Department for Education

Team Around the School Project evaluation

Blackpool Opportunity Area Intervention Level Evaluation Report

May 2022

Authors: York Consulting

Acknowledgements

York Consulting would like to thank all evaluation respondents in the Blackpool Opportunity Area, the School Home Support team, participating school teams, and the young people and their families who were interviewed. The insights from all evaluation participants have been invaluable over the 3 years of project evaluation.

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Glossary of abbreviations

ACE	Adverse Childhood Experiences
ADHD	Attention Deficit Hyperactivity Disorder
BOA	Blackpool Opportunity Area
CAMHS	Child and Adolescent Mental Health Service
CASHER	Child and Adolescent Support and Help Enhanced Response
CIN	Child in Need
COP	Continuation of Provision
CSC	Children's Social Care
CSE	Child Sexual Exploitation
DfE	Department for Education
EHCP	Education and Health Care Plan
EHE	Elective Home Education
EWS	Education Welfare Service
FEX	Fixed Term Exclusion (term sometimes used for Suspensions)
FIN	Family In Need
FSW	Family Support Worker
GP	General Practitioner
ILE	Individual Level Evaluation
IT	Information Technology
IYFA	In-Year Fair Access
NHS	National Health Service
OA	Opportunity Area
OL	Outcomes Ladder

PE	Physical Education
PPE	Personal Protective Equipment
PTSD	Post-Traumatic Stress Disorder
SEN	Special Educational Needs
SHS	School Home Support
SMART	Specific, Measurable, Achievable, Relevant, Time bounded
TAS	Team Around the School
TSIF	Targeted School Improvement Fund

Executive summary

Key insights for future delivery

The following key insights should be taken in consideration for future roll-out:

- **Benefits and outcomes.** Stakeholders and young people and their families reported that they had benefitted from participating in the project, including greater confidence and coping skills. They also believed that the project resulted in improved attendance and avoidance of permanent exclusion for many of the participants. Analysis of the outcomes ladder (a tool used to measure family progress on 10 key scales) found that just over three-fifths (62% or 53 out of 87) families made positive progress in five or more outcomes.

- **Successful relationships.** School staff and School Home Support (SHS) practitioners worked well together to support young people and their families. The initial communication between both groups could be strengthened to maximise understanding of the project's objectives and their roles. This would improve levels of school engagement and numbers of pupils referred. Additionally, it would ensure that any safeguarding issues are communicated to practitioners.

- **Early intervention.** Practitioner-based support worked best before a crisis situation emerged. Outcomes could be achieved more quickly through earlier engagement with a project like Team Around the School (TAS). This earlier intervention might avoid the development of more deep-rooted problems which are more difficult to address through TAS support.

- **Engagement.** Engagement with young people and families was challenging initially due to mistrust of statutory services. SHS practitioners made good progress by being patient and developing relationships with young people and their families. They also emphasised independence from schools and statutory services to help build up trust.

- **Flexible delivery model.** The TAS model enabled SHS practitioners to design bespoke action plans that targeted the needs of young people and their families. Support included elements such as emotional, relationships, educational, communication, financial support. There was flexibility in the timing and frequency of support plus additional support to improve the home environment of families.

- **Information sharing.** Ensuring appropriate consents for sharing data to enable linking of local authority data with project delivery data at the individual level would in future help to inform measurement of outcomes.

Introduction

This report presents findings from the evaluation of the Team Around the School (TAS) project. TAS was an initiative developed by the Blackpool Opportunity Area (OA) to address the issue of permanent exclusion and poor attendance in the town's 8 secondary schools. TAS is part of a wider portfolio of inclusion projects which collectively sought to address the needs of disadvantaged young people and for wider social mobility in Blackpool. It was one of 5 projects supported by OA funding and evaluated as 'intervention level evaluations' by York Consulting on behalf of the Department for Education (DfE).

The TAS project delivered the planned activity, despite some delays and disruptions due to coronavirus (COVID-19) restrictions. All 8 secondary schools in Blackpool referred young people at risk of disengagement with school to School Home Support (SHS), a charity contracted through the project, to support young people and their families. SHS practitioners checked eligibility, assessed individuals' needs through the development of an action plan, communicated with school staff, delivered a range of support to young people and their families and reviewed the support and supported progression from the project. Support lasted an average of 8 months and included coaching, listening, advice, resolution of problems and referral to other organisations. COVID-19 disruptions extended the length of support and compounded some of the challenges faced by young people and their families.

Evaluation aims and methodology

A mixed methods evaluation aimed to explore the delivery of the project, including whether it was implemented as planned and what worked well and not so well across the different elements of the project. It also planned to assess the impact of the project on reducing permanent exclusion as well as conducting a cost benefit analysis. Challenges with the selected target measures, lack of a comparator group and the impact of coronavirus (COVID-19) on data availability, meant that the impact component of this evaluation and the cost benefit analysis was scaled back from the original design.

Three waves of data collection fieldwork took place between May 2019 and June 2021. This involved qualitative interviews with headteachers, TAS leaders, school teams, the SHS team, young people, parents, alongside in-depth case studies of young people. The SHS dataset and other data from schools and Blackpool Council demonstrated the characteristics of the TAS cohort, support provided, and distance travelled in relation to 10 Outcomes Ladder (OL) areas.

Key findings

Implementation and delivery

Delivery. A total of 422 cases (each case included the young person and other members of their family who were being supported by the project) were referred to SHS. Of these, 327 were supported by the TAS project. This exceeded the project target of 200. Those supported by SHS were predominantly at risk of suspension or permanent exclusion. Just under two-fifths (38% or 163 of 422) of all young people referred to TAS graduated from the project by August 2021. A further 70 participants (17%) were active cases continuing to receive support. Just over a fifth (22% or 94) of young people did not progress onto support and the same number (22% or 94) commenced support but left the project without graduating.

Time investment for set-up. Working with schools took longer than anticipated with regards to setting up and engagement. TAS leaders hoped that schools would have engaged as soon as the project started but some did not engage for a few months after the start.

Initial engagement. Practitioners overcame the challenge of engaging with an often transient population in Blackpool (due to seasonal work and families moving into and out of the area) and parents' suspicions of statutory services. Practitioner persistence and reassurance did, over time, engage some of these families who were resistant to support, although there remained a small hardcore group who would not engage.

Independence of support. The SHS team and schools placed an emphasis on the independence of the service from school sand local authority statutory services. This was important in successfully securing the initial consent and engagement of families (who valued having someone neutral to speak to).

Communication and relationship building. Through liaison and proactive communication, the TAS project provided a bridge between home and school. Practitioners highlighted that relationship building was key to successful engagement, investing time and being persistent were important. Over-dependence on the SHS practitioners was an issue in a few cases, which took up time that might have been spent on other cases. Overall, once a trusting relationship between pupils or families and the practitioner was in place, engagement with the support offered was successful. This typically involved reiteration of the support delivery process and multiple one-to-one contacts. The views of evaluation participants demonstrated a consensus that working in partnership and to support the work of other services or agencies was a central element to the success of the TAS project.

Range of support. SHS staff provided a range of support and advice to young people and families. This included: emotional support; parenting skills; communication skills; financial skills; educational support; housing advice; and health and wellbeing support. The most prevalent areas of need were emotional and mental health issues for parents and relationship issues (with parents/family and peers) for young people. The support provided was wide-ranging with flexibility to adapt provision to the needs of young people and their families. Support was provided in a variety of settings (at school, home or in the community). Parents or young people would call SHS when in crisis which helped to stop escalation. Planned group working was less successful with parents; this was attributed by practitioners to poor emotional or mental health, an unwillingness or inability to travel, and responsibilities at home.

Signposting and referral to other local services were key elements of the support. This relied on SHS's good local knowledge and understanding of service provision, alongside a willingness to accompany parents and/or young people to attend.

Responding to COVID-19. The project's flexible delivery model adapted during COVID-19 interruptions; working well to engage and support hard to reach families. The COVID-19 crisis forced a change in the approach to delivery. The reduced opportunities to have face-to-face communication and to meet with pupils and parents in their home were adapted, alongside the provision of additional elements such as school materials, IT equipment, food and wider support to families.

Benefits, outcomes and impacts

Assessment of outcomes and impacts was limited due to lack of comparison data and challenges with data as a result of COVID 19. Findings are based on the Outcomes Ladder (OL) and qualitative assessments of the impact of the programme by stakeholders and young people and their families.

Benefits for schools

Schools and families reported better communication and a higher awareness of the situation at home. Participating schools noted that information, such as insights into pupils' home circumstances, provided by TAS were invaluable in better managing and responding to the needs of the young people. Most schools considered TAS to be offering a valuable service and were keen for it to continue.

TAS was recognised by school staff as a valuable extension to the limited capacity in schools for undertaking intensive one-to-one work with this group of young people, and to engage with families. Furthermore, TAS support contributed to the identification and assessment of learning difficulties (e.g., dyslexia) and mental health problems in some pupils.

Outcomes for young people and families

The TAS project benefited young people and families in Blackpool who were on the verge of permanent exclusion. This has been demonstrated through the Outcomes Ladder tool and the qualitative evidence illustrated in this report.

The SHS team used an OL tool to measure the 'distance travelled' by families further to the support.[1] The 10 outcomes addressed health and wellbeing (child and parent), safety, school attendance and behaviour, learning and behaviour at home, and parental support needs. All but one family made progress on at least one of the 10 outcomes. Just over three-fifths (62% or 53 out of 87) families made positive progress in five or more outcomes.

Based on the perceptions of young people, families, school teams, and practitioners, it was stated that positive outcomes were achieved because of TAS support. While quantitative evidence is limited, qualitative evidence suggested progress towards the targets initially identified in the project.

Young people reported that they had a greater motivation to learn, improved resilience, confidence and self-esteem, alongside greater aspiration, and engagement with career planning. Many young people outlined improved mental and emotional health (e.g., through learning anger management strategies).

Parents reported gaining new skills through participation in TAS. This included being better able to manage their child's behaviour at home. Parents valued having a 'listening ear'. Their living and work circumstances were reported by parents and SHS staff, to have improved due practical help received.

For schools and TAS leaders who were interviewed, there was a perception that improvements in young people's attendance and attitudes to school, and behaviour in class were associated with the support provided by TAS. While absence rates on average increased in Blackpool secondary schools, the view among TAS leaders, the school and SHS teams was that attendance at school had improved for some young people because of the TAS project.

There was a consensus among interviewees that TAS had resulted in fewer permanent exclusions and TAS data indicated that, of the pupils who graduated from the project, subsequently none were permanently excluded. Over the lifetime of TAS, the rate of permanent exclusions among Blackpool's secondary schools has fallen. However, due to COVID-19 disruptions, a lack of a comparator group, and multiple exclusion projects

[1] This involved rating 10 different outcomes on a 5-point Likert scale (scores: 1=not coping, 2=some concerns, 3=just managing, 4=feel stronger, and 5=needs met). Further details are included in Appendix B

operating in Blackpool at the same time, the reduction in permanent exclusions cannot be attributed to the TAS project.

Project leaders, school teams and practitioners interviewed felt that TAS had, despite the overall increasing trend across Blackpool, helped to prevent young people moving to Elective Home Education (EHE). This was noted particularly among families seen as least able to cope with delivering education at home. The effects of COVID-19 disruption have been cited as reasons for increase in EHE following sustained periods of home schooling.

Conclusion

The TAS project has benefitted the educational development of young people at risk of permanent exclusion in Blackpool. The benefits of a holistic and tailored support package that incorporates a young person's family and home situation was recognised by all evaluation participants as important elements in achieving these outcomes. Addressing the identified needs required a multi-component response that tackled social issues alongside the provision of specialist expertise. The project, provided by a third sector organisation (SHS) that was independent from statutory provision, was seen by evaluation participants as important in gaining the trust and confidence of families. Many participants considered that the TAS project prevented the need for referral to statutory services by intervening at an earlier stage and avoiding progression to a crisis situation.

1. Project context and evaluation

This report presents findings from the evaluation of the Blackpool Team Around the School (TAS) project. TAS sits within the 'Priority 2' activity of the Blackpool Opportunity Area (OA) delivery plan: "to provide support for vulnerable children and families to improve attendance and outcomes and reduce exclusions from schools." (DfE, 2017). The Blackpool TAS project is one of 5 OA Intervention Level Evaluations, others have been completed in Bradford, Hastings, North Yorkshire, and Norwich.

The TAS project was designed to support early intervention, to enable the local authority to address the high costs associated with statutory social care, and to provide support to a broader range of pupils and their families.

The following key terms are used throughout the report.

Key Terms

The following terms are used in the report:

Managed Move: A managed move is a voluntary agreement between schools, parents and a pupil, for that pupil to change school or educational programme under controlled circumstances.[2]

School Home Support (SHS): A charity working with children and families to maximise educational opportunities and improve life chances.

Fair Access Protocols: Protocols to ensure that - outside the normal admissions rounds - unplaced children, especially the most vulnerable, are found and offered a school place quickly, to minimise the amount of time any child is out of school.

Adverse Childhood Experiences (ACEs): "Stressful events occurring in childhood including: domestic violence; parental abandonment through separation or divorce; a parent with a mental health condition; being the victim of abuse; being the victim of neglect; a member of the household being in prison; growing up in a household in which there are adults experiencing alcohol and drug use problems." (Improving Health, 2021).

Resilience: "The ability of a person to adjust to or recover readily from illness, adversity, major life changes etc." (Dictionary.com).[3]

[2] All references to parents include parents and carers
[3] Resilience Definition. Retrieved on 30/9/21. www.dictionery.com

Graduation: Once TAS planned support goals/actions have been achieved and further to agreement with schools and families, young people graduate from TAS, ending the period of support.

TAS Action Plan: Set out actions under 6 headings: identifying need; actions planned to meet need; who to action; to be achieved by when; planned outcome; and need achieved.

Outcomes Ladder (OL): The OL was a tool used by the SHS team to record distance travelled for each TAS case, in relation to 10 outcome areas.

1.1 The Team Around the School project

The School Home Support team were commissioned by Blackpool Council as the TAS delivery organisation across the lifetime of the project. SHS is a national charity that appointed a team of 10 practitioners to work across all Blackpool secondary schools. The TAS intervention targeted young people (and their families) attending one of the 8 secondary schools. It aimed to support up to 200 cases over the course of the project (100 cases in active support at one time). The number of actively supported pupils was extended during the first COVID-19 lockdown period (March-July 2020).

The TAS project had 3 objectives.

1. To provide enhanced school capacity for early help/intervention, focusing specifically on young people moving into the area, at risk of educational disengagement, on the verge of elective home education (EHE), or in a failing managed move.
2. Enhancing pastoral capacity in secondary schools by engaging those young people most at risk.
3. Strengthening current in-year access arrangements so they work more effectively and lead to more timely and successful mainstream admissions.[4]

The TAS project, over its period of delivery, aimed to contribute towards 4 quantitative outcomes. The 4 outcomes were:

1. A 30% reduction in levels of persistent absence.
2. A 20% reduction in numbers of permanent exclusions overall, with reductions for those admitted in-year.

[4] This refers to a situation where a young person is admitted to a school over the course of the school year and outside the standard transfer window.

3. A majority (70%) of pupils referred to the In-Year Access Panel being placed in mainstream schools and staying successfully in these schools over the study period i.e., no drop out.
4. A 50% reduction in the number of children educated at home.

The SHS team delivering the TAS project included:

- **Family Support Workers (n=7)** working with the pastoral staff and teachers in secondary schools. Family Support Workers (FSW) had caseloads of up to 15 families.

- **Parental Engagement Workers (n=3)** working specifically with families in children's centres (or other venues) on a one-to-one basis. Also providing support to young people and families.

- **The SHS Project manager (n=1)** responsible for co-ordinating and managing the SHS team and delivery by providing line management and strategic oversight. They worked closely with schools and Blackpool Council.

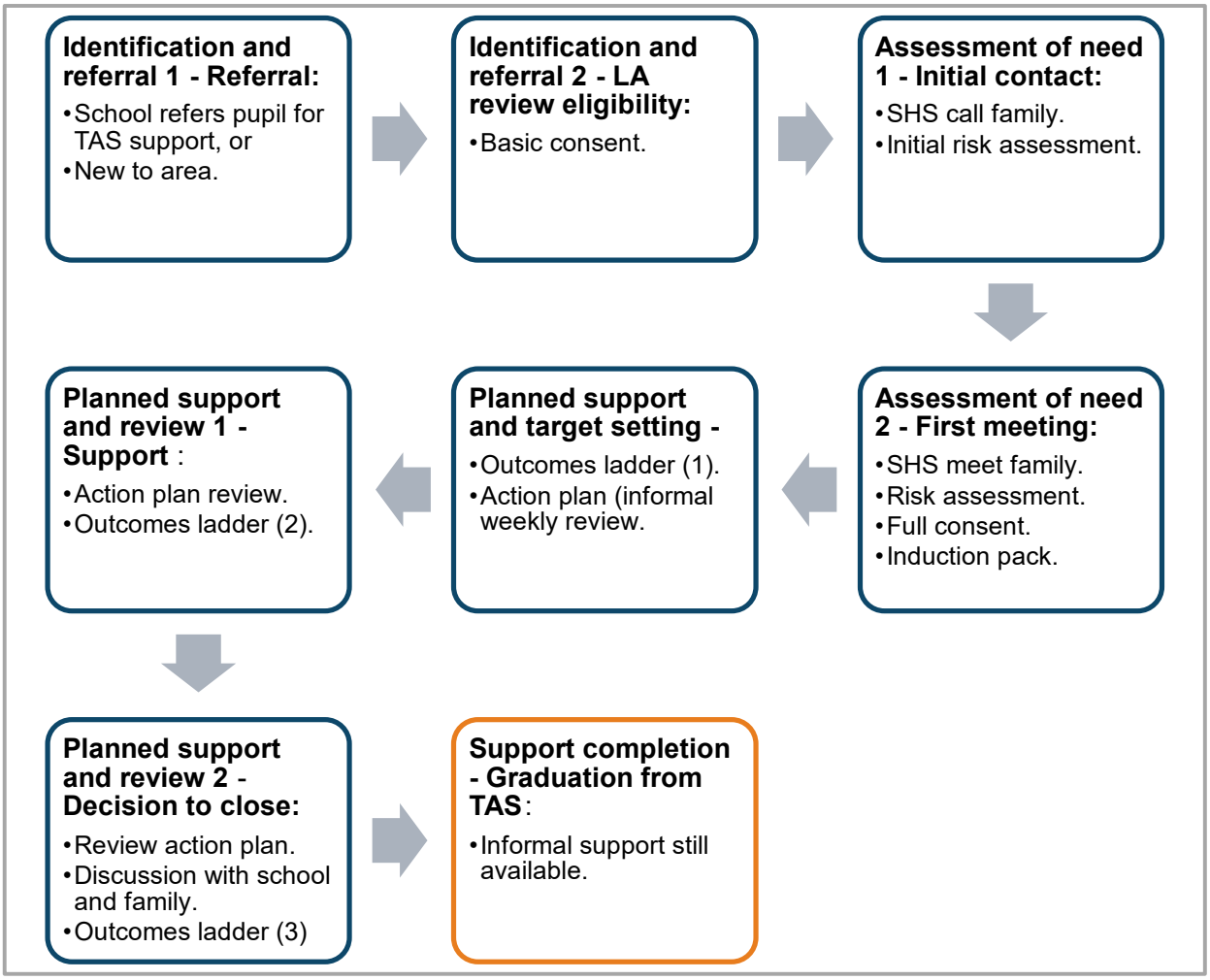
The process of project delivery is illustrated in Figure 1. This outlines the journey for the young person from identification and referral by their school through to graduation from the TAS project once they achieved their goals and actions (as set out in the Action Plan). It has 5 broad stages, these are listed below with the approximate time they should take:

1. Identification and referral (1 week).
2. Assessment of need (2 weeks).
3. Planned support and target setting (1 to 8 months for this and stage 4).
4. Planned support and review (1 to 8 months for this and stage 3).
5. Support completion.

