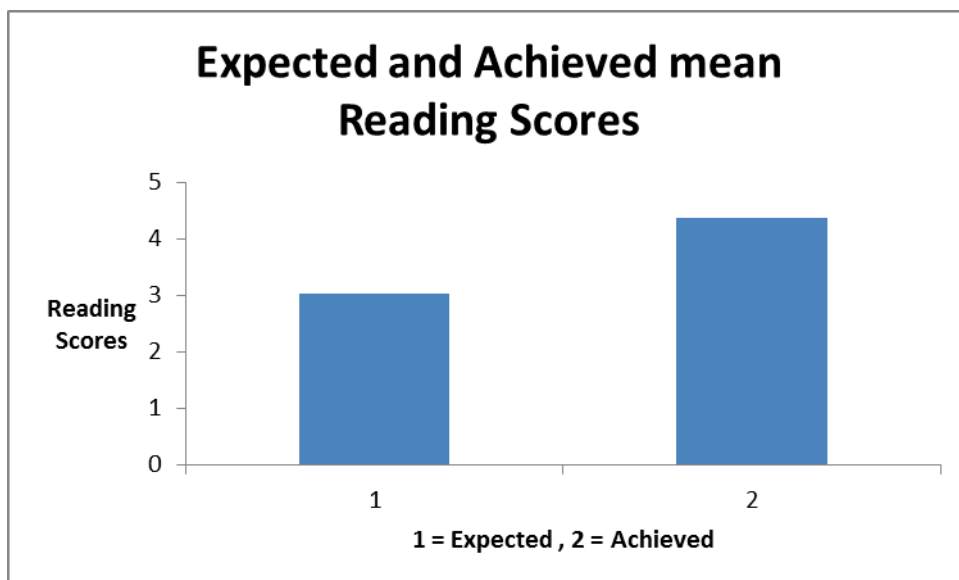


Note. N = 30

Expected and Actual Reading Scores

Expected Reading Score means over a 3 month interval were compared with Actual Reading Score mean scores using a paired samples t-test. Actual reading score mean scores ($M = 4.38$, $SD = 2.47$) were significantly higher than the Expected reading score mean scores ($M = 3.03$, $SD = 2.47$), $t(56) = -2.24$, $p < 0.05$, $r = 0.28$ indicating a small effect size. The means plots are displayed in Figure 9.

Figure 9. Means plot of expected and achieved reading scores over a 3 month period.



Expected and Actual Writing Scores

Expected Reading Score means over a 3 month interval were compared with Actual Reading Score mean scores using a paired samples t-test. Actual reading score mean scores ($M = 2.66$, $SD = 2.11$) were significantly higher than the Expected reading score mean scores ($M = 3.66$, $SD = 2.20$), $t(56) = -1.74$, $p < 0.05$, $r = 0.22$ indicating a small effect size. The means plots are displayed in Figure 10.

Figure 10. Means plot of expected and achieved writing scores over a 3 month period.



Expected and Achieved Math Scores

Expected Reading Score means over a 3 month interval were compared with Actual Reading Score mean scores using a paired samples t-test. Actual reading score mean scores ($M = 2.72$, $SD = 2.52$) were significantly higher than the Expected reading score mean scores ($M = 3.83$, $SD = 2.61$), $t(56) = -1.60$, $p < 0.05$, $r = 0.20$ indicating a small effect size. The means plots are displayed in Figure 11.

Figure 11. Means plot of expected and achieved writing scores over a 3 month period.



2. Case Studies

Summary of Case Studies

Five individual Case Studies and 1 group Case Study took place. All were referrals from the Bath Primary Behaviour Panel. All involved consultations with school staff, parents and child, and sometimes multiagency staff. The case studies comprised:

- Y1 Male (Case Study 1)
- Y6 Male (Case Study 2)
- Y4 Female (Case Study 3)
- Y3 Male (Case Study 4)
- Y6 Male (Case Study 5)
- Reception Class (Group Case Study)

The bespoke interventions included:

- Attachment-based strategies
- Induction/transition support programme
- Emotion Coaching
- Social Stories
- Behaviour for Learning group
- 1-1 mentor/behaviour support
- Social Skills group/Friends group
- Play therapy
- Art therapy
- Forest School/Holiday Club/Sports Coaching
- EP assessments

The interventions also involved:

- Supervision for support staff
- Regular meetings
- Multi-agency working

Overall, the case studies demonstrated the following common impact:

1. On children:
 - Reduction in behavioural incidents
 - Reduction in hyperactivity
 - Increased behavioural self-regulation
 - Increased engagement/attention in learning and academic attitude
 - Increased academic attainment
 - Increased self-esteem, confidence and well-being
 - Improved social skills and other pro-social behaviours
 - Improved attendance
 - Improved relationships with staff and peers

2. On staff/parents:

- Increased confidence to manage behaviour
- De-escalation of incidents
- Adaptation of teaching and learning strategies to suit child
- Improved well-being

Case Study 1
Student Name: Y1 Male
Presenting Needs/starting point: Huge levels of anxiety. Bereavement due to loss of family member 1 year ago. Daily incidents of physical aggression towards adults and peers. Incidents of lashing out at peers during playtimes in fits of anger. Inability to cope with any problem or negative situation – shuts down, hides or becomes angry and attacks. Does not express emotion. Avoids eye contact with adults. Low self-esteem, poor concentration, not engaged with learning. Making no progress. Staff do not feel confident to manage the behaviour and complex emotional needs.
What outcomes were you trying to achieve through your involvement with this service user <ol style="list-style-type: none">1. For staff to be confident in managing behaviour and meeting child's emotional needs2. Improve child's self esteem, social skills, confidence as a learner and develop emotional intelligence/resilience.3. To reduce child's levels of anxiety and anger in order to improve his well-being, improve relationships with adults and peers, increase engagement in learning and to make progress. What approaches did you use: <ul style="list-style-type: none">• Consultation with teachers and parents, with the involvement of the child, to agree consistent approaches including shared script, prompts, rewards and consequences• Weekly consultation with the class teacher to develop and refine behaviour and learning strategies• Play therapy intervention for 20 weeks• Behaviour for Learning Group to develop confidence as a learner, improve social skills, and emotional regulation

What made the difference:

- Weekly meetings with staff and parents, and observations, to ensure consistent approaches, shared script and refining strategies
- Adapting teaching and learning strategies to the needs of the child
- BF staff jointly running a social skills group with school staff to model approaches – this allowed the strategies to be followed up by school staff in the classroom and playground
- Providing weekly supervision for the TA attached to the child – reflecting on practice and refining it
- Play therapy for 20 weeks ‘turned the child’s world around’ - reduced his anxieties, and allowed him to recover from a trauma.

Outcomes after 24 weeks of intervention:

- **Staff feel confident in meeting child’s needs and managing his behaviour, particularly developing the use of ‘script’ to prevent problems escalating. Staff feel much less preoccupied and worried about him.**
- **Child has made huge improvement in his behaviour: able to accept boundaries, able to self-regulate using agreed strategies to manage his difficulties. Much less volatile and much fewer incidents. There are still times when he struggles but he is now able to accept help and recover quickly after an incident.**
- **Child is much more engaged with his learning and getting on well with daily routines.**
- **Rate of progress is improving above national expected rate in Reading, writing and Maths. Huge improvement in academic confidence and attitude**
- **Social skills hugely improved. Much improved relationships with adults and peers. Though he can still squabble he is now able to independently problem solve.**
- **Self-confidence has increased. Fantastic performance in school play and spoke in assembly, which would have been unthinkable 6 months ago.**
- **Very positive feedback from school about the quality of the intervention**
- **Attendance has improved and been sustained at 100%**
- **SDQ provides evidence of significant behavioural social and emotional progress at home and at school**

Cost of Intervention:

Assessment and Consultancy (10 hours) = £600

Behaviour Support (2 hours per week x 20 weeks) = £2,400

Play therapy for 20 sessions = £900

Total cost = £3,900

SDQ Case Study 1:

Area of concern	Baseline SDQ score	End of intervention SDQ score	3 months post-intervention	Positive (+) Negative (-) change
Overall stress	22	16	15	+7
Emotional distress	5	2	2	+3
Behavioural difficulties	8	3	2	+6
Hyperactivity/attentional difficulties	8	7	7	+1
Getting along with other children	2	2	2	0
Kind & helpful behaviour	0	4	4	+4

Case Study 2:
Student Name: Y6 Male
<p>Presenting Needs/starting point</p> <p>Experience of emotional trauma during early years including domestic violence.</p> <p>Disrupted education – 5 different primary schools. Recently moved into the area from another local authority with reports of serious emotional, social, and behavioural difficulties in previous schools.</p> <p>Poor attendance at previous school (25%) mainly due to high level of exclusions.</p> <p>Social isolation – not able to build and sustain friendships.</p> <p>Lack of engagement and motivation with learning resulting in serious underachievement</p>
<p>What outcomes were you trying to achieve through your involvement with this service user:</p> <ol style="list-style-type: none"> 1. Identify and address emotional and social needs, in particular the ability to form trusting relationships with adults and peers. 2. Increase motivation and confidence as a learner and raise level of achievement 3. Ensure successful transition into new primary school and prepare for transfer to secondary school <p>What approaches did you use:</p> <ul style="list-style-type: none"> - BF Educational Psychologist and Behaviour Support Teacher carried out detailed needs assessment in consultation with parent and child, previous school and new school, support agencies from previous local authority - Carefully planned induction into new primary school, initially receiving 3 hours per day 1:1 support outside the classroom to build relationship with key worker from BF - Introduced 12 week Art therapy intervention as part of an individual programme of support - A gradual introduction to the school, teachers and procedures - Class group wrote letters to him to welcome him to school which child reciprocated - Weekly Consultation with staff and parent to ensure consistent strategies and vigilance to ensure high levels of supervision and support, and work with whole class to build trusting relationships with class teacher and peers - Provided a transition support programme from primary to secondary school <p>Provided strategies for staff and parent as follows:</p> <ul style="list-style-type: none"> • Peer role models who will actively offer friendship and model appropriate social skills and positive approaches to learning • Structured activities (in and out of school) to enable further meaningful friendships to

develop

- A named adult with whom child can form an authentic and readily available relationship in order that he continues to talk about his emotional experiences and with whom he feels safe and in whom he can trust
- The availability for child to take genuine responsibility in order that he feels trusted and believed in
- Genuine possibilities for child to experience success through appropriate challenge
- Adults to be made aware that child requires sensitive and vigilant management of his behaviour so that he feels contained and noticed by the adults in charge

What made the difference:

- A thorough needs assessment carried out by BF EP in partnership with parent, child and staff at new school
- Allocating a 1:1 mentor/behaviour support worker to support the child and provide consultancy for the parent and staff
- A carefully planned induction programme designed to address the specific emotional, social and learning needs of the child
- Building trusting relationships with key adults in the school
- Providing support for the parent to ensure consistency for the child
- Adapting teaching and learning strategies to the needs of the child
- Art therapy – enabled to child to find a way of expressing, processing and containing difficult feelings
- Adults who were able to create safe, trusting relationships, where the child feels valued and where peers are encouraged to become good role models.

