THAMES VALLEY VIOLENCE PREVENTION PARTNERSHIP

WHAT WORKS

Schools Navigators

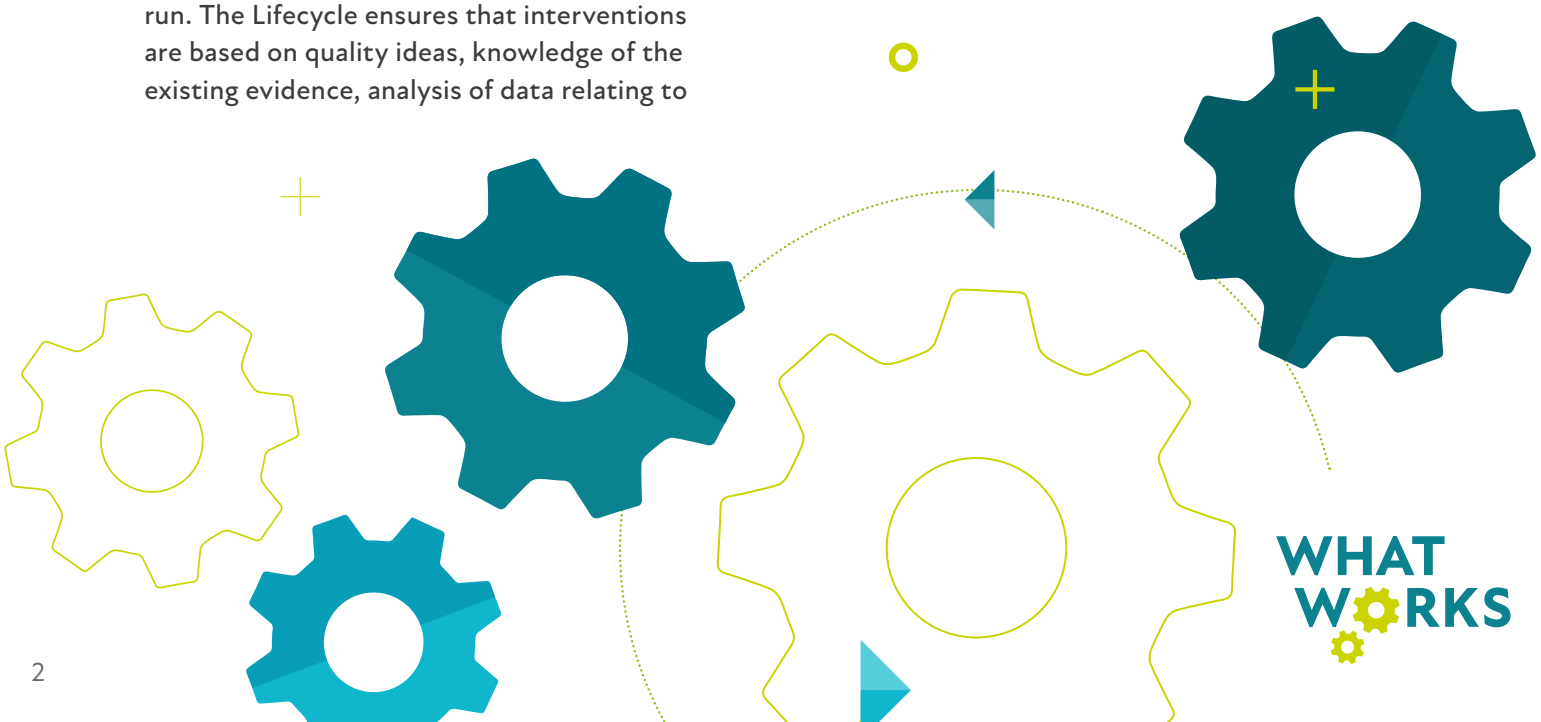
An evaluation of the Schools Navigators intervention project, presenting analysis and findings following the first full academic year.

Date of publication: September 2024

What is the What Works Series?

Welcome to Thames Valley Violence Prevention Partnership's **"What Works"** series; a collection of publications which present the results from our intervention evaluations and relevant pieces of research.