The TAS project involved working with secondary school age pupils and their families. Support provided by SHS was based on an assessment of need for young people and their families, many of whom faced complex issues that impacted on school attendance, behaviour, and performance.

The SHS team included a wide range of skills and expertise (areas of expertise included: youth work, teaching, social work, behaviour support and domestic abuse). Practitioners were able to draw on their own skills and experience to identify areas of need and devise individualised support for young people and their families.

Figure 1: The Blackpool Team Around the School – Programme delivery and process.



The TAS cohort was young people in one or more groups:

- Young people who had moved into the Blackpool area and who were judged to be at significant risk of disengaging with their education (and via access to Blackpool Council's In-Year Fair Access (IYFA) protocol).[5]

[5] As part of its admissions policy Blackpool Council operated an In-Year Fair Access (IYFA) protocol (agreed with the town's schools and academies). The protocol ensures that access to education is secured for those children considered to be vulnerable or to have complex needs. Operating outside the usual admissions process the IYFA protocol supports the allocation of places to year groups already full. It applies to children resident in Blackpool without school places who meet the criteria (new to area or returning from a PRU or secure accommodation). https://www.blackpool.gov.uk/Residents/Education-and-schools/School-admissions/Blackpool-Council-admissions-policy-2022-to-2023.aspx#:~:text=The%20council%20operates%20an%20In-Year%20Fair%20Access%20Protocol,complex%20needs%20and%20%2F%20or%20are%20considered%20vulnerable. Accessed on 1/9/21.

- Young people on the verge of EHE with a focus specifically on those looking to move to EHE because of their poor behaviour and/or attendance at school.
- Young people on the verge of permanent exclusion from their school. This was often further to suspensions and poor behaviour in school.[6]
- Young people who were on a managed move between Blackpool secondary schools and that were regarded as likely to fail in that move.

No weighting or ranking was associated with the above eligibility criteria, each case was judged individually and assessed based on circumstances. All cases referred by schools were discussed with the TAS Project Manager to confirm eligibility. If a young person was already receiving statutory support (e.g., Children's Social Care (CSC), Youth Offending, or the Pupil Welfare Service) they were not eligible for the TAS support. If they were already in the TAS project and then started to receive statutory support, the case was paused to allow the possibility of continuation of support after statutory support ceased.

The term parent is used to refer to mothers, fathers, or carers of pupils being supported by the TAS project. In some cases, other siblings of the identified young people received support as part of the family.

1.1.1. Obtaining consent

The discrete groups outlined above were the focus for the project and from the outset TAS was designed as a non-statutory and non-compulsory intervention. The initial consent for participation in TAS was secured immediately after referral from the pupil's parent or guardian, with full consent obtained once the case had been transferred to the SHS team and a practitioner allocated. There was an expectation that pupils and their families would be committed to working with their SHS practitioner to address issues and areas of identified need. This was a topic of discussion when requesting full consent and for initial meetings between the family and practitioner.

1.1.2. Provision before implementation of Team Around the School

Prior to the implementation of the TAS project in June 2019, schools had a range of programmes and support provision in place for the TAS target pupil group. These included engagement programmes, safeguarding teams, in-school pupil referral centres/behaviour rooms, pastoral teams, and behaviour managers. The main challenges for schools were reported by headteachers to be:

[6] Also sometimes referred to as Fixed Term Exclusions (FEX).

- Persistent absences and low attendance.
- Students with multiple and complex needs.
- Many pupils with Special Educational Needs (SEN).
- Social issues and deprivation impacting on pupils and their families.
- The absence of a dedicated inclusion staff role in some schools.
- Challenging behaviour related issues in school.
- The high number of permanent exclusions and an over reliance on the Pupil Referral Unit (PRU).
- Long waiting lists for the Child and Adolescent Mental Health Service (CAMHS) service (of up to 3 months). CAMHS acceptances tended to be focused on the most serious cases.
- Lack of parental engagement.

The TAS project was delivered alongside other initiatives to promote inclusion in secondary schools:

- The Continuation of Provision (COP) programme used OA funding to develop internal alternative provision and resources for staff training. All 8 of the Blackpool secondary schools received funding through the COP programme which commenced in September 2019 and as such was being delivered concurrently with the TAS project. The COP project was school-based whereas TAS was providing out-of-school support focused on external delivery with families in their own home or in the community, alongside school-based support for young people.
- The Targeted School Improvement Fund (TSIF) was an OA funded project implemented to help Blackpool schools to address areas of challenge for their School Improvement Plans. Areas of challenge included behaviour and attendance at school.

A project logic model describes the overall intended operation of the TAS project (Appendix A).

1.1.3. Key roles and responsibilities

The TAS project was strategically led by the Blackpool Opportunity Area (OA) based in Blackpool Council alongside an evaluation Steering Group (chaired by the Department of Education (DfE). Stakeholders on this group provided guidance for the evaluation as

well as feedback on emerging findings and interim reporting. The steering group was made up of project delivery organisations (from SHS and Blackpool Council), academics and DfE members.

Day-to-day management was undertaken by the TAS Project Manager and SHS Project Manager.

1.2. Literature review

1.2.1. Permanent exclusions

In England more than three-quarters (78%) of those pupils who are permanently excluded have special education needs (SEN) or are on free school meals (FSM). Around one-tenth of pupils subject to permanent exclusion have both (Timpson, 2019).

Those children who have been excluded from school have been described as 'the most vulnerable' because of poverty, special needs, and mental health problems. Furthermore, a young person's home situation has a direct impact on behaviour in school and their ability to engage with education (IPPR, 2017).

1.2.2. The Whole School Approach

The 'Whole School' approach is key to the promotion of pupil wellbeing and mental health. This approach requires a multi-component response that involves both the school community in its totality, and the wider local community - incorporating governors, parents, and external agencies. Early identification and intervention are crucial in contributing to longer-term positive outcomes. Furthermore, the involvement of parents/carers and families can bring significant positive impacts (IPPR, 2017). Studies have emphasised the importance of a whole school approach in tackling exclusion rates, particularly in terms of providing more consistency around consequences (Weare, 2015).

The whole school approach incorporates 8 principles for the promotion of wellbeing and emotional health in school. [7] Central to these principles is school leadership and management that is supportive of efforts to promote both mental health and wellbeing for the whole school community (Grazeley et al, 2013).

[7] The 8 principles of the Whole School Approach are: Leadership and Management, The school ethos and environment, Curriculum, teaching and learning, Student voice, Staff development, health and wellbeing, Identifying need and monitoring impact, Working with parents / carers, and Coordinated support: https://emotionallyhealthyschools.org/whole-school-approach/a-whole-school-approach/. Accessed on 1/9/21.

1.2.3. The family context

Children and adolescents who have faced adverse experiences are at higher risk of mental and physical health problems throughout their lives, compared to those who have not. Outcomes strongly associated with adverse experiences in childhood are mental illness, violence, and substance misuse. Adverse Childhood Experiences (ACEs) are traumatic events with negative lasting effects e.g., abuse, family breakdown, bereavement, witnessing violence, and substance misuse in the family. A public health approach alongside primary intervention is regarded as central to the prevention and amelioration of the impact of ACEs (Hughes et al, 2017).

Those who have experienced one or more ACEs are also likely to have unstable work histories as adults and to struggle with finances, family, and work. These effects can be passed onto their own children, who in turn may experience ACEs, thus continuing the cycle across generations (CDC, 2019).

Evidence suggests that families facing complex issues and with children most likely to be in need are characterised by one or more of the following: intergenerational poverty and/or poor parenting; having a higher-than-average number of children (4 or more); children born to young parents; unstable families; dysfunctional family relationships; abuse in the family (physical and sexual); parents who have themselves been in care; and families struggling to cope with their child's behaviour (PHE, 2020). For many Children in Need (CIN), challenging circumstances within their families are likely to mean that parental capacity to meet their children's needs have been reduced. Domestic abuse is a factor in half of cases; parental and/or child mental health in more than one-in-three; and drug or alcohol misuse in every one-in-five. Episodes of need may be characterised by chaotic home environments, instability in a child's day-to-day life, and uncertainty, inevitably influencing children's physical, mental, emotional, and social wellbeing.

1.2.4. Effective intervention approaches

Effective approaches to support for school-age children are characterised by:

- Early intervention (Ford et al, 2018) and (Turner, 2020).
- A consistent response (Turner, 2020).
- The provision of support that involves parents in their child's education, parenting support, and parental engagement (Rogers et al, 2013).
- A recognition that poor or disruptive behaviour in school can be linked with problems or circumstances at home (Rogers et al, 2013).

The TAS project model incorporated these evidence-based approaches by intervening prior to permanent exclusion, and working consistently with young people, families and schools. This approach to support also draws on insights into the link between behaviour and circumstances at home.

1.3. Evaluation approach

1.3.1. Evaluation aim

The evaluation set out to test a model of support aimed at reducing permanent exclusions of young people from secondary schools in Blackpool. It aimed to explore what features were particularly effective how the TAS model would work alongside school pastoral support, with parents, and with social care services. See Appendix B for the full list of research questions.

Evaluation method

The multi-method evaluation was designed to incorporate quantitative and qualitative methods. The qualitative fieldwork took place across 3 waves (wave 1 in May 2019 to December 2019, wave 2 in July to October 2020, and wave 3 in December 2020 to June 2021). The interview groups were TAS leaders, school teams, the SHS team, parents and young people (see Table 1 and Appendix C for further details).

Wave 1 research focussed on initial delivery and TAS implementation. In addition to interviews with the evaluation participant groups, evaluators analysed cohort characteristics data (the SHS cohort dataset, March 2021), which included the type of support provided and outcome measures for young people and their families from referral to graduation.

Wave 2 research investigated the impact of the COVID-19 crisis on project delivery, schools and the TAS cohort. This included the response of the project and adaptations put in place to respond to the challenge of partial closure of schools, the requirement for home schooling, and constraints on family circumstances.

Wave 3 research focused on the outputs, outcomes, and sustainability of TAS. It involved follow-up interviews with evaluation participant groups. The SHS cohort dataset along with Blackpool Council data and national statistics were analysed to provide insights into project outputs and outcomes.

The original evaluation design involved comparing the TAS cohort with a comparator group based on pupils who were referred to TAS but declined the support. However, this was not available due to problems with project consent agreements. Furthermore,

the planned approach of Social Cost Benefit Analysis (SCBA) was also changed due to the lack of quantitative data.

Local Blackpool unpublished school data was provided by Blackpool Council and included: permanent exclusions, rates of EHE, and attendance. This data reports from the period September 2018 to February 2021 unless otherwise stated.

TAS project specific data was provided by the TAS Project Managers and the SHS team. This included: referrals, graduations/closure of cases, post-graduation routes, support provided, OL results, and behaviour and attendance for the 12 months prior to referral. Operational data provided by TAS Project Managers related to the period March 2019 to August 2021 while SHS data on participant support was only available up until March 2021. This was due to changes in SHS data collection procedures from that date which would have introduced comparative inconsistencies.

Qualitative methods. A summary of the evaluation qualitative methods is shown in Table 1 below.

Table 1: Summary of qualitative evaluation methods and participants.

Evaluation group	Including	Qualitative methods
TAS leaders	TAS managers: SHS and Blackpool Council. DfE staff. Blackpool Council representatives.	Group and individual interviews.
School teams	Inclusion Leads. Deputy Head/Principal. Safeguarding Leads. Headteachers/Principal. Head of School. Pastoral Team Leaders.	Individual and group interviews, and interviews with referring staff as part of pupil focused case studies.
SHS team	Parental Engagement Practitioners and Family Engagement Workers.	Individual interviews. Text reports included in the SHS dataset (the TAS cohort).
Parents	Mothers, fathers, or carers of pupils being supported by the TAS project.	Individual interviews as part of pupil focused case studies.
Young people	Pupils supported by the TAS project.	Individual interviews as part of pupil focused case studies.

Source: YCL, 2021

Detailed pupil case studies have been included in Appendix D.

1.4. Report structure

The remainder of the report is structured by overarching aims of the evaluation.

Chapters 2-3 explore implementation and delivery, including what works well and key challenges in the core elements of the project:

- Initial delivery and operation.
- TAS support delivery.

Chapters 4-6 explore outcomes, impacts and sustainability.

- Outcomes for young people and parents.
- Project performance.
- Costs and sustainability.

Chapter 7 is conclusions and considerations for replication.

2. Findings: Overview, referrals and engagement

The TAS project delivered the planned activity, despite some delays and disruptions due to Covid-19 restrictions. All 8 secondary schools in Blackpool referred young people at risk of disengagement with school to SHS a charity, contracted through the project, to support young people and their families. SHS practitioners checked eligibility, assessed individuals' needs through the development of an action plan, communicated with school staff, delivered a range of support to young people and their families, reviewed the support and supported progression from the project. Support lasted an average of 8 months, included coaching, listening, advice, resolution of problems and referral to other organisations. Covid-19 disruptions extended the length of support and compounded some of the challenges faced by young people and their families

2.1. Project set up

The TAS project commenced delivery in April 2019 with an original scheduled completion date in August 2020. However, the project was extended to August 2021 because of the significant impact that the coronavirus (COVID-19) pandemic had on schools and the model of project delivery.[8]

Working with schools had taken longer than the TAS project team anticipated with regards to set-up and engagement. TAS leaders hoped that schools would have engaged as soon as the project started but some did not engage for a few months after the start. However, headteachers reported being very satisfied with project delivery. They recognised the benefits for their pupils and the value of gaining insights into circumstances at home. TAS leaders met with school staff to explain how the project would work. TAS leaders felt that establishing the project with the 8 schools had taken much longer than envisaged.

> "We underestimated the time to set up the project and did not do enough to secure school buy-in. We got there but it took longer."
> *TAS Leader*

Initially, it was felt, by a TAS leader and school team interviewees, that schools did not have a full understanding of the project and what it would deliver. Some schools considered that this kind of support work should be done by and within the local authority, and as such they initially chose not to take part. Others misunderstood how the project was going to operate, or how many pupils they could refer.

[8] Initial funding was for years 1-4 of the project. The Blackpool OA programme has been extended for one year and TAS is part of the plans for Year 5 target groups

Many of these initial misunderstandings were subsequently rectified through the strong relationships that were established between TAS leaders and the senior leadership teams in schools. Additional information and communication opportunities were put in place alongside regular meetings. This helped to drive an increased rate of referrals from schools over time.

2.2. Referrals to Team Around the School

2.2.1. TAS referrals

The referral process was regarded by most interviewees to have been effective and to have worked well. It was noted by SHS staff that variation in the rates of referral across the 8 schools could be attributed to differing management cultures and philosophies around improving student behaviour. Data was provided from 2 sources:

- The **OA referral data** (referrals from March 2019 to August 2021).
- The '**SHS cohort dataset'** which included detailed individual case data (cases from March 2019 to March 2021).

Table 2 shows the status of referrals to TAS at August 2021. Almost all participants were spread evenly across school years 7, 8, 9, 10 and 11; with a few in year 12.

Table 2: Status of all referrals to TAS, 2019 to 2021

Status of TAS referrals	Number	Percentage
Graduated from TAS	140	33%
Closed cases (commenced support)	94	22%
Closed cases (not progressing into support)	94	22%
Graduate Exit Strategy	23	5%
Active cases (in receipt of support)	70	17%
Waiting list (pending cases)	1	<1%
Total	**422**	**100%**

Source: Blackpool Opportunity Area, August 2021

Nearly two-fifths of all TAS cases (38% or 163 out of 422) had graduated from TAS or were in the Graduate Exit Strategy and a further 23 (17%) were in receipt of support by

August 2021.[9] A little over one-fifth (22%) of cases that received support were closed prior to graduation. Details of referral distribution across the 8 evaluation schools are shown in Table 3.

Table 3: SHS cases by referring school, 2019 to 2021 (n=420).

School	Number of TAS cases	Percentage of cases	Number of pupils on school roll	Number of pupils on FSM	Percentage on FSM
School A	10	2%	483	158	33%
School B	162	39%	786	452	58%
School C	63	15%	632	255	40%
School D	36	9%	1150	375	33%
School E	53	13%	744	423	57%
School F	34	8%	1015	285	28%
School G	33	8%	1217	290	24%
School H	29	7%	581	347	60%

Source: OA Team, August 2021

The number of referrals was variable across schools and ranged from 10 (School A) to 162 (School B). One school (School B) accounted for nearly two-fifths of all TAS cases. This reflected the different 'in-school' inclusion provision across all schools which impacted on the number of pupils referred to TAS. One school had only recently opened and so made fewer referrals. Schools H, E and B had the highest proportion of pupils on FSM, and these 3 schools together accounted for more than half (58%, 244 of 420) of the TAS cases. Higher proportions of FSM was an indicator of greater deprivation among the communities served by these schools.