Interview with child (Carried out by Ruth Fergusson EP) after 6 weeks at new school:

'I asked child on a scale of 1-10, where 5 in the middle is 'ok', 1 is 'rubbish' and 10 is 'brilliant', where he rated school at present. Child said it was at 10, because it is friendly, everybody's really nice, and if he needs someone to help there is always someone there. I asked child if he felt that these things added to his ability to learn, but he wasn't sure if they did. We then talked about his previous school which child identified as 1. He felt this was because everyone there looked miserable and as if they didn't care what they were doing, and they annoyed you. He reiterated that at the school, it is really welcoming and this makes you feel happy.

Child told me that his best thing in school is writing. This is only since he has been at the school however, and it is because he is good at it. I asked the class teacher about child's writing and she noted that when he first arrived at the school (within the last 6 weeks) child refused to write, however she has been particularly pleased with the quality and sensitivity of the writing he has done for her, and this seems to have had a positive impact on child.

Child told me that his worst subject in school is Maths, because he finds it the most difficult.

In our final interaction we sorted 'emotion' cards into good and bad feelings. I then asked child if there were any of the bad feelings cards which he could identify with, and which he might have felt like in recent times. He picked four cards indicating in turn someone looking:

confused- he said that this was because in the past he didn't know who to turn to or who to trust

small – he said that this was because people made you feel small saying things like 'you're an idiot' and 'you should grow up'.

angry – he told me that he often used to wake up angry and he didn't know why

lonely – he told me he didn't used to have good friends.

I asked child if any of the good feelings cards reminded him of anything he had felt recently.

happiness – he said he is now happy living with his dad

success – he feels he has achieved something

flying – he said he feels free now that he has moved on

support – he said that he feels like is now able to help others as well as be helped himself

a person with a megaphone – he told me that this was because now he can pretty much say anything because people listen to him now.

I asked child if some of the negative feelings had changed at all, or if they were still there with the good ones. He told me that they have disappeared. I checked out with him if he did indeed feel this strongly, reflecting that 'disappeared' was a really big word. He told me again quite simply that they weren't there anymore, they had completely disappeared.'

Outcomes after 16 weeks of intervention:

- **Settled in well to his new school – only occasional and minor incidents of difficulties experienced in previous schools**
- **Attendance improved significantly from 25% to 91%**
- **Quickly formed positive attachments to staff and peers**
- **Refused to engage in writing tasks at first but this quickly changed as he settled into his new school.**
- **Motivation with his learning increased significantly**
- **Attainment in Reading, writing and Maths increased very significantly over 4 months, narrowing the gap with his peers**
- **Self-confidence has increased and he is proud of his achievements in school.**
- **A happier child who feels that he is making progress and putting his previous difficulties behind him (see EP report)**
- **SDQ provides evidence of social and emotional progress**

Outcomes 3 months post intervention

- **Successful transfer to secondary school with now established peer group from primary school**
- **Happy in school and out of school**
- **Improved attendance**

- **Improved behaviour**
- **Continued progress in English and Maths and across the curriculum**

Cost of Intervention:

Assessment and Consultancy (10 hours) = £600

Behaviour Support (30 hours) = £1,800

Parent support (6 hours x £50) = £300

Transition Support (8 hours x £50) = £400

Art therapy for 12 sessions = £550

Total cost = £3,650

SDQ Case Study 2:

Area of concern	Baseline SDQ score	End of intervention SDQ score	3 months post-intervention	Positive (+) Negative (-) change
Overall stress	26	15	14	+12
Emotional distress	3	1	1	+2
Behavioural difficulties	8	7	5	+3
Hyperactivity/attentional difficulties	8	7	7	+1
Getting along with other children	5	0	2	+3
Kind & helpful behaviour	4	8	6	+2

Case Study 3:
Student Name: Y4 Female
<p>Presenting Needs/starting point</p> <p>Very high levels of anxiety. Adopted child with early experience of trauma and attachment difficulties. Not able to form friendships or trust adults. Inability to self-regulate, difficult emotions - leading to aggressive outbursts or shutting down. Low self-esteem, poor engagement with learning. Underachieving.</p> <p>Staff and parents struggling to manage child's behaviour and emotional needs.</p>
<p>What outcomes were you trying to achieve through your involvement with this service user:</p> <ol style="list-style-type: none"> 1. For staff and to be confident in managing behaviour and meeting child's emotional needs. 2. Improve self-esteem, social skills, confidence as a learner and develop emotional resilience. 3. To reduce levels of anxiety in order to improve well-being, improve relationships with adults and peers, increase engagement in learning and to make progress. <p>What approaches did you use:</p> <ul style="list-style-type: none"> • Initial assessment and consultation with teachers and parents, with the involvement of the child, to identify child's needs and agree consistent approaches to contain and regulate emotions including attunement, validation, shared script, managing transitions • Provided training for staff on Attachment • Weekly consultation with staff and parents to develop and refine strategies • BF behaviour support teacher worked alongside school staff to plan and deliver a Friends Group to develop social skills for the child, build emotional resilience and provide the child with strategies to build and sustain friendships <p>What made the difference:</p> <ul style="list-style-type: none"> - Weekly meetings with staff and parents, and observations, to ensure consistent approaches, shared script and refining strategies - Adapting teaching and learning strategies to the needs of the child - BF staff jointly running a friends group with school staff to model approaches – this allowed the strategies to be followed up by school staff in the classroom and playground - Providing weekly supervision for the TA attached to the child – reflecting on practice and refining it - Training for staff on attachment strategies to build their capacity to understand and meet the child's needs. <p>Outcomes after 24 weeks of intervention</p>

- **Staff and parents feel confident in meeting child's emotional needs and managing behaviour**
- **The child appears less anxious and hyper-vigilant, and more settled at home and at school, more able to self-regulate**
- **Fewer behaviour incidents**
- **Child is more engaged with his learning and getting on well with daily routines**
- **Rate of progress is improving above national expected rate in Reading, writing and Maths**
- **Social skills improved**
- **Much improved relationships with adults and peers**
- **Self-esteem and Self-confidence has increased**
- **Attendance has improved and been sustained at 100%**
- **SDQ provides evidence of significant behavioural social and emotional progress at home and at school**

Cost of Intervention:

Assessment and Consultancy (10 hours) = £600

Behaviour Support (2 hours per week x 20 weeks) = £2,400

Total cost = £3,000

SDQ Case Study 3

Area of concern	Baseline SDQ score	End of intervention SDQ score	3 months post-intervention	Positive (+) Negative (-) change
Overall stress	17	7	8	+9
Emotional distress	6	3	3	+3
Behavioural difficulties	4	0	1	+3
Hyperactivity/attentional difficulties	1	3	1	0
Getting along with other children	6	1	3	+3
Kind & helpful behaviour	8	7	7	-1

Case Study 4:

Name: Y3 Male

Presenting Needs/starting point:

Unpredictable behaviour, running off, physical aggression towards staff, peers, parents, siblings.

Poor sleep patterns – impacting on behaviour and learning in school.

Poor eating patterns.

Parents struggling to manage child's behaviour at home.

School staff reporting that child does not respond to behaviour strategies or 1:1 support.

Refusal to engage in learning.

What outcomes were you trying to achieve through your involvement with this service user:

1. To identify the child's need and appropriate intervention strategies

2. Increase motivation and confidence as a learner

3. Develop behaviour for learning strategies including calming techniques, self control, listening skills and staying on task

4. To provide support for parents and staff in meeting the needs of the child

What approaches did you use:

- **Assessment focused on emotional and social needs**
- **Consultation with teachers and parents,**
- **Team Around the Child Approach -Discussion with other agencies about past and current involvement and CAF set up**
- **Supported staff and parents in setting up visual timetables, social stories to reduce anxiety for the child**
- **Supporting parents with referral to Paediatrician and access family support services**
- **Provided Forest School and Holiday programmes to build child's social skills, self-esteem and friendships**

What made the difference:

- Facilitating a joined up approach between agencies, and between parents and school
- Providing specialist practitioners with expertise to identify appropriate responses and strategies
- Adapting teaching and learning strategies to the needs of the child
- Building trust of parents so that they could accept support understand why a referral to a paediatrician would be helpful – this resulted in a diagnosis of ASD and support for parents from health practitioners

Outcomes

- **Parents and staff feel confident in meeting the child's needs**
- **Much improved behaviour so that the child is no longer at risk of exclusion**
- **Improved sleeping and eating patterns**
- **Improved attendance**
- **Reduced anxiety for the child around transitions and change**
- **Improved learning outcomes (4 sub levels increase in reading over 12 months, 3 sub levels in writing and 2 sub levels in maths)**
- **Significantly improved well-being for child, parents and staff**

Cost of Intervention:

Assessment and Consultancy (16 hours) = £960

Behaviour Support (24 hours) = £1,200

Parent support (6 hours x £50) = £300

Forest School 12 days (£70 per day) = £840

Holiday programmes (£50 x 10 days) = £500

Total cost = £3,800

SDQ Case Study 4

Area of concern	Baseline SDQ score	End of intervention SDQ score	3 months post-intervention	Positive (+) Negative (-) change
Overall stress	30	21	20	+10
Emotional distress	6	2	2	+4
Behavioural difficulties	8	5	5	+3
Hyperactivity/attentional difficulties	10	9	8	+2
Getting along with other children	6	5	5	+1
Kind & helpful behaviour	2	2	2	0

Case Study 5:
Student Name: Y6 Male
<p>Presenting Needs/starting point:</p> <p>Poor attendance (41%) mainly due to unstable home situation. Youngest of large family, several older siblings were permanently excluded from school.</p> <p>High number of behaviour incidents due to friendship difficulties, and inability manage own behaviour and to regulate emotions.</p> <p>Social isolation in peer group – not able to build and sustain friendships.</p> <p>Low self-esteem.</p> <p>Lack of engagement and motivation with learning resulting in serious underachievement.</p>
<p>What outcomes were you trying to achieve through your involvement with this service user:</p> <ol style="list-style-type: none"> 1. Identify and address emotional and social needs, in particular the ability to manage anger, regulate emotions and build friendships. 2. Increase attendance, motivation and confidence as a learner and raise level of achievement. 3. Ensure successful transfer to secondary school. <p>What approaches did you use:</p> <ul style="list-style-type: none"> - Behaviour Support Teacher carried out detailed needs assessment in consultation with class teacher, support staff and child. Observations of child and strategies developed with staff and child. - 1:1 mentoring programme including mindfulness, emotional literacy, and social stories. - Sports coaching to develop social skills in small group setting and then transfer skills to whole class. - Weekly Consultation with staff to ensure consistent strategies and build trusting relationships with class teacher and peers. - Provided a transition support programme from primary to secondary school.
<p>What made the difference:</p> <ul style="list-style-type: none"> - A thorough needs assessment carried out by the Behaviour Support Teacher working closely with staff and child to identify the causes of the behaviour problems - Adapting teaching and learning strategies to the needs of the child - allocating a 1:1 mentor/behaviour support worker to support the child and provide consultancy for the staff on a weekly basis

- a carefully planned personalized intervention programme designed to address the specific emotional, social and learning needs of the child
- Building trusting relationships with key adults in the school and mentor from Brighter Futures
- Weekly Sports Coaching sessions, initially as a reward for improved behaviour and attendance, increased motivation and improved interactions with peers
- Continuing mentor support (with the same mentor) for the first 2 terms in secondary school

Outcomes after 20 weeks of intervention

- **Reduction in behaviour incidents from 18 in Term 1 to 2 in Term 4**
- **Significant improvement in attendance from 42 % to 89%**
- **Much improved relationships with staff and peers**
- **Improvements in self-esteem, confidence and ability to regulate emotions**
- **Attainment in Reading, writing and Maths increased significantly over 4 months, narrowing the gap with his peers**
- **A happier child who is motivated to learn and is fully engaged in the life of the school**
- **SDQ provides evidence of social and emotional progress**

Outcomes 3 months post intervention

- **Successful transfer to secondary school**
- **Sustained improvement in behaviour and social skills**
- **Quickly establishing positive relationships with staff and peers at new school**
- **Further Improved attendance**
- **Continued progress in English and other subjects across the curriculum**

Cost of Intervention:

Assessment and Consultancy £600

Behaviour Support (20 x £60) = £1,200

Sports coaching (14 x £45) = £630

Transition Support (12 hours x £50) = £600

Total cost = £3,030

SDQ Case Study 5

Area of concern	Baseline SDQ score	End of intervention SDQ score	3 months post-intervention	Positive (+) Negative (-) change
Overall stress	30	16	17	+13
Emotional distress	9	5	6	+3
Behavioural difficulties	6	3	3	+3
Hyperactivity/attentional difficulties	10	7	7	+3
Getting along with other children	5	1	1	+ 4
Kind & helpful behaviour	5	5	5	0

Group Case Study:
Focus of intervention: Whole class intervention – Reception Class
<p>Presenting Needs/starting point</p> <p>A new Reception class consisting of a high proportion of children with emotional, social, and behavioural difficulties, high numbers of children who have experienced significant interruptions during their early years. High levels of social deprivation. A staff team struggling to meet such high levels of need.</p>
<p>What outcomes were you trying to achieve through your involvement with this service user:</p> <ol style="list-style-type: none"> 1. Build capacity of the staff team to meet the needs of the whole class 2. Increase rates of progress for children at risk of underachievement 3. Set up targeted intervention for specific children to address social and emotional needs <p>What approaches did you use:</p> <ol style="list-style-type: none"> 1. Series of observations and consultations from Brighter Futures EP. 2. Whole class screening on emotional and social development using Thrive approach. 3. Coaching and modelling of interventions for staff team (see Examples of Interventions below). 4. Forest school groups to build social skills. <p>Interventions:</p> <p>Structured snack time: to encourage the children to sit at a table together. Encouraging to have duties and experiences such as:</p> <ul style="list-style-type: none"> • getting the snack bowl – encouraging independence and esteem • laying out places with names and faces for each child – recognition of peers and matching names and faces • counting how many children are missing- numeracy and awareness raising • sitting at a table with others • sitting with a peer and matching their choice of snack – same or different – encouraging social interaction • listening to the teacher talk about healthy eating choices • using mindfulness activities to describe their food – what does it look like/feel like/taste like/ what do they like or dislike to eat, • extending horizons - who's ever eaten food in a cafe/restaurant/another country etc • jobs to tidy away on a rota – encouraging reading names, participation and responsibility taking <p>Structured play times: to encourage the children to play together. They can develop talking skills, sharing skills, creative play skills and physical/coordination skills, and experience joy in</p>

each other and themselves as well as having opportunities for fun and laughter.

- A range of small world play and larger toys, maybe those more suitable for children at pre-school level
- Bubble machines
- Dressing up clothes
- Skipping with a long rope where many children can join in and out
- Structured games and singing (such as Farmer in his Den, Hokey Cokey, Duck Duck Goose, What's the time Mr Wolf etc)
- *'Jenny Mosley's Top 100 Playground Games to Enjoy Seal Outside'* to provide useful ideas to support and develop appropriate and meaningful play

A range of activities for all children to access whenever they chose, with two structured games for each play time.

What made the difference:

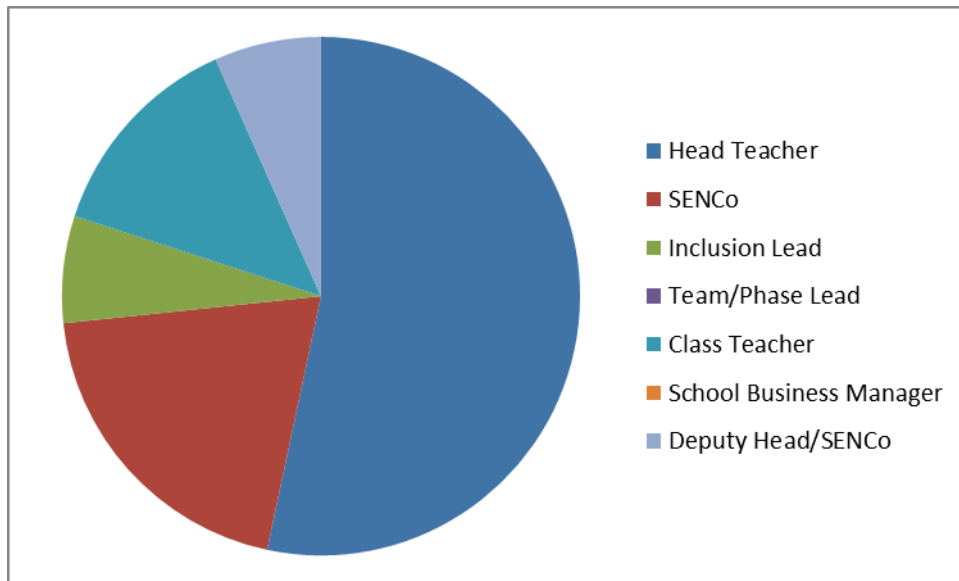
1. School staff feeling supported by specialist practitioners who were able to work alongside them, model strategies, and provide an opportunity for reflection and feedback.
2. Accurate identification of needs by the Educational Psychologist.
3. Quick response – issues identified in term 1 and action plan implemented in Term 2.
4. Strategic planning between BF staff and the school leadership team – a whole school approach to build the capacity of staff rather than working with individual children.
5. Supporting staff in adapting teaching and learning strategies to the needs of vulnerable children.

Part B: Evaluation of BF services

1. Survey of Brighter Futures services

A survey of 15 leaders in education was undertaken using survey monkey comprising both quantitative and qualitative data. This sample consisted of 6 head teachers (53.33%), 3 SENCo (20%), 1 inclusion lead (6.67%), 2 class teachers (13.33%), and 1 deputy head (6.67%). A pie chart illustrating this frequency distribution can be found in chart 1.

Chart 1. Frequency distribution of education leaders.

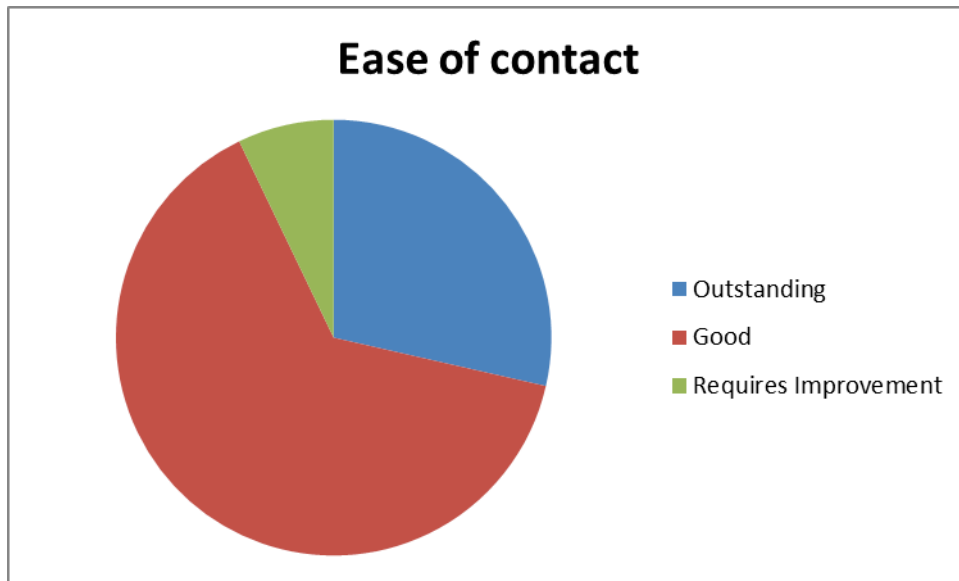


Note. N = 15.