- A key role of the Violence Prevention Partnership programme is to invest our Home Office grant into the testing of new intervention approaches; funding not only their delivery in our local areas but to run robust evaluations of those interventions, adding to the evidence base around what works in preventing violence.
- We aim to gather evidence on the effectiveness and impact of interventions in preventing or reducing violence. That evidence is then played back to our local partnership systems to provide learning, and to inform the system change that is needed if we are to shift our focus towards higher impact intervention and diversion approaches.
- Our evaluations and research also contribute to a growing national evidence base, through formal academic publication and sharing with bodies such as the Youth Endowment Fund and the wider network of Violence Reduction Units (VRUs).
- Each of our interventions has been through a rigorous research and design phase, using our Research Project Lifecycle which puts in place a structure around which the highest quality of research projects can be designed and run. The Lifecycle ensures that interventions are based on quality ideas, knowledge of the existing evidence, analysis of data relating to cohort design and expected caseload, and well-documented design decisions. This ensures that the way that we implement and deliver the intervention is consistent, and enables us to deliver the right test of an intervention that is based on evidence, and that can actually be implemented in the real world. This also allows us to run multiple concurrent Randomised Control Trials (RCT), the gold standard approach to determining what works.
- Through the "What Works" series of publications, we provide all our partners with an accessible, yet complete, summary of key findings from our research. We aim to identify next steps and to assist in identifying how the learning could be applied to wider local services, to support that longer term, sustainable approach to preventing and reducing violence in our communities.
- For clarity, this is our local approach and is separate to other "what works" approaches being undertaken by other bodies, such as the Youth Endowment Fund. Although we will be sharing our evaluations accordingly to contribute to the wider evidence base.



What are we testing?

Each of our interventions or research exercises has been carefully designed around a clearly defined test methodology, cohort and research question. We have used our Research Project Lifecycle to ensure that we deliver an efficient, evidence-based intervention in a way that it can be tested in the real world using the most rigorous research methods possible. More detail relating to our Research Project Lifecycle can be found at Appendix A.

This report summarises the findings of our School Navigator trial, following a complete academic year of delivery. This is the final analysis for School Navigator project 2023–24.

For the purposes of the school navigator project:

- A randomised controlled trial was conducted to test this approach
- Randomisation was done at the school level to ensure the most ethical way of testing this approach
- Four schools in treatment, four in control
- The cohort was children who have been suspended from school for the first time in the school year

Does offering children who have been suspended from school for the first time in a year six sessions of mentoring, working with them to problem solve around their suspension from school, result in them being suspended from school less in the rest of the school year?

Key Findings Summary

17.5% **lower** suspension rate in suspended pupils in the terms following the term in which they were eligible for mentoring, in the treatment schools compared to the control schools.

11.5% **lower** overall suspension rate in treatment schools (including the treatment term) than in control schools

Both these results were statistically significant at a level of less than 10% likelihood that the findings occurred by chance.

Students within the treatment group who received the mentoring by a Schools Navigator also recorded improved scores in their self-reported emotional wellbeing and their ability to cope with a range of difficulties being experienced.

These results are likely to be lower than potentially possible, as only 165 out of 415 (39.8%) pupils who were suspended at the treatment schools received the intervention. This may have been due to either the school not making a referral to the mentor for a reason, or the lack of parental consent to a referral.

If we extrapolate from these findings, a reduction in the mean number of suspensions equates to 401.8 suspensions prevented per year, and at an average of 1.98 days per suspension, this would mean 795 days of education not missed.

If each suspension requires just one hour of meetings and paperwork (an underestimate), this would result in a reduction in workload on a school of at least 400 hours – or almost an entire term.

WHAT WORKS

What is the School Navigator Approach

Disengagement with education and suspension or expulsion stand as significant risk factors for young people becoming involved in crime and violence. Analysis of suspension data from 2022-23 during the business capabilities stage of this research project's design showed that around 70% of children who have been suspended once in a school year go on to be suspended two or more times in the same school year. This provided a strong cohort with a likely negative outcome; a group of children for whom we would expect to see bad outcomes in terms of suspension if we did not provide an intervention.