The reason for all initial referrals to TAS are shown in Table 4. The most common reason for referring to TAS was the 'risk of permanent exclusion' accounting for more than two-thirds of all referrals (69% or 292). Failing in a managed move was the least likely reason, accounting for 6% (24) of the cohort.

[9] The Graduate Exit Strategy was introduced in April 2021. This was support aimed at Year 11 young people to motivate them to achieve their goals (employment and training) to avoid becoming 'not in education, employment, or training' (NEET). Light touch support involved weekly contact with parents and young people to offer encouragement and to 'check-in'. This support was gradually withdrawn to support families and young people in progressing.

Table 4: Characteristics of the TAS referral cohort, 2019 to 2021.

Reason for referral	TAS Cohort	Percentage of cohort
At risk of EHE	73	17%
In-Year Fair Access	33	8%
Failed or failing in a managed move	24	6%
At risk of permanent exclusion	292	69%
Total	**422**	**100%**

Source: OA Team, August 2021

2.2.2. Feedback on the referral process

The school teams were widely supportive of the additional help and support that the TAS project provided. Many felt that supportive work with parents and intensive one-to-one work with pupils was not possible for their school due to capacity and resource limitations.

Practitioners, while happy with the referral and matching process, felt that in some instances the school had not provided sufficient information about the pupil and his/her history in the school. As such, safety concerns were expressed by SHS practitioners about the accuracy of accounts received from parents and/or young people. Information about criminal activity or domestic abuse incidents in the family were not always shared with practitioners (this could have been due to restrictions on data sharing and/or the limited scope of the consent process).

> "I would be able to work better with the information sharing of all the issues." *SHS Team member*

Some schools were reluctant to share information about pupils and/or families according to SHS practitioners. Practitioners received different versions of events from schools and families, so considerable time was required to build an understanding of the issues, and to form trusting relationships (with both schools and families).

Further to these concerns, a more robust process for risk assessment was adopted during the first year of delivery. This included the SHS team undertaking initial risk assessments over the phone and, where there were concerns, joint visits/use of community venues for meetings with families).

The School Inclusion Leads were the main source for referrals to TAS.[10] This was regarded by all stakeholders as critical in ensuring consistency and clear channels for communication between the school and the project.

> "They [SHS practitioners] deal with me directly so it's consistent. There are no issues whatsoever." *School Team*

Some schools that had signed up to TAS were slow to make referrals and/or tended to refer pupils at a later stage when they were on the verge of permanent exclusion (in line with the eligibility criteria). These young people were seen as harder to support as they were already in, or on the verge of, crisis.

The school-based interviewees valued the speed and efficiency of the referral process and the efforts to match young people with the most appropriate SHS practitioners (the SHS practitioners' areas of expertise and personality were considered when referring young people). This meant that on the whole waiting times were minimised.

> "The background information and conversations with [the referrers] just make it so much easier." *TAS leaders*

> "The sooner we can get the support in the better…we are an Early Help service." *TAS leaders*

The SHS team and schools placed an emphasis on the neutrality and independence of the service and its organisation. This was important in successfully securing the initial consent and engagement of families.

Keeping all parties (schools, family, stakeholders, and referral partners) up to date and informed about the TAS support was an important role of SHS practitioners. SHS practitioners worked across multiple schools and with caseloads of up to 15 young people. They found this challenging and rewarding.

SHS practitioners said that a proactive approach to communication and building strong relationships was essential. Practitioners encountered particular challenges when working across multiple schools. For example, when addressing the behaviour of young people at home or in school they felt that knowledge and understanding of each school's policies and practice was important.

[10] The school inclusion lead was the main contact in each school for the TAS project. These were members of each school's Inclusion or Behaviour Team.

2.3. Engagement

The key issues and challenges relating to securing and maintaining the engagement of schools, young people, and families with the TAS project included:

- A small number of families were highly resistant to engaging with support. This group was characterised by a long history of multi-agency involvement and a strong suspicion of 'authority'.
- Engagement with families was secured through clear and consistent service information that was re-iterated, alongside reassurance that the support being offered was independent of school and/or statutory services.
- Face to face support with parents in their home optimised positive and sustained engagement.
- The schools valued regular, clear, and consistent communication with the practitioner team.

2.3.1. School engagement

All schools had a main SHS practitioner and practitioners were matched to young people/families to best reflect areas of need. As such, practitioners worked across a small number of the schools. Schools expressed a preference for dealing with a limited number of practitioners enabling them to build collaborative and positive relationships. It was felt this offered better use of staff time and availability.

SHS workers were not regularly present in the school as some support took place outside of school. School team respondents felt that the opportunity to build positive and collaborative working relationships had been compromised because of this. It was believed by school staff that a stronger 'in-school' presence by SHS practitioners would have supported regular communication, built positive relationships, and enabled school referrers to name the TAS worker from the outset.

2.3.2. TAS engagement of parents and young people

There was a consensus among all respondents that the level of engagement with the TAS project among young people and their families was high. This was a testament to the determination of TAS practitioners, which overcame various concerns and resistance among families. However, a group of those who eventually disengaged from support (33 families at the time of writing) were much harder to support.

Anxieties around possible involvement with social services were frequently mentioned by the school teams and SHS practitioners. As such, some families required a lot of

reassurance that the project was independent of local authority social services and delivered by a charitable organisation. This had to be reinforced by schools referring young people, and by SHS practitioners when making their initial visit(s). Suspicion of 'authorities' more generally was cited as being prevalent among some of the 'harder to reach' families, who despite reassurances declined to engage.

> "Some families have historic non-engagement with services…they [the families] don't understand what our role is." *SHS Team*

Initially (during year 1) the practitioner team engaged four out of five families put forward. This was achieved through clear and consistent service information, reassurance that the support was independent of school and/or statutory services, face to face support with parents in their home, and regular, clear, and consistent communication with schools.

Some families declined as they were not interested in taking up the support offered, and others signed the initial consent form but then could not be contacted:

> "Getting consent of students and parents to approve a SHS worker [was difficult]. Some don't give consent or say they don't want it or need it. It makes me disappointed when the support is there but not being accessed." *School Team*

Based on interviewee feedback, the SHS practitioners invested substantial time and effort in gaining engagement from, and trust with, the referred families. This typically involved persistent contacts and visit(s) to the family home. Once a relationship with the SHS practitioner was established and families were reassured about the independence of SHS, levels of engagement improved.

It was noted that some families had moved a lot and were in Blackpool for a short time. Many had multiple and complex unresolved issues, faced problems associated with few or poor employment opportunities or had been reliant on benefits for extended periods of time. It was believed by SHS practitioners that for these families, education was often a low priority, and this resulted in poor engagement with support. Some families, while initially co-operating with support, went on to disengage when asked to address challenging behaviours, and/or to act on an issue that they did not wish to address. Nevertheless, engagement on the TAS project remained high.

2.3.3. Disengagement

TAS support ended with the closure of a case (withdrawal from support) or graduation. Graduation was associated with the successful completion of the support and achievement, or resolution of the goals set out in the TAS action plan (see appendix E).

The time for graduation would be discussed with young people, families and the school by the SHS practitioner. This would ideally be at a mutually agreed point and based on consensus across all parties that planned progress had been achieved.

Details of the reasons for withdrawal from TAS support are shown in Table 5. The most common reason for withdrawal was disengagement from the service (where families could not be contacted or withdrew their support). More than one-third of those that withdrew from support (35% or 33) left for this reason. Involvement of statutory services was the second highest reason (29% or 27). This included referrals to Blackpool Council's Pupil Welfare Service, Children's Social Care and Family in Need (FIN) service.

Table 5: Reason for withdrawing from SHS support, 2019 to 2021 (n=94)

Reason	Number	Percentage
Disengagement	33	35%
Involvement of statutory services	27	29%
Move out of area	12	13%
Permanent exclusion from school	12	13%
Move to alternative provision	4	4%
Move to Elective Home Education	6	6%
Total	**94**	**100%**

Source: OA Team, August 2021

3. Findings: Team Around the School (TAS) support delivery

3.1. Assessment of specific support need

The support provided for both young people and their families was based on an assessment of need soon after referral and allocation of a SHS practitioner. A plan of support was designed by the SHS worker with actions aligned to areas of need. This included setting a timeframe for achievement of goals and outcomes and providing a record of support. TAS support was wide-ranging and responded to needs identified by the SHS practitioner, which was then set out in the SHS Action Plan. [11] The Action Plan, which focused on the young person plus wider family actions, was not always shared with schools.

3.2. The characteristics of support provided

Support offered to families and young people included the following (further detailed examples are in Appendix F):

- **Emotional:** listening, promoting wellbeing, anger management and coping strategies.
- **Parenting:** parenting courses and behaviour management.
- **Communication:** support to attend meetings and appointments.
- **Financial:** household budgeting and welfare benefits support.
- **Educational:** One-to-one support in the school, career support, visiting the college, and arranging work placements.
- **Housing:** addressing rent arrears and help to move house.
- **Health and wellbeing**: attending medical appointments, referrals/signposting, and advice and information.

For young people, the support was most likely to be focused on relationship issues at school or home (73 of 249, 29%), followed by educational support (61 of 249, 24%) and help with lessons (36 of 249, 14%).

[11] The SHS Action Plan sets out all the action for each case. It includes case information and contact details. The Plan has 6 headings: identified need; actions planned to meet need; who to action; to be achieved by when; planned outcome; and need achieved. See Appendix D

For families (supported concurrently with the young person referred), the areas of support were most likely to be related to emotional/mental health issues (93 of 249, 37% of referrals), followed by parenting skills (46 of 249, 18%) and communication skills (39 of 249, 16%).

Support for pupils included one-to-one sessions in school (once per week), support to engage with and attend out-of-school activities and meetings with the young person in their own home, at school, and/or with family members.

Through liaison and proactive communication, the TAS project provided a bridge between home and school. Prior to TAS, school teams often had an incomplete understanding of the young person because they were not always aware of their situation at home. The SHS team provided that essential communication channel and helped to improve the school's response and provision. Often this involved attending school meetings along with the parent. This liaison was one of the main roles of the SHS practitioner, who also provided advocacy for parents and role modelling for effective communication.[12]

Trust was built through both persistence and patience with the family, frequent visits and/or calls at home. The provision of positive encouragement and support built parental confidence. The TAS project offered home visits and face-to-face support for young people in school, at home or in the community. This allowed practitioners to gain an understanding of the home context as well as identify needs across the family group. This provided an opportunity for problems at home to be resolved and helped to convey information to schools, ensuring that pastoral teams had greater insights and understanding of young people's home lives. As well as informal communication with the schools' pastoral and/or inclusion teams, practitioners reported attending regular meetings with staff and providing details of progress with young people and their families via email.

TAS support provided young people with an independent person with whom they could build a relationship and who would listen to them without judgement. The role of the impartial advocate was a key aspect of the support. This included intervening to address the concerns raised by young people and liaising with teachers who it was felt were usually responsive to the issues raised.

> "For the young people to have someone to talk to who is separate from school or home [and is] impartial." *SHS Team*

[12] Job details on the SHS website (accessed August 2021) "The role's focus will be on improving school attendance and engagement in learning. This is to be achieved by **building a bridge** between school and home, including regular home visits and other forms of outreach work. The successful candidates will work with the whole family to tackle issues which are causing poor school attendance and exclusions." https://www.schoolhomesupport.org.uk/about-us/jobs/family-support-practitioner-blackpool/. Accessed on 1/9/21.

It was particularly important for young people that they were being listened to. This was facilitated by the friendly bond established with their SHS worker who they trusted.

> "[The school] don't listen or get it, but [the SHS worker] does and tells them [the school]." *Young person*

> "If anything happens in schools I can talk to [SHS practitioner] and that helps." *Young person*

3.3. Partnership working and signposting to services

Involvement with, and referral to other services was a key element of the SHS support. The SHS practitioner role included identifying unmet needs, signposting to appropriate services, making referrals, and extending or complementing the support provided by partner agencies.

Onward referrals and the involvement of other services or agencies were identified for nearly three-fifths (59%) of all TAS cases (160 out of 272) recorded on the SHS database. Many of these cases were involved with multiple other organisations and/or services. Referral and/or signposting to mental health services (both young people and their families) was the most frequently recorded with 112 referrals, followed by social services or FIN with 51 referrals.

The FIN service provided by Blackpool Council addressed relationships and parenting. The SHS team worked closely with FIN for 23 of the onward referral cases. The FIN service provided assessment and assignment to a caseworker for areas of need. FIN support included housing, health relationships and sexual health, debt management, safeguarding incidents, parenting, and the involvement of one young person in county lines. SHS support was complementary to the FIN input, or in some instances the FIN service was reliant on SHS to offer more immediate and appropriate support:

> "FIN stepped aside whilst SHS worked with the family." *SHS Team*

Support for emotional and mental health was an important area of need for young people and their families. The Child and Adolescent Support and Help Enhanced Response (CASHER) service provided by Blackpool NHS, was a mental health drop-in offering sessions for young people up to the age of 25 years (including out of office hours and at the weekend). The CASHER service was recorded as being accessed in relation to 23 of the SHS cases.

Other mental health services included CAMHS (29 cases for mental health, behaviour, attention deficit hyperactivity disorder (ADHD) assessment and post-traumatic stress disorder (PTSD) and Youtherapy (23 cases for the NHS counselling service).

The views of evaluation participants demonstrated a consensus that working in partnership and to support the work of other services or agencies was a central element to the success of the TAS project:

> "TAS has played a major role in improving partnership working in Blackpool. SHS has played a role in bringing schools and support agencies closer together." *TAS Leader*

The TAS eligibility criteria excluded work with young people involved with statutory services. This was a means to avoid duplication and/or service overlap. However, some of the practitioners and others interviewed expressed a view that permanent exclusion of this group resulted in unmet needs. In such cases, young people who it was felt could benefit, could not continue with the support. The Education Welfare Service (EWS) addressed attendance issues in school. On occasions young people referred to the TAS project who had a history of poor school attendance, were subsequently referred to the EWS and the case was then closed prior to the completion of action plans.

3.4. Duration of support

Data on the duration of support was available for 97% (or 94 of 97) of the graduate group. The duration of support varied, with most (75% or 70) lasting from 13 to 52 weeks (Table 6). The average time in support was 33 weeks. Nearly one-third (31%, 29 of 94) were in support from 13 to 26 weeks. A small minority (15% or 14 of 94) were in support for more than a year.

Table 6: Duration of support for TAS cohort graduate group, 2019 to 2021 (n=94)

Time scale	Number	Percentage
53 weeks or above	14	15%
27 to 52 weeks	41	44%
13 to 26 weeks	29	31%
5 to 12 weeks	7	7%
0 to 4 weeks	3	3%
Total	**94**	**100%**

Source: SHS Cohort Dataset, March 2021

At project set-up there was no pre-defined support period for cases. However, TAS leaders felt there was evidence that positive outcomes were usually clear after 1 to 2

school terms. The requirement for longer support periods, of more than 2 terms, was attributed to the complexity of cases and a need for intensive and sustained support for some young people with the most challenging issues.

SHS Interviewees reported that for the most complex cases, the duration of support took significantly longer as positive progress was often slow or stalled and small steps were achieved consecutively. Interviews with families and workers provided evidence that some families, with prolonged support periods, were becoming overly dependent on the service.

3.5. Responding to coronavirus

3.5.1. Safety and wellbeing

The first coronavirus (COVID-19) lockdown between March and July 2020 posed new challenges for the TAS project. Headteachers reported that most of the TAS cohort were not attending their school during this time. In addition, schools were struggling to maintain contact with their TAS pupils. During this time, the SHS team stepped in to re-establish the link between schools and families and to ensure safety and wellbeing.

The focus of the SHS support changed to centre on safety, wellbeing and meeting the basic needs of families. Practitioners reported that for many families, circumstances changed during this time, due to loss of (or reduced) employment, financial constraints or higher levels of stress and anxiety. This was often associated with the challenge of staying at home – often in unsuitable accommodation. Young people were de-motivated, had disrupted routines, and struggled to engage with their schoolwork.

The onset of COVID-19 interfered with the original TAS delivery model and from March 2020, much of the support was moved online or was conveyed through practitioner phone calls. While doorstep visits did take place, these were restricted and often not private (due to personal protective equipment (PPE) requirements and taking place outside). These restrictions it was felt, compromised the effective assessment of risk. Therefore, the SHS team made this a priority:

> "[We were] much more vigilant to determine that young people are safe." *TAS Leader*

3.5.2. Online delivery and responsive support

The move to online was not taken up by all families (for some this was due to a lack of IT equipment). It proved in some situations to be positive and valuable as an on-going means for delivering some aspects of the service beyond the period of COVID-19 disruptions. Benefits of online provision included the removal of parental anxieties

associated with an unknown person coming into the family home. Furthermore, it offered efficiencies because there was no staff travel requirement.

Alongside making regular visits and maintaining frequent contact, the SHS practitioners provided support for learning, created activities for families (e.g., virtual treasure hunts and quizzes), recruited virtual volunteers, provided and/or delivered IT equipment, and delivered food parcels. Pupils were prepared for the return to school via Integration Plans. The focus was on re-establishing routines and preparing for return to school (e.g., sourcing equipment and school uniform using the SHS charitable fund). See Case study example box 1.

Case study example box 1

K a Year 9 pupil had recently moved to Blackpool and faced difficulties due to elevated levels of anxiety and shyness. Their attendance at school had historically been poor. During lockdown TAS support was provided via the phone and through brief doorstep visits. The SHS team delivered food parcels for the family, helped them to manage mealtimes and challenging behaviour at home, and to develop routines. During this time K struggled with their schoolwork at home and had IT problems. The SHS practitioner had found support provision particularly challenging due to K's anxiety; she was often unwilling to speak on the phone. However, once school re-opened K started to make positive progress.

"She has certainly come on a long way…she was visibly shaking when she first came into school." *School staff*

3.5.3. Wider remit

The SHS team reported that they undertook some level of follow-up with a group of 18 cases post-graduation (during the first lockdown). This ranged from light-touch support (including phone welfare checks) to more active support, including the delivery of food parcels and making referrals.

During this time the TAS model was modified to accommodate work with young people also being supported by social services (e.g., children with a Child in Need (CIN) status). Through individual appraisals, consideration was given to whether it was in the interest of young people and/or their families to have the TAS support alongside statutory provision. This took place where the project manager considered that support from TAS would extend and complement the support being provided by CSC. While it was felt that this added significantly to the total caseload, the SHS team were able to accommodate this, in part because of the reduced travelling time.