The staff (N = 15) were asked to evaluate their involvement with Brighter Futures according to the criteria of ease of contact, how welcoming the programme was, response time to questions, response time to information, ability of Brighter Futures to identify needs, confidentiality, level of inclusion, ability to meet needs, staff response to questions, staff response to support, and staff response to constructive criticism using a 3 point scale from 'outstanding', to 'good' to 'needs improvement'. A final option 'Not applicable' was also offered for each item.

In response to the extent to which participants (N = 15) experienced ease of contact with the Brighter Futures programme, 4 (28.57%) said 'outstanding', 9 (64.29%) said 'good' and 1 (7.14%) said 'needs improvement'. The frequency distribution of these responses is illustrated in Chart 2.

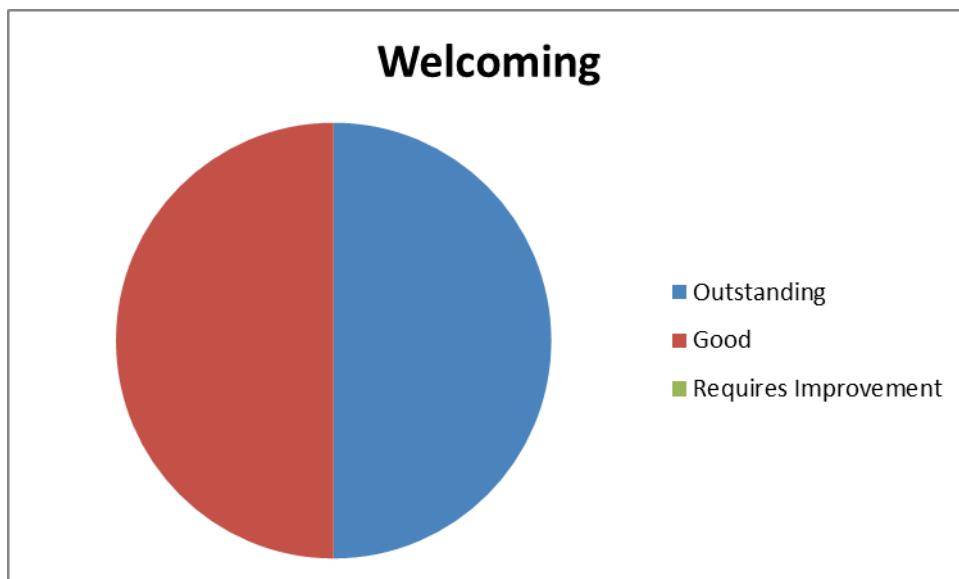
Chart 2. Frequency distribution of ease of contact.



Note. N = 15.

In response to the extent to which participants (N = 14) experienced the Brighter Futures programme as welcoming, 7 (50%) said 'outstanding', 7 (50%) said 'good' and 0 (0%) said 'requires improvement'. The frequency distribution of these responses is illustrated in Chart 3.

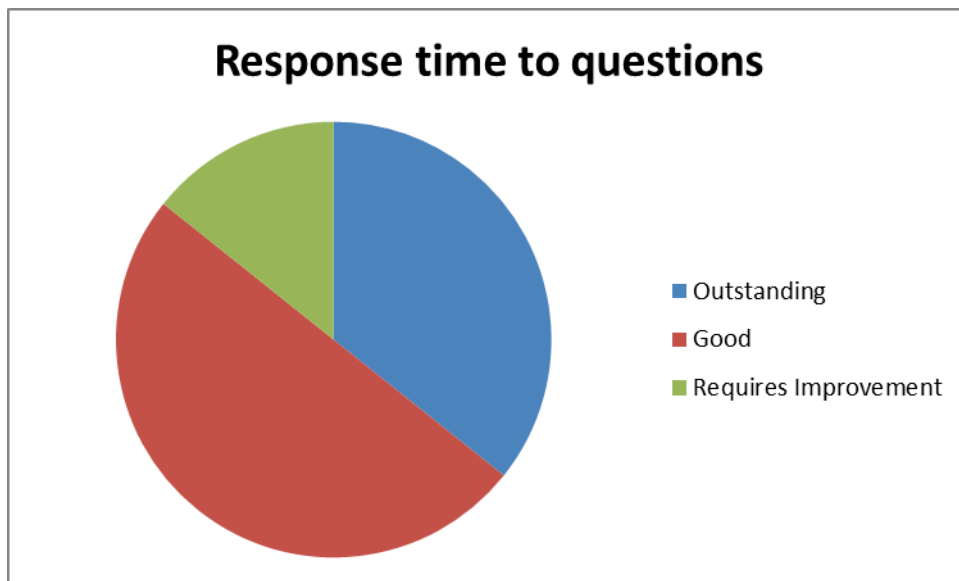
Chart 3. Frequency distribution of welcoming.



Note. N = 14.

In response to the extent to which participants (N = 14) experienced response times to questions from the Brighter Futures programme, 5 (35.71%) said 'outstanding', 7 (50%) said 'good' and 2 (14.9%) said 'requires improvement'. The frequency distribution of these responses is illustrated in Chart 4.

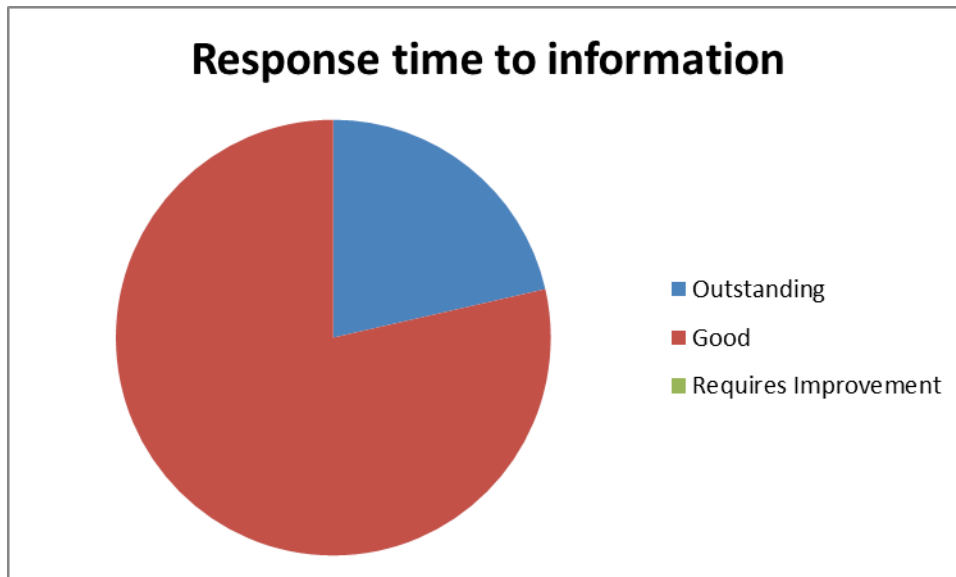
Chart 4. Frequency distribution of response time to questions.



Note. N = 14.

In response to the extent to which participants (N = 14) experienced response time to information from the Brighter Futures programme, 3 (21.43%) said 'outstanding', 11 (78.57%) said 'good' and 0 (0%) said 'requires improvement'. The frequency distribution of these responses is illustrated in Chart 5.

Chart 5. Frequency distribution of response time to information.

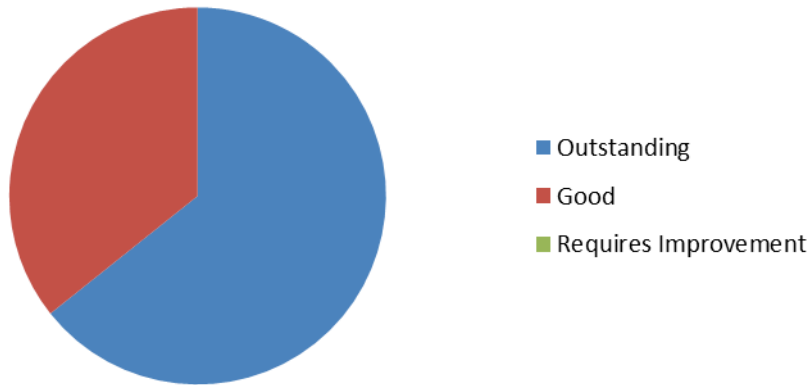


Note. N = 14.

In response to the extent to which participants (N = 14) experienced the ability of the Brighter Futures programme to identify needs, 9 (64.29%) said 'outstanding', 5 (37.51%) said 'good' and 0 (0%) said 'requires improvement'. The frequency distribution of these responses is illustrated in Chart 6.

Chart 6. Frequency distribution of ability to identify needs.

Ability of Brighter Futures to identify needs

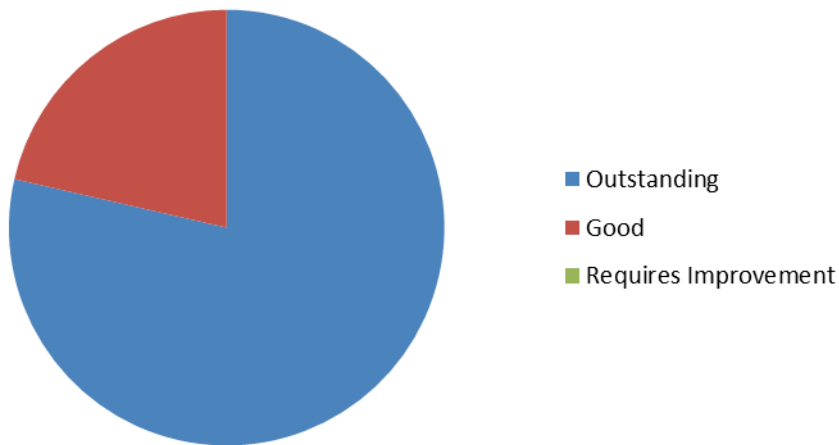


Note. N = 14.