SOFEA: Provider of School Navigator Programme

- SOFEA Milton Keynes is a charity providing education, employability and work experience training and employment opportunities. Their two Schools Navigator posts work with six schools across Milton Keynes.
- They use a similar strengths and needs approach to exploring how to support a young person to make their own behaviour changes. They have worked with those at risk of exclusion or with behaviour problems but also some identified as having wider risk factors including involvement in drugs or at risk of being exploited by others.
- SOFEA are also a provider of alternative education at their Milton Keynes facility. When not working in one of the six other schools, the two Schools Navigators provide the same approach to those on the SOFEA education provision.
- SOFEA also offers opportunities to those over 16, helping them to engage in employability training and work experience, supporting with CV writing and job hunting. They also provide therapeutic support, social events, trips out and activities which aim to boost social skills and give safe spaces.

Cohort and Trial Methodology

Children become eligible for the treatment at the point of their first suspension from school in the current school year. This was identified as being a strong indicator of future re-suspension. The treatment was available for all children at the four treatment schools.

Whilst the strongest experiment would be seen with randomisation at the individual level, it was decided that having some children at a school being offered this intervention and others in the same classes, school and circumstance not being offered it would have too great a potential to feel unfair, and therefore there was a risk of a backfire effect in the control group if that were done. Therefore the decision was taken that the most ethical way of conducting the trial was for randomisation to be done at the school level.

Eight suitable schools were identified by the Head of Education for the council where the trial was conducted, with this suitability being that they were stable in terms of both management and assessment by OFSTED, so no major changes were expected, and they had a level of suspension that was high enough to warrant intervention. The head teachers of the eight schools identified for the trial were contacted and consented to their schools being part of the trial, in the knowledge that the schools that were to receive the treatment would be chosen by random assignment. The schools were matched within the eight in relation to their level of suspensions in the previous year, and randomisation was conducted within each pair of schools, with one going into the treatment group and the other into the control.

Following the trial, analysis was conducted to determine whether there was a difference in re-suspension likelihood or re-suspension rate, and this was conducted both for the entire remainder of the year, as well as just for the terms following the implementation to allow for all sessions to be conducted before we look for an outcome afterwards.

Self-reported assessment questionnaires:

Students who completed the mentoring were asked to complete two separate questionnaires – the self-reported Strengths & Difficulties Questionnaire (SDQ) and the Warwick-Edinburgh Mental Well Being Scale (WEMWBS) – both of which are established methodologies for measuring a child's self-reported difficulties and their emotional well-being.

To note, only those children who completed the course of mentoring completed questionnaires with the Schools Navigator mentor, not any child in the treatment group who was not referred, or any child in the control group. Questionnaire results have risk of selection bias and should not be used to suggest overall change due to the programme, only in cases where it is completed. 51% of children who started the course of mentoring completed it.

The Strengths and Difficulties Questionnaire and the Warwick Edinburgh Mental Well Being Scale were completed at the start of the mentoring to establish a baseline, and again following the final session of mentoring. Whilst this part of the trial is only a before-after analysis within the treatment group as we were not able to conduct the same analysis in the control group, this has been included to provide insight into why we may see any findings that we discover. These scales are described below:

Strengths and Difficulties Questionnaire (SDQ)

The Strengths and Difficulties Questionnaire (SDQ) is a behavioural screening tool based on self-reported scores on questions which ask about 25 attributes, some positive and some negative. These 25 attributes combine to make 5 scales:

1. Emotional Problems
2. Conduct Problems
3. Hyperactivity
4. Peer Problems

These four can be added together to give a total difficulties score; and two further scales can be created from pairs of scales; externalising (Conduct Problems and Hyperactivity) and Internalising (Emotional Problems and Peer Problems).

5. Prosocial Scale (sits on its own)

There is also an impact supplement to assess how much their difficulties impact them, in terms of interfering with their home life, friendships, learning and leisure activities.