Overall, working alongside statutory services had been regarded by practitioners and managers as positive. Both groups reported that CSC professionals welcomed the TAS support, and that this was particularly valued at a time of additional pressures on service provision. Many felt that awareness of the work of the TAS project increased among social services and partner agencies. Among SHS practitioners, an opportunity to build skills and knowledge of the statutory sector, and to participate in multi-disciplinary team meetings, was welcomed.

The consensus across all the interviewee groups was that this approach complemented statutory provision and offered benefits for young people and their families. However, the additional demand on service delivery and caseloads was regarded as unsustainable once the first lockdown ended and schools reopened in September 2020. An increase in referrals from schools due to concerns about a risk of EHE was noted during the COVID-19 crisis. The main reason for this was that there had been rising levels of anxiety among some families, related to COVID-19. Concerns focused on the return to school (in September 2020 and March 2021) and the perceived risks of catching COVID-19 from mixing with others. It was noted that only a few families had subsequently decided to proceed to EHE. Engaging in discussion about EHE, and the implications of a move to EHE for the family, helped some to reconsider their plans:

> “Mum has kept [young person] in education and not home-schooled him due to direct work with SHS.” *SHS Team*

4. Findings: Outcomes for young people and parents

4.1. The Outcomes Ladder

The SHS team used an Outcomes Ladder (OL) tool to measure the 'distance travelled' by families further to the support.[13] The 10 outcomes addressed health and wellbeing (child and parent), safety, school attendance and behaviour, learning and behaviour at home, and parental support needs. Families completed the OL with their SHS practitioner at the outset of support, at key points across their support (6 weekly), and on graduation. The scores for 87 families with a graduated young person enabled an assessment of score changes over time. All but one family made progress on at least one of the 10 outcomes. Just over three-fifths (62% or 53 out of 87) families made positive progress in five or more outcomes.

Positive statistically significant progress was evident among the graduate group from baseline to follow-up (Table 7).[14] The greatest difference was achieved in relation to 'Attendance and behaviour at school' (2.4 at baseline and 3.9 at follow-up), followed by 'Emotional health of your child' (2.6 at baseline and 3.8 at follow-up). The OL score difference was lowest for 'Physical health of your child' (3.9 at baseline and 4.3 at follow-up) and 'Boundaries at home' (3.4 at baseline and 4.0 at follow-up).

Table 7: Mean Outcomes Ladder scores for 10 measures at baseline and follow-up, 2019 to 2021 (n=87 cases at graduation).

OL measure	Baseline	Follow-up
Attendance and behaviour at school	2.4	3.9
Emotional health of your children	2.6	3.8
Engaging in your child's learning	3.2	4.0
Your emotional health	3.0	3.7
The safety of your children	3.5	4.2
Finances or housing	3.6	4.2
Boundaries at home	3.4	4.0
Work-related support	4.0	4.5
Community involvement	3.6	4.1
Physical health of your children	3.9	4.3

Source: SHS cohort dataset, March 2021.
Note: scale ranged from 1 to 5. Ordered by change in scores.

[13] This involved rating 10 different outcomes on a 5-point Likert scale (scores: 1=not coping, 2=some concerns, 3=just managing, 4=feel stronger, and 5=needs met). Further details are included in Appendix B

[14] $p=<0.05$

4.2. Outcomes for young people

Positive improvements in a young person's behaviour at home and/or at school were noted by both school and SHS team interviewees. These were in line with the OL results. Young people felt more in control of their emotions and gained strategies that enabled them to stay safe and to manage anger.

This was also reflected in practitioner observations, where it was noted that routines at home had improved, contributing to more regular attendance at school. Improvements in the emotional and mental health of young people had contributed to better motivation to learn and more positive attitudes towards education. Similarly, higher levels of self-esteem and confidence in young people were considered to have directly contributed to improvements in behaviour at home and in school.

Some of the young people stated that they felt happier as a result of the support. Having the support from TAS had helped pupils to gain insights into their behaviour and its impact on others. They were clearer about what was now expected of them.

> "I've realised what I've done and want to move on." *Young person*

A few pupils commented on what their situation would be if they had not had the intervention and support from TAS. This included statements about permanent exclusion.

> "If I hadn't had [the SHS worker] I wouldn't be here…I would be excluded, I am sure." *Young person*

A key outcome for young people was being able to reflect on their future, to build aspiration and to consider career options. For these young people, support focused on preparation for employment and enrolment in training courses.

> "[Young person] has now been enrolled on a construction course 2 days per week which he is said to be enjoying." *SHS Team*

The TAS project support was widely regarded as a factor in building resilience; an ability to 'bounce back' from challenges, traumas, and setbacks. [15] Asking young people and/or parents to reflect on what has gone wrong in their lives and to then consider how they could do things differently, contributed to the process of building resilience.

[15] Resilience defined as "The ability of a person to adjust to or recover readily from illness, adversity, major life changes etc": https://www.dictionary.com/browse/resilience. Accessed June 2021

The case study example box 2 details the journey of one young person who was referred to TAS due to being at risk of permanent exclusion from school. This illustrates the role of TAS support in helping young people to understand and manage their emotions (also see Appendix D for further detailed case studies).

Case study example box 2

A Year 12 pupil (J) was referred to the TAS project with poor attendance at school and repeat behaviour problems. They were at risk of suspension or permanent exclusion and displayed anger and mood swings that impacted on her education. At home, J's mother was dealing with mental health problems and financial worries.

J valued having someone neutral to speak to and she used an 'anger booklet' to help her to identify emotional triggers and coping strategies. The practitioner provided advice and guidance regarding positive relationships, specifically how to handle negative peer influences. Information and signposting regarding mental health services meant that J's mother accessed appropriate support in the community.

Both mother and daughter achieved positive outcomes further to the TAS support. J exhibited less aggression in school towards her teachers and consequently had no further suspensions or episodes in the school's isolation room. Her mother was managing her depression and feeling more positive applied for a job.

"I feel more confident because I know there is someone I can speak to." J

4.3. Outcomes for parents

The SHS, school teams, and parents interviewed (as part of the pupil case studies) stated that positive outcomes for both schools and families had resulted from the TAS support. Many parents had struggled to deal with their child's behaviour, and faced their own mental health issues (Case study examples box 3). Some had large families and issues associated with deprivation and poverty. Communication with school was often reported by parents to have been challenging prior to referral to TAS.

Case study example box 3

One parent was concerned about the increasing levels of violence exhibited by her child and felt unsafe with him. Others felt that other services had failed them, or that no support had been available to them previously. Many did not have anyone to turn to and were unable to navigate the services and support that might be available to them. A sense of hopelessness was frequently expressed. SHS were able to address some of

these anxieties through parenting support, through listening to parents' concerns, and referring to other services.

The SHS team reported that some families had complex and entrenched problems. The support approach had been to take 'small steps' setting achievable and realistic goals in the short term and building on these over a time. As such, observed changes and impacts took time to emerge. It was noted that in many instances improvements in parenting skills were demonstrated and that more positive family relationships were evident.

An SHS worker explained that parents or young people would call SHS when in crisis, and they would be supported by the practitioner on the telephone to calm the situation. In many cases this resulted in no police being called out to the property. This is in turn enabled parents to control the outbursts and for the young person to deal with their feelings in an appropriate manner without lashing out.

> "This enabled family relationships to be rebuilt and for them to have a more positive and stronger relationship than previously." *SHS Team*

> "I used to dread every day, but now I am happier because [the young person] is less rude and his behaviour is less challenging." *Parent*

Reported outcomes for parents included improved emotional wellbeing, self-esteem, and greater confidence. These person-centred skills enabled parents to be better equipped to manage at home (e.g., in challenging the behaviour of their child) and to engage with school. This was achieved through the trusting relationship that they built with the SHS worker, having someone neutral to listen to them and whom they could contact at any time, as well as gaining new skills (e.g., through attendance at a Managing Anxiety course). The SHS workers provided transport to attend meetings and appointments and had acted as advocates and advisers for parents.

> "I would have been too anxious [to attend meetings at school], and it is nice to have a friendly face [referring to the SHS worker]." *Parent*

Parental stress had been reduced for families who felt their child's behaviour was due to a learning difficulty. In some cases, TAS intervention enabled the diagnosis and assessment of the young person's learning difficulty. This resulted in plans being put in place in school to support them.

5. Findings: Project performance

This section of the report presents data from Blackpool Council and Blackpool Opportunity Area to show trends for key metrics agreed as impacts at the beginning of the project. However, it should be noted that due to the disruption to schools and curriculum delivery, caused by the COVID-19 pandemic, data was in some cases not available and/or should be interpreted with caution. For example, attendance data collection was impacted by the partial closure of schools, pupils isolating, and absences due to illness. This meant that it was not possible to draw conclusions regarding the impact of the TAS project on key education datasets.

The TAS project aimed to contribute to 4 outcomes: a 30% reduction in levels of persistent absence, a 20% reduction in permanent exclusion, 70% of pupils referred to the In Year Access Panel successfully in place in mainstream schools, and a 50% reduction in EHE. However, in most cases sufficient data was not available to measure progress against these targets for the client group.

5.1. School attendance

Data on attendance was based on the overall percentage absence rate for Blackpool secondary schools (this included pupils supported by TAS). The overall absence rate was the aggregated total of all authorised and unauthorised absences in each school. This was available for 3 calendar years from 2018 to 2020.

Overall, absence increased in the majority of schools (Table 8). The absence rate showed an increasing trend (from 2018 to 2020) for 5 of the schools (Schools A, B, D, G and H) and a decreasing trend (from 2019 to 2020) in 2 of the schools (School C and School F). COVID-19 interruptions were an important influence on these figures in 2020.

Table 8: Percentage absence rate in Blackpool secondary schools, 2018 to 2020

School	2018 (%)	2019 (%)	2020 (%)
School A	3.3%	6.3%	6.5%
School B	6.4%	7.1%	7.6%
School C	7.8%	7.9%	5.0%
School D	5.7%	6.6%	8.4%
School E	11.6%	10.5%	12.8%
School F	5.9%	6.8%	5.5%
School G	5.4%	6.0%	7.3%
School H	5.9%	8.5%	12.5%

Source: Blackpool Council, February 2021.

The view among TAS leaders, the school and SHS teams was that attendance at school had improved for some young people because of the TAS project. As such, while school absence rates across Blackpool have shown an increasing trend (as above), some of those young people supported by TAS improved their attendance at school. This change was attributed by interviewees to intervening earlier and the intensity of support offered by TAS. For example, in some cases where attendance at school was a major problem, the SHS practitioners escorted the young person to school or alternatively met them at the school gates. As attendance improved over time, this support was gradually withdrawn.

5.2. Permanent exclusions and suspensions

The number of permanent exclusions in Blackpool had declined between 2018 to 2019 and 2020 to 2021 (Table 9). However, COVID-19 interruptions affected data for 2019 to 2020 and 2020 to 2021.

Table 9:Blackpool secondary school rate of permanent exclusions, 2018 to 2021.

School Year	Number of permanent exclusions
2018 to 2019	59
2019 to 2020	14
2020 to 2021*	2

Source: Blackpool Council. Note: *Latest available (February 2021)

Overall, the number of suspensions declined, with 6 of the 8 schools having fewer in 2020 to 2021 compared to 2019 to 2020 (Table 10). Comparing the averages, they decreased between 2019 to 2020 and 2020 to 2021 from 93 to 46 suspensions, and from 22 to zero, between January 2019 and January 2020. The total number of days lost, because of suspensions, declined across both time periods by 47 days overall. However, it should be noted that permanent exclusions would have fallen because of many pupils not being in school due to the COVID-19 interruptions.

There was a consensus among interviewees that TAS had resulted in fewer permanent exclusions. A key reason for this was earlier intervention. It was also noted that other school-based inclusion projects had contributed to this positive change. For example, the COP project, which operated concurrently with the TAS project. However, the TAS referral data indicated that, of the 104 pupils (end of March 2021) who were at risk of permanent exclusion and successfully graduated from the project, none subsequently were permanently excluded.

Table 10: Total and average number of suspensions for each school, 2019 to 2021.

School	2019-20 (Sep-Jan)	2020-21 (Sep-Jan)	Jan 2019	Jan 2020
School A	11	28	5	0
School B	249	74	54	0
School C	63	6	12	0
School D	149	117	36	0
School E	97	98	9	0
School F	76	0	13	0
School G	48	24	20	0
School H	126	103	258	1
Totals	819	450	174	1
Average	102	56.25	21.75	0.1
Total days lost	1,416	822	330	2.5

Source: Blackpool Council, February 2021

5.3. Elective Home Education (EHE)

A total of 73 cases (17% of the SHS cohort) were referred to TAS because of 'Risk of EHE'. Four cases were closed due to a move to EHE (4% of all closed cases). Interviewees stated that the increase in EHE was due to changes during COVID-19 when young people were completing schoolwork at home, with some families deciding to continue with home schooling. Others, it was felt, moved to EHE because of anxiety about COVID-19 and perceived risks for vulnerable family members.

Blackpool-wide data was available for the number of children in EHE (Table 11). This illustrated an increasing trend since March 2019, with an increase of 88 at October 2020 (from 213 in June 2020 to 301 in October 2020). This coincided with the re-opening of schools in September 2020 after the partial closure of schools since March 2020.

Table 11: Number of children in EHE (selected months), 2019 to 2021

Month	Year	Number
March	2019	244
January	2020	267
March	2020	268
June	2020	213
October	2020	301
December	2020	355
January	2021	356

Source: Blackpool Council, February 2021

Many of project leaders, school teams and practitioners interviewed felt that TAS had helped to prevent a move to EHE, particularly among families seen as least able to cope with delivering education at home.

The Blackpool OA data included the route taken by young people after graduation from TAS. Of the 140 TAS graduates (August 2021) for whom data was available:

- Most (91% or 128) remained in school or access further education (Table 12).
- Only 2 withdrew to EHE.

Of the 'remained in school' group 33% (37) were in years 10-11 (Key Stage 4).[16]

Table 12: Routes after graduation from TAS, 2019 to 2021

Routes	Number (%)	Percentage
Accessing Further Education (year 11 only)	17	12%
Alternative provision	5	4%
Managed move	2	1%
Remained in school	111	79%
Special school	1	1%
Withdrawn to EHE	2	1%
Unknown (suspected left the area)	2	1%
Total	140	

Source: Blackpool Opportunity Area, August 2021

[16] National data (National Statistics, accessed August 2021) showed that in 2019, 87% of young people in Blackpool secondary schools stayed in education or entered employment after Key Stage 4. Data was not available for subsequent years so it has not been possible compare change from 2019 to 2021.

5.4. Progress against targets

The targets were all framed as a percentage change. This required a baseline figure and a post project figure in order to compare the actual percentage changed achieved. This data was not available therefore, qualitative and proxy performance against the project targets was reviewed, as follows:

- **Attendance.** Most of those who graduated (95% or 133 out of 140) remained in school, accessed further education or attended alternative provision. Qualitative evidence indicated that many of those who graduated improved their attendance against a background of rising absence at most schools. This positive improvement was attributed by interviewees to intervening earlier and the intensity of support offered by TAS.

- **Permanent exclusions.** As of March 2021, none of the first 104 pupils at risk of permanent exclusion, who had graduated, had been permanently excluded. Some of these might have been permanently excluded without the TAS intervention. However, this was against a background of low numbers of permanent exclusions between March 2020 and March 2021. It is likely this target was achieved, but without a baseline figure it could not be calculated reliably. School and practitioner interviewees felt that TAS reduced the likelihood of permanent exclusion for participants.

- **Managed moves remaining in school.** A small proportion (6% or 24 out of 422) were referred to TAS due to having failed or failing in a managed move. Two graduates underwent a managed move. There was insufficient qualitative evidence to form a view on the effect of the project on maintaining pupils in school who had undergone managed moves.

- **Elective home education.** A total of 73 cases out of 422 (17% of the SHS cohort) were referred to TAS because of ‘Risk of EHE’. Four cases were closed due to a move to EHE and 2 graduates moved to EHE. Many of the project leaders, school teams and practitioners interviewed felt that TAS had helped to prevent a move to EHE, particularly among families seen as least able to cope with delivering education at home.

6. Findings: Costs and sustainability

6.1. Resource costs and unit outcomes

It was difficult to assess the cost effectiveness of the TAS project given the lack of a comparator group and the fact that it was not known what would have happened in the absence of the project. The original evaluation design involved comparing the TAS cohort with a comparator group based on pupils who were referred to TAS but declined the support. However, this was not available due to problems with project consent agreements and data limitations following the COVID-19 disruptions.

It was possible, however, to provide an insight into unit costs and compare these with the cost of an adverse outcome avoided. A unit outcome might be the cost per person supported on the project or the cost per young person successfully graduating from the project. A good example of an adverse outcome avoided is a permanent exclusion. Most young people entering the project were at risk of permanent exclusion and it was highly likely that in the absence of the project a proportion of them would have been permanently excluded.

The cost of delivering the project from April 2019 to August 2021 was £1,327,794. The breakdown by cost category is shown in Table 13.

Table 13: Cost of delivering the TAS project, 2019 to 2021

Category	Costs
School Home Support	£915,215
Project Management	£120,032
School Funding	£283,997
Educational Psychologist	£8,550
Total	£1,327,794

Source: Blackpool Opportunity Area, August 2021

The total cost of project delivery is expressed as 2 unit costs (Table 14). Unit costs are based on the total cost in the previous table (£1,327,794) divided by all TAS participants (327) giving a unit cost of £4,061 or TAS graduates (140) giving a unit cost

of £9,484.[17] Placing this in context, the cost per year of a permanent exclusion was £12,007. [18]

Table 14: TAS unit outcomes, 2019 to 2021

Unit cost description	Value	Unit cost
Cost per young person supported by TAS	327	£4,061
Cost per TAS Graduate	140	£9,484

Source: YCL analysis, 2021

While it is not possible to say definitively that TAS participation avoided permanent exclusions, it can be shown that the cost of supporting a young person in the project and the cost of a graduated young person on the project were lower than the cost of a permanent exclusion. Table 15 shows the likely costs of permanent exclusion for a range of potential TAS outcomes. This analysis focused on graduates in order to be conservative about claims for the programme.