In response to the extent to which participants (N = 14) experienced confidentiality with the Brighter Futures programme, 11 (78.57%) said 'outstanding', 3 (21.24%) said 'good' and 0 (0%) said 'requires improvement'. The frequency distribution of these responses is illustrated in Chart 7.

Chart 7. Frequency distribution of confidentiality.

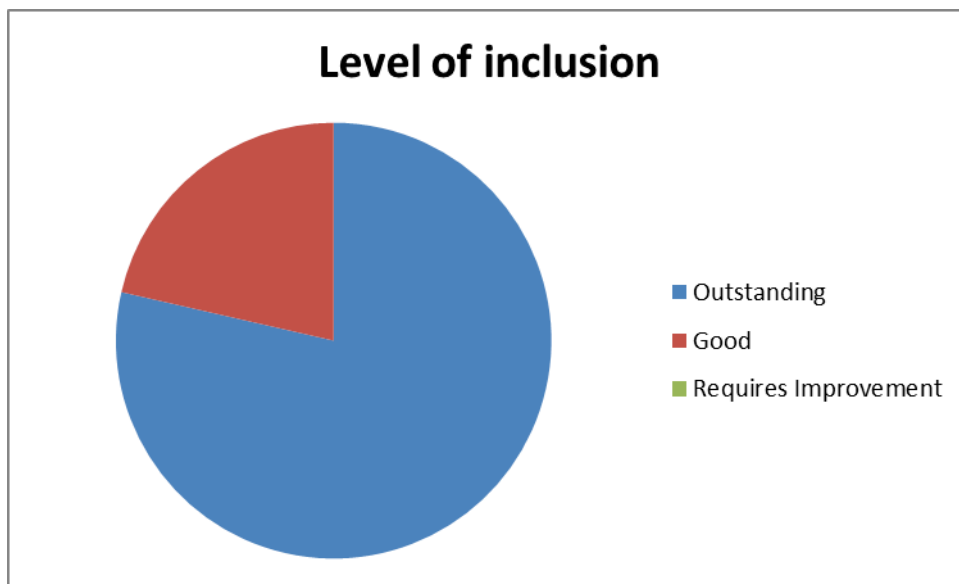
Confidentiality



Note. N = 14.

In response to the extent to which participants (N = 14) experienced inclusion with the Brighter Futures programme, 11 (78.57%) said 'outstanding', 3 (21.24%) said 'good' and 0 (0%) said 'requires improvement'. The frequency distribution of these responses is illustrated in Chart 8.

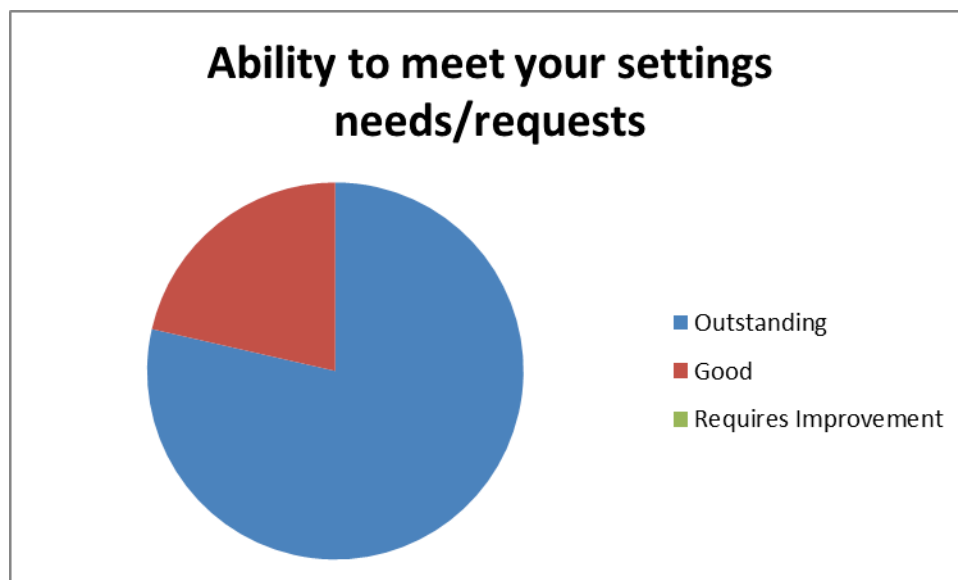
Chart 8. Frequency distribution of level of inclusion.



Note. N = 14.

In response to the extent to which participants (N = 14) experienced the Brighter Futures programme as being able to meet their needs/ requirements, 11 (78.57%) said 'outstanding', 3 (21.24%) said 'good' and 0 (0%) said 'requires improvement'. The frequency distribution of these responses is illustrated in Chart 9.

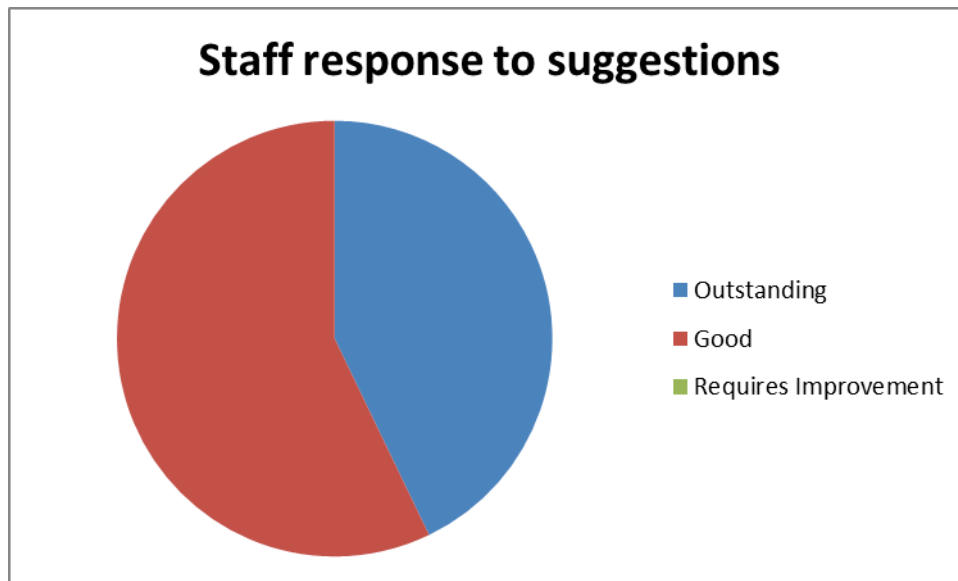
Chart 9. Frequency distribution of ability to meet needs/ requirements.



Note. N = 14.

In response to the extent to which participants (N = 14) experienced the Brighter Futures programme staff response to suggestions, 6 (42.86%) said 'outstanding', 8 (57.14%) said 'good' and 0 (0%) said 'requires improvement'. The frequency distribution of these responses is illustrated in Chart 10.

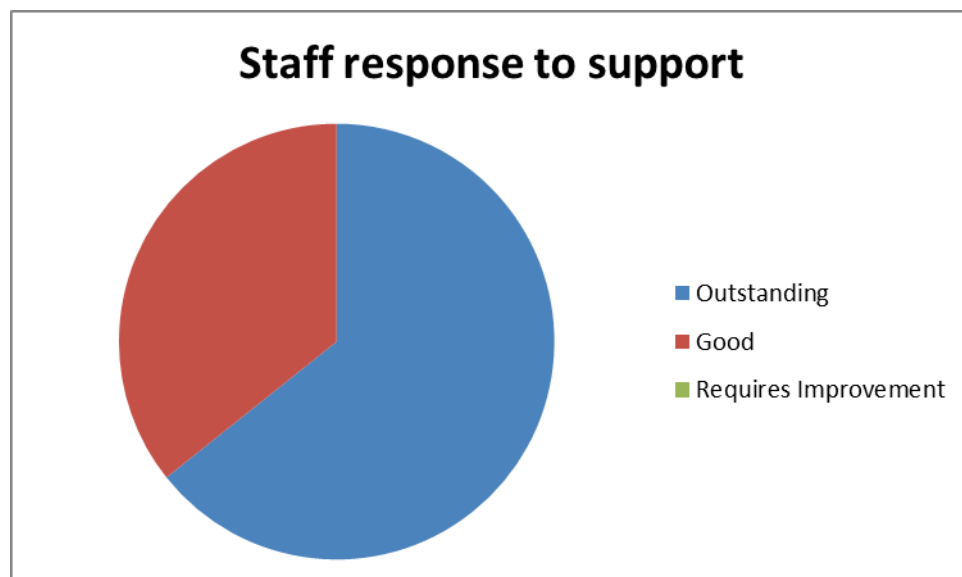
Chart 10. Frequency distribution of response to suggestions.



Note. N = 14.

In response to the extent to which participants (N = 14) experienced the Brighter Futures programme staff response to support, 9 (64.29%) said 'outstanding', 5 (35.71%) said 'good' and 0 (0%) said 'requires improvement'. The frequency distribution of these responses is illustrated in Chart 11.

Chart 11. Frequency distribution of staff response to support.