Warwick Edinburgh Mental Well Being Scale

The Warwick Edinburgh Mental Well Being Scale is a 14 item scale which is summed to create a single score, and was designed to allow measurement of mental wellbeing in the general population as well as for use in trials and interventions.

Because it has been used to determine population mental wellbeing, cut-offs have been defined that indicate where someone is likely to be in the bottom 15% of mental wellbeing (scores from 14–42), or in the top 15% of mental wellbeing (scores from 60–70). In addition, the scores have been benchmarked against scales for depression (CES-D), and scores of 41–44 are indicative of possible or mild depression, whilst a score of less than 41 is indicative of probable clinical depression.

The Intervention

This intervention, conducted as a randomised controlled trial, places youth workers into schools, delivering six sessions of one-to-one support for young people who have been suspended for the first time, and a follow-up session at the start of the term following the suspension.

The school is required to agree the suitability of the child for the mentoring (considering matters such as any Special Education Needs and Disabilities), and to obtain parental consent, prior to referral to the Schools Navigator mentors, who are all trained youth workers, employed by SOFEA.

When a referral is made, the same mentor will meet with the child six times, and then a further time at the start of the following term. The mentor undertakes problem solving that is centred around the young person's needs, and they also provide social skills training and bystander training. However, these are a minimal part of the intervention when compared to the mentoring.

For those who completed the course of mentoring, they were asked to complete the two self-assessed questionnaires (SDQ and WEMWBS).

Findings

The analysis of suspension rates across treatment and control schools shows the following findings:

17.5% **lower** suspension rate in suspended pupils in the terms following the term in which they were eligible for mentoring, in the treatment schools compared to the control schools.

11.5% **lower** overall suspension rate in treatment schools (including the treatment term) than in control schools

Both these results were statistically significant at a level of less than 10% likelihood that the findings occurred by chance.

In the completion of the self-reported questionnaires, these were undertaken at the start and then at the conclusion of the six weeks or at a point they mutually agreed the pupil had gained as much benefit. 51% of children who started the course of mentoring completed it and so there were pupils for whom a before and after score comparison is not available.

63 Strength & Difficulties Questionnaires were completed. The results from these showed:

- Significant reduction in total difficulties reported on SDQ
- Significant reduction in total hyperactivity reported on SDQ
- Significant reduction in total supplement score on SDQ
- Near significant reduction in total externalising score on SDQ
- However, there was also a significant reduction in their prosocial score as well.
- Non-significant reductions in internalising, emotional problems, conduct problems and peer problems measured

87 of the Warwick Edinburgh Mental Well Being Scale were completed, which showed a significant increase in total score, a positive metric.

Furthermore, the WEMWBS also creates a spread of those children who would be in the lowest 15% of wellbeing, those who would be in the middle or standard wellbeing range, and then those in the highest 15% wellbeing range.

There was a doubling from four to eight of those pupils placed in the highest wellbeing range, and reduction of those in the lowest.

For the data tables, see Appendix B.

What do the findings mean?

Whilst the reduction in suspension rate has a 10% likelihood that it occurred by chance (not considered statistically significant), the suspension rate across the treatment schools was higher in the first month of term than it was for the control schools, when defined as the average number of suspensions per student suspended. This lends confidence to the impact of this intervention.

It would be of major benefit to conduct a larger scale trial of this intervention to allow for definitive results to be established. However, given that only 39% of eligible children undertook the intervention, and we have found significant change in mental wellbeing and self-reported difficulties, the actual effect if all eligible children received the intervention is likely to be much higher than 17.5%.

In the eight schools that were part of the trial, a 17.5% reduction in the mean number of suspensions after the first equates to 401.8 suspensions prevented per year. At an average of 1.98 days of suspension per suspension episode, this would mean 795 additional days of education, and this only scales up as we are able to deliver this intervention at more schools.

If each suspension requires just one hour of meetings and paperwork, which we feel would be an underestimation, this would result in a reduction in workload for teachers or school leaders of at least 400 hours, or almost an entire term.

