

# EVALUATION AND MONITORING OF THE EARLY INTERVENTION PROGRAMME:

## FINAL REPORT

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## STRUCTURE OF THE REPORT

This report is structured into five chapters and builds on findings presented in an Interim Report in November 2015.

*Chapter one* provides a brief background to the partnership between the University of York and TLG and an overview of objectives and methods for the research.

*Chapter two* presents findings from a retrospective study drawing on existing TLG data, including a quantitative analysis of distance travelled using measures developed in-house by TLG and a qualitative analysis of a selection of illustrative case studies.

*Chapter three* documents the process of identifying appropriate evaluation and monitoring tools and methods of implementation.

*Chapter four* presents findings emerging following the introduction of two new outcome monitoring tools designed to be administered at the beginning and end of the EI programme.

*Chapter five* outlines the results of an online survey designed to gather the perspectives of coaches and co-ordinators on the type of impact the programme has on children as well as their views on evaluation.

*Chapter six* summarises practical recommendations arising from the data and the evaluation process. It also provides an outline of suggested next steps in relation to evaluation to support TLG along their evidence journey.

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### BACKGROUND

In 2014 TLG engaged an independent research team at the University of York via a Grantee Evaluation Request in relation to NESTA's Centre for Social Action Innovation Fund (CSAIF). The overarching goal of the partnership was to assist TLG in the development of internal evaluation processes and capacity in relation to their Early Intervention Programme (EI). The Early Intervention Programme was developed in-house by TLG and is designed to improve the behaviour of children who are struggling at school in order to raise attainment and reduce the risk of truancy and exclusion. Behavioural coaches (trained volunteers) work with children on a one-to-one basis, one hour a week for a year.

The level of emotional and behavioural difficulties experienced by school children in the UK is a cause for concern<sup>1</sup>. Approximately one in 10 children, equating to three in every classroom, are displaying psychological symptoms that reach diagnostic thresholds for clinical disorders. A seminal study of time trends in children's mental health<sup>2</sup> chronicled a downward trend in emotions and behaviour over a thirty year period, and follow-up studies suggest that emotional difficulties in particular continue to trouble increasingly more children<sup>3</sup>. Emotional and behavioural difficulties are associated with educational and social disadvantages that will, for some children, persist into their adult years. These disadvantages include increased risk of disengaging from school or being excluded, not achieving academic potential<sup>4</sup> and leaving education with no formal qualifications<sup>5</sup>.

Efforts to improve outcomes for children are typically divided into the prevention, early intervention or treatment of problems. A number of evidence-based treatments have been developed to address the needs of 'high-need' children. Despite increasing knowledge about the most successful approaches for treating emotion and behaviour problems fewer than 25% of children receive them<sup>6</sup>. Treatment approaches are typically expensive to implement and rely on highly-skilled and experienced professionals: factors limiting the ability to replicate them on a

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<sup>1</sup> Weare, K. (2013). Developing mindfulness with children and young people: a review of the evidence and policy context. *Journal of Children's Services*, 8, 141-153.

<sup>2</sup> Collishaw, S., Maughan, B., Goodman, R. & Pickles, A. (2004). Time trends in adolescent mental health. *Journal of Child Psychology and Psychiatry*, 45, 1350-1362.

<sup>3</sup> Maughan, B., Collishaw, S., Meltzer, H. & Goodman, R. (2008). Recent trends in UK child and adolescent mental health. *Social Psychiatry and Psychiatric Epidemiology*, 43, 305-310.

<sup>4</sup> Green, H., McGinnity, A. & Meltzer, H. (2005). *Mental health of children and young people in Great Britain 2004*. London, Palgrave.

<sup>5</sup> Richards, M. E. A. (2009). *Childhood mental health and life chances in post-war Britain*. London: Sainsbury Centre for Mental Health.

<sup>6</sup> Whitley, J., Smith, J. D. & Vaillancourt, T. (2013). Promoting Mental Health Literacy Among Educators: Critical in School-Based Prevention and Intervention. *Canadian Journal of School Psychology*, 28, 56-70.

large scale<sup>7</sup>. Furthermore, by the time the lucky few do gain access to those services many children's problems are so deeply entrenched that they are resistant to change<sup>8</sup>.

Thus there have been several calls and moves towards greater investment in the development, testing and wide-scale implementation of prevention and early intervention approaches for the improvement of children's outcomes (e.g. the Allen Report and the establishment of the new What Works Centres including the Early Intervention Foundation and Education Endowment Foundation).

In this broad context, and the more specific context of a planned expansion of EI to greater numbers of children and schools, the TLG team identified the need for a robust evaluation and monitoring framework and research to help build the evidence base for their coaching programme.

## PROJECT OVERVIEW

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TLG specifically requested support to establish whether there is sufficient evidence to support EI attaining a level 2 on Nesta's Standards of Evidence. Level 2 requires evidence of positive impact on the programme's desired outcomes in accordance with an associated theory of change. In order to support TLG in achieving this aim a package of support was developed comprising:

1. A review of existing and routinely collected data within TLG
2. The development of a new evaluation and monitoring framework that could be implemented and sustained by TLG in the future without the need for external assistance
3. Independent analysis of the data emerging from the new outcome monitoring tools following one year of implementation

In the early stages of the project it became clear that the potential sample size for the independent analysis would be limited (due to the length of the intervention often exceeding one year and the comparatively short time-frame within which to gather data). In order to maximise opportunities for learning from the partnership, two additional objectives were added to the package of work:

4. A retrospective study of casefiles held by TLG on children who have completed EI in order to unpack potential impact and distance travelled
5. An online survey to gather the views of coaches with regards to evaluation as well as the impact and implementation of EI

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<sup>7</sup> Shivram, R., Bankart, J., Meltzer, H., Ford, T., Vostanis, P. & Goodman, R. (2009). Service utilization by children with conduct disorders: Findings from the 2004 Great Britain child mental health survey. *European Child and Adolescent Psychiatry*, 18, 555-563.

<sup>8</sup> Neil, A. L. & Christensen, H. (2009). Efficacy and effectiveness of school-based prevention and early intervention programs for anxiety. *Clinical Psychology Review*, 29, 208-215.

### OBJECTIVE

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The primary objectives of the retrospective study were:

- To explore progress and outcomes for children who receive EI as measured by tools designed in-house by TLG and routinely administered at the start and end of an EI programme
- To maximise learning from existing and routinely collected data
- To explore the experiences of a subsample of children in more depth using information from case notes

### METHODS

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TLG gathers information on children receiving EI coaching through an online case management system known as Lighthouse. At the time of data extraction (October 2015) there were 311 cases recorded on Lighthouse (though some individual children may be represented by more than one case if they have received EI coaching more than once). Of the 311 cases, 98 contained completed 'pre-2014 evaluation forms' routinely administered by coaches at the beginning and end of a coaching programme (an adapted version of these forms has been used since 2014).

The evaluation forms are completed by multiple informants - the child, a representative of their school such as their teacher or learning mentor and wherever possible by one of the child's parents or primary care-givers. The forms are referred to as *child view*, *school view* and *home view* respectively. The child view contains items relating to how much the child enjoys spending time with family and friends as well as how much they enjoy different lessons, working in teams, break times and other aspects of school life and learning. The school view contains items relating to the child's behaviour in a variety of school settings such as during registration, break times, when working in groups and when taking instructions from various members of school staff. The home view contains items relating to the child's behaviour at home and in the community and also in the presence of other members of the family and friends. The child view is comprised of twelve items, the school view of eleven and the home view of nine items, all of the items on each form are rated on a scale of one to four where one represents unacceptable behaviour (or no enjoyment) and four represents excellent behaviour (or much enjoyment). Higher scores on each form indicate few difficulties and a greater sense of wellbeing. The maximum score on each form is 48 for the child view, 44 for the school view and 36 for the home view.

## DESCRIPTION OF DATA AVAILABLE

Of the 98 cases available for analysis, 67 have an archived status within Lighthouse and 31 are labelled as current or open cases. Tables 1-3 illustrate that the data presented here in relation to the pre-2014 evaluation represents a varying proportion of all the children, schools and centres currently engaged in the EI coaching programme. Missing data may be accounted for in a number of ways such as non-compliance in either administration or data entry requirements by coaches or correct use of post-2014 evaluation forms after pre-2014 versions were phased out.

**TABLE 1: SCHOOL VIEWS: LEVELS OF AVAILABLE AND MISSING DATA SPLIT BY NUMBER OF CHILDREN, NUMBER OF SCHOOLS AND NUMBER OF CENTRES**

SCHOOL VIEWS COMPLETED	# CHILDREN (% OF ALL IN LIGHTHOUSE) N=311	# SCHOOLS (% OF ALL IN LIGHTHOUSE) N=71	# CENTRES (% OF ALL IN LIGHTHOUSE) N=43
T1	83 (27%)	24 (34%)	19 (44%)
T2	35 (11%)	14 (20%)	11 (26%)
Both	33 (11%)	14 (20%)	11 (26%)

**TABLE 2: HOME VIEWS: LEVELS OF AVAILABLE AND MISSING DATA SPLIT BY NUMBER OF CHILDREN, NUMBER OF SCHOOLS AND NUMBER OF CENTRES**

HOME VIEWS COMPLETED	# CHILDREN (%) N=311	# SCHOOLS (%) N=71	# CENTRES (%) N=43
T1	64 (21%)	24 (34%)	19 (44%)
T2	26 (8%)	14 (20%)	11 (26%)
Both	22 (7%)	14 (20%)	11 (26%)

**TABLE 3: CHILD VIEWS: LEVELS OF AVAILABLE AND MISSING DATA SPLIT BY NUMBER OF CHILDREN, NUMBER OF SCHOOLS AND NUMBER OF CENTRES**

CHILD VIEWS COMPLETED	# CHILDREN (%) N=311	# SCHOOLS (%) N=71	# CENTRES (%) N=43
T1	94 (30%)	24 (34%)	19 (44%)
T2	33 (11%)	14 (20%)	11 (26%)
Both	31 (10%)	13 (18%)	11 (26%)

As Tables 1-3 illustrate, less data is available at T2 (i.e. final evaluation form completed at the end of EI) than at T1 (the initial evaluation forms). Complete T1 *and* T2 data (pertaining to child, school or home views) from pre-2014 evaluation forms is available for only 7% to 11% of all the children recorded in Lighthouse at the time the study was conducted. The sample size is small and represents only a proportion of the schools and centres engaged in EI, thus the results presented here should be interpreted with caution and may not be generalisable to the wider EI population.

#### CHANGE OVER TIME

Descriptive statistics on the initial and final evaluation forms indicate that schools, parents and children themselves report improvements in various aspects of their lives at the end of an EI programme. The average scores at each time point and the mean difference between T1 and T2 are represented in Table 4. The improvements observed on child, school and home views are statistically significant.