Table 15: Costs of permanent exclusion sensitivity analysis, 2019 to 2021

Estimate	Number of graduates	Permanent exclusion costs
High (100%)	140	£1,680,980
Medium (50%)	70	£840,490
Low (25%)	35	£420,245

Source: YCL analysis, 2021

A high estimate assumes that all TAS graduates would have been permanently excluded in the absence of the project, medium 50% of graduates and low 25% of graduates. The analysis shows the range of costs that were avoided for each of the estimates. Only on the highest estimate do they exceed the cost of delivering the TAS project. The break-even point where savings on permanent exclusions avoided equate to the cost of the programme would require 111 TAS graduates to have avoided permanent exclusion; 79% of all those who graduated. This percentage would be lower if the total number of graduates increased.

6.2. Sustainability

Based on the school team interviews, participating schools clearly valued the support provided by TAS and planned to continue to refer pupils. They expressed hope that OA funding would continue beyond August 2021 to build upon achievements to date. In line

[17] TAS participants included those who were still being supported, closed cases (not graduating) and those that graduated.
[18] Source: Unit Cost Database: Greater Manchester Combined Authority. 2005 to 2006 data inflated to 2019 to 2020 prices

with their commitment to TAS, some schools were prepared to make a financial contribution to ensure continuation.

Headteachers did not view TAS as a standalone initiative. It was viewed as part of a wider portfolio of interventions developed in Blackpool to support disadvantaged young people. An example includes the COP project which helped schools develop internal alternative provision and resources to support staff training. All projects worked together to address similar objectives. Headteachers considered it difficult and not always necessary to separate out the relevant contributions of individual initiatives.

The TAS project therefore needs to be viewed as part of a portfolio of inclusion projects which collectively sought to address the needs of disadvantaged young people and for wider social mobility in Blackpool. A collaboration involving all secondary schools and the local authority served to improve understanding of the problems associated with addressing inclusion and new solutions required to resolve them. It also has to be placed within the context of a longer timeframe to make a significant progress against deep rooted social and economic problems in Blackpool.

Sitting within the wider group of inclusion initiatives (e.g., the COP project), the TAS project offers the unique dimension of family engagement. The awareness of family circumstances, by school teams, was raised due to key TAS activities:

- Regular contact between the SHS practitioner and parents (in the family home and other settings).
- Support for better communication between parents and the school. This was achieved through SHS practitioner attendance at in-school meetings along with parents and/or young people.
- Formal and informal reporting to the school teams on family circumstances and feedback on how this had impacted on the young person (e.g., his/her behaviour and attendance). This offered a bridge between home and school.

The opportunity for families and young people to engage with statutory and third sector agencies meant that a more informed and holistic support package could be developed for young people. This represented a step towards school based multi-agency working. Interviewees acknowledged the benefits that resulted from the SHS referrals, specifically in relation to progressing assessment of learning needs (e.g., dyslexia) and referring young people to mental health organisations (77 cases involved referral to one

or more mental health organisation e.g., CAMHS and NHS Youtherapy Counselling Service)[19].

6.3. Replicability

There is potential to roll out a TAS support project in other parts of the country. While Blackpool has unique features regarding the severity of economic and social deprivation, this does not represent a barrier to potential rollout. Indeed, the fact that there is qualitative evidence of progression for young people in Blackpool with its complex socio-economic conditions suggests that it could be made to work in other areas. Indeed, SHS operates variations of the TAS project in other parts of the country. Factors to be taken into consideration when introducing a TAS type model include:

- Need: is there a clear need for this service? Are schools experiencing difficulties with attendance and behaviour?
- Scale: what is the size of the area? Will it involve all schools or a cluster of schools? What are the implications of the whole area or sub area coverage?
- Readiness: are schools and the local authority interested in developing a TAS type support model? Will they be prepared to work in partnership together to deliver?
- Funding: is there external funding available to stimulate initial TAS activity? Schools are unlikely to pay for this service until they have experienced it.
- Initiative fit: how is the project positioned relative to other local inclusion initiatives?
- Management: who is going to be responsible for managing the project? Schools, local authority or a third party? A project manager needs to establish monitoring and evaluation mechanisms to assess project performance.
- Delivery partner: a selected delivery partner should have direct experience of delivering support projects.
- School communication: when launching the project, it will be important to secure strong engagement from participating schools. This will require clear communication outlining project objectives and roles and responsibilities.
- Model design and development: participating schools should be involved in the design and development of the support model. Furthermore, the operation and

[19] NHS Youtherapy Counselling Service - FYi Directory. https://www.fyidirectory.co.uk/directory/nhs-youtherapy-counselling-service?categories=health,counselling-support

process of TAS delivery needs to be clearly set out to schools. This is likely to secure more effective buy-in.

- Target groups: it will be important to establish clear eligibility criteria for project participation. This will require the establishment of target groups likely to benefit most from the support. It will be important to include young people supported by statutory agencies.
- Early intervention: consideration should be given to targeting young people in primary settings to take advantage of early intervention.
- Support metrics: objectives and action plans set for supported young people should have SMART (Specific, Measurable, Achievable, Realistic, and Time-bound) criteria.
- Outcome measures: a combination of soft and hard outcome measures should be identified for the project and systems put in place to monitor young person progression.
- Longer-term tracking: systems should be established which allow the project to track outcomes over multiple years to assess longer term impacts.

7. Conclusions and considerations for replication

7.1. Conclusions

The benefits of a support package that incorporates a young person's family and home situation has been demonstrated. All evaluation participants recognised the value of this holistic and tailored approach. The TAS project has shown how specialist support is required and can respond to a range of issues among both pupils and their families. Addressing such needs requires a multi-component response that tackles social issues alongside the provision of specialist expertise.

The Blackpool OA successfully implemented a project to support young people at significant risk of educational disengagement and their family. A total of 422 cases (each case included the young person and other members of their family who were being supported by the project) were referred to SHS. Of these, 327 were supported by the TAS project. This exceeded the project target of 200. This was achieved through a combination of successful implementation and delivery approaches. The project focus on early intervention, developing successful relationships between school staff and SHS workers, persistent and positive engagement with young people and their families alongside a flexible delivery model able to adapt to complex needs and changing circumstances (COVID-19) worked well to engage and support hard to reach families.

A key feature of TAS which was regarded favourably by practitioners, through qualitative research, was the length of support. Nearly three-fifths (59%) of young people were supported for longer than 6 months. Schools placed a high value on the TAS project and the additional support that it offered them. Parents valued the independence of SHS staff from statutory services.

Young people and families were empowered to act for themselves, regaining independence and moving forwards. The key elements in this support were coaching, reassurance, and the chance to talk things through. The TAS support, provided by a practitioner from an independent and charitable organisation, was a crucial factor in gaining the trust and engagement of families. As such, overcoming an often long held suspicion of authority through a persistent approach was of particular importance for working with families more commonly regarded as 'hard to reach'.

The COVID-19 crisis forced a change in the approach to delivery. The reduced opportunities to have face-to-face communication and to meet with pupils and parents in their home compromised key elements of the project – relationship building and the assessment of need and risk. These adaptations were implemented alongside the provision of additional elements such as school materials, IT equipment, food and wider

support to families. While the SHS team were resourceful in adapting to change, there was an unavoidable reduced level of support for up to one year of delivery.

7.1.1. Progress and outcomes

Almost all families with a young person who graduated (with the exception of one family) made progress on at least one of the 10 OL outcomes. Just over three-fifths (62% or 53 out of 87) of families reported making positive progress in five or more OL outcomes.

Qualitative evidence from practitioners indicated that positive progress was made in many cases. These outcomes included improvements in school attendance, the avoidance of permanent exclusion from school, alongside improvements in the emotional and mental wellbeing of young people and their families. Initially this was manifest through softer measures such as improved emotional stability and self-esteem. This established a foundation for longer term gains in educational engagement and behaviour in school.

Insufficient information was available to quantitatively assess progress against the four key project targets. Qualitative and proxy performance against the project targets indicated the following:

- **Attendance**. Most of those who graduated (95% or 133 out of 140) remained in school, accessed further education or attended alternative provision. Qualitative evidence indicated that many of those who graduated improved their attendance against a background of rising absence at most schools. This positive improvement was attributed by interviewees to intervening earlier and the intensity of support offered by TAS.

- **Permanent exclusions.** As of March 2021, none of the first 104 pupils at risk of permanent exclusion, who had graduated, had been permanently excluded. Some of these might have been permanently excluded without the TAS intervention. However, this was against a background of low numbers of permanent exclusions between March 2020 and March 2021. It is likely this target was achieved, but without a baseline figure it could not be calculated reliably. School and practitioner interviewees felt that TAS reduced the likelihood of permanent exclusion for participants.

- **Managed moves remaining in school.** A small proportion (6% or 24 out of 422) were referred to TAS due to having failed or failing in a manged move. Two graduates underwent a managed move. There was insufficient qualitative evidence to form a view on the effect of the project on maintaining pupils in school who had undergone managed moves.

- **Elective home education**. A total of 73 cases out of 422 (17% of the SHS cohort) were referred to TAS because of 'Risk of EHE'. Four cases were closed due to a move to EHE and 2 graduates moved to EHE. Many of the project leaders, school teams and practitioners interviewed felt that TAS had helped to prevent a move to EHE, particularly among families seen as least able to cope with delivering education at home.

7.2. Considerations for replication

Key areas to consider for future replication include:

- **Communication with partners.** Initial communication between a project like TAS and schools needs to be strengthened to clarify objectives and relative roles. Giving schools named contacts with a limited number of practitioners will support positive relationships and maximise use of teachers' time. This will improve levels of school engagement and pupil referral as well as ensuring that any safeguarding issues are communicated to practitioners.

- **Early intervention.** Similar projects should consider earlier intervention such as the potential for introducing this type of project to primary school children. This might avoid the development of more deep-rooted problems which were difficult to address through TAS support.

- **Action plan development.** Parents and schools should be actively involved in the setting of support goals and the development of SMART action plans. This would allow both to play a stronger role in supporting the young person achieve target outcomes.

- **Defining graduation.** Clarifying the definition of graduation and what a young person needs to achieve to graduate will help reduce subjectivity in future projects and ensure a consistent threshold is met by graduates across a project.

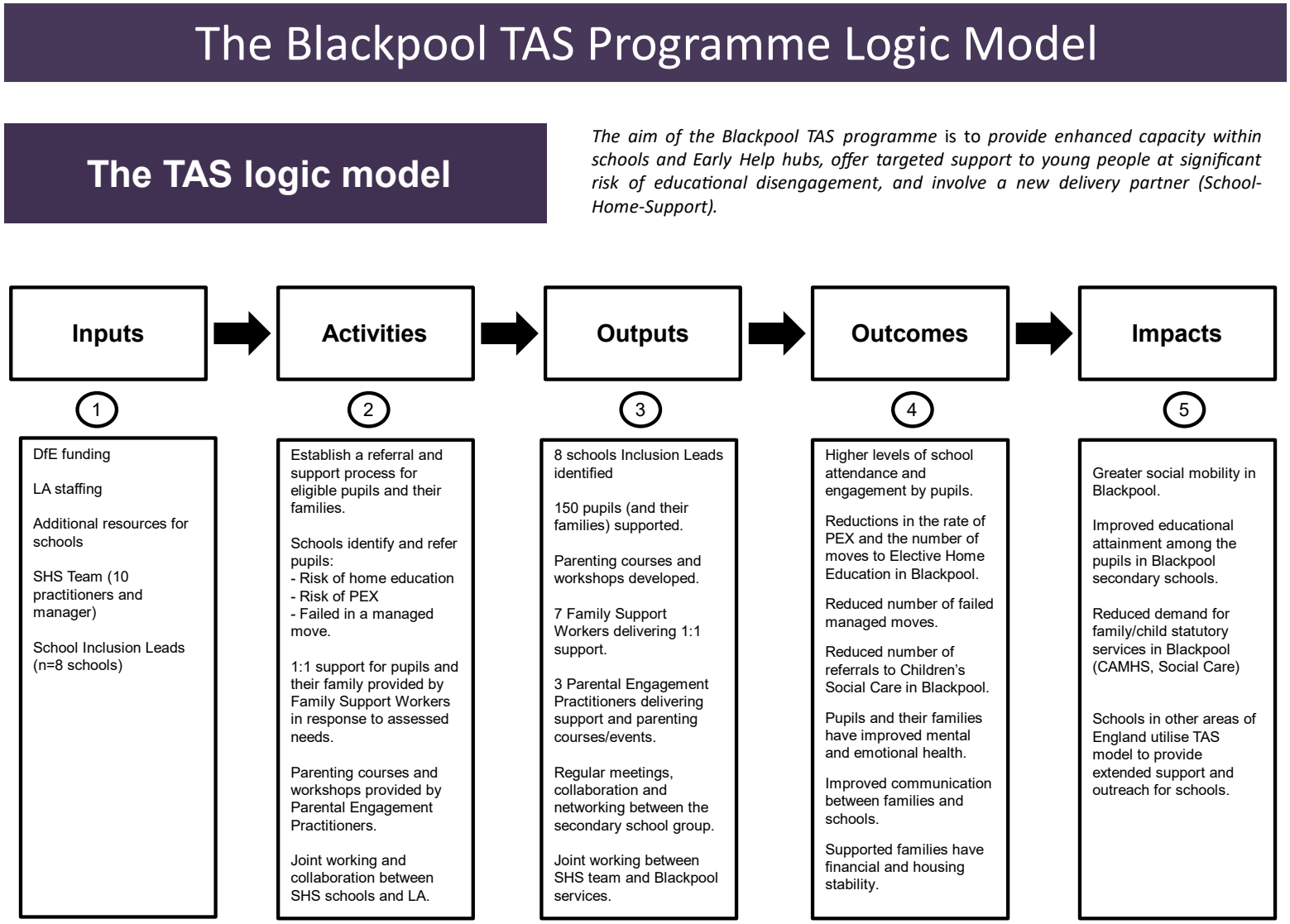
- **Post support tracking.** Project graduates, and those who withdraw from support, should be tracked over time to assess longer-term outcomes particularly relating to permanent exclusion, attendance and attainment. This would provide more robust evidence of progression and impact of the project on the resulting lives of young people and their families.

- **Information sharing.** Future similar interventions should ensure appropriate consents for sharing data to enable linking of local authority data with project delivery data at the individual level to inform measurement of outcomes.

- **Project performance data.** Clarity on how overarching project targets might be measured is important for an assessment of performance. Consideration of validated tools for measuring outcomes might help compare project performance against other cohorts and similar projects.

Appendix A: The TAS project logic model

Figure 2: Team Around the School logic model



Logic model as text:

The inputs lead into the activities then outputs, outcomes and finally impacts.

Summary

The aim of the Blackpool TAS programme is to provide enhanced capacity within schools and Early Help hubs, offer targeted support to young people at significant risk of educational disengagement, and involve a new delivery partner (School-Home-Support).

1. Inputs

The inputs were:

- DfE funding
- LA staffing
- Additional resources for schools
- SHS Team (10 practitioners and manager)
- School Inclusion Leads (n=8 schools)

2. Activities

The planned activities were:

- Establish a referral and support process for eligible pupils and their families.
- Schools identify and refer pupils:
    - Risk of home education
    - Risk of PEX
    - Failed in a managed move.
- 1:1 support for pupils and their family provided by Family Support Workers in response to assessed needs.
- Parenting courses and workshops provided by Parental Engagement Practitioners.
- Joint working and collaboration between SHS schools and LA.

3. Outputs

The outputs were:

- 8 schools Inclusion Leads identified
- 150 pupils (and their families) supported.
- Parenting courses and workshops developed.
- 7 Family Support Workers delivering 1:1 support.
- 3 Parental Engagement Practitioners delivering support and parenting courses/events.
- Regular meetings, collaboration and networking between the secondary school group.
- Joint working between SHS team and Blackpool services.

4. Outcomes

The expected outcomes were:

- Higher levels of school attendance and engagement by pupils.
- Reductions in the rate of PEX and the number of moves to Elective Home Education in Blackpool.
- Reduced number of failed managed moves.
- Reduced number of referrals to Children's Social Care in Blackpool.
- Pupils and their families have improved mental and emotional health.
- Improved communication between families and schools.
- Supported families have financial and housing stability.

5. Impacts

The desired impacts were:

- Greater social mobility in Blackpool.
- Improved educational attainment among the pupils in Blackpool secondary schools.
- Reduced demand for family/child statutory services in Blackpool (CAMHS, Social Care)
- Schools in other areas of England utilise TAS model to provide extended support and outreach for schools.

Appendix B: Evaluation questions

The evaluation set out to address the following questions:

- What is the additionality of the TAS model beyond current statutory support?
- How does the TAS model operate in practice?
- How does the TAS model enhance school pastoral support?
- How effective is TAS in engaging with families?
- How effective is TAS in engaging with social care?
- How effective is TAS in improving school engagement with social care and the quality of social care referrals?
- What features of the TAS support model are particularly effective in engaging with families/social care partners?
- To what extent is the TAS model sustainable beyond the end of the funded project?

Appendix C: Methodology

The evaluation commenced in May 2019 and completed in May 2021. This was a retrospective mixed methods evaluation study that involved the completion of 3 waves of data collection as follows:

- Wave 1 data collection: Baseline phase - May to December 2019
- Wave 2 data collection: COVID-19 research study – July to October 2020
- Wave 3 data collection: Follow-up phase – November 2020 to June 2021

The evaluation was guided by a series of eleven evaluation questions as shown below:

1. What is the additionality of the TAS model beyond current statutory support?
2. How does the TAS model operate in practice?
3. How does the TAS model enhance school pastoral support?
4. How effective is TAS in engaging with families?
5. How effective is TAS in engaging with social care?
6. How effective is TAS in improving the skills of school staff providing pastoral support?
7. How effective is TAS in improving school engagement with social care and the quality of social care referrals?
8. What features of the TAS support model are particularly effective in engaging with families/social care partners?
9. Has the TAS model improved the target outcome compared to the comparator group?
10. To what extent is the TAS model sustainable beyond the end of the funded project?
11. Is the TAS model cost effective?