The questionnaire results only have a response rate of 38% for SDQ and 53% for WEMWBS, so whilst the results are extremely positive, there is a risk of selection bias, and so this risk should be taken into consideration when reading those parts of the results. However, the combination of all three types of result does add to our confidence that this is an intervention that is likely to produce effective reductions in school suspension.

Buy-in from school management and school staff is essential to run this kind of intervention. If the children are not encouraged to attend sessions that they have consented to undertake it can result in missed sessions. This was also apparent in the quantity of eligible children who were not referred into the programme. However, most children do seem to engage with this mentoring if offered, and if their parents give consent.

Experimental implementation was expensive in terms of delivery cost per child. While this could potentially have been somewhat reduced had we had more time and knowledge before the commencement of the trial. However, there is definitely a factor of randomisation that can increase cost of delivery. In this case it was due to the fact that we could not choose schools that were close together so we may well have made it more difficult for our mentors to travel into the locations to give mentoring, in turn limiting the number of sessions that could be delivered.

Since the trial has finished, we have performed a value stream mapping exercise relating to this intervention and by expanding delivery to eleven schools and implementing nine morning or afternoon blocks of delivery per week, within which five sessions of mentoring can be run; this new approach has reduced the cost of delivery to just over a quarter of the original cost of delivery, now costing £240 per child. This also means that one full time equivalent mentor can work with up to 45 students per week. This will have to be monitored for quality and sustainability, but it demonstrates a strong argument for reviewing delivery in between any randomised trial and any implementation phase, as it would be awful to bake inefficiencies into long term delivery.

The reduction in future suspension rate, reductions in self-reported difficulties and improvements in emotional wellbeing may well have a knock on impact in a number of areas. It may have an impact on both attainment and on behaviour in the classroom; behaviour that is now not getting the child suspended. This behavioural improvement is also likely to have a knock on benefit on the behaviour and attainment of other children in the same classes. This is also likely to have a marked effect on the workload of teachers and school staff who deal with discipline, suspension, and meetings with parents of children who have been suspended. Reductions in disciplinary work and paperwork relating to disciplinary action may well also have a knock on effect on teacher and school-staff member wellbeing and job satisfaction.

Implications for wider adoption and next steps

The results of this trial are promising, showing that it is possible to reduce repeat suspension from schools, and therefore potentially reduce the impact of suspension from school on young people's lives. However, this was a small trial, and as such it would benefit from replication and further testing on a larger scale. It has been possible to make the delivery of this project much more efficient to deliver following the experimental period, and this is something that should be considered in all implementations of research; experimenting to discover what works can introduce inefficiencies which should be reduced as far as possible before implementation to maximise value for money.

We encourage all local partnerships to review the learning and consider mechanisms to test or implement this approach. Ideal implementation would involve either a replication of this research to ensure the findings are repeatable, or an experimental implementation in order that the manner in which it is implemented can be assessed for efficacy, and to ensure that a similar level of delivery is achieved.

Feedback from students following mentoring:

"It gave me a new perspective onto life and how my actions are going to make a major impact on my life. The mentor taught me how to control my feelings and actually sit down with myself to see how I can improve myself - thank you. The sessions were really good and open. I had never felt so comfortable with someone by just meeting them less than two months. I love her. She made me feel safe and heard about my ups and downs and always motivated me."

"These sessions have helped me set some goals I want to get to and also think about respecting my family more. I have made my relationship with my mum and my nan better."

"I learnt to like myself and to be at peace with that. To focus on the good stuff and not on the bad stuff."

"It's been better as normally I don't have anyone to speak to. I haven't got as angry and haven't got angry in school. I focus better and I can now understand what the teachers are saying and I can see it from their point of view."

"I'm calmer, you taught me about how to calm down in stressful situations. I know I can do anything in life situations. I've been able to make new friends as I had only 2 or 3 friends and now I have 15. People want to be around me more because I am not so angry."

"It has been extremely useful. I didn't think it would make any difference at all, but it has made a big difference. It feels like another person you can talk to. My opinion on mentoring has completely changed from having more support."