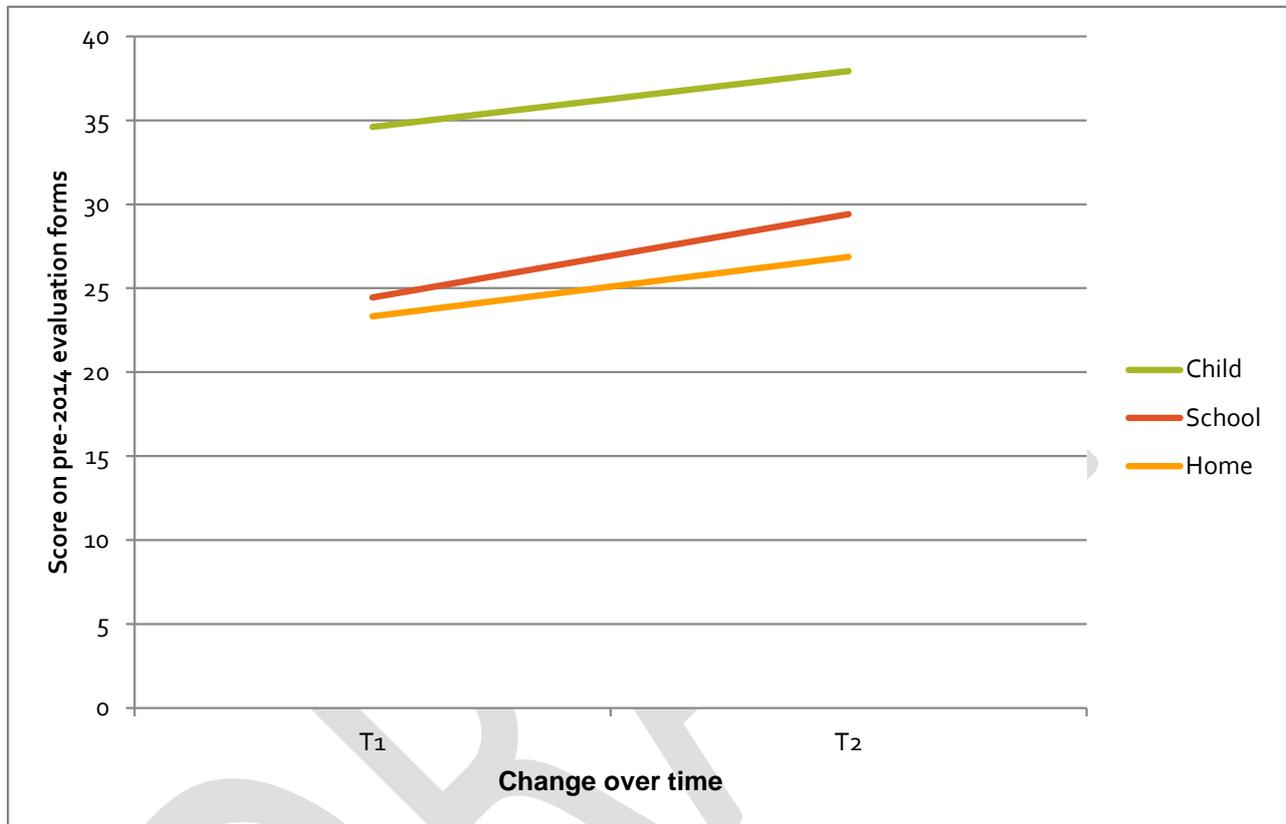
TABLE 4: CHANGES OVER TIME SPLIT BY CHILD, SCHOOL AND HOME VIEWS

VIEW	T1 MEAN (SD)	T2MEAN (SD)	MEAN DIFFERENCE (SD)	T VALUE	STATISTICAL SIGNIFICANCE
SCHOOL N=33	24.58 (8.01)	30.24 (9.18)	5.67 (7.45)	4.37	p<.01
HOME N=22	23.32 (5.58)	26.86 (6.17)	3.55 (6.92)	2.40	p<.05
CHILD N=31	34.61 (5.77)	37.94 (6.80)	3.32 (7.60)	2.43	p<.05

The overall trend observed (see Chart 1) suggests that children are reporting higher levels of general enjoyment in school and other aspects of their lives by the end of EI and both teachers and parents (where data is available) are also reporting an improvement in child behaviour. While these trends are statistically significant, a more meaningful analysis can be made by calculating the size of the change while taking into account the differences in maximum possible scores on each tool. Effect sizes have been calculated as shown in Table 5.

Guidelines suggest that an effect size of .01 is small, .06 is moderate and .14 is large<sup>9</sup>. The effect sizes reported in Table 5 are large and thus we can conclude that there is a substantial difference in the scores obtained via the school, child and home views before and after EI.

CHART 1: SCORES ON CHILD, SCHOOL AND HOME VIEWS AT THE START (T1) AND END OF EI (T2)



Note: this graph illustrates change over time not differences in scores between the different raters (the range of scores possible on the child school and home views varies).

TABLE 5: EFFECT SIZES FOR SCHOOL, HOME AND CHILD VIEW CHANGE SCORES

TOOL	EFFECT SIZE*
SCHOOL VIEW	0.37
HOME VIEW	0.22
CHILD VIEW	0.16
*Eta squared ( $\eta^2$ )	

<sup>9</sup> Reference

It is important to note however, that whilst the overall trend is positive, there are a small number of children who experience no change over time in their evaluation form scores and some who experience a decline. For example, of the 33 children for whom T1 and T2 school views are available the majority of children's scores improve (24), there are however three children who experience no change over time and six whose scores deteriorate. This is very typical and to be expected for any intervention<sup>10</sup>.

There are large, statistically significant positive improvements in scores on these tools as rated by children, teachers and parents, but what does this say about the nature of the change experienced by the children in the sample? What about the children who experience little or no improvement? The case studies<sup>11</sup> described in Boxes 1, 2 and 3 provide qualitative examples that help illustrate the nature of change and how this may relate to the intervention that has been received by each child. The case studies have been randomly selected from subsamples of children who improve, experience no change or deteriorate and compiled using information recorded in Lighthouse case files.

There are some important caveats to bear in mind when interpreting the findings presented in this section of this report. Without a comparison group and in the absence of standardised measures we cannot be confident that the changes observed, either positive or negative, can be attributed to EI (they could be explained by other factors or interventions or children may have experienced spontaneously improvements). These findings and the supplementary case studies do, however, provide an insight into the potential impact of the intervention and provide a strong rationale for the introduction of standardised outcome measures and more rigorous evaluation.

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<sup>10</sup> Reference

<sup>11</sup> Names have been changed to preserve anonymity.

#### BOX 1: EXAMPLE OF A CHILD WHOSE SCORES **IMPROVED** OVER THE COURSE OF EI

##### AT THE START OF EI:

Mark is easily distracted and frequently disruptive in class. He craves attention from his peers and often makes silly noises. Mark is described as lacking self-confidence and is generally insecure. Mark does get angry and cross with himself if he is struggling with a task. Mark has had trouble expressing himself since he was 3 or 4 years old. His parents report that he doesn't like going to bed on his own and they have to read to him until he is asleep. Mark is in Year 6.

##### THROUGHOUT EI:

Mark meets with his coach reasonably regularly over the course of the academic year. They engage in a variety of activities together including aeroplanes, rockets, hold the rope, choices chart, colour wheel, journal, ungame, snakes and ladders and hope wall. The coach encourages Mark to set goals and uses his long term goal of getting a good job to frame conversations about how to improve Mark's attention in class and manage his emotions. The coach also develops a good relationship with Marks mum who helps Mark practice the strategies he has learnt during the coaching when he is at home.

##### AT THE END OF EI:

Mark's class teacher reports that he is making great progress and his behaviour has begun to mature. Mark's mum is very pleased with his progress and describes the change in him as remarkable.

##### GENERAL OBSERVATIONS:

- The coach appears to have skilfully selected activities that facilitate discussion and problem-solving around the issues that Mark is experiencing. There is also evidence of a core component of EI in action – goal setting.
- The coach also develops a good relationship with Mark's mum which appears to further reinforce and provide opportunities to practice coping strategies that Mark has been working on with his coach.

## BOX 2: CASE STUDY OF A CHILD WHOSE SCORES **DETERIORATED** OVER THE COURSE OF EI

James is a Year 4 primary school pupil who lives at home with his mum, step-dad, four brothers and younger sister. His mum and dad are separated, although James lives with his mum he regularly spends weekends at his dad's house. James shares a bedroom with his brothers. James likes art and playing football with his friends.

### *AT THE START OF EI:*

James has been displaying disruptive behaviour at school, particularly during lunch breaks. This had gotten so bad that he had to go home every lunch time and then come back for afternoon class. At the start of EI coaching he had been temporarily allowed to stay in school over the lunch break on a trial basis. The coach describes James as talkative and chatty. James talks a lot about fighting with his brothers and friends.

### *THROUGHOUT EI:*

According to school staff, in the first few weeks of EI, James' behaviour appears to improve. He attends regular sessions with his coach. A few weeks in it becomes apparent that James is exposed to TV shows that are inappropriate for his age because he shares a room with his older brothers who like to watch TV before bed. Two months into the coaching, James' little sister goes to live with his gran, which means his older brothers have a room to themselves and he now only shares a bedroom with his younger brother.

Over the next few weeks, James experiences a bereavement in his extended family and his younger brother's behavioural difficulties are causing significant problems at school. James continues to appear to enjoy coaching sessions and has a good relationship with his coach who reports that he responds well to positive praise.

Seven months into EI and after returning from school holidays, James' behaviour has deteriorated and his mum is called into to discuss this matter with the school. Around this time James' younger brother is transferred into a new school due to his disruptive behaviour. James also experiences some changes at home. His step-dad leaves and his biological dad forms a new relationship. James meets and likes his dad's partner's children.

Around 10 months into EI James hits someone who called him names and his general behaviour is still not improved. James is warned that coaching will stop if his behaviour does not get better.

### *AT THE END OF EI:*

James behaviour has gotten progressively worse over the last few months, he has been physically aggressive towards his classmates and is reported to be regularly lying and rude to teachers. Due to the lack of improvement and feeling that the coaching sessions are exacerbating James' attention seeking behaviour the coaching stops. James' mum did not participate in home contacts or complete evaluation forms.

The coach used a number of EI resources and activities throughout the programme including: my emotions resource, diary, paper rocket, blob tree, feelings box, console character, colouring, reading, model airplane.

### *GENERAL OBSERVATIONS:*

- James clearly experiences multiple stressors and a number of risk factors that are contributing to his behavioural difficulties in school. Many of these factors are present in his home life – an area that the coach is unable to address partly due to the scope of the intervention and also because of the lack of parental engagement in EI.
- James already has significant behavioural difficulties when he is referred into EI. He receives a long-term intervention comprising regular coaching for one year. Despite this James' outcomes have deteriorated at the end of the intervention.
- Is EI providing early intervention in this context? Could it be expected to have a meaningful impact in the context of all the other risks in James' life?

### BOX 3: EXAMPLE OF A CHILD WHOSE SCORES REMAIN **UNCHANGED** OVER THE COURSE OF EI

#### AT THE START OF EI:

Ben gets angry very quickly and can present as anxious. He doesn't cope very well if plans change or in new situations. Ben is also antagonistic towards his younger brother. Ben is due to transition to junior school in a few months and his teachers and mum are concerned that he will not cope very well with this change.

#### THROUGHOUT EI:

Ben meets with his coach regularly in the weeks before and after the summer holidays and transition to junior school. They work together on a range of activities such as console character, who will hold the rope activity, minecraft emotion chart, blob tree, minecraft cubes, navigation project, game of life (designed by coach), goal setting, journal and my hope wall. The coach has regular contact with Ben's mum throughout to check on progress.

#### AT THE END OF EI:

His new teacher describes Ben as kind, thoughtful and popular with his classmates and notes that he made a successful transition into KS2. Ben has shown a small amount of anxiety but this has not impacted on his behaviour and he is successfully using strategies that he learnt from his coach to manage his emotions.