Qualitative data collection

Qualitative data collection was mainly undertaken with evaluation participants through interviews guided by a topic guide and agreed in advance with the DfE. The questions were set out under key themes across all the evaluation groups as follows:

- Introduction, interviewee role and/or involvement in the TAS project,
- Setting up and project implementation
- Project delivery
  - Referrals
  - Impact of COVID-19

  - Support provided
  - Engagement
  - Communication
- Performance and targets
- Learning and development
  - Barriers and challenges
  - Project improvements
    - Impacts and outcomes
    - Looking forward/sustainability

Across all waves of the project a total of **138** interviews were completed. Table B1 below provides details of the number of interviews (group or one-to-one) conducted for each wave of the evaluation:

Table 16: Number of evaluation interviews for each wave

Evaluation group	Wave 1	Wave 2	Wave 3	Total
Stakeholders	3	7	6	16
School Teams	16	4	20	40
SHS Team	18	4	18	40
Parents	8	3	8	19
Young People	8	3	7	18
Total:	**53**[20]	**21**	**64**	**133**

Other qualitative data was sourced from the open text answers included in the **SHS dataset** of TAS cases (all cases up to 31st March 2021). This included the following data fields:

- Other services or agencies involved.
- Other services and agencies - impact, progress, and outcomes.
- Support - impact, progress, and outcomes.
- Other outcomes.
- Post-graduation actions.
- Post closure or paused actions.
- Other comments.

[20] The lower number of interviews at Wave One reflects the higher number of group interviews. At Wave 3 the COVID-19 crisis prevented group interviews from taking place.

Case Studies

Sets of pupil case studies were created as part of wave 1 and 3 of the evaluation. Each case study was focused on the pupil and family journey and involved 4 perspectives. Interviews were undertaken with:

- Parent(s)
- Pupil
- The SHS practitioner providing support
- School staff who referred and supported the pupil

The evaluation sought to include pupil case studies for each of the 8 schools. However, in Wave 3, 2 case studies related to the same school due to the higher number of referrals received from that school and to ensure confidentiality.[21] In total sixteen case studies have been developed. The case studies explored the support provided by the TAS project, and the impacts and outcomes of that support; from the perspective of the school, pupil, parent and SHS practitioner. Case specific data from the SHS Dataset was also included.

Further to a discussion about the requirements of the evaluation and the cases that would best demonstrate the operation of the TAS project, the SHS manager and team selected cases for inclusion and sought consent from the family. This purposive approach to sampling drew on the knowledge and experience of the SHS team; was chosen to maximise involvement; and ensured compliance with GDPR requirements.

Quantitative data collection

The SHS Team

The SHS team collated quantitative data for all cases referred and consented from the start of the TAS project up to 31st March 2021. Data for each case was collected in relation to the following categories:

- Pupil ID
- Gender
- School name
- School year
- Referral reason

[21] Where the number of referrals made by one school was low, concerns about maintaining confidentiality ruled out a case study at Wave 3.

- 12 months prior to referral: % attendance, number of suspensions, and number of behaviour points
- Post-graduation reengagement
- Start date
- Closure date and reason
- Pause date and reason
- Graduation date
- SHS support type
- OL – baseline and follow-up scores (results up to December 2020 only)

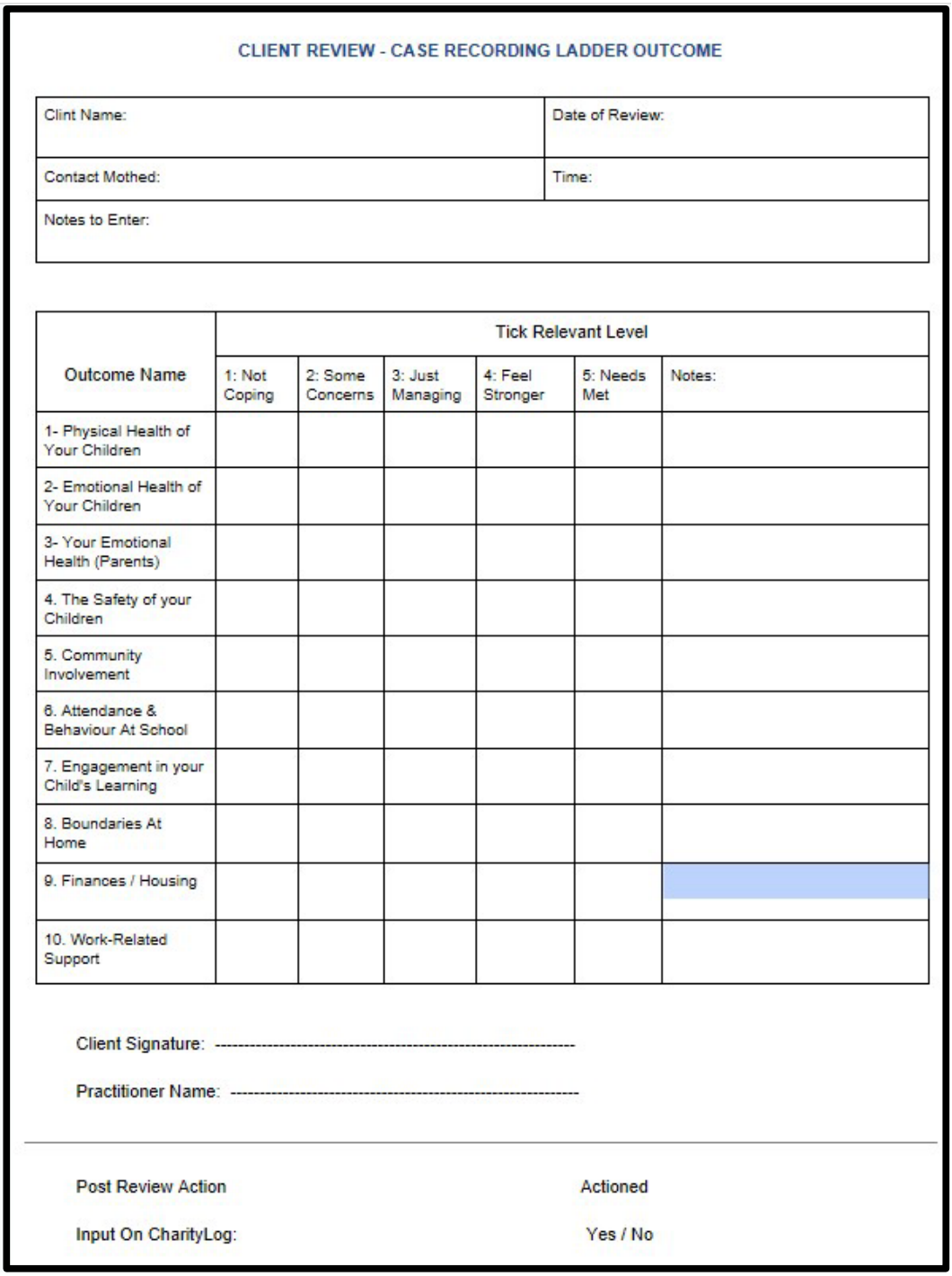
The OL was used by the SHS team to record distance travelled for each case in relation to 10 areas.[22] Parents were asked to respond to the 10 areas (physical health of your children; emotional health of your children; your emotional health (parents); the safety of your children; community involvement; attendance and behaviour at school; engagement in your child's learning; boundaries at home; finances and housing; work related support) using a Likert scale ranging from 1 = Not Coping to 5 =Needs Met, at key points across their support journey. A copy of this form is included in figure 3.

The SHS Dataset provides data relating to a subset of the total TAS cohort, with data for 272 cases (272 of the 380 supported). The reasons for this have been included below:

- The SHS dataset does not include the cases that were closed due to no consent or consent withdrawn prior to any interventions taking place, as SHS did not have signed permission to hold or share any of these details.
- New cases that were opened in the 2 weeks before the submission of the final dataset were not included, as these cases were at a very early stage in the intervention process and had no baseline OL completed.
- Data for the cases assigned to practitioners that moved on from SHS prior to the second SHS manager coming into post, were not available for inclusion in the dataset.

[22] Outcomes Ladder data is not available for cases referred to the TAS programme after December 2020 as SHS moved to Outcomes Star in January 2021.

Figure 3: Case recording outcome ladder proforma



CLIENT REVIEW - CASE RECORDING LADDER OUTCOME

Clint Name:	Date of Review:
Contact Mothed:	Time:
Notes to Enter:	

Outcome Name	Tick Relevant Level					
	1: Not Coping	2: Some Concerns	3: Just Managing	4: Feel Stronger	5: Needs Met	Notes:
1- Physical Health of Your Children						
2- Emotional Health of Your Children						
3- Your Emotional Health (Parents)						
4. The Safety of your Children						
5. Community Involvement						
6. Attendance & Behaviour At School						
7. Engagement in your Child's Learning						
8. Boundaries At Home						
9. Finances / Housing						
10. Work-Related Support						

Client Signature: ----------

Practitioner Name: ----------

Post Review Action — Actioned

Input On CharityLog: — Yes / No

Local Authority Dataset

Data has been provided by Blackpool Council through the TAS project manager, and staff members from the Data Team. This covers data relating to the TAS project and all Blackpool secondary schools as follows:

- Referrals to TAS
- Number supported by SHS

- Referrals by school
- Routes for young people post-graduation from the TAS project.
- The status of TAS project cases by year group and school (active/closed/paused/graduated/pending BCF).
- Blackpool school level data (permanent exclusions, attendance rates and EHE trends)

National Statistics

Historical data relating to suspensions and permanent exclusions was sourced from the National Statistics website.[23] This provides the rate of suspensions and permanent exclusions by local authority over 4 years (2015-19).

Comparator group

The evaluation proposal outlined the inclusion of a comparator group that would be analysed in relation to key characteristics. However, due to the characteristics of the final comparator group (absences of consent) and the disruption caused by the COVID-19 crisis, the evaluation team was unable to compare outcomes with a matched group of families. The stages of this process and decision-making are outlined in the table below:

Table 17: Stages of comparator group process

Date	Source	Comparator group
June 2019	TAS meeting	Comparator group collated and managed by Blackpool Council.
October 2019	TAS Steering Group	Comparator Group discussed. This would include – families/young people that declined support or on the waiting list for support. Preference was expressed for this group to be those on the waiting list as the 'declined group' are self-defined and as such less directly comparable.
February 2020	TAS meeting	Matched comparator group managed by TAS manager (families that declined TAS support). No or very small waiting list.
February 2021	Email communication	Further to analysis and review of the comparator group (n=84), 57 (68%) could not be used for the evaluation for the following reasons: • No consent was given (32)

[23] National Statistics: Permanent and fixed period exclusions in England 2015-19 Permanent and fixed-period exclusions in England: 2016 to 2017 - GOV.UK (www.gov.uk)

Date	Source	Comparator group
		• Basic consent given then withdrawn at full consent stage (7) • Basic consent given but no full consent given (10) • Support declined before any consents obtained (8) For the remaining cases (n=27) due to consent being in place, these could potentially be followed up. No families were on the waiting list.
February – March 2021	Discussion and email communication with Blackpool Council	Decision not to proceed with the comparator group as planned due to: • The usable comparator group being small (those who consented). It was agreed that they would offer limited insights. • Planned data collection had been significantly disrupted due to the COVID-19 crisis.
February 2021	Email communications	Blackpool Council provided the following data: • Secondary school performance data • EHE trends • Vulnerable Children report • Out of School data

Appendix D: Pupil Case Studies

Case study 1

Overview

D, a Year 9 pupil, was referred to the TAS project largely on account of behavioural issues and non-attendance at school. Support was provided from November 2019 to November 2020. The family had recently moved to Blackpool and D had not settled in well, resulting in poor attendance and several suspensions. As a result, D was on a manged move but due to the difficulty of adjusting, was refusing to attend.

Reasons for referral

D was refusing to attend school and exhibiting erratic and risky behaviour. She had very poor attendance at 12% and had also received suspensions and behaviour points at school as shown below.

Case study table 1: Key statistics on behaviour and attendance covering the 12 months before support began (case study 1)

Key measure	Statistic
School attendance	12%
Number of suspensions	3
Number of behaviour incidents	34

Identified needs.

Following an initial assessment by the SHS worker, the below areas of need for the family were identified and became the focus of the action plan:

For pupil:

D was experiencing ongoing mental health issues and anxiety and it was difficult for her to adjust to change and new environments. This deteriorated further during lockdown, and D was beginning to have panic attacks. Unable to manage her own behaviour, often her default response to situations where she felt under pressure or stressed was to be aggressive and behave erratically.

She was adopting unhealthy routines and sleeping patterns, often “sleeping all day” and her behaviour was becoming increasingly risky. She would regularly leave the house without informing her parents where she was going for prolonged periods of time, was regularly smoking, forming concerning friendships, exhibiting sexualised behaviour, and using cannabis and alcohol.

For parents:

Because of D's continual defiance, and aggressive behaviour, the household was becoming increasingly tense and conflict-ridden. This had resulted in the breakdown of relationships, trust, and D's parent's ability to negotiate with and manage her. She was also being physically abusive towards other family members.

Support and engagement

Support focused around 2 key, interlinked areas, often involving both D and her parents:

- Behavioural insights and understanding, and management of mental health.
- Risk management.

Family

As well as supporting D to manage her behaviour and relationships, a key focus of the intervention was to support D and the family in identifying and assessing the risks -enabling her to stay safe when she was not in the house and understanding healthy versus unhealthy relationships and circumstances.

Throughout the support period there were fluctuating concerns about D's substance misuse and risk of child sexual exploitation given her tendency to leave the house at will and displays of sexual behaviour. D was also smoking regularly and consequently, stealing from her parents to fund this habit.

The SHS practitioner referred D to Blackpool Young People's Service and worked with them, D and her family to identify and implement a number of strategies to overcome some of the risky activities and establish healthier patterns of behaviour. These included a reward system to encourage good behaviour, information and guidance on budgeting, smoking, and sleep diaries. In addition, work was undertaken in relation to the dangers of drugs and alcohol including the long-term effects on mind and body alongside support and guidance for recognising the dangers of and risk of child sexual exploitation. Work was also focused on this young person and her parents in identifying healthier, productive activities for D when she was bored or inactive to mitigate against and move her away from negative and risky activities.

Mum was also appreciative that the SHS practitioner was able to help her out in other areas such as therapy referrals, informal discussions about potential friendship conflicts and situations that the young person did not feel comfortable discussing with her parents such as access to contraception. She also appreciated the signposting the service provided for the family when they were going through some financial hardship owing to the lockdown and help to access the foodbank, which was perceived to be "a lifeline".

Pupil

At the beginning of 2020 prior to COVID-19 and lockdown, D was "flying off the handle" and "thrashing out" which both escalated situations unnecessarily and was becoming detrimental to familial relationships. A key part of the work done with D focussed on supporting her to assess

and manage her own behaviour in dealing with certain situations without defaulting to anger and therefore achieving better outcomes.

The SHS practitioner recognised early on that D was extremely anxious in specific situations and locations, including school. As well as the work the SHS practitioner completed with D on behaviour management, work also focused on friendship groups and identifying stable and positive relationships, communication (specially around talking to her parents about how they feel), and the benefits of behaving well and achieving in school as well as building healthy, consistent routines and managing anxiety.

Impacts and outcomes

Notable changes in the young person's behaviour were recognised by the school, family and SHS practitioner throughout the support period, albeit the changes occurring "slowly" in some respects. There were times when the young person's behaviour fluctuated, particularly around the time when adjusting to the changes brought about due to COVID-19 and lockdown, which resulted in several relapses. However, following support, it was felt that overall, there had been improvements in the young person's attitude, behaviour and relationship stability and approach to school in comparison to how it had been previously.

Outcomes for the family

D's behaviour improved at home, and this was felt to be due to her being in the home environment constantly with their family and therefore needing to be communicative and having more opportunity to talk with her parents.

Importantly, D was seen to have a greater level of self-efficacy, autonomy, self-awareness, capacity, and capability to manage her own behaviour. Mum reported that D was much more willing to compromise than previously but felt more progress was still required. Although it was considered a marked improvement, she felt there were still circumstances where D would be unpredictable and need managing. Mum felt she still needed to learn how to manage herself effectively and to take greater responsibility for aspects in her life.

Outcomes for the pupil

The SHS practitioner reported that progress had been made but this was slow and made in incremental steps. However, when D returned to school in September, it was "like a switch had been flicked" and her attendance improved. Lockdown had provided an opportunity for the SHS practitioner to work through some of the issues with school that this young person had been facing. This had prepared her for going back into the school environment with a renewed resilience. At the point of closure, she was engaging with schoolwork more readily, showing a greater level of commitment and had improved her attendance.

Throughout the support period, D's friendships groups had been inconsistent but over time gained a degree of stability and by the end of the support period, the school and SHS were confident that D's relationships were healthier and more positive. Similarly, D's smoking habit had continued but concerns around her cannabis and alcohol usage had decreased.

Case study table 2 below show the Outcomes Ladder results for this case. Scores range from 1 (not coping) to 5 (needs met).

Case study table 2: Case study 1 outcomes ladder at baseline and graduation or closure

Outcomes	Outcome Ladder score at baseline	Outcome Ladder score at graduation or closure
Physical health of your child	5	5
Emotional health of your child	3	5
Your emotional health (parents)	3	4
The safety of your children	5	5
Community involvement	5	4
Attendance & behaviour at school	3	5
Engagement in your child's learning	4	4
Boundaries at home	2	4
Finances or housing	3	4
Work related support	5	4

The Outcomes Ladder results show that at baseline needs had been met for 4 of the measures. At follow-up there was a positive change in relation to 'emotional health of your child' (3 to 5); parental emotional health (3 to 4); attendance and behaviour at school (3 to 5); boundaries at home (2 to 4); and finances/housing (3 to 4).

Looking forward

The support time with D was longer than originally intended as it was anticipated to last 3-6 months but was extended to 11 months on account D's fluctuating behaviour.

In the lead up to the case closure, D was extremely anxious about the withdrawal of support but was reassured that she could still contact the service if she was struggling to cope. Additional work was done around strategies on coping with anxiety leading up to closure and the young person was encouraged to prompt her Mum to consider further therapy referrals if needed.

Mum recognised that ending the support was upsetting for her daughter, but she believed that TAS had done everything possible for her at that point. At the time of interview, Mum felt it was too early to tell as to whether the support had any sustained impact. She believed that there had been a comparable improvement in her daughter's behaviour and overall, her attitudes towards

her school-work and personal ambition had progressed. However, she was worried about D regressing as she was still rebelling on occasion by not always doing what she was asked.

Case study 2

Overview

B, a Year 8 pupil, was referred to TAS in June 2020. The family had faced many challenges including a recent bereavement and a history of domestic abuse. At the time of reporting the TAS support was ongoing.