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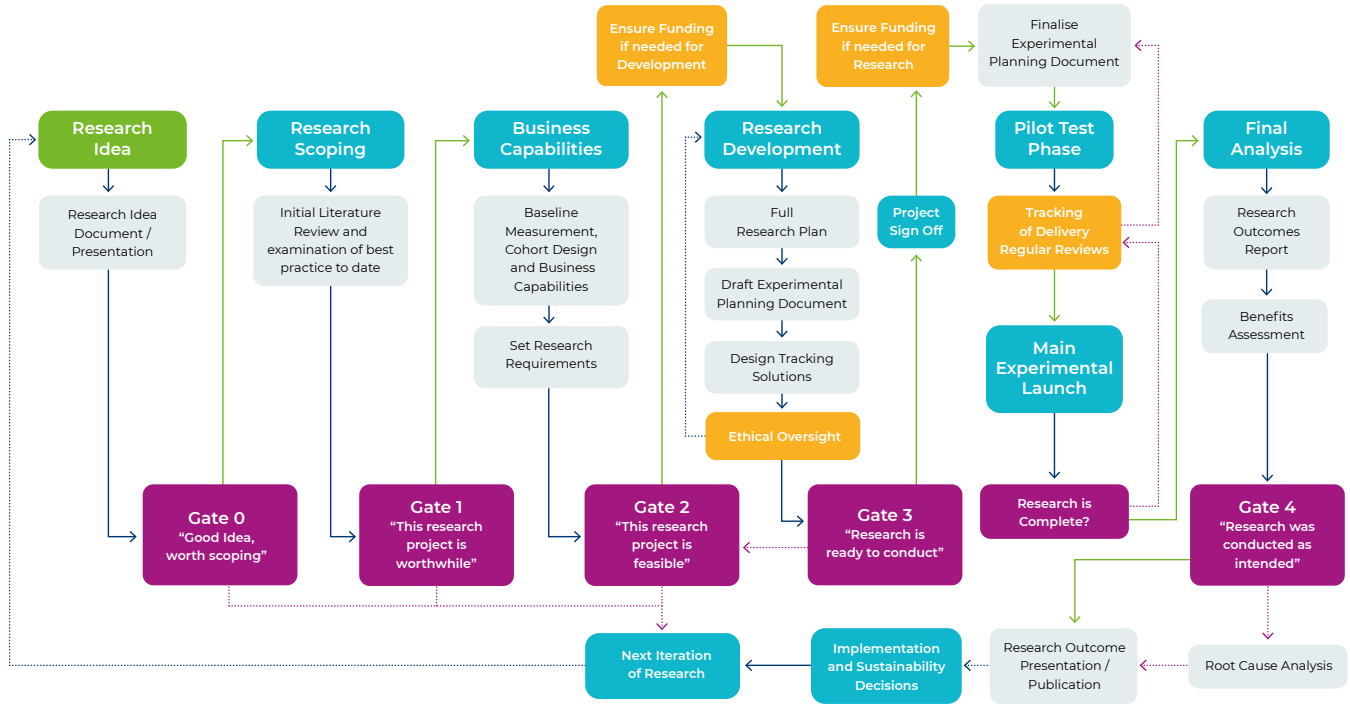
Appendix A: Our Approach: The Research Project Lifecycle

In order to avoid some of the pitfalls often associated with public sector research projects, which often lead to not being able to say what works, or what effect has been had for the money or resource invested, we developed the Research Project Lifecycle.

This is a project management approach to running research projects in the public sector, and allows for the research management team to pause at each stage to ensure that it still meets the needs of the organisation, that it is based in best evidence, that it is possible and feasible to run, and that it is well planned, ensuring the best and most ethical test of something that can actually be implemented.

This approach has enabled Thames Valley Violence Prevention Partnership to conduct multiple concurrent high quality interventions, including six randomised controlled trials in a range of different areas.

Embedding a "what works" approach



Reference: Adapted from Olphin, T.P.A., (2023). *Research Project Lifecycle: A Structured Approach to Conducting Research in the Public Sector, Reading, UK*: Thames Valley Violence Reduction Unit.

Appendix B