#### GENERAL OBSERVATIONS:

- Ben manages the transition into junior school successfully. There is a suggestion that the additional support provided by the coach has contributed to this by helping Ben to manage his emotions and cope with change in an adaptive way.
- The coaching is time-limited and focused on supporting the transition. The coach uses a variety of activities, meets with Ben regularly and establishes contact with Ben's parents. This suggests that the intervention has been delivered with fidelity.
- Despite this, the school view evaluation forms show no change in scores before and after the coaching. One conclusion we may draw from this is that these tools do not accurately assess the kinds of difficulties that children like Ben are experiencing such as anxiety and internalising difficulties.

### SUMMARY OF FINDINGS FROM THE RETROSPECTIVE STUDY

- Descriptive statistics on the pre-2014 initial and final evaluation forms indicate that by the end of an EI coaching programme schools, parents and children themselves report the programme is having a positive impact.
- The size of the improvement before and after the intervention is large and statistically significant and this is the case for teacher, parent and child-reports.
- These findings are encouraging. There is however some variation in the nature of change experienced by children who have received EI. The case studies provide some insight into the circumstances under which EI appears to achieve the most meaningful change.
- The findings presented here should be interpreted with caution: the data is not derived from standardised measures of children's behaviour or wellbeing, there is no comparison group, and there are varying levels of missing data with implications for generalisability.

### OBJECTIVE

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The objectives for developing a new evaluation and monitoring framework for EI included:

- Identifying a small battery of standardised outcome measures that could be implemented by EI coaches within existing processes
- Developing capacities within TLG for evaluation and to ensure that the new tools can be implemented and analysed in the future without the need for external assistance
- Independent analysis of data emerging from the new measures on a sample of children referred into EI as of February 2015

### MEASURING IMPACT

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According to the theory of change (see Fig 2) the intervention is designed to impact directly and indirectly on the following outcomes:

- Improvements in **behaviour** at home and school
- Increased sense of happiness and **wellbeing**
- Improvements in school **engagement**
- **Achieving** expected progress in numeracy & literacy
- More positive **relationships** between family members

In identifying what outcomes to measure and the tools to measure them, TLG and the research team were guided by the following principles: ease of administration; robust, standardised measures; low burden on children, schools and carers; low burden on volunteers; ability to be integrated into existing processes; and sustainable without external assistance.

The research team identified measures commonly used to assess stated EI outcomes in evaluation studies of comparable interventions (i.e. school-based mentoring and coaching programmes that are delivered over extended periods of time and by volunteers). Following consultation with the TLG steering group, and a regional co-ordinator for EI, it was decided to focus initially on behaviour and wellbeing and to adopt two measures: the Strengths and Difficulties Questionnaire<sup>12</sup> and Child

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<sup>12</sup> Goodman R. (1997). The Strengths and Difficulties Questionnaire: A Research Note. *Journal of Child Psychology and Psychiatry*, 38, 581-586.

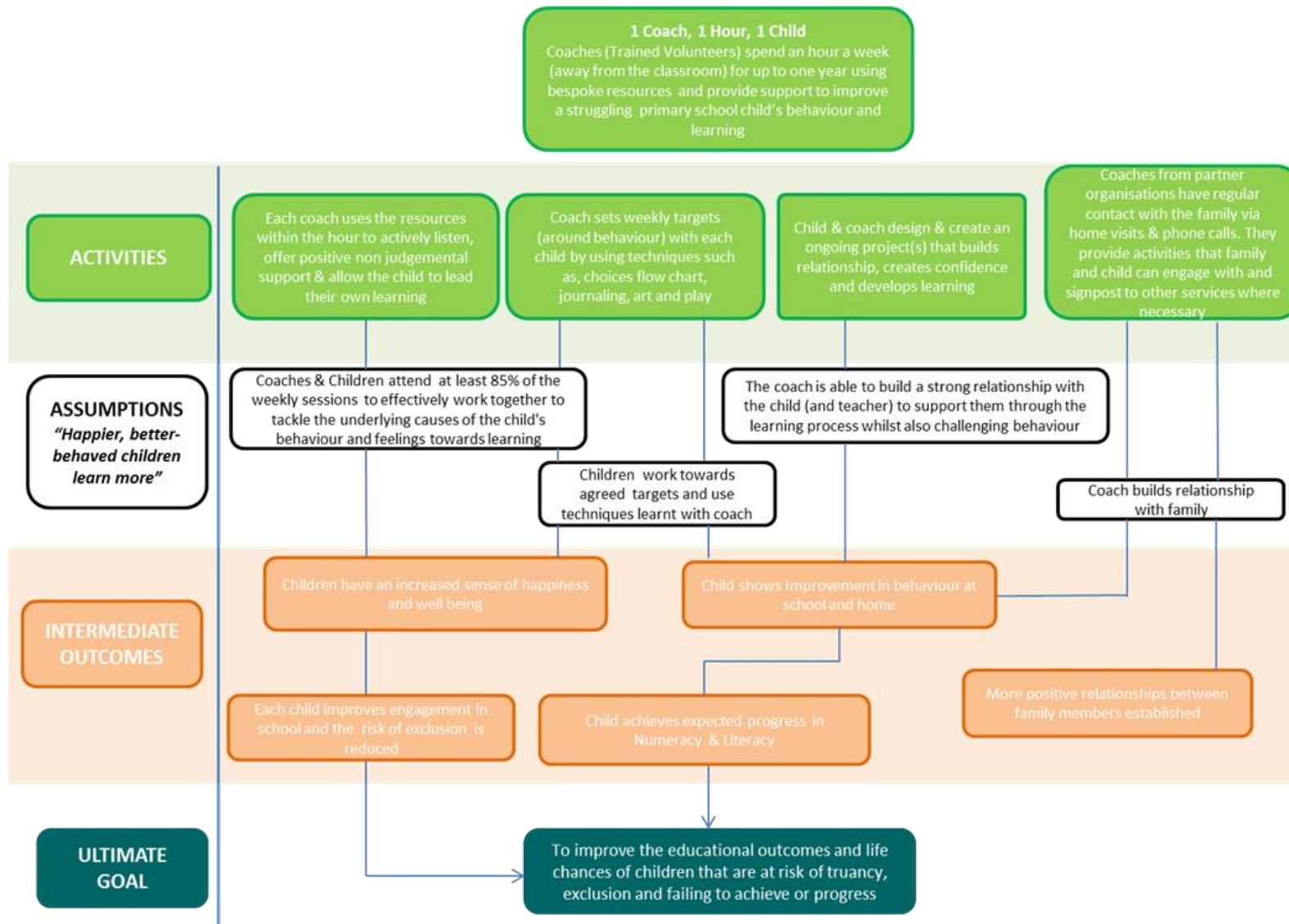
Hope Scale<sup>13</sup>. A third tool, the Schoolchildren's Happiness Index (SCHI) was also selected as a potential resource for coaches to explore children's feelings and wellbeing in school, but was not selected as a measure of impact for the new framework.

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<sup>13</sup> Snyder, C. et al. (1997). The development and validation of the Children's Hope Scale. *Journal of pediatric psychology*, 22(3), 399-421.

FIGURE 2: EI THEORY OF CHANGE



## DESCRIPTION OF MEASURES

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### STRENGTHS AND DIFFICULTIES QUESTIONNAIRE

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The Strengths and Difficulties Questionnaire (also known as SDQ) is a short screening questionnaire for children aged three to 16 years that gives reliable information on children's mental health and wellbeing. There are different versions of the SDQ for parents/carers and teachers as well as for children to self-complete (if they are aged 11+).

There are 25 questions related to wellbeing, some positive and other negative. Responses to these questions can be scored to provide an overview of a child's emotional health, conduct/behaviour problems, hyperactivity, peer relationship problems and pro social behaviour.

A further impact supplement asks a small number of questions about chronicity, distress, social impairment, and burden to others if a mental health problem exists. There are also optional follow-up questions that can be included after an intervention has been developed: "Has the intervention reduced problems?" and "Has the intervention helped in other ways, for example by making the problems more bearable?" To increase the chance of detecting change, the follow-up versions of the SDQ ask about 'the last month', as opposed to 'the last six months or this school year', which is the reference period for the standard versions.

Responses on the SDQ can be computed to calculate an overall score for general wellbeing (total difficulties) as well as individual scores for conduct problems, emotional health, peer problems, hyperactivity and pro-social behaviour. There are thresholds that can be applied to the scores to determine whether the child's difficulties reach levels that would indicate they may be experiencing a clinical disorder of some form such as depression, anxiety, and conduct disorder. It is also possible to calculate a score related to 'internalising problems' and 'externalising problems'. We can use these scores to look at children's well-being before and after receiving the early intervention programme and to determine what changes might have occurred as a result of the programme.

Key advantages of adopting the SDQ include:

- Fit with the aims of the early intervention programme and broad enough to capture the range of difficulties experienced by the children receiving the programme
- Similarity to existing evaluation forms
- Brief and easy to administer
- Available at no cost and in a variety of different languages
- Simple to score and interpret
- Well-tested to ensure that the tool is valid (accurately measures what it is supposed to) and reliable (produces stable and consistent results)
- Has been used to evaluate the impact of interventions and shown to be sensitive to change

- Widely used in practice contexts and research, increasing the availability of comparative data against which to measure the impact of the programme
- Well respected by funders and the research community

## CHILD HOPE SCALE

Hopefulness is one component of subjective wellbeing and is considered an important factor in reducing emotional and behavioural difficulties<sup>14</sup>. The Child Hope Scale (CHS) is a self-report questionnaire designed to assess children’s hopeful or goal-directed thinking. It contains six items that tap into two components of goal-directed thinking: *agency* (the ability to take and sustain action towards goals) and *pathways* (capacity to find a way to achieve goals). All items are positively worded. Examples of the items are given in Table 6 below, when responding to the items children are asked to rate the frequency with which they experience the patterns of thinking described on a six-point scale ranging from one (none of the time) to six (all of the time).

TABLE 6: CHS SAMPLE ITEMS

SCALE	SAMPLE ITEM
AGENCY	I think I am doing pretty well
PATHWAYS	I can think of many ways to get the things in life that are most important to me.

The CHS has been validated for children aged 8 to 16 years. The scores from each item are added together and divided by six (the number of items) to create a total score for hopeful thinking. There are currently no set cut-offs to determine high or low levels of hope, but higher total scores indicate higher levels of hopeful thinking.

Key advantages of adopting the CHS include:

- Importance of supplementing the parent and teacher reports via SDQ with the voice of the child (child-report SDQs not currently validated for children under the age of 11 years)
- Children’s ability and belief in their ability to reach goals is a potentially important domain to assess given that goal-setting is a core component of the intervention
- The tool has been tested for validity and reliability
- Brief and easy to administer
- Available at no cost

<sup>14</sup> Bickman, L, et al. (Eds). (2010). Manual of the Peabody Treatment Progress Battery, 2nd ed. Nashville, TN: Vanderbilt University.