Reasons for referral

The main concern at the point of referral was persistent low-level disruptive behaviour from the pupil, which was resulting in frequent missed lessons and detentions and a risk of permanent exclusion. It was suggested that this behaviour may be linked to his past traumatic experiences. Behaviour at home was also a concern, with B engaging in abusive behaviour towards mum.

Case study table 3: Key statistics on behaviour and attendance covering the 12 months before support began (case study 2)

Key measure	Statistic
School attendance	100%
Number of suspensions	0
Number of behaviour incidents	47

Identified needs

Following an initial assessment by the SHS practitioner, the below areas of need were identified for B and became the focus of the action plan:

- Past experiences of domestic abuse and bereavement and gaining clarity around a suspected PTSD diagnosis.
- Lack of a friendship group and low self-esteem leading to poor decision making, particularly around friendships.
- Abusive behaviour towards mum.

Support and engagement

The family had previously engaged with several support services, both prior to and after their bereavement. They had not felt that any of these services had helped and were therefore very

reluctant to engage with further support. Because of this, the SHS practitioner described taking a very light touch approach at the beginning, focusing on building a trusting relationship with both the pupil and mum.

"It's been about taking very small steps, because he's so reluctant to work with people."

Pupil

One-to-one support: Initially, the SHS practitioner met with B in school for informal chats aimed at getting to know him. During the lockdowns, these one-to-ones involved a 15-minute chat on the doorstep at B's home. The pupil found these chats helpful, commenting that they mainly involved talking about relationships with his family and friends. The school contact described how much the pupil looked forward to his SHS meetings.

School: B was initially not attending school at the start on the January 2021 lockdown, however, due to his escalating abusive behaviour at home it was decided that he would attend 2 days a week.

Women's Aid: The SHS practitioner made a referral to a specialist intervention programme for child on parent abuse, due to the pupil's escalating abusive behaviour towards mum. Since January 2020, B had been engaging in one-to-one sessions at school with a Women's Aid practitioner:

"We talk about how to treat my mum." Young person

Mental health support: The pupil was referred to CASHER, a drop-in mental health support service for young people. An initial assessment with CASHER led to a referral to Youtherapy for treatment of suspected PTSD. He attended an initial meeting with Youtherapy with a view to taking up further regular sessions, which he felt would be helpful.

Police: The school made a referral to the Police in Community Youth Programme after an incident where the pupil attempted to purchase a dog. B met with a member of this team, with the aim of helping him understand the dangers and risks associated with criminal activity.

Mum

Telephone support: the SHS practitioner has been providing daily telephone support to mum, giving advice on strategies for dealing with the B's abusive behaviour, such as not engaging with him when he is abusive and ensuring that her and her daughter have an exit strategy if they do not feel safe.

Women's Aid: Whilst mum was initially reluctant to engage with further support, after the pupil's abusive behaviour escalated around December 2020, the SHS practitioner encouraged her to re-engage with Women's Aid. She had received support from them in the past when experiencing abuse from the pupil's dad. This support initially involved online counselling; however, mum was only able to engage in a few sessions as she did not have a private space in the house to have these calls.

Mum described the SHS practitioner's role as *"pulling all of the support together"* for both her and B.

Impact and outcomes

Outcomes for the pupil

Mum described the positive relationship that the SHS practitioner has with the pupil:

"She's one of the few people we've dealt with over the past two years that he's actually liked."

The school contact echoed this sentiment. Mum also felt that the SHS practitioner achieved a good balance between taking a gentle approach at the beginning whilst also being 'tough' when necessary.

Behaviour at school: The school contact felt that B's behaviour in school had improved significantly. She felt that because of the support, he had been helped to mature in a positive way. His low-level disruptive behaviour has decreased, and he was engaging well in lessons; recent reports showed good attainment in his subjects.

"Even just in the last two terms [Autumn 2020 and Spring 2021] - at the beginning of the year he was top 3 in terms of behaviour incidents, now that's changed drastically."

B also felt that his behaviour in school had improved:

"I used to be a right little terror, but now, I look at the people who don't behave and I think, what an idiot."

Whilst B appeared to be engaging with learning, his attitude towards school remained negative, in that he did not see much value in attending: *"The best thing about school is going home."* Despite this, mum felt that B had accepted that he needs to be in school for further 2 years and his attendance had remained good.

Behaviour at home: The SHS practitioner and mum both felt B's behaviour at home had started to improve, but that it was hard to say definitively as they were still in the early stages of receiving support from other agencies. The school contact described how prior to the SHS intervention; she would receive many calls from B's mum about his poor behaviour at home. She now receives fewer calls, and they tend to be more positive, with mum calling to share good news.

Whilst B found it difficult to say exactly what had changed since working with SHS, he commented that he now feels more relaxed, that his relationship with mum had improved and that he now has someone to talk to when he has an argument with his mum:

"There is a difference, but you can't see it. It's more like how I feel. You can't see it, but I feel it." and "I've got a bit more respect for people."

Mental health: The SHS practitioner felt it was too early to comment on whether interventions to address the pupil's suspected PTSD have had a positive impact on his mental health. However,

the pupil's engagement with this support was seen as a very positive sign, considering how reluctant he initially was to engage with any professionals.

Outcomes for the family

Mum has benefited from having someone "on the end of the phone" who can offer support, advice, and an external perspective. She had found the behaviour strategies suggested by the SHS practitioner helpful. The SHS practitioner noted an improvement in how mum dealt with the pupil's behaviour, commenting that she began to offer positive suggestions herself, such as having a family games night.

Table 4 below show the Outcomes Ladder results for this case. Scores range from 1 (not coping) to 5 (needs met).

Case study table 4: Case study 2 outcomes ladder at baseline and graduation or closure

Outcomes	Outcome Ladder score at baseline	Outcome Ladder score at graduation or closure
Physical health of your child	5	5
Emotional health of your child	1	1
Your emotional health (parents)	2	2
The safety of your children	1	1
Community involvement	5	5
Attendance & behaviour at school	2	2
Engagement in your child's learning	5	5
Boundaries at home	1	1
Finances or housing	5	5
Work related support	5	5

There is no change in the Outcomes Ladder scores, which is not reflective of the positive way in which the pupil's mother spoke about the support provided. This may be because the second round of Outcomes Ladders questions was completed in December 2020, when the pupil's abusive behaviour towards mum was escalating and before the pupil had started engaging with support from other agencies such as Women's Aid or CASHER.

Looking forward

Overall, the family's recent engagement with multiple different sources of support is a positive sign, given how reluctant they were to engage initially. Mum was hopeful that this support would help improve the pupil's behaviour:

"It's about breaking the cycle. What [SHS practitioner] and all the other agencies are doing, it's about breaking the cycle of his horrible behaviour, getting him to learn the error of his ways."

The SHS practitioner felt that the pupil's progress will be dependent on how successful the mental health support and PTSD treatment is, commenting that he still appears very reluctant to talk about his past trauma. The school contact was confident that improvements in the pupil's behaviour would continue, given the effort that everybody, including the pupil, had put into improving the situation.

The pupil is now regularly volunteering at a local stable, which he describes enjoying considerably. He aspires to become a farrier (a person who fits horseshoes) and has spoken to someone from Myerscough College about what this job involves, expected earnings and a possible training course at the college.

Improvements

Mum felt that the school could have, on occasions, communicated better with the SHS practitioner. B also commented that it sometimes feels as if he is doing the same activities or having the same conversations during one-to-ones with the SHS practitioner, Women's Aid worker and police community support worker, suggesting that they could communicate better to avoid duplication.

Case study 3

Overview

C, a Year 7 pupil, lives at home with his mum and 3 other siblings and started receiving support from the TAS project in September 2020. He has a history of changing schools and as such, has attended many different primary schools prior to moving on to secondary education. Because of these moves, no support had been put in place or any assessments of need undertaken.

Reasons for referral

Multiple suspensions had resulted in a risk of permanent exclusion and subsequent discussion of this case at the school's governors meeting (unusual for a Year 7 pupil). Referral was required because of *"…his serious risk of permanent exclusion."*

The suspensions had been implemented after episodes of non-compliance in school and high levels of defiance. The provision of additional family-oriented support provided an opportunity to intervene to achieve a more positive outcome for this young person and to prevent permanent exclusion:

"[C] doesn't get on with school at all, [C] doesn't like mainstream school." Parent

The SHS practitioner reported that at the time of referral the school were unsure about what else they could do and had concerns about the breakdown of communication with mum. The suspensions were problematic for mum, who did not have transport and was paying for taxis from school. This was negatively impacting her financial situation and mental health:

"The number of exclusions and school not knowing what to do with him, also school had concerns about mum." SHS practitioner

As shown in Table 5 below, C had a low level of attendance at 53% in the year prior to starting support. He also had a high number of suspensions (19 in 12 months) and incidents of problematic behaviour (75 incidents in the previous 12 months).

Case study table 5: Key statistics on behaviour and attendance covering the 12 months before support began (case study 3)

Key measure	Statistic
School attendance	53%
Number of suspensions	19
Number of behaviour incidents	75

Identified needs.

Following an initial assessment by the SHS worker, the following areas of need were identified and became the focus of the action plan:

- Support to enable the pupil to attend school for a full week without any suspensions.
- Concerns about C's mental health and possible ADHD and dyslexia.
- Improvements in the relationship and communication between mum and the school.
- A history of moves between schools and possible move Elective Home Education.
- Negative and defiant behaviour in school.
- Concerns about C not taking responsibility for his self-care e.g., dressing, and brushing teeth.
- Transition to a fixed term placement with the Alternative Provider – Pegasus.

Support and engagement

Family

The SHS practitioner had been making weekly 'doorstep visits' due to COVID-19 restrictions. As well as listening to mum's concerns and worries, the practitioner had helped mum to make a DLA application, and provided food parcels and vouchers:

"A lot of support for mum has been a listening ear." SHS practitioner

"She is a very good listener and if I am struggling, she will give me advice." Parent

Advice and information about managing behaviour at home were provided alongside help to implement a routine and create a home timetable. Although, mum had become quite reliant on the support, over time, that level of dependency had been reduced. With a greater level of confidence and self-reliance mum had initiated a move and signed up with the medical centre:

"She has found them a new house, signed them up with the GP…the reliance on me isn't as much as at the beginning." SHS practitioner

The SHS practitioner provided regular updates for mum and attended school meetings with her. This regular liaison alongside referrals provided reassurance for mum and prevented a move to EHE or to another Blackpool secondary school.

"Mum was talking about home schooling, and we know that was impossible for her to do." SHS practitioner

Pupil

Persuading C to engage with the support provided was a challenge, his co-operation was variable:

"The biggest problem was getting him to engage with it [the support]." School team

The SHS practitioner met up with pupil C at the school gates, this helped to reduce anxiety and provided an opportunity for concerns about the school day and/or specific classes to be addressed in advance. Concerns were also raised with the school's pastoral team and on occasions the practitioner accompanied C to the SENCO room in school.

Referrals were made to CAMHS and to the Educational Psychologist for assessment. This was also discussed with the schools SENCO. Because of concerns about transport (expressed by mum and C) discussion with school resulted in pre-arranged transport for those occasions when C had an after-school detention. Further to threatening behaviour by C, the SHS practitioner requested that a risk assessment be undertaken by the school:

"I asked if a risk assessment could be done…I was concerned about the things [C] was saying." SHS practitioner

The practitioner had provided pupil C with strategies for manging behaviour in school and for coping with feelings such as anger. Support also helped pupil C to achieve a greater level of

independence and self-care rather than being reliant on mum. At the time of this case study a referral to alternative provision (Pegasus) had been put on hold until the end of the COVID-19 lockdown. However, support was in place to prepare C for transition to Pegasus and a fixed term placement there.

Impacts and outcomes

Outcomes for the family

Further to support, mum had gained a higher level of resilience and felt more able to solve problems and understand the needs of her child:

"[Mum] is more resilient, she is a lot more proactive and embracing the fact that mainly mainstream isn't the best thing for [C]." SHS practitioner

More effective money management, improved decision-making, and development of a more competent approach in communicating with schools was achieved by mum. The SHS practitioner felt that there had been real improvement and reported that mum now feels less desperate about C's situation:

"Things have really improved; mum is in her own home now…stepdad did not understand [C]. She is in a positive place, and she feels empowered." SHS practitioner

Mum, reported that she continues to feel concerned about the threats that C has been making towards his teachers and about keeping him in school:

"I can't find a school that can help me to help him." Parent

Outcomes for the pupil

The involvement of the SEND team was possible because C had remained in the same school, and the relationship with mum had resulted in her being more open to an alternative placement:

"It has given us a chance to start the support he has not had previously." School team

Key to the positive outcomes achieved for C was the trusting relationship built up with both the CAMHS professionals and the SHS practitioner:

"It's the way [the SHS practitioner] speaks to [C] and understands." Parent

"She has believed in me, so I can do work." Young person

C had gained a greater level of independence in relation to management of his personal care. There are plans for him to start Army cadets. However, it was noted that progress was hampered by the COVID-19 crisis and that earlier intervention would have been better. Improvements in C's confidence, attitude and happiness were partly attributed to the changes in mum's wellbeing:

"That's because mum is more confident and empowered." SHS practitioner

"[C's] attitude had improved." Parent

C's view was that little had changed, although a more positive attitude towards work was acknowledged alongside the positive contribution of the support: *"She has actually listened and taught me to do stuff."*

Table 6 below show the Outcomes Ladder (OL) results for this case. Scores range from 1 (not coping) to 5 (needs met).

Case study table 6: Case study 3 outcomes ladder at baseline and graduation or closure

Outcomes	Outcome Ladder score at baseline	Outcome Ladder score at graduation or closure
Physical health of your child	2	2
Emotional health of your child	2	2
Your emotional health (parents)	2	3
The safety of your children	2	3
Community involvement	3	3
Attendance & behaviour at school	1	2
Engagement in your child's learning	1	2
Boundaries at home	2	3
Finances or housing	3	3
Work related support	4	4

Small improvements were achieved for 5 of 10 areas measured. Parental emotional health, child's safety, attendance and behaviour at school, engagement in child's learning, and boundaries at home, all showed a small improvement rising by one point on the OL scale. There was no recorded improvement in C's physical or emotional health, community involvement, finances/housing, or work-related support.

Looking forward

Positive views on the future for C over the next year were expressed, but it was acknowledged that being out of school since December 2020 meant that drawing conclusions about any changes in C's behaviour were problematic. The SHS practitioner was hopeful that mental health and learning issues will be resolved and that new friendships will be forged:

"We are getting closer to a possible diagnosis [and an EHCP]…I hope [C] will be in cadets by then and forming relationships with people in [the same] age group." (SHS practitioner)

Similarly, mum was optimistic that C's situation will continue to improve:

"I would love [for C] to be in full time school, settled in a school that can meet [C's] needs…get anger under control." Parent

However, there was some uncertainty about the outcomes of the respite placement with Diversity (alternative school). Without behaviour change it was felt that permanent exclusion would be the only option:

"[The SHS practitioner] could not have done any more…she has done so much for them. Mum sees her as a [supportive] person and contacts her regularly." School team

Case study 4

Overview

A, a pupil in year 10, was referred to the TAS project along with her older sister in May 2019. After a successful intervention, the case was set to close in January 2021, however an incident involving A's father meant that support was ongoing for the family at the time of reporting.

Reasons for referral

A was initially referred to the TAS project due to frequent issues with punctuality. She was late so often that she was placed in isolation, where she was unable to complete schoolwork, meaning she fell behind academically – thus lateness began to have an impact on her grades.

"Because she was late [so often], she'd get further sanctions, which meant work wasn't completed as she was being put in isolation." School staff

"The reason they were both referred was low attendance and being late most mornings." Practitioner

As well as problems with punctuality, A had some issues with confrontation and defiance at school.

"She'd picked up 187 behaviour points in the year 8 group which is exceptionally high for a student within the school." School staff

There were also some concerns about A's home life – the school noted that A's frequent lateness was caused by a complex family dynamic in which she was responsible for taking her younger sibling to nursery before school.

"This girl was late to school due to factors outside her control, led by family dynamics of having to drop other siblings off in addition to travelling to school." School staff

As shown in Table 7 below, A had 187 behaviour incidents in the year before the SHS service began.

Case study table 7: Key statistics on behaviour and attendance covering the 12 months before support began (case study 4)

Key measure	Statistic
Number of suspensions	0
Number of behaviour incidents	187

Identified needs

Following an initial assessment by the SHS worker, the below areas of need were identified and became the focus of the action plan:

For A:

- Provision of a bus pass so A no longer has a long walk to school.
- Improving self-confidence and low mood.

For the family:

- Encouraging engagement with SHS [family had a longstanding reticence to accept support/help from services].

Support and engagement

Family

TAS began supporting the family about a year before the covid-19 pandemic affected ways of working. Initially, help involved signposting the family to sources of funding, for example to help with the cost of buying school uniforms. SHS also helped source a new washing machine for the family when it broke:

"Our washer broke, and I was having to wash our clothes by hand in the bath. I've got a back injury and needed an operation. SHS found out and within a week I had a new one coming – it's made such a massive difference." Parent

During lockdown, SHS continued to support the family with food parcels and signposting to other sources of income support:

"In December there was the Blackpool Winter Grant Scheme – I think it was part of National COVID-19 funding. I filled out the application on behalf of the family and they got support towards their utility bills." Practitioner

From the beginning the family engaged with all the support offered, only missing sessions on mum's mental health as she did not feel these were necessary or Zoom activities as the family struggled with timekeeping given the 2 youngest children.

Pupil

The most useful support offered to A was the boxing sessions, which drastically boosted her confidence and social skills.