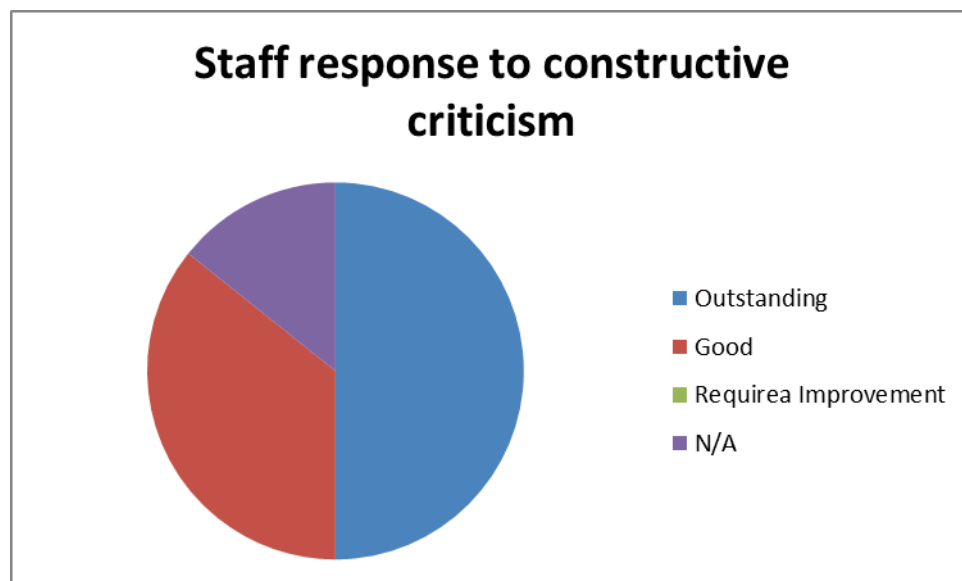


Note. N = 14.

In response to the extent to which participants (N = 14) experienced the Brighter Futures programme staff response to constructive criticism, 7 (50%) said 'outstanding', 5 (35.71%) said

'good', 0 (0%) said 'requires improvement' and 2 (14.9%) said 'not applicable'. The frequency distribution of these responses is illustrated in Chart 12.

Chart 12. Frequency distribution of staff response to constructive criticism.



Note. N = 14.

The senior education staff (N = 15) were asked to suggest two things that Brighter Futures do well. The words were uploaded onto a word cloud generator (<http://tagcrowd.com>) which is a graphical representation of word frequency. Word clouds give greater prominence to words that appear more frequently in source text. Using the word cloud generator, the most frequently mentioned words included support (8), interventions (3), helped (2), and ideas (2). For example, one commented that 'the work they do with children is first class' and that BF provides 'support that is designed for the child'. Another said that BF 'supports both staff and children' and also that the support entails 'thinking creatively about interventions'. This data visualisation is illustrated in Figure 1.

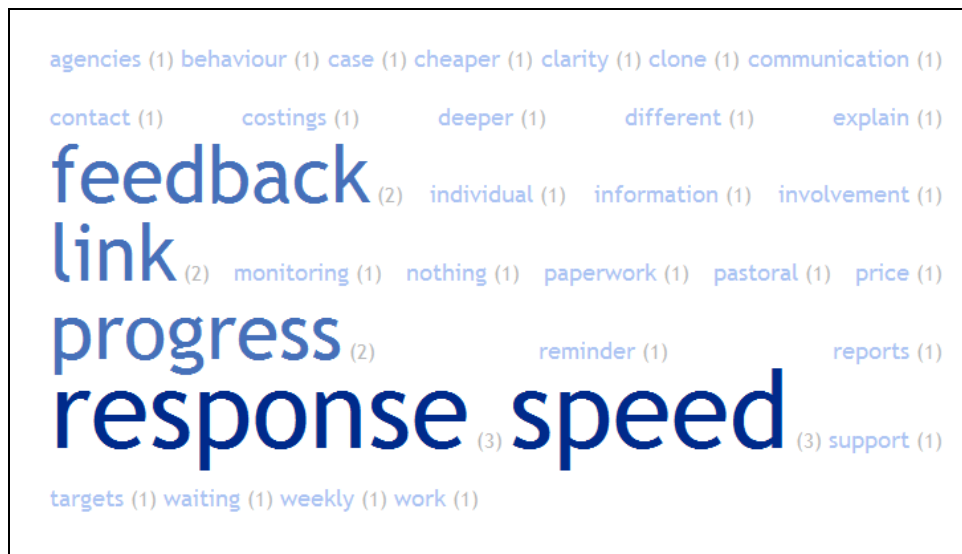
Figure 1. Word cloud responses to 'Two things Brighter Futures does well'.



Note. N = 15.

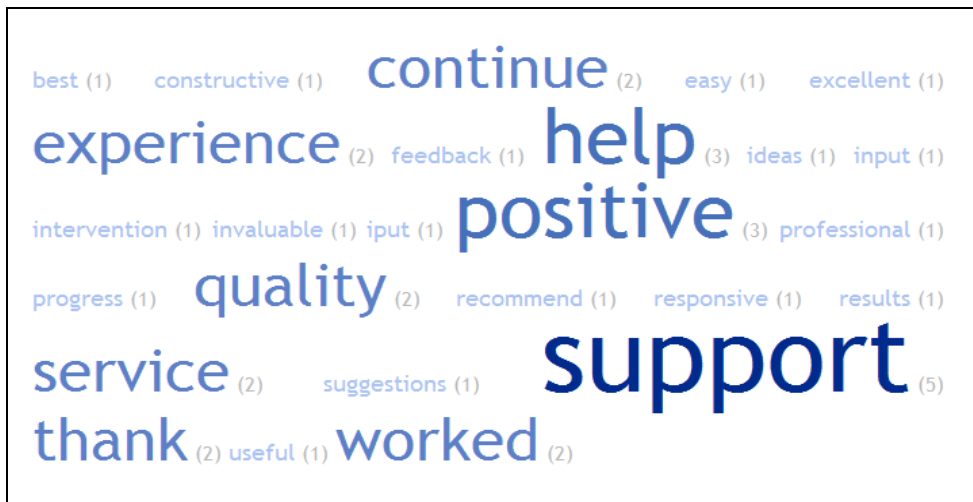
The senior education staff (N = 15) were asked to suggest two things that Brighter Futures could improve. The words were uploaded onto a word cloud generator (<http://tagcrowd.com>) which is a graphical representation of word frequency. Word clouds give greater prominence to words that appear more frequently in source text. Using the word cloud generator, the most frequently mentioned words included response (3), speed (3), progress (2), link (2) and feedback (2). This data visualisation is illustrated in Figure 2.

Figure 2. Word cloud responses to ‘Two things Brighter Futures could improve’.



The senior education staff (N = 15) were asked for any other comments. The words were uploaded onto a word cloud generator (<http://tagcrowd.com>) which is a graphical representation of word frequency. Word clouds give greater prominence to words that appear more frequently in source text. Using the word cloud generator, the most frequently mentioned words included support (5), positive (3), help (3), continue (2), experience (2), quality (2), service (2), thank (2) and worked (2). For example, one commented: ‘It has been the best experience we have had working with an outside agency working with children with behavioural needs’ and another expressed: ‘The quality of input from BF staff has been excellent with positive results for the pupils concerned’. This data visualisation is illustrated in Figure 2.

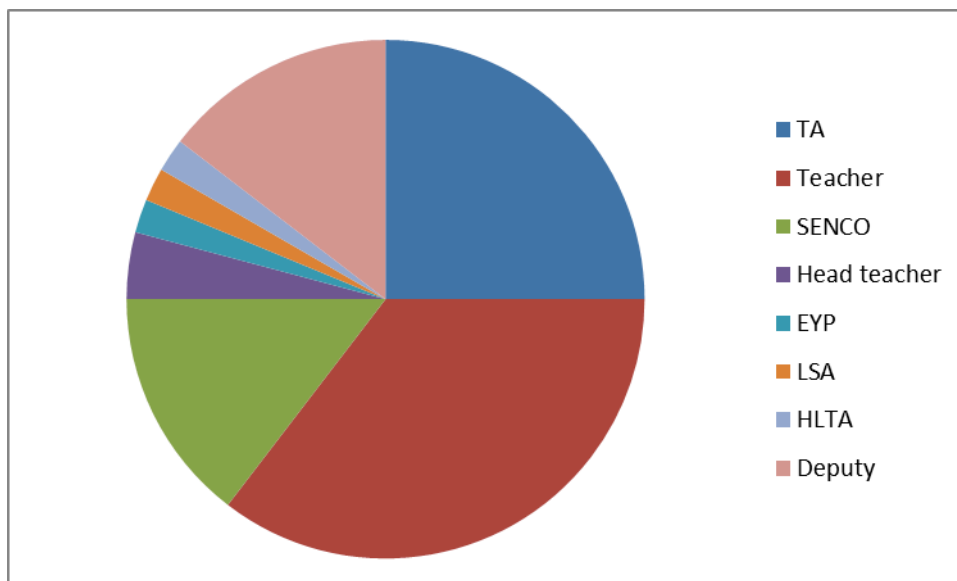
Figure 3. Word cloud responses to ‘Any other comments’.



2. Staff questionnaire

A post-intervention staff questionnaire on impact of Brighter Futures was conducted with 48 participants. The staff surveyed (N = 48) comprised 17 teachers, 12 TAs, 7 SENCOs, 7 Deputy Heads, 2 Head Teachers, 1 EYP, 1 LSA and 1 HLTA. A visual representation of the frequency distribution of roles is provided in Figure 1.

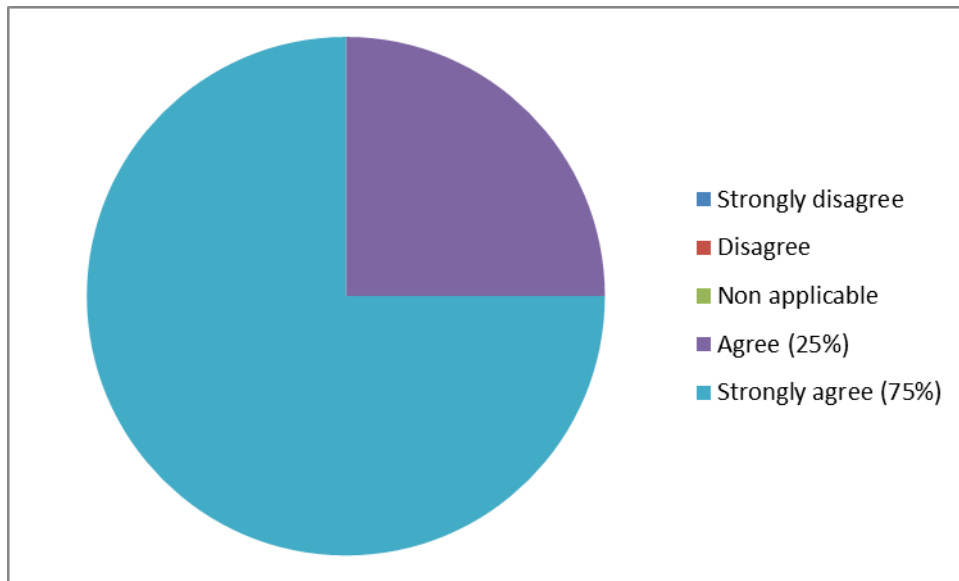
Figure 1. Frequency distribution of roles



Note. N = 48.