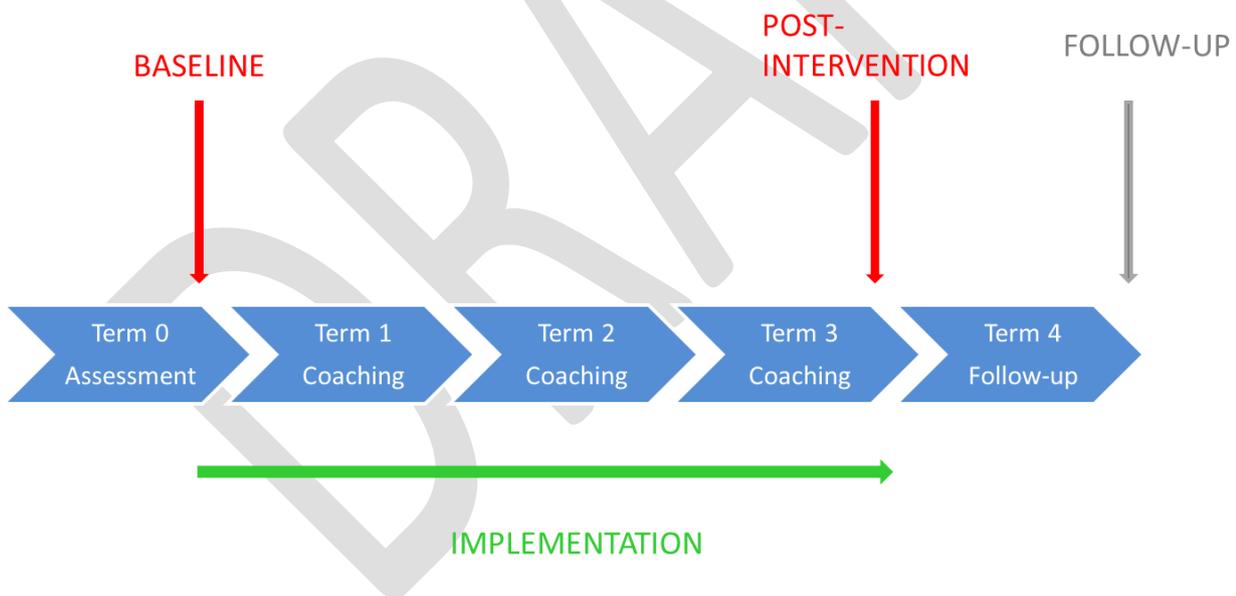
- Simple to score and interpret
- The wording is simple and easy to understand

It is important to acknowledge that the tool has been used on a limited basis to investigate intervention effects, although a recent trial in Ireland of a school-based mentoring programme delivered by volunteers documented positive improvements in children's outcomes using the CHS<sup>15</sup>.

#### IMPLEMENTATION OF THE NEW MEASURES

As illustrated in figure 3, it was agreed that the SDQ and CHS would be implemented at the start and end of EI coaching (usually the intervention lasts an entire academic year or three terms). Following the initial implementation of the measures and analysis of the findings at March 2016 there may be scope to introduce the tools at a 3 month follow-up point (one term after EI has ended) to explore whether any impacts are sustained over time.

FIGURE 3: TIMING OF THE ADMINISTRATION OF THE NEW OUTCOME MEASURES



Fully integrating these measures in routine processes would require changes to the online case management system used by TLG coaches. It was decided that the tools would be piloted as a paper-based addition to existing evaluation forms in the first instance. The measures were circulated to coaches with instructions to administer them alongside existing evaluation forms (child, school and home view). Once completed, coaches were instructed to return the paper

<sup>15</sup> Insert ref

questionnaires to an administrator at TLG who would be responsible for inputting the data from the questionnaires into a bespoke database. Following the analysis of data at March 2016 and feedback from coaches, a decision would be made internally as to whether to continue using the tools and embed them into online systems.

#### DEVELOPING CAPACITY

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Bespoke Microsoft Excel and Access databases were created for TLG. The databases can be used to input data from each of the questionnaires and contain built-in formula that automatically scores the responses for each case. The EI administrator was trained in how to use the database and revisions were made based on her feedback following input of the first few questionnaires returned by coaches. It is proposed that going forward, if the measures are to be retained for ongoing use, that they are inputted and analysed within Lighthouse (see Chapter Six for associated recommendations).

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### OBJECTIVES

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As part of the support plan for TLG, it was agreed that the research team would conduct an independent analysis of the first tranche of data gathered via the SDQ and Child Hope Scale. The primary objectives of this analysis were to:

- Profile the nature, level and impact of emotional and behavioural difficulties experienced by children referred and accepted into EI, as well as their levels of hope
- To explore change over time in relation to these key outcomes

### SAMPLE CHARACTERISTICS

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As of 16<sup>th</sup> March 2016, completed outcome measures have been returned for 66 children<sup>16</sup>. This includes 43 boys and 19 girls (there are 4 children whose gender has not been recorded). The average age of these children is 8 years (there are 20 children aged 5-10 years and 4 children aged 11-12 years, and 42 children for whom age data is missing).

### THE USE OF STRENGTHS AND DIFFICULTIES QUESTIONNAIRES

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Table 7 reveals that there are high levels of missing data available for the 66 children in the current sample. At T1 comparable numbers of parent and teacher report SDQs have been returned. This suggests that coaches are establishing contact with parents at the start of the coaching programme at higher rates than expected given anecdotal evidence about the challenges in communicating with parents and caregivers. Nevertheless, there are only 24 children for whom both teacher and parent report SDQs are available at T1.

The lack of completed questionnaires at T2 significantly limits the extent to which the data can be analysed to determine change over time in children's emotional and behavioural difficulties. High levels of missing data at T2 can be explained, in part, by the continued participation of children in the intervention. However, it is highly likely that some questionnaires are missing because they either have not been completed or not returned to TLG head office.

Overall, the level of missing data suggests that the findings presented in this chapter should be interpreted cautiously and considered indicative only at this stage.

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<sup>16</sup> At the time of writing data was not available on the proportion of cases that have commenced EI since the introduction of the new measures and therefore how much individual level data is missing.

TABLE 7: VALID SDQ DATA

COMPLETED SDQS (N= 66)	TEACHER	PARENT	BOTH
T1	44	35	24
T2	7	6	5
BOTH	4	4	3

#### STRENGTHS AND DIFFICULTIES EXPERIENCED BY CHILDREN AT THE START OF EI COACHING (T<sub>1</sub>)

An analysis of the SDQ scores reveals that the children in the sample are experiencing high levels of overall (total) difficulties in relation to their emotions, concentration, behaviour and ability to get on with other people, as reported by both teachers (M=16.64) and parents (M=17).

The subscales of the SDQ allow us to drill down into the nature and extent of these difficulties. The average scores at T<sub>1</sub> on the various subscales of the SDQ are presented in Table 8. The picture emerging from these data suggests that, on average, the children in the sample experience much greater difficulties in key areas of development when compared to other children of a similar age living in the UK (normative data for children in the general population available in Table 8). In many cases the scores of the TLG sample differ from the national sample by more than a whole standard deviation.

There also appear to be differences in the types of difficulties experienced by boys compared to girls (see Chart 2 and Chart 3). Boys in the sample experience difficulties primarily related to their behaviour whereas girls tend to manifest difficulties related to their emotions. This is also reflected in the internalising and externalising subscale scores.

The high scores for both groups of children offer another potential explanation for the lack of questionnaires available at T<sub>2</sub>. Although there is a process for 'closing' a coaching relationship, this is usually initiated when coaches (and co-ordinators) agree that the goals set out for children at the start of the intervention are met. If EI coaches are routinely working with children with significant emotional and behavioural difficulties it is perhaps not surprising that interventions tend to last longer than a year and remain ongoing at the time of writing (the earliest completed T<sub>1</sub> questionnaire is from February 2015 – 13 months ago).

EI was originally designed, as its name suggests, to intervene *early* in the trajectory of emotional and behavioural difficulties. Research shows that the presence of just one or two symptoms of emotional and behavioural difficulties can be functionally impairing and have tangible effects on

children well-being<sup>17</sup>. Other school-based mentoring and coaching programmes have demonstrated positive outcomes for children and young people in this context<sup>18</sup> and follow-up studies suggest that early intervention in this format can divert children from adverse outcomes over the long term<sup>19</sup>.

Thus the data raises a question about the extent to which 'early' intervention is being operationalised in the referral and screening process for EI. The implication of these data is that EI coaches are routinely working with some of the most challenging children in primary and secondary school classrooms. This may not be the best use of EI resource given that these children are likely to be experiencing multiple risk factors in their individual, school and home environments that require more intensive and specialist support than EI coaches are currently equipped to deliver.

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<sup>17</sup> Insert ref.

<sup>18</sup> Insert ref.

<sup>19</sup> Insert ref.

TABLE 8: MEAN SDQ SCORES (STANDARD DEVIATIONS) SPLIT BY INFORMANT, SUBSCALE AND GENDER

T1 SDQ SCORES	TLG	TLG	BRITISH NORM	TLG	BRITISH NORM
<i>TEACHER</i>	<b>ALL (N=44)</b>	<b>BOYS (N=29)</b>	BOYS (AGE 5-15)	<b>GIRLS (N=13)</b>	GIRLS (AGE 5-15)
TOTAL DIFFICULTIES	<b>16.64 (6.45)</b>	<b>17.66 (6.8)</b>	7.80 (6.30)	<b>14.08 (5.34)</b>	5.30 (5.30)
EMOTIONAL	<b>3.98 (2.77)</b>	<b>3.72 (2.79)</b>	1.40 (1.90)	<b>4.69 (2.66)</b>	1.4 (1.90)
CONDUCT	<b>3.39 (2.54)</b>	<b>3.86 (2.55)</b>	1.20 (1.80)	<b>2.00 (1.87)</b>	0.6 (1.30)
HYPERACTIVITY	<b>6.32 (2.55)</b>	<b>6.93 (2.29)</b>	3.70 (3.00)	<b>4.85 (2.67)</b>	2.10 (2.30)
PEER	<b>2.95 (2.80)</b>	<b>3.14 (2.75)</b>	1.50 (1.90)	<b>2.54 (3.07)</b>	1.20 (1.60)
PROSOCIAL*	<b>5.91 (2.50)</b>	<b>5.72 (2.71)</b>	6.60 (2.50)	<b>6.62 (1.94)</b>	7.90 (2.10)
IMPACT	<b>2.71 (1.90)</b>	<b>3.12 (1.84)</b>	0.50 (1.10)	<b>1.92 (1.71)</b>	0.30 (0.70)
INTERNALISING	<b>6.93 (4.26)</b>	<b>6.86 (4.65)</b>	Not available	<b>7.23 (3.77)</b>	Not available
EXTERNALISING	<b>9.70 (4.73)</b>	<b>10.79 (4.52)</b>	Not available	<b>6.85 (4.06)</b>	Not available
<i>PARENT</i>	<b>ALL (N=35)</b>	<b>BOYS (N=24)</b>	BOYS (AGE 5-15)	<b>GIRLS (N=10)</b>	GIRLS (AGE 5-15)
TOTAL DIFFICULTIES	<b>17.00 (7.53)</b>	<b>18.17 (7.27)</b>	9.10 (6.00)	<b>15.10 (7.89)</b>	7.80 (5.50)
EMOTIONAL	<b>3.63 (2.40)</b>	<b>3.50 (2.62)</b>	1.8 (2.00)	<b>4.00 (2.00)</b>	2.00 (2.00)
CONDUCT	<b>3.51 (2.84)</b>	<b>3.96 (2.76)</b>	1.7 (1.80)	<b>2.70 (3.02)</b>	1.50 (1.60)
HYPERACTIVITY	<b>5.54 (2.80)</b>	<b>5.96 (2.60)</b>	4.0 (2.70)	<b>4.90 (3.14)</b>	2.90 (2.40)
PEER	<b>4.31 (2.59)</b>	<b>4.75 (2.42)</b>	1.5 (1.70)	<b>3.50 (2.92)</b>	1.40 (1.60)
PROSOCIAL*	<b>7.17 (2.14)</b>	<b>6.87 (2.05)</b>	8.4 (1.70)	<b>7.60 (2.27)</b>	8.90 (1.40)
IMPACT**	--	--	0.5 (1.10)	--	0.30 (1.00)
INTERNALISING	<b>7.94 (4.12)</b>	<b>8.25 (4.28)</b>	Not available	<b>7.50 (3.98)</b>	Not available
EXTERNALISING	<b>9.06 (4.96)</b>	<b>9.92 (4.67)</b>	Not available	<b>7.60 (5.38)</b>	Not available
<p>*higher scores on the pros-social subscale indicate fewer difficulties - all other subscales are calculated on the basis that higher scores equate to greater difficulties.</p> <p>**unable to calculate for parent report measures due to item-level missing data.</p>					

CHART 2: MEAN AVERAGE SCORES ON TEACHER-REPORT SDQ SUBSCALES – A COMPARISON OF BOYS IN THE TLG SAMPLE WITH THE NATIONAL AVERAGE FOR 5-15 YEAR OLD BRITISH BOYS.