"She socially engages more with people from her own age group, she doesn't seem to be isolated or lonely anymore which is brilliant." School staff

SHS also provided A with a bus pass, so that she no longer had to walk a long way to school, reducing lateness. In 1:1 sessions SHS worked with her on improving her self-confidence and emotional wellbeing:

"In our 1:1 sessions we worked on her emotional wellbeing, her self-confidence, things she liked about herself, looking in the future and asking her where she wants to be in five years." Practitioner

"[The SHS practitioner] got my confidence up a lot – she did much more than the school did." A

Over the lockdown period, the support provided to A had focused mainly on encouraging learning from home and boosting motivation to study. For example, SHS sourced a Raspberry Pi kit to help A's schoolwork:

"In the first lockdown SHS worked with Raspberry Pi and the family got one from us as there was a lack of device in the house to do schoolwork – A is using that still, so she didn't need a laptop from school". Parent

Impacts and outcomes

Outcomes for the family

The TAS project helped the family cope during the COVID-19 crisis, most notably through the provision of food parcels and items to support the family while at home. However, mum had noted how helpful TAS support had been during the incident with her husband:

"If it weren't for [the SHS practitioner], I'm not quite sure what place I would have been in in that time. It's helped massively." Parent

Outcomes for the pupil

With encouragement and ongoing support from SHS, A's confidence drastically improved. She became visibly more confident, both in school and at home, and communicated openly rather than bottling things up.

"I've noticed a change in the way A carries herself around school – she now carries her confidence in her walk" School staff.

"She doesn't seem as 'in' herself anymore, and she does speak to me more. She's a lot more open to discussion rather than closing straight off." Parent

In addition, A moved to 100% attendance and was taking steps to achieve her goal of becoming a vet. A was also able to reflect on the improvements to her behaviour:

"My behaviour has improved massively, and I can tell that from the teachers' faces." Young person

"A has done really well in school - she has made a few new friends and had 100% attendance in December, which has never happened to me before in this role!" SHS Practitioner

Table 8 below show the Outcomes Ladder results for this case. Scores range from 1 (not coping) to 5 (needs met).

Case study table 8:Case study 4 outcomes ladder at baseline and graduation or closure

Outcomes	Outcome Ladder score at baseline	Outcome Ladder score at graduation or closure
Physical health of your child	5	5
Emotional health of your child	5	4
Your emotional health (parents)	4	3
The safety of your children	5	5
Community involvement	3	4
Attendance & behaviour at school	3	5
Engagement in your child's learning	5	5
Boundaries at home	5	5
Finances or housing	5	4
Work related support	5	5

At baseline, the primary concerns for A – scoring 3/5 – were community involvement and attendance and behaviour at school. As a result of the intervention, community involvement has improved (from 3 to 4) while attendance and behaviour at school has increased (from 3 to 5, meaning these needs have now been met). These scores reflect the positive outcomes for A who gained confidence and became happier at school.

Some scores, namely finances/housing and the emotional health of parents and the child referred to the service, have reduced by 1 point. This likely represents the complex family dynamic occurring independently of SHS intervention – the oldest sibling, originally referred alongside A, suddenly moved out of the family home a few months ago, causing a dramatic shift in functioning.

Looking forward

All of those interviewed for this case study were cautiously optimistic about the future, given the dramatic upheaval in the family's circumstances back in January:

"Three weeks ago, I felt comfortable and confident that A would go to college and the case will be closed. Given what's happened, I'd be worried at this stage if support was withdrawn from the family." School staff

"I honestly can't say from one day to the next what's going to happen because I honestly really don't know, I can only say what I want to happen." Parent

All noted that while the support had brought about huge changes in A's life, the recent trauma concerning A's dad could have a lasting impact. However, all of those involved are aware of A's desire to become a vet and have been encouraging her to pursue this goal by keeping focused on schoolwork.

"She talks a lot to [the SHS practitioner] about her future and I know she wants to be a veterinarian." Parent

Case study 5

Overview

J, a Year 9 pupil, was referred to the TAS project further to non-attendance at school. This had triggered fines for the family who were facing significant financial difficulties. J lives with her parents and 2 sisters and support was provided from January to September 2020.

Reasons for referral

J was very withdrawn, housebound, and unkempt. Prior to referral her attendance had been very poor (12%). When attending school, she had not been excluded or received behaviour incidents.

Case study table 9: Key statistics on behaviour and attendance covering the 12 months before support began (case study 5)

Key measure	Statistic
School attendance	12%
Number of suspensions	0
Number of behaviour incidents	0

Identified needs.

Following an initial assessment by the SHS worker, the below areas of need for the family were identified and became the focus of the action plan:

For pupil:

J had always been seen to be quiet but over the previous year, she had become increasingly reclusive, often refusing to leave her bedroom, neglecting herself and her personal hygiene. J's parents had begun resorting to text messages to communicate with her.

J constantly stared at her phone which was believed to be an avoidance tactic, as it was observed to be blank, so as not to engage with those around her. There had been some discussion that the trigger for her withdrawal was bullying but this was unsubstantiated. J's older sister was leaving the house, she was also refusing to attend school and it was presumed that J was adopting the same behaviour patterns. However, as support progressed, it was becoming increasingly evident that J was suffering from a mental health condition that was causing her withdrawal.

For parents:

The parents were experiencing multiple, complex and overwhelming issues that they had not had the motivation or capacity to address. The family were barely surviving financially but had consistently refused any financial or budgetary advice or guidance from other agencies. They were not able to establish any boundaries in the house, often leaving the children to their own devices and without structure. They had been previously reluctant to access support and/or initiate strategies from other agencies due to various reasons such as mistrust, a perception that "they don't do anything for us" and an unwillingness to risk upsetting the girls.

Mum and dad had a low opinion of the school and were no longer trying to persuade their daughters to attend. At the start of the support, they had already been fined once for their daughters not being in school and this was being pursued further.

Support and engagement

The parents were struggling financially. Bills and debts had been mounting and they were at risk of eviction as they had not been proactive in resolving some of the issues they were facing. The SHS practitioner provided information, advice, emotional support, and parental guidance.

On a day-to-day basis, the SHS practitioner helped them access school food vouchers, signposted to local foodbanks and accessed the welfare fund to provide the family with a new fridge/freezer when a replacement was required. A budget plan was put in place and the parents were encouraged to be more proactive in trying to resolve some persistent issues relating to their housing benefits and Universal Credit.

The parents had disengaged completely from services to the point where even phoning the GP surgery was a source of much anxiety. The SHS practitioner wrote scripts for the parents and was there to encourage them when calls were made to the job centre (to discuss and resolve

their benefits issue) and the GP to discuss J's condition, something which they had not been done previously.

Pupil

Much of the initial work focused on encouraging J to open up, with some of the support sessions being very short because she was so withdrawn. The SHS practitioner worked on achieving small steps and building a relationship with J before undertaking work to boost her self-esteem and capacity to engage with others. Once J began opening up more, the practitioner was able to engage her in discussions about the future and the potential consequences of not getting an education.

The SHS practitioner attended a meeting with Families in Need, the school and parents and was there when an Attendance Officer visited the house. Mediating between the family and the school, the SHS practitioner helped the school recognise that J's mental health issues were acting as a major barrier to school attendance and that additional support was required. The SHS Practitioner secured agreement from parents and prepared the referral to CAMHS, involving a detailed report stressing the need for treatment of this young person. This was accepted and at the time of reporting was ongoing.

Impacts and outcomes

Outcomes for the family

Although J was not attending school there was recognition by school staff of J's mental health problems and the move toward a fine was halted. This had been the cause of much friction in the family and of stress for the parents, so the removal of this threat has reduced the pressure in the household. As a result of contacting the job centre and resolving their housing issues, the family cleared their rent arrears, and the eviction notice was cancelled. The family was also struggling less with day-to-day essentials on account of being able to access food vouchers and banks where required.

Outcomes for the pupil

For the young person, a key development was the identification of mental health issues that had previously been undetected and misunderstood. This led to successful admission into CAMHS and completion of young person's assessment. Although engagement had remained problematic.

Table 10 below show the Outcomes Ladder results for this case. Scores range from 1 (not coping) to 5 (needs met).

Case study table 10: Case study 5 outcomes ladder at baseline and graduation or closure

Outcomes	Outcome Ladder score at baseline	Outcome Ladder score at graduation or closure
Physical health of your child	2	2
Emotional health of your child	1	2
Your emotional health (parents)	1	4
The safety of your children	2	4
Community involvement	3	3
Attendance & behaviour at school	1	1
Engagement in your child's learning	3	3
Boundaries at home	1	3
Finances or housing	1	4
Work related support	3	3

Baseline Outcomes Ladder results show that at baseline needs had been met for none of the measures. At follow-up there was a positive change in relation to 'emotional health of your child' (1 to 2); parental emotional health (1 to 4); safety of your children (2 to 4); boundaries at home (1 to 3); and finances/housing (1 to 4).

Looking forward

Overall, the family were in better situation than they were prior to the support. Although several of their issues and challenges were ongoing, they felt they had a "clean slate" and were planning to move to be in a better environment. J was in a better place in terms of starting a support journey for her mental health than previously. Mum felt comfortable contacting the SHS practitioner and was still in touch following the case closure to update them on how the situation was progressing and ask for advice.

Case study 6

Overview

Pupil M was in Year 10 when he started receiving support from SHS in January 2020. This support continued until August 2020. M is from a large family and has both older and younger siblings, some of whom he lives with along with his mum and dad. During 2020, the pupil's older sisters also moved back home from university because of the COVID-19 pandemic.

Reasons for referral

M was referred to TAS by the school as he was seen to be at a high risk of Elective Home Education due to non-attendance. His attendance was 0% in the 12 months prior to receiving support. He also had a history of defiant behaviour and was at risk of permanent exclusion. Pupil Welfare were involved with the family due to the pupil's non-attendance.

The SHS practitioner commented that when the pupil was attending school, his relationships with teachers had deteriorated due to poor behaviour and he was not part of a friendship group. This had led to him feeling significant anxiety about attending school. M's mum stated that he had stopped attending school after experiencing bullying, after which a CAMHS referral had been made regarding his anxiety. Mum also highlighted that whilst in school, the pupil had been in the top set for all subjects and had been due to sit some of his GCSE's a year early. At home he would spend most of his time in his room playing games with others online.

Identified needs

Following an initial assessment by the SHS worker, the below areas of need were identified and became the focus of the action plan:

- Supporting re-engagement with education.
- Improving emotional wellbeing and arranging treatment for the pupil's anxiety.
- Ensuring the pupil was safe when playing online games.
- Helping him to develop positive relationships.

Support and engagement

Family

The SHS practitioner supported the family in exploring different options for re-engaging M in education, for example, attending school part-time or a managed move to another Blackpool school. These options were either deemed unsuitable or were declined by the young person, however, the SHS practitioner did find a part-time landscaping course at college that the pupil was willing to engage with. During this process, the family decided to de-register M from school.

The SHS practitioner liaised with the school and pupil welfare to explore different options. Mum found this very helpful, as she saw the SHS practitioner as being a good advocate for M:

"I felt like it was better to almost have [the practitioner] as an advocate, to speak to the school on my behalf. Because it's another professional, they have to take it more seriously and give it a bit more consideration." Parent

Whilst the school were not able to comment much on M due to his non-attendance and subsequent de-registration in April 2020, they clearly valued the SHS practitioner: *"You would not wish for anymore, [the SHS practitioner] was fantastic."*

The SHS practitioner also supported the family by providing information about activities the pupil could engage in. For example, researching how much it would cost to play badminton at the local sports centre.

Pupil

Initial support consisted of informal one-to-ones between the pupil and the SHS practitioner which took place at the pupil's home in a socially distanced manner. These conversations focussed on understanding the challenges the pupil was facing and exploring what he might be comfortable with in terms of re-engaging with education. The SHS practitioner commented that he was able to develop a positive relationship with the pupil, which was significant given that he had refused to engage with any other professionals and was very socially isolated.

In talking about the support, he received, the pupil contrasted the approach of the practitioner to that of Pupil Welfare. He felt the practitioner had properly listened to him and provided options that would genuinely address the problems he was experiencing; presenting them as a choice rather than something he must do. The pupil described actively using the information and support provided by the practitioner to make decisions about his education. The practitioner helped to find information about a 14 - 16 part-time landscaping course at college which M wanted to enrol in. The course combined home learning with on-site teaching in core subjects alongside the development of practical landscaping skills.

"The support was provided in a way that was simple enough to not overwhelm my anxiety but also straightforward enough that I knew what was going on. It gave me the opportunity to do what I needed to do." Young person

A referral to Youtherapy was made to address M's mental health issues. However, after an assessment and initial session with a counsellor, the pupil did not engage further with this support. The practitioner also did activities with the pupil around internet safety. These activities established that the pupil knew about the risks of online gaming and that he understood how to keep himself safe.

Impacts and outcomes

Outcomes for the pupil

The practitioner felt that the most important outcome of the support was finding a form of educational provision that the pupil would be comfortable attending. This feeling was echoed by both the pupil and his mum. M commented that without the support, he would not have had the confidence to attend college. Mum noted that M's engagement in home learning had improved once he was enrolled on this course, as he wanted to prepare for studying core subjects again.

Whilst getting the pupil to a point where he was willing to re-engage with education was seen as a significant achievement, the pupil ultimately only attended college for 2 days in September. His described feeling significant anxiety about being around groups of people, a feeling which had been exacerbated by the COVID-19 pandemic. This meant he found travelling to the college on the bus and sitting in the classroom with others too overwhelming.

However, mum felt that there had been a noticeable improvement in his behaviour at home, with fewer arguments. She also felt that M was sleeping better and that there had been an improvement in his mental wellbeing and confidence. The practitioner also commented on these improvements, adding that the pupil had started leaving the house more to visit his brother.

"There are signs that he is coming out of his shell and becoming more confident." (SHS practitioner)

Outcomes for the family

Mum described an overall de-escalation of stress within the household, partly because the involvement of TAS had meant the family were no longer facing the prospect of being fined by Pupil Welfare. She described how the information and support that the practitioner had provided about different educational options had given her hope for the pupil's future.

Table 11 below show the Outcomes Ladder results for this case. Scores range from 1 (not coping) to 5 (needs met).

Case study table 11: Case study 6 outcomes ladder at baseline and graduation or closure

Outcomes	Outcome Ladder score at baseline	Outcome Ladder score at graduation or closure
Physical health of your child	3	4
Emotional health of your child	1	3
Your emotional health (parents)	2	4
The safety of your children	2	4
Community involvement	1	2
Attendance & behaviour (school)	1	4
Engagement in child's learning	1	5
Boundaries at home	2	3
Finances or housing	5	5
Work related support	5	5

This biggest improvement can be seen in parental engagement in the pupil's learning, increasing from 1 to 5. The emotional health of the parent and child, as well as the safety of the child have also improved by 2 points. Attendance and behaviour at school has increased 3 points, which may seem inconsistent with the pupil's continuing non-attendance at any education provider. However, this perhaps reflects the view that getting M to attend a college course for 2 days was a significant achievement given how little he was previously engaged with education.

Looking forward

At the time of reporting M was being educated at home but college options were being explored again. The support from TAS has meant that the family became more informed about the different education and training options available. M described being motivated to engage with education and achieve qualifications, but also felt that he has "*limited options now."*

Mum felt that the family could have benefited from continued support, particularly during the pandemic, to help ensure that M engaged with the part-time landscaping course he had enrolled on: *"If a child leaves for a period, but wants to return to education, there should be support to get them re-engaged."* Parent

Appendix E: SHS Action Plan

Figure 4: Blank School Home Support Action Plan

School-Home Support Action Plan

Date of Action Plan		Referral Date	
Practitioner		School	
YP/Parent/Family/ Group Name:		Charity Log ID	
Family Composition		Proposed length of time working with family	
Reason for Intervention		Any Other Information	

Identified need	Actions planned to meet need	Who to action	To be actioned by when	Planned outcome	Need achieved

Appendix F: Examples of support

Examples of support offered to families have been included below. These are in rank order, with the number cases where the support was identified as the most important area of need, higher in the table.

Type of support (families)	Examples
Emotional	Listening and talking to families; accompanying to courses such as resilience, anxiety and wellbeing. Support to manage children exhibiting violence towards parent(s). Mediation/coping strategies.
Parenting	Attending parenting courses; support to learn new strategies and skills for behaviour management. Identifying childcare and holiday activities for children. Course examples: My Angry Child & Me, Safety.
Communication	Supporting and accompanying families to attend meetings with the school and providing a 'bridge' between school and the parents.
Financial	Assessment and review of household budget, help to address/resolve debt, advice about benefit eligibility and support to apply for benefits e.g., Carers Allowance. Support to find and take up work opportunities. Referrals to Income Max and the Food Bank.
Housing	Help to move home (housing not suitable for the family) and manage rent payments; help to replace or secure household appliances e.g., washing machine and furniture.
Health and wellbeing	Visits to the GP. Referral to the foodbank. Healthy eating advice. Learning about drug use and recognising the signs of use e.g., paraphernalia. Management of health and disability in the family. Referral to Child Sexual Exploitation services and youth focused activities. Management of a COVID-19 positive test and clarification of lockdown guidelines. Provision of and/or use of Personal Protective Equipment. Referral to domestic abuse services.

Source: SHS Practitioner interviews and SHS cohort database March 2021

Examples of the range of support provided for pupils are shown below. These are in rank order, with the number cases where the support was identified as the most important area of need, higher in the table.

Type of support (young people)	Examples
Behaviour	Classroom based 1:1 support from SHS workers and strategies for managing behaviour and controlling emotional responses.
Mental and emotional health	Referral to specialist services e.g. Youtherapy (NHS counselling team) or CAMHS; 'walk and talk' – relaxed and informal opportunity to talk and listen; 1:1 sessions to build confidence, learn coping skills and build self-esteem.
Education	1:1 support in the classroom e.g., reading; accompanied visits to college; discussing, reviewing and agreeing career goals and aspirations. Attendance at meetings in school where pupil behaviour and special or mental health needs were discussed, and progress reviewed. Removal from the classroom in response to disruptive behaviour e.g., leaving school with the SHS worker and having a drink in a local cafe.
Relationships	Support focused on building positive relationships with peers, family members and school staff.
Health and wellbeing	Advice and support in relation to drug and alcohol use. Coping with stress. Advice regarding healthy eating and self-harming. Support to address poor hygiene (sourcing a washing machine for the family). Referral to the CSE service.
Activities	Attending SHS events (e.g., at Christmas). Accompanying pupils to attend activities, for example the boxing classes funded and promoted by SHS. Signposting to activities/clubs.
Financial	Funding from the SHS Welfare fund for purchase of school uniform/equipment and provision of bus passes. This is a charitable fund generated donations and supporters.[24]

Source: SHS Practitioner interviews and SHS cohort database March 2021

[24] SHS (accessed August 2021) The SHS Welfare Fund is used to buy essentials for families living in poverty: School-Home Support | £16,218.75 raised for the SHS Welfare Fund! (schoolhomesupport.org.uk)

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