Staff (N = 48) were asked to report the extent to which they agreed whether intervention was beneficial on a 5-point scale (where 4 = agree, 3 = agree, 2 = neither agree nor disagree, 1 = disagree and 0 = strongly disagree). In total, 36 (75%) strongly agreed and 12 (25%) agreed. These results are illustrated in Figure 2.

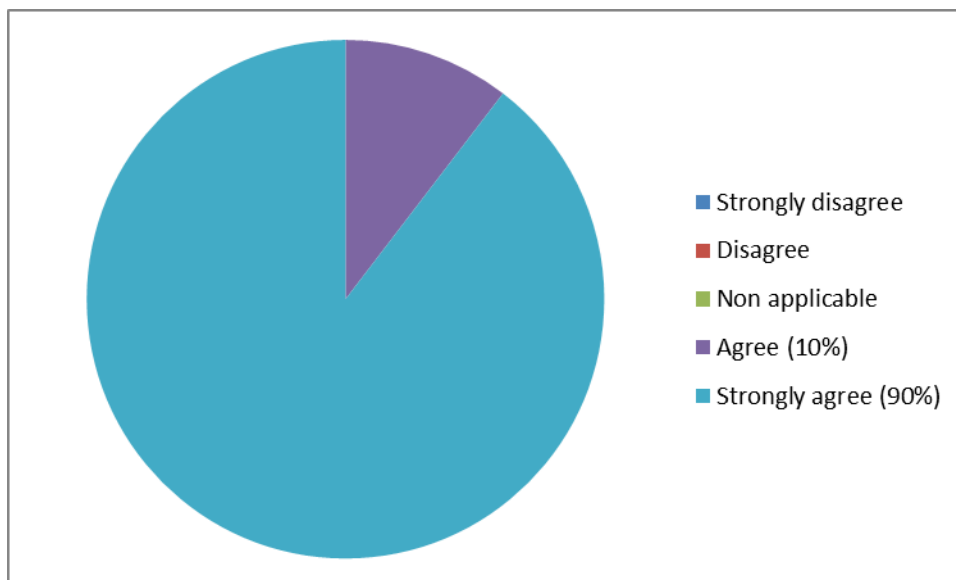
Figure 2. Pie chart illustrating the extent to which staff agreed that the intervention was beneficial.



Note. N = 48

Staff (N = 48) were asked to report the extent to which they agreed whether intervention provided high quality advice and support on a 5-point scale (where 4 = agree, 3 = agree, 2 = neither agree nor disagree, 1 = disagree and 0 = strongly disagree). In total, 43 (90%) strongly agreed and 5 (10%) agreed. These results are illustrated in Figure 3.

Figure 3. Pie chart illustrating the extent to which staff agreed that the intervention provided high quality advice and support

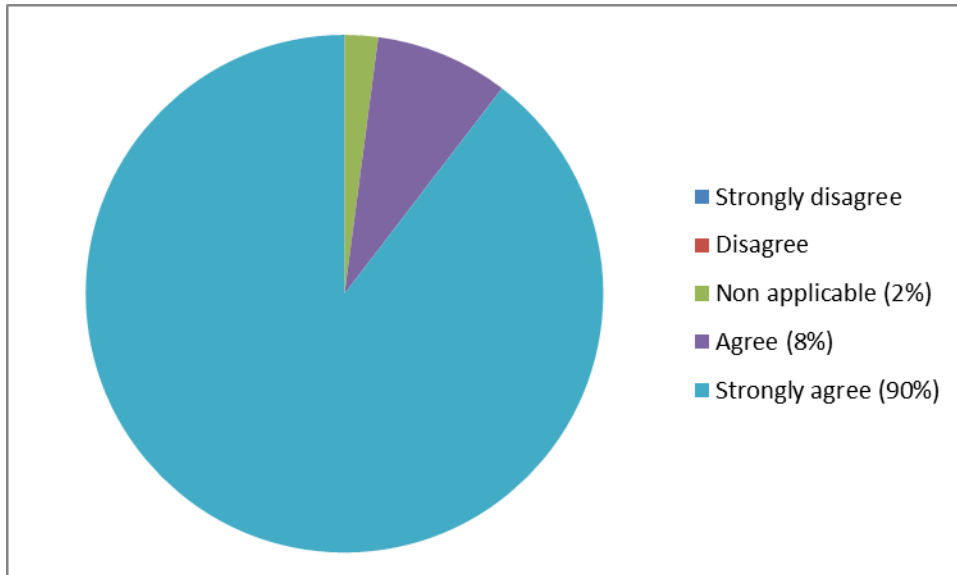


Note. N = 48

Staff (N = 48) were asked to report the extent to which they agreed that they feel more confident in meeting the needs of the vulnerable child/children on a 5-point scale (where 4 = agree, 3 = agree, 2 = neither agree nor disagree, 1 = disagree and 0 = strongly disagree). In total, 43 (90%) strongly

agreed and 4 (8%) agreed and 1 (2%) said it was not applicable. These results are illustrated in Figure 4.

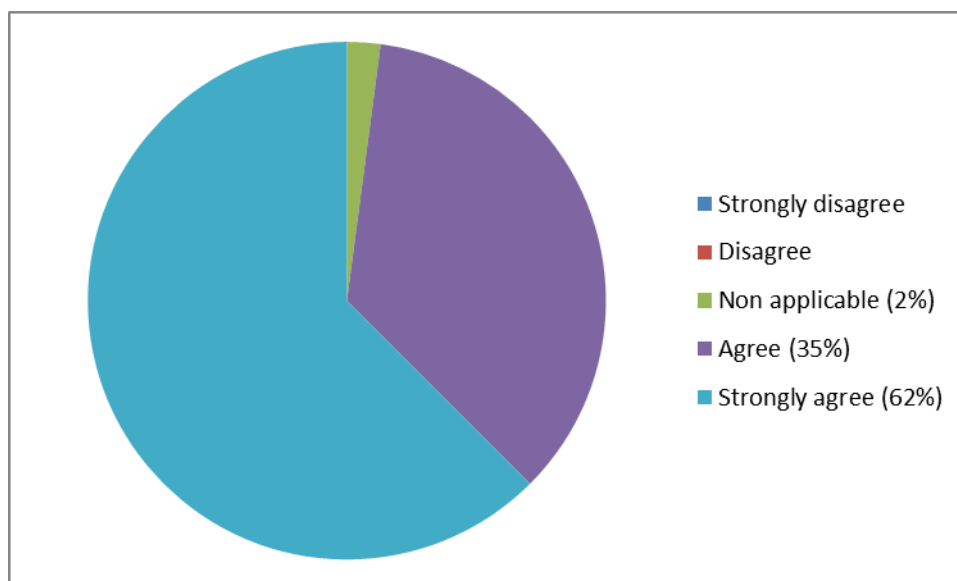
Figure 4. Pie chart illustrating the extent to which staff felt more confident in meeting the needs of the vulnerable child/children



Note. N = 48

Staff (N = 48) were asked to report the extent to which they agreed that they more skilled in meeting the needs of the vulnerable child/children on a 5-point scale (where 4 = agree, 3 = agree, 2 = neither agree nor disagree, 1 = disagree and 0 = strongly disagree). In total, 30(63%) strongly agreed and 17 (35%) agreed and 1 (2%) said it was not applicable. These results are illustrated in Figure 5.

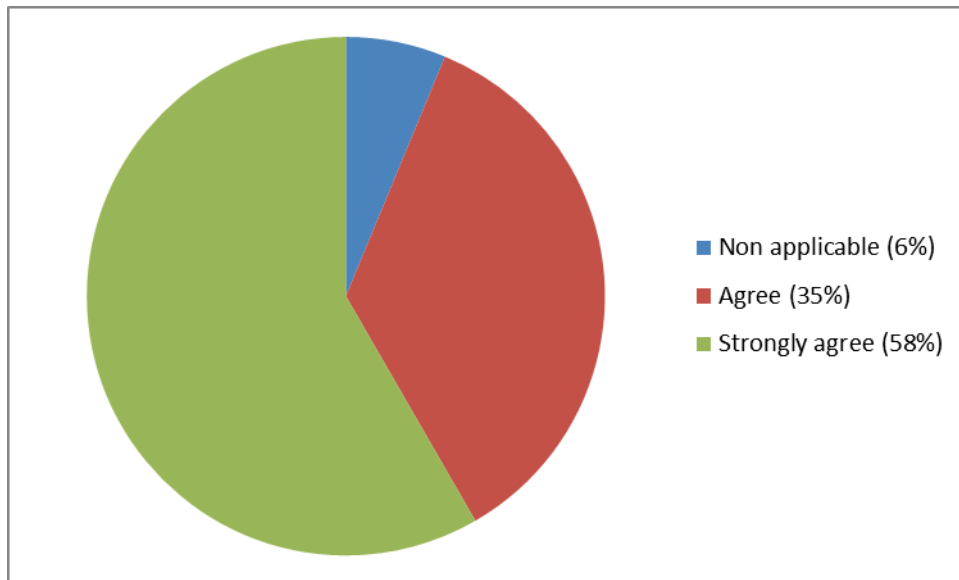
Figure 5. Pie chart illustrating the extent to which staff felt more skilled in meeting the needs of the vulnerable child/children



Note. N = 48

Staff (N = 48) were asked to report the extent to which they agreed that Staff well-being has been increased as a result of support from Brighter Futures on a 5-point scale (where 4 = agree, 3 = agree, 2 = neither agree nor disagree, 1 = disagree and 0 = strongly disagree). In total, 28(58%) strongly agreed and 17 (35%) agreed and 1 (6%) said it was not applicable. These results are illustrated in Figure 6.