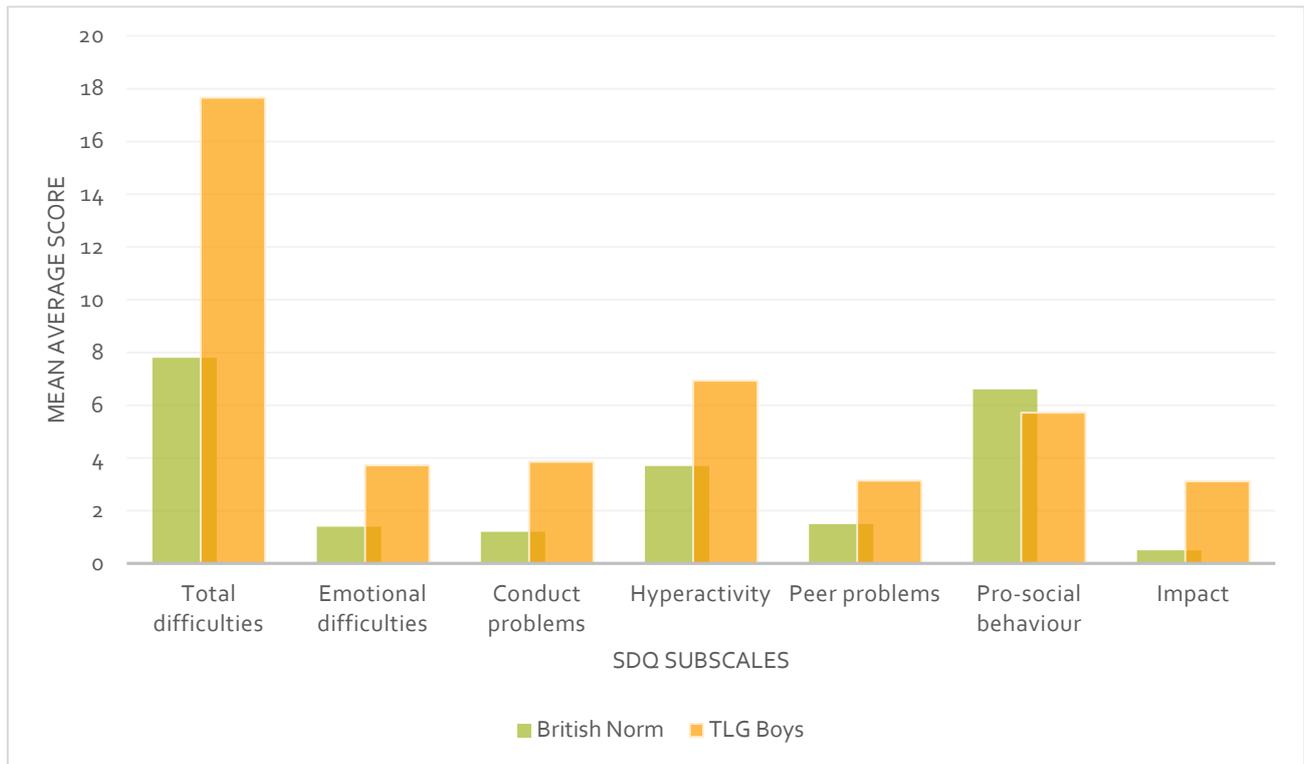
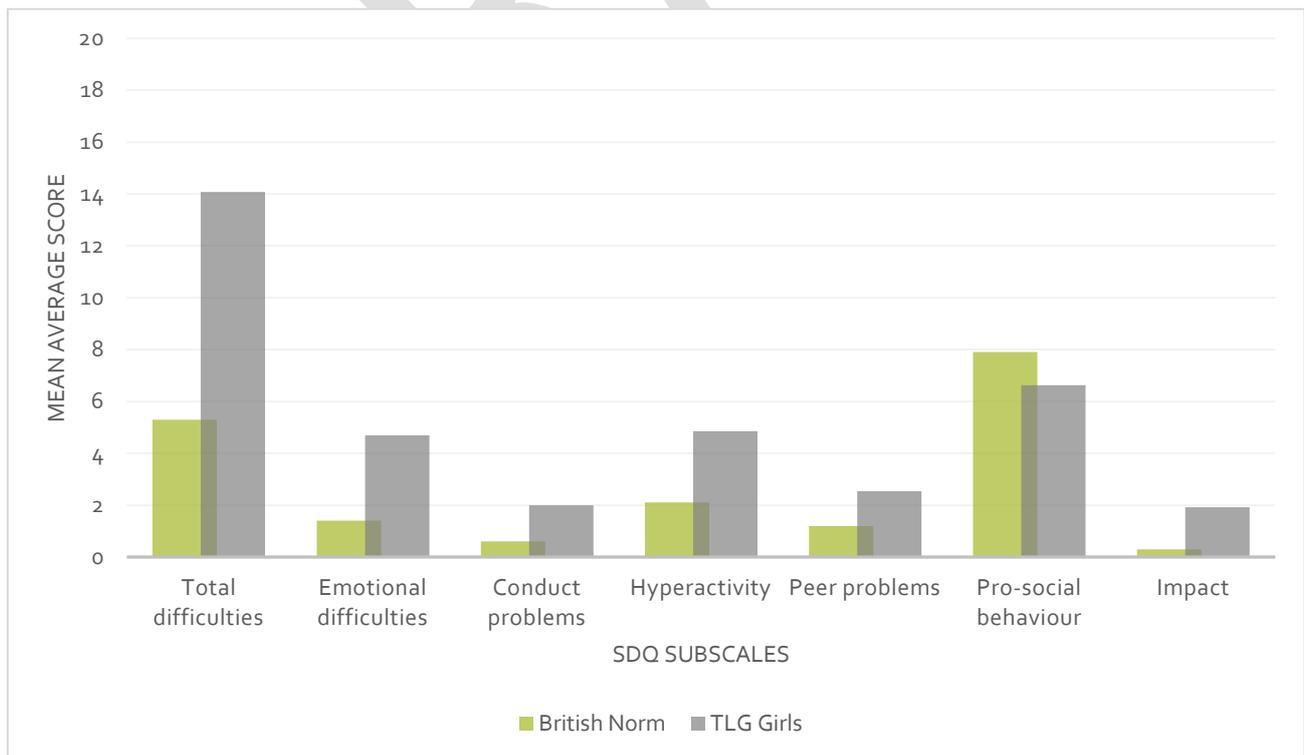


CHART 3: MEAN AVERAGE SCORES ON TEACHER-REPORT SDQ SUBSCALES – A COMPARISON OF GIRLS IN THE TLG SAMPLE WITH THE NATIONAL AVERAGE FOR 5-15 YEAR OLD BRITISH GIRLS.



## THE LEVEL OF DIFFICULTIES EXPERIENCED BY CHILDREN REFERRED TO EI

Scores on the SDQ can be analysed in relation to bandings or thresholds that represent the proportion of children in the general population with similar scores, for example 80% of children in the UK score 'close to average', 10% score 'slightly raised', 5% score 'high' and a further 5% score 'very high'. Children with scores in the high and very high range experience a significant pattern of difficulties that suggest they would benefit from specialist help.

TABLE 9: NUMBER OF CHILDREN WHO SCORES REACH BANDING THRESHOLDS

T1 TEACHER SUBSCALE	CLOSE TO AVERAGE	SLIGHTLY RAISED	HIGH	VERY HIGH
TOTAL DIFFICULTIES	10 (23%)	10 (23%)	8 (18%)	16 (36%)
EMOTION	22 (50%)	5 (11%)	5 (11%)	12 (27%)
CONDUCT	16 (36%)	7 (16%)	4 (9%)	17 (39%)
HYPERACTIVITY	17 (39%)	12 (27%)	4 (9%)	11 (25%)
PEER PROBLEMS	26 (59%)	4 (9%)	2 (5%)	12 (27%)
	CLOSE TO AVERAGE	SLIGHTLY LOWERED	LOW	VERY LOW
PRO-SOCIAL BEHAVIOUR	26 (59%)	7 (16%)	4 (9%)	7 (16%)

As Table 9 clearly shows, the pattern of symptoms reported by teachers reveals that a large proportion of the children in the sample fall into the high and very bandings, particularly in relation to their total difficulties, emotional difficulties and conduct problems. This further illustrates that EI is working with high numbers of seriously challenging and disadvantaged children.

## THE IMPACT OF DIFFICULTIES EXPERIENCED BY CHILDREN REFERRED TO EI

The Impact supplement of the SDQ records information about the chronicity and level of distress and impairment associated with the emotional, social and behavioural difficulties that a child is experiencing. These scores can also be interpreted using the bandings or thresholds described above.

As shown in Table 10, the large numbers of children in the top three bands (n=32) is a cause for concern. These are children whom teachers report are frequently upset or distressed which is in turn having an impact on their peer relationships and classroom learning.

TABLE 10: NUMBER OF CHILDREN WHOSE IMPACT SCORES REACH BANDING THRESHOLDS

T1 TEACHER SUBSCALE	CLOSE TO AVERAGE	SLIGHTLY RAISED	HIGH	VERY HIGH
IMPACT	9 (20%)	2 (5%)	8 (18%)	22 (50%)

#### CHANGE OVER TIME

As described earlier in this chapter, the number of SDQs completed at T2 is low. This limits the opportunities for analysis of change in outcomes at this time. Nevertheless, mean average scores on the SDQ subscales for both teacher and parent report questionnaires are presented in Table 11. Promisingly, the downwards trend in scores compared to those at T1 (see table 8) suggest improvements in emotional and behavioural outcomes over the course of the EI programme in line with the theory of change.

These trends and emerging findings should be interpreted cautiously given the very small sample size at T2 and the probability that scores would naturally be lower at T2 due to regression to the mean (this is one of the reasons why comparison groups are necessary to determine whether changes can be attributed to the intervention under study).

TABLE 11: MEAN AVERAGE SCORES ON SDQ SUBSCALES AT T2

TEACHER-REPORT (N=7)		PARENT-REPORT (N=6)	
TOTAL DIFFICULTIES	7.71 (4.11)	TOTAL DIFFICULTIES	10.53 (5.13)
EMOTIONAL DIFFICULTIES	2.29 (1.60)	EMOTIONAL DIFFICULTIES	3 (1.90)
CONDUCT PROBLEMS	0.71 (1.25)	CONDUCT PROBLEMS	1.33 (1.51)
HYPERACTIVITY	6.57 (7.10)	HYPERACTIVITY	5.00 (2.00)
PEER PROBLEMS	0.71 (0.49)	PEER PROBLEMS	1.83 (1.47)
PRO-SOCIAL BEHAVIOUR	8.86 (1.07)	PRO-SOCIAL BEHAVIOUR	7.50 (2.59)
IMPACT	Not enough data	IMPACT	1 (1.41)

## THE USE OF THE CHILD HOPE SCALE

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The Child Hope Scale gives some insight into how children feel about their own sense of agency (ability to take control over their actions and lives) and their perceived ability to identify pathways through which they can achieve their goals. Fewer CHS measures have been completed and/or returned than SDQs (see Table 12 for a description of the available data). This is somewhat surprising given that coaches have more ready access to children than teachers or parents.

TABLE 12: EXTENT OF CHS DATA AVAILABLE

TIME POINT	COMPLETED CHS
T <sub>1</sub>	38
T <sub>2</sub>	6
BOTH	4

TABLE 13: CHS TOTAL SCORES AT T<sub>1</sub> AND T<sub>2</sub>

	T <sub>1</sub> (N=38)	T <sub>2</sub> (N=6)
CHILD HOPE SCALE	3.48 (0.88)	4.14 (.93)

The maximum possible score on the CHS total scale is 6, at T<sub>1</sub> the majority of children are reporting levels of hopeful thinking that exceed at least half of the total possible score. The general direction of change at T<sub>2</sub> is positive and suggests that children exhibit more hopeful thinking at the end of EI coaching when compared to baseline levels. The sample size at T<sub>2</sub> is too small to determine the statistical significance of this improvement. A score greater than 4.67 is considered 'high' and would suggest that the child has a strong sense of hopefulness and capacity to achieve their goals. A score less than 3 is considered low and indicates that the child does not believe there are ways to attain their goals.

## SUMMARY

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- Trends suggest that EI children have greater level of difficulties than would be expected for other children their age. Whilst this suggests that the intervention is being targeted at children in need of additional help as per the guidance set down for EI, the high proportion of EI children with scores that reach high and very high bandings suggests that the programme is routinely working with children who may benefit from more intensive and/or specialist help.
- The data suggests some differences in overall type of difficulties experienced by boys and girls with boys on average scoring higher on externalising and girls on internalising.
- There are also a large group of children who score within the average range on the various subscales. Despite this, many of their teachers report that the child's difficulties are having a significant impact on the quality of their lives.
- Due to the length of the intervention, data available at T2 is limited. Findings emerging from the very small sample of T2 data suggests a trend towards fewer difficulties and reduction in symptoms of emotional and behavioural difficulties .
- The sample size for this interim analysis is small and there are high levels of missing data – it is therefore difficult to determine whether the findings presented here are generalizable to the wider EI population.

The primary objectives of the development and distribution of a survey to coaches and co-ordinators delivering EI were as follows:

- To supplement limited data on outcomes in order to the impact of EI from the perspectives of coaches
- To explore patterns of implementation and inform the design of fidelity checklists
- To understand volunteers commitment and attitudes towards evaluation

METHODS

The 27-item survey was designed in an online survey software package known as Qualtrics. Each item was constructed in order to meet the aims listed above (see appendix for table detailing the link between individual survey items and research objectives). All coaches currently volunteering in the Early Intervention Programme were invited to participate in the survey via email from the National EI Manager.

ABOUT THE RESPONDENTS

In total, 32 coaches completed the survey. A large proportion of these respondents are female (78%) (see Chart 4). A range of different ages are represented; varying from under 25 years to 55 years and older. Half of the total sample (50%) fall into the latter age bracket.

CHART 4: GENDER AND AGE OF SURVEY RESPONDENTS

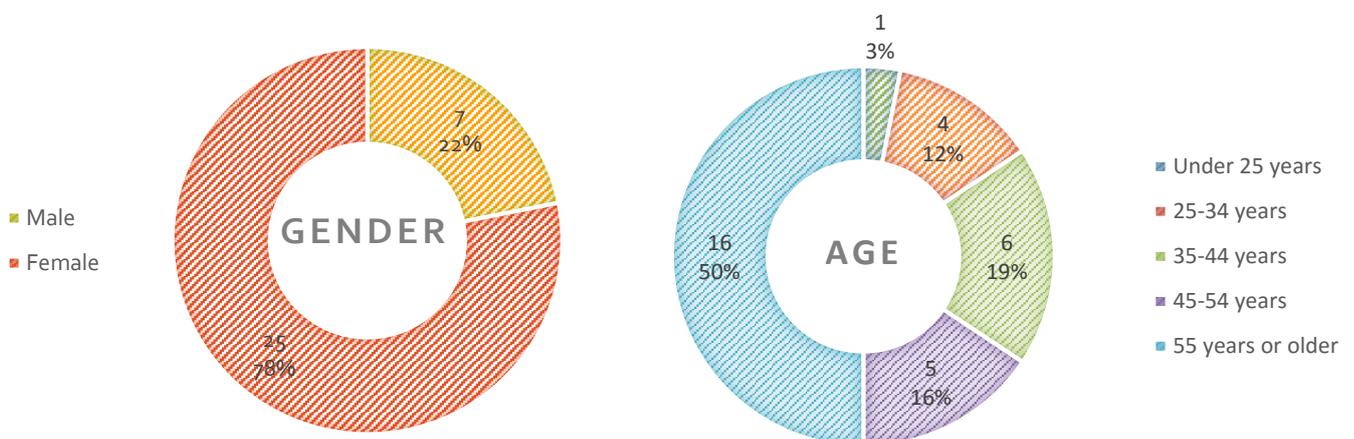


TABLE 14: REGIONAL AFFILIATIONS OF SURVEY RESPONDENTS

REGION	FREQUENCY	PERCENTAGE OF TOTAL SAMPLE
MIDLANDS	3	9%
SOUTH	14	44%
NORTH	11	34%
SCOTLAND	1	3%
WALES	3	9%
OTHER	0	0%
TOTAL	32	100%

The respondents are for the most part from the North and South TLG regions. Though a handful of respondents from the Midlands, Scotland and Wales also completed the survey (see Table 14).

One third (31%) of the coaches who completed the survey also volunteer as Early Intervention Co-ordinators in their local areas. A large majority of the respondents coach children in primary schools, although one fifth (20%) of the respondents coach secondary school children and two respondents coach children in both primary and secondary schools. Almost all of the coaches (84%) work exclusively with one child a week, although five respondents (16%) work with two or more children on a weekly basis.

Experience levels among the respondents varies (see Table 15). Just under half (44%) of them are relatively new to EI having volunteered with the programme for less than a year. Three respondents have been volunteering for a much longer period of time i.e. for four years or more. As might be expected, respondents with longer service tend to also have a Co-ordinator role within EI.

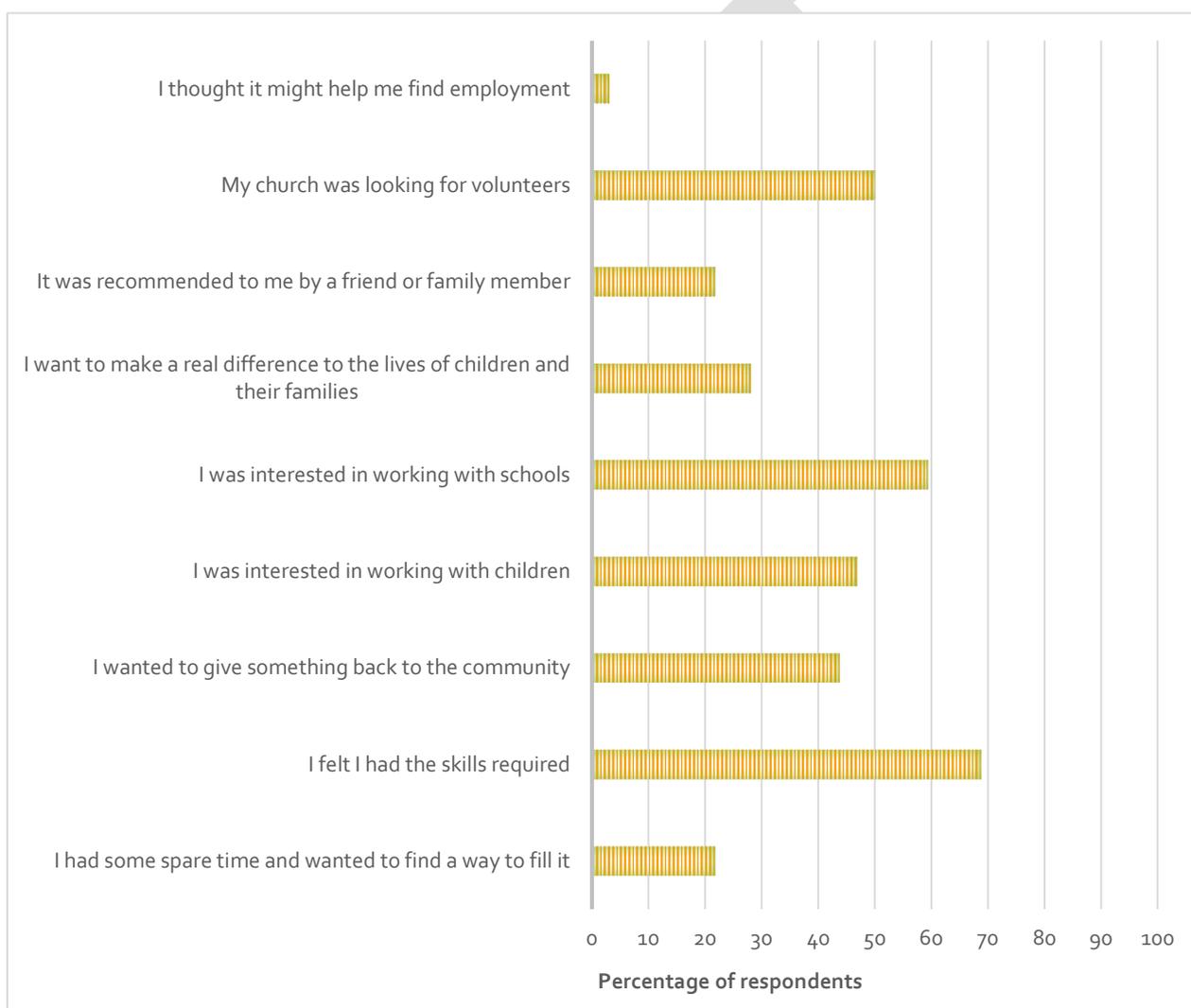
TABLE 15: LENGTH OF TIME VOLUNTEERING IN EI

	LESS THAN A YEAR	1 YEAR	2 YEARS	3 YEARS	4 YEARS OR MORE	TOTAL
COACH	10	5	5	2	0	22
CO-ORDINATOR	4	1	0	2	3	10
TOTAL	14	6	5	4	3	32

Coaches have a broad range of reasons for volunteering as represented in Chart 5 below. The most common drivers are interests in working with schools and children, churches looking for volunteers and feeling that they personally had the skills required to coach.