Figure 6. Pie chart illustrating the extent to which staff felt that staff well-being has been increased as a result of support from Brighter Futures



Note. N = 48

Part C Cost-effectiveness

Actual costs

The total cost of the intervention project over 12 months (April 2013 to March 2014)

= £178,000

The total number of individual cases supported over the same 12 month period

= 117

These interventions also included group work for 94 other children, training and consultation for over 160 staff and support for over 70 parents.

Alternative costs for comparison

Annual costs of SEN and alternative provision:

Cost of 1:1 support for a child with a Statement of Special Educational Needs

= up to £13,631.40 for full-time support

Cost of a full-time place in a Specialist Unit within a primary school

= £14,834.64

Average cost of full-time alternative provision (e.g Pupil Referral Unit)

= £15,000

Cost of full-time place in a Special School (non-residential) up to

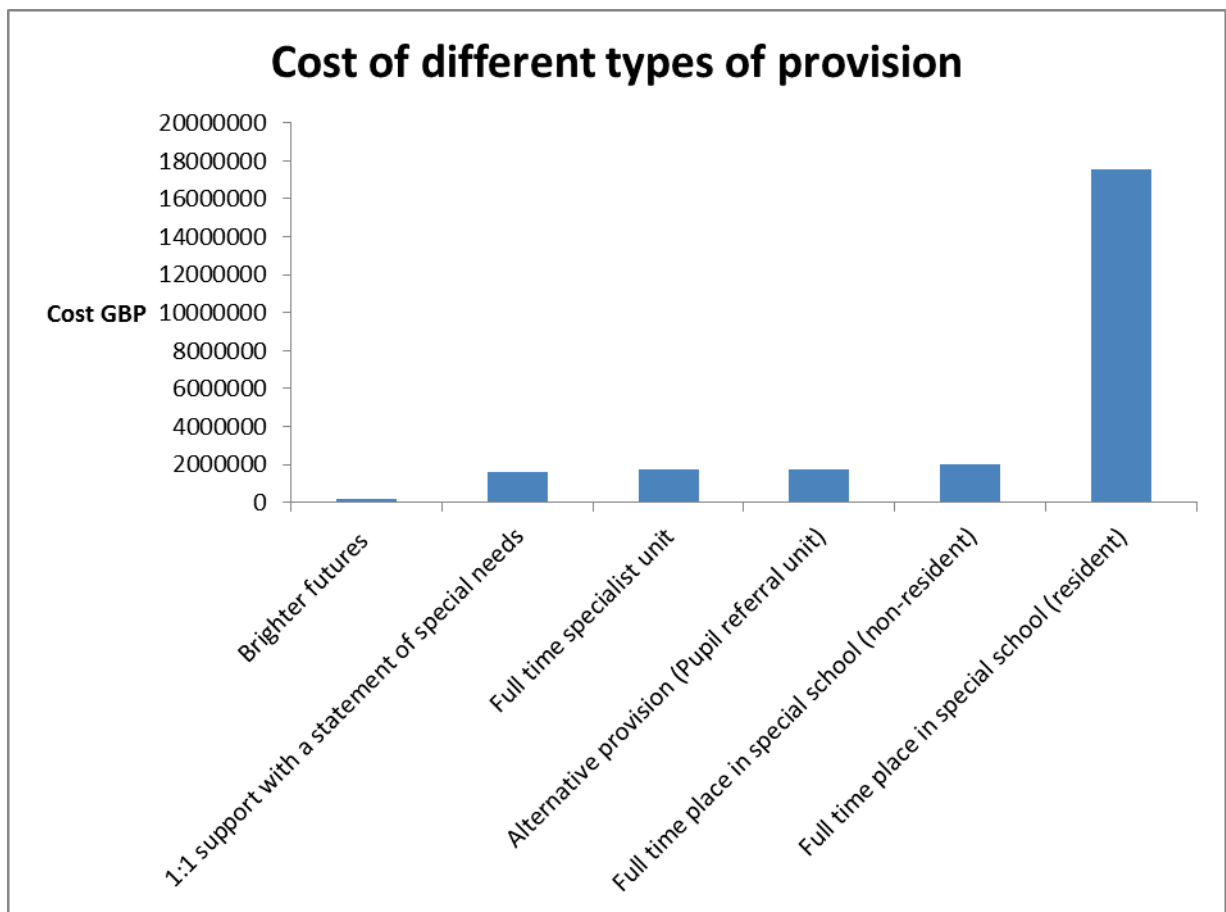
= £17,000

Cost of full-time place in a Special School (residential) up to

=£150,000

A comparison of actual and alternative cost of provision is provided in Figure 1.

Figure 1. Total and actual and alternative cost of provision for 117 children.



Recommendations

1. The impact of the intervention services by Brighter Futures appears to have had a significant impact on the children involved in the interventions, both in terms of their well-being and behaviour, but also in terms of their attendance and academic achievement. Therefore, a continuation of the services by BF is recommended.
2. The impact of the intervention also appears to have positively affected the staff involved in the interventions, both in terms of skills enhancement, professional development, improved practice and well-being. Therefore, a continuation of the services by BF is recommended.
3. The costs involved appear to be significantly lower than alternative comparative costs. Therefore, a continuation of the services by BF is recommended.
4. Although the figures were relatively minor (2 out of 15), Brighter Futures may wish to consider reviewing their services in relation to response and speed in order to enhance the quality of their service further.

Authors

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Appendix A

Methodology

The methodology comprised a mixed method approach (Mertons, 2010) yielding both soft and hard data. Data is drawn from 20 schools in the Bath area.

The data sets for the Project comprised the following:

Part A: Impact on Children

1. Progress data for individual students
 - pre and post intervention – T1 (start date) and T2 (ends with case closed) and T3 (3 months post-intervention)
 - tracker via Excel
 - x30 pupils
 - range of data – SDQ, attendance, exclusion rates, behaviour inventory, reading, writing, maths (APS levels), expected APS levels (average scores)
 - includes demographics, nature of intervention
 - the 5 individual case studies have been drawn from this data set
2. Case Studies
 - pre and post intervention – as for data set 1
 - 5 individual (chosen from progress data set)
 - 1 group
 - tracker via case study templates
 - qualitative data gathered from participants
 - quantitative data gathered from progress data

Part B: Service Evaluation

1. Survey of BF services
 - post intervention
 - quantitative and qualitative
 - tracker via survey monkey
 - x15 (leaders)
2. Staff questionnaire
 - post intervention only
 - tracker via survey monkey
 - quantitative (5 point scale) and qualitative (free text responses)
 - x48 (practitioners)
 - Includes impact on staff well-being

Part C: Cost Effectiveness

1. Comparative cost-effective analysis

Data was analysed utilising the following instruments:

1. The Strengths and Difficulties Questionnaire (SDQ) was used to assess strengths and difficulties experienced by a child, in particular, emotional symptoms, conduct problems,

inattention, peer relationship problems and pro-social behaviour (Goodman, 1997). Norms from a teacher-rated British sample (N = 10298) ages 4-15 collected by the Office of National Statistics reveal a mean score of 8.4 with a standard deviation of 5.8 (with a possible minimum score of 0 and possible maximum score of 40) (Meltzer et al., 2000). Psychometric properties of the scale were explored by Goodman (2001) revealing generally satisfactory reliability with respect to internal consistency (mean Cronbach α = .73), cross-informant correlation (mean = 0.34), and retest stability after 4 to 6 months (mean: 0.62). Predicted probability of independently diagnosed psychiatric disorder is raised in SDQ scores above the 90th percentile (mean odds ratio = 15.2 for teacher scales) (Goodman, 2001). This assessment was used three months before the intervention as a baseline, at the end of the intervention, and 3 months after the intervention to explore differences before and after intervention and if so, for evidence of sustained change. The SDQ scores were analysed using SPSS (v21).

2. A variety of behaviour outcomes and school achievement criteria were assessed three months before the intervention, at the end of the intervention, and 3 months after the intervention to explore differences before and after intervention and if so, for evidence of sustained change. This included student attendance, exclusion, behaviour incidents, reading achievement, writing achievement, and math achievement. These scores were also analysed using SPSS (v21).
3. A survey of Brighter Future services was constructed to evaluate the involvement with Brighter Futures among education leaders according to the criteria of ease of contact, how welcoming the programme was, response time to questions, response time to information, ability of Brighter Futures to identify needs, confidentiality, level of inclusion, ability to meet needs, staff response to questions, staff response to support, and staff response to constructive criticism using a 3 point scale from 'outstanding', to 'good' to 'needs improvement'. A final option 'Not applicable' was also offered for each item. This assessment was taken post-intervention only. The survey tool was uploaded onto Survey Monkey for online participation and was analysed using SPSS (v21).
4. A post-intervention staff questionnaire was also constructed to assess: the extent to which they agreed whether intervention was beneficial; the extent to which they agreed whether intervention provided high quality advice and support; the extent to which they agreed that they feel more confident in meeting the needs of the vulnerable child/children; the extent to which staff felt more confident in meeting the needs of the vulnerable child/children; the extent to which they agreed that they more skilled in meeting the needs of the vulnerable child/children; the extent to which staff felt more skilled in meeting the needs of the vulnerable child/children; and the extent to which they agreed that Staff well-being has been increased as a result of support from Brighter Futures on a 5-point scale (where 4 = agree, 3 = agree, 2 = neither agree nor disagree, 1 = disagree and 0 = strongly disagree). The scores for this data set was analysed using EXCEL.
5. The free text responses within the staff questionnaires were analysed using a word cloud generator (<http://tagcrowd.com>), which is a graphical representation of word frequency. Word clouds give greater prominence to words that appear more frequently in source text.

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