When asked to select a *single primary motivation* for volunteering, a large proportion cited "I want to make a real difference to the lives of children and their families" (63%). Four respondents specified other reasons, these included responding to a calling from God and an interest in mentoring.

CHART 5: MOTIVATIONS FOR VOLUNTEERING



In summary, the range of different age groups, regional affiliations, motivations for volunteering and general mix of coach and co-ordinators respondents suggests a broad range of views are represented in the survey data.

## EXPLORING FIDELITY TO THE CORE COMPONENTS OF EI

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There is a degree of flexibility in the EI programme in the sense that programme activities can be matched to the particular needs and circumstances of each child. TLG have also identified a number of core components within the programme that have been designed to ensure that EI maximises potential benefit for children as well as their families and schools. All coaches receive initial training in the components and there is an expectation that they will deliver EI in accordance with these components in all of their coaching relationships.

The components are:

- Building a trusting relationship between coach and child
- Considered modes of communication
- Goal-setting
- Focus on 'make-time' activities for 40 minutes of the session
- Focus on 'my-time' activities for 20 minutes of the session
- Support for parent/carers wherever possible

In order to explore the extent to which these core components are applied by coaches in their routine programme delivery the survey posed a series of questions about frequency, duration and content of sessions.

### FREQUENCY, DURATION AND STRUCTURE OF SESSIONS

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All coaches (100%) report that, on average, they meet with their EI child on a weekly basis. Generally speaking the sessions last for one hour (91%). Three respondents report that, on average their sessions last less than an hour (9%). Most respondents report finding it easy to get through everything they need to cover in a session (90%), however there is a smaller group who do report some difficulties (22%) with the timing of sessions. This suggests that the frequency and duration of EI sessions as delivered by the coaches who responded to the survey is in line with TLG recommendations.

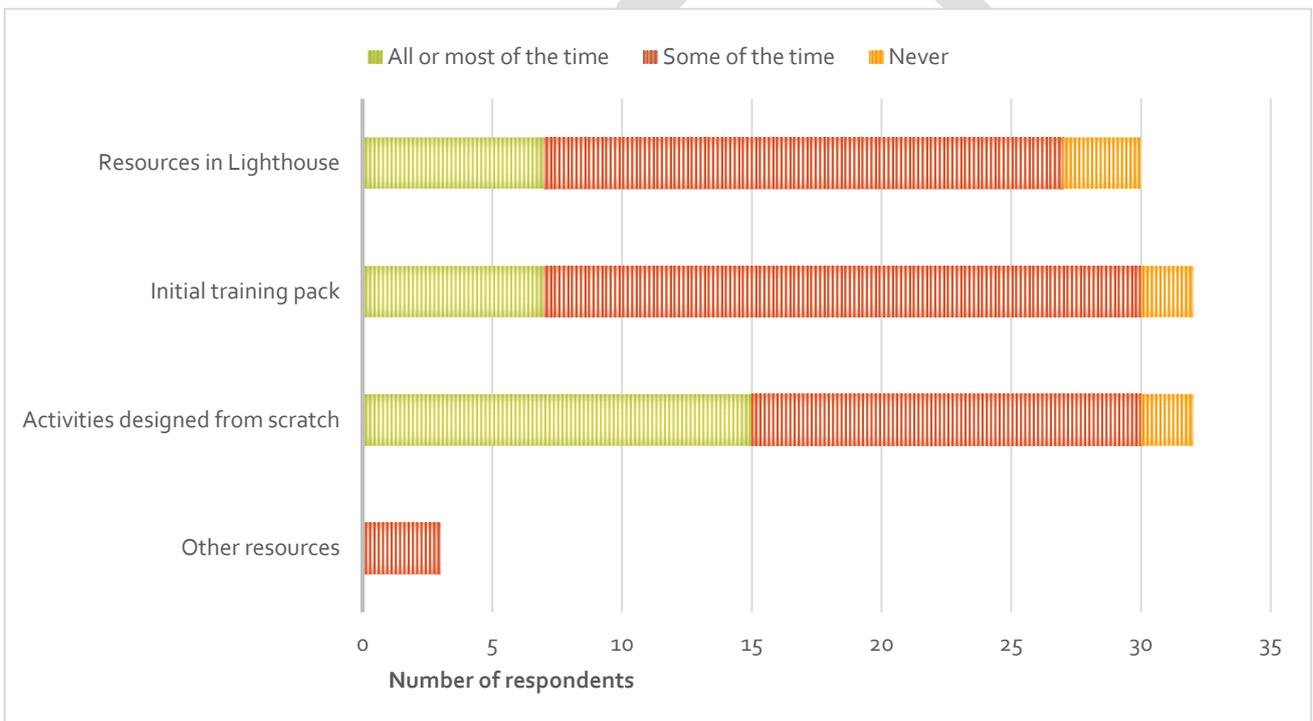
Another key component of the EI programmes is the 40 to 20 minute split in sessions between 'make-time' and 'my-time' activities. Make-time activities enable coach and child to engage in constructive activities that help them to build trust and rapport. The my-time activities are focused on deeper conversations with children about their emotions, feelings, behaviours and relationships and the selection of strategies to help reduce difficulties in these areas. Almost all of the respondents felt that the structure of the sessions allows them to develop a trusting relationship with the children they coach (94%). The survey data suggests that on average, coaches are spending 37 minutes on make-time and 18 minutes on my-time. However, there is variation at an individual level [Insert figure/chart].

## CONTENT OF SESSIONS

With regards to the content of EI sessions the survey data reveals that the level of goal-setting among the coaches who responded to the survey is lower than expected. Just over half of the coaches report that they do to some extent set goals in every session. However, only a quarter of them (25%) stated that they agreed or strongly agreed with this statement.

Most of the coaches (78%) have a pre-prepared plan for each EI session, though a large number of them report using activities that they have designed themselves from scratch (94%) (see Chart 6). For half of all the respondents these self-designed activities are used in all or most of their coaching sessions (50%). There are also some coaches who reportedly never use the resources given to them at the initial training (6%) nor those available in Lighthouse (9%).

CHART 6: RESOURCES USED IN COACHING SESSIONS



Other resources used in sessions and specified by respondents include:

- Ideas from Co-ordinators
- Ideas from the internet
- SHEFFKIDS website
- Activity village web pages

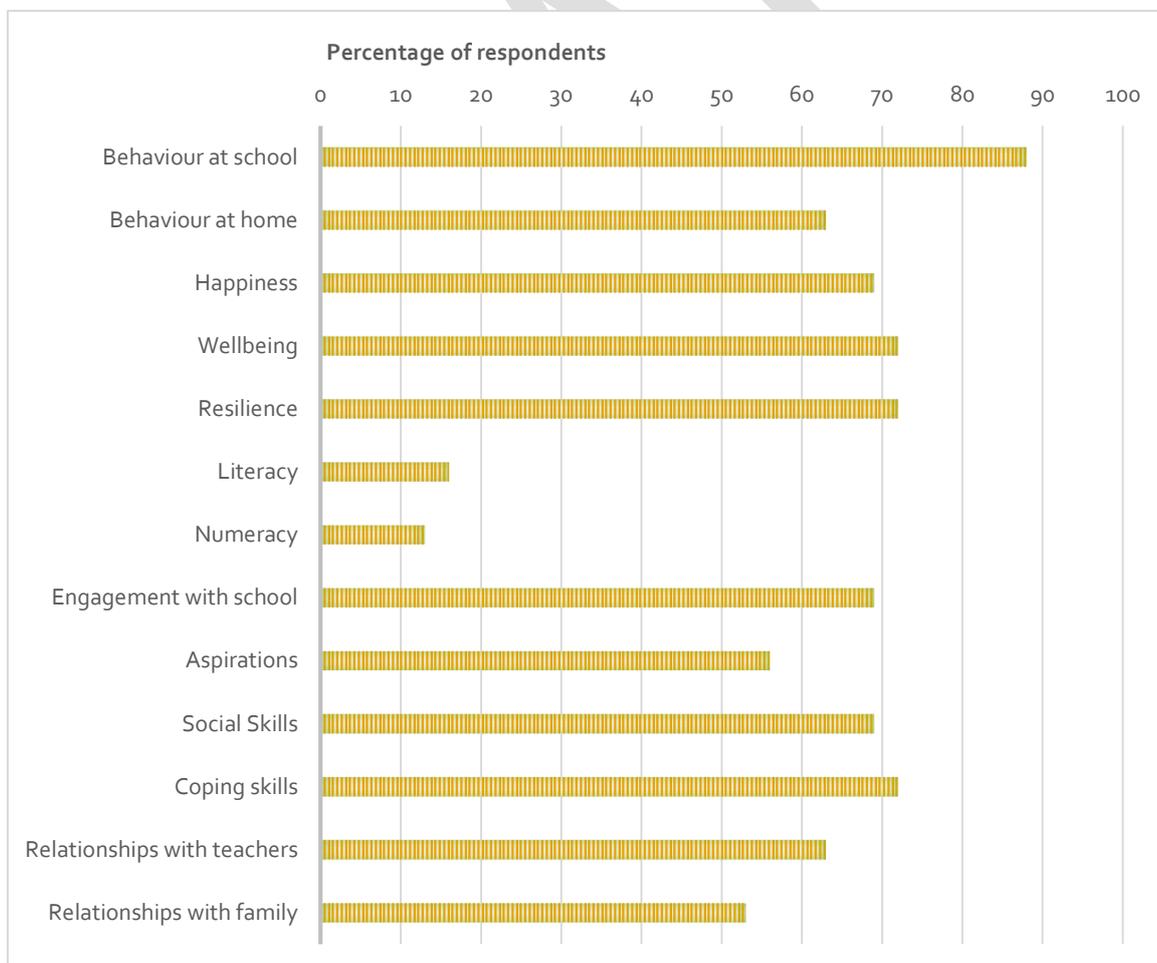
## PERSPECTIVE ON IMPACT

The survey was also designed to gather coaches' views on the type of impact EI has for children. Almost three-quarters of the respondents (73%) feel that EI meets the needs of the children they work with (either most of the time or all of the time).

Coaches report positive impacts on many different areas of children's lives, including some areas not explicitly described in the theory of change for the programme (see Chart 7). This likely reflects the broad range of difficulties and circumstances experienced by the children receiving EI and the flexibility to adapt session content to the individual needs of children.

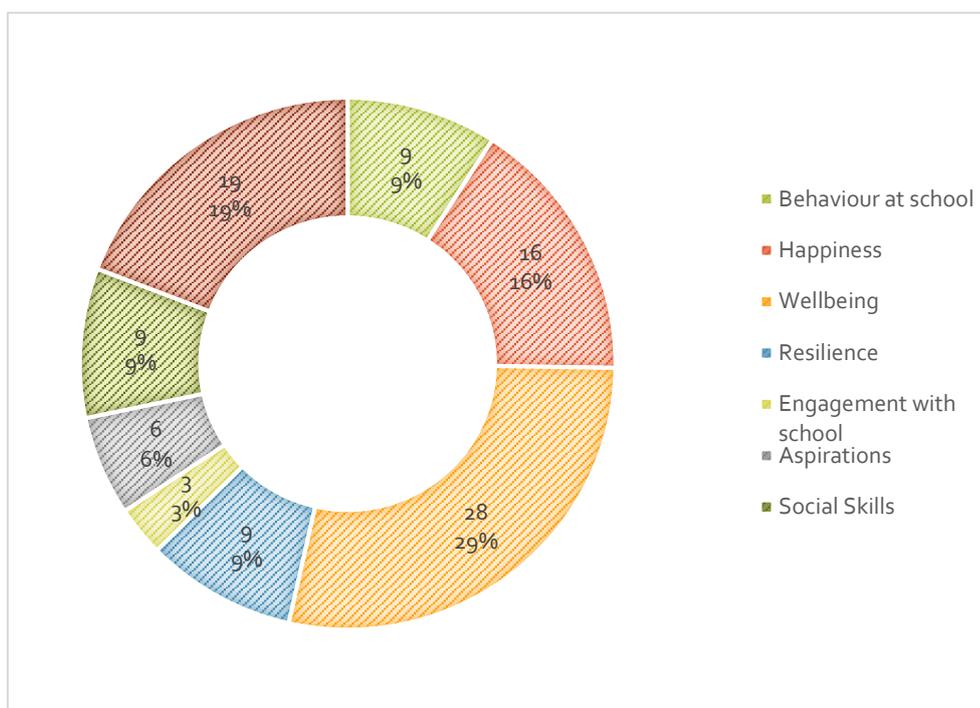
It is striking that only 16% and 13% of the respondents believe that EI has a positive impact on literacy and numeracy respectively. Impacts on these two outcomes are likely to be indirect and occur as a result of the reduction of emotional and behavioural difficulties and greater engagement in lessons and schools (see figure 2). This would mean that coaches are less likely to directly observe positive changes in these areas if they occur.

CHART 7: AREAS THAT EI HAS A POSITIVE IMPACT ON AS PERCEIVED BY COACHES



Although a very large proportion of respondents (88%) suggest that EI coaching impacts positively on children’s behaviour at school, when asked to select the area that they believe the programme has most impact their responses are highly varied with children’s wellbeing the most common.

CHART X: AREA THAT EI HAS THE MOST IMPACT ON



It is important to acknowledge that, according to the respondents, there are some children for whom EI is not having the desired impacts. One in every four coaches (25%) feel that the children they work with have shown less progress than they expected. Furthermore, in answering the question ‘does EI coaching meet the needs of the children you work with’ 17% of the respondents answered ‘about half of the time’ and a further 10% only ‘sometimes’. This ties in with findings from the retrospective study reported in Chapter Two. No intervention can expect to have universally positive effects on all children. However, when considered collectively, these findings do highlight a need to review the eligibility and target group criteria for EI (more on this in Chapter Six).

Coaches were also asked for their perspectives on areas that they feel EI may have a negative impact. Six of the 32 respondents felt that there could be downsides to the programme, these mostly concerned children missing lesson times in order to attend coaching sessions and needing to catch up with any missed work (9%). One respondent noted challenges around managing schools expectations with regards to the speed of any positive results and another expressed

reservations about whether the school (and their church) were 'fully committed to the programme'. On a positive note, all respondents (100%) felt that the schools they work with see the value of EI for their pupils.

## PERSPECTIVES ON EVALUATION

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A section of the survey posed a series of questions about the importance of evaluation and experiences of completing evaluation tools. Reassuringly, all of the respondents (100%) believe it is important to evaluate the progress of children receiving EI, and 84% felt that evaluation is *very* or *extremely* important.

A selection of key findings from this section of the survey are presented below:

- 91% see evaluation as an important part of EI
- 84% disagreed that they would be more willing to engage with evaluation if incentivized with prize draws or other rewards
- 84% feel confident about using Lighthouse to record progress
- 66% feel that the evaluation forms capture the type of impact they are having
- 56% report that TLG regularly analyses data from evaluation forms to find out if EI is working
- 53% strongly agree that completion of evaluation forms is an important part of their role as a coach
- 41% report that it is difficult to find time to complete the evaluation forms
- 31% wanted more feedback on the evaluation forms
- 16% feel the forms are too long
- 6% report that spending time on evaluation gets in the way of coaching

Respondents were also asked whether they had experience of using the new outcome measures. Just over a third of them reported that they had administered SDQs and Child Hope Scale.

When asked to reflect on their experiences of using these forms, seven respondents replied and their views summarised overleaf. Coaches differed in their views about whether the new tools are a good measure of the impact they feel they have as a coach. Seven respondents (63%) felt that they are a good measure, of the remaining four, two were undecided and two thought 'probably not'.

## POSITIVES

- Opens up communication with parents and professionals Interesting
- Impressed with how carefully child thought about answers
- Helpful to identify areas the child is struggling in
- Useful for identifying strengths and difficulties
- Interesting
- Easy and simple to complete

## NEGATIVES

- Child form is unsuitable and not 'child friendly' (for primary aged children)
- Language on the child form is difficult to understand (Q2 5&6)

## IMPROVEMENTS SUGGESTED BY RESPONDENTS

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13 coaches responded to the question 'In what ways, if any, could EI be improved?' Their responses are summarised under three broad headings: evaluation, resources and training.

### EVALUATION

- More streamlined evaluation sheets
- Online versions of evaluation forms
- Feedback from teachers/schools is needed
- Feedback once evaluation forms are completed
- Progress with some issues such as self-esteem is more difficult to measure than behaviour
- Two sets of evaluation forms is a bit of a pain

### RESOURCES

- Requests for more emotional literacy activities
- Requests for more resources for less craft orientated children
- Requests for shorter projects that are science or games-based
- Requests for more resources for secondary school age children
- Resource tab on website could be improved

### TRAINING

- On how to recognise and respond to children's emotional needs
- More training courses for new coaches
- TLG trainer or central point of contact

### RECOMMENDATIONS

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1. There is some suggestion that 'early intervention' is not being operationalised as intended by TLG and that children with very complex emotional and behavioural needs are receiving coaching (this feeds into anecdotal evidence about there being no alternative service provision for these children readily available to schools). There may be some thinking to do around how to best target this intervention in order to maximise impact on outcomes. One option would be to consider use of the SDQ as a screening tool in determining eligibility for EI and agreeing cut-offs linked to specific inclusion and exclusion criteria.
2. It is vital that T2 completion of SDQ and CHS is encouraged in order to facilitate any further analysis of the data and to explore potential outcomes of the intervention. If SDQ and CHS show positive improvements in a larger sample of children, there is a strong argument to embed these measures into routine processes and integrate data entry and scoring into Lighthouse case recording.
3. One strategy for maximising completion of evaluation measures by coaches could be to consider training them in how to administer the tools and use the data gathered from them on an individual basis to guide interventions and review ongoing progress. SDQ can be used as a tool to guide intervention through highlighting particular strengths and difficulties that a child is experiencing. Along with the more detailed assessment that takes place for EI, SDQ data could be used to plan activities and the focus of the coaching. The CHS could be administered on a regular basis throughout the intervention to assess variation in children's hopefulness. An increase in the total scores on the CHS would indicate that children increasingly believe that they can achieve and persevere towards their goals.
4. Regardless, of whether TLG chooses to continue implementing the SDQ and CHS, the project has highlighted gaps in case recording and there is a clear need to encourage greater levels of recording on Lighthouse in order to achieve reliable ongoing evaluation and monitoring. It is possible that there are systematic reasons why case recording has not be completed i.e. it could be that the most difficult cases where little or no progress is made are not recorded which introduces a bias that must be considered alongside any conclusions that are drawn from monitoring data.
5. If completion rates can be increased, it is recommended that TLG consider implementing the measures at interim periods (potentially at the end of each term) to chart progress during the course of the intervention. The child self-report version of SDQ could also be implemented for children in secondary schools (aged 11 years or older) and triangulated with parent and teacher reports to obtain a complete picture of children's strengths and difficulties.

6. There are fewer parent-completed measures compared to teacher and child completed measures, though the rate of return has exceeded expectations set down in steering group meetings. It is important to build on progress in this area and continue attempts to capture this view – parent reports can reveal the extent to which impacts might generalise across other contexts i.e. from school to home.
7. TLG could consider how gender differences in the levels of internalising and externalising difficulties experienced by children receiving the programme might be addressed in the design of additional programme activities and materials. There were multiple requests made for more resources expressed by coaches in the survey reported in Chapter Five.
8. TLG could consider the development of short, self-completed checklists for coaches to record information about implementation and patterns of delivery.
9. If further evaluation and monitoring is to continue, it is strongly recommended that TLG consider building an infrastructure to support evidence gathering around implementation and outcomes. This could be led by an administrator, placement student or intern, though there may be opportunities to apply for funding to support evaluation roles. At the very least the organisation could consider identifying a designated person to input and analyse monitoring data on a regular basis.

#### NEXT STEPS IN EVIDENCE JOURNEY

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- Evidence review: A brief reading of the research evidence suggests that many of the features of EI coaching reflect the common elements of effective mentoring programmes including: at least 1 year duration; structured programme; mentors with experience of working with children; and children are already experiencing difficulties at the start of the intervention. Evidence in relation to school-based mentoring suggests that improving psychosocial outcomes through such interventions has positive consequences for academic outcomes - a core assumption in the theory of change for EI is that 'happier, better behaved children learn more'. Generally mentoring and coaching programmes have small effects and key outcomes can vary on the particular focus of the intervention. A recommended next step would be to conduct a literature review to determine the level of evidence currently available to support or challenge the connections outlined in the EI theory of change, strengthen the rationale for the intervention and inform further development of the programme. This work could be undertaken by a Masters student or research-minded intern.

- Once a sample of 100 children with T1 and T2 questionnaires has been obtained it will be possible to conduct a variety of additional analyses with the data to further explore potential impact of EI. For example, SDQ and CHS scores could be correlated with dosage (number of sessions/weeks in the programme) to examine whether there is a relationship between the length of the intervention and outcomes. The analysis of SDQ and CHS scores on a full sample of children would also be useful for researchers to inform sample size calculations and expected effect sizes in a more rigorous evaluation study of EI.
- If the positive improvements observed in the retrospective study can be replicated using robust measures, a comparison group design evaluation is recommended to explore to what extent any positive improvement in outcomes can be attributed to EI and not other services, interventions and/or factors in the children’s lives. See Box 4 for suggestions.

#### BOX 4: SDQ ADDED VALUE

SDQ has an ‘added value score’ algorithm to establish effectiveness of interventions or services in child mental health, where no control or comparison group is available and where groups of children receive targeted interventions. The lack of a control group with which to compare routinely collected outcome data for EI participants means that any change after the intervention cannot be directly attributed to EI, as other factors may also have changed in the interim period and scores may naturally regress to the mean. The value added score adjusts for expected change to allow services to calculate a more realistic estimate of the “added value” of their intervention (without the need for a control group)<sup>20</sup>. At the moment SDQ added value can only be calculated using parent-report SDQs on children in high-risk groups.

See <http://www.sdqinfo.com/c5.html> for more information.

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<sup>20</sup> Ford, T., Hutchings, J., Bywater, T., Goodman, A., & Goodman, R. (2009). Strengths and Difficulties Questionnaire Added Value Scores: evaluating effectiveness in child mental health interventions. *The British Journal of Psychiatry*, 194(6), 552-558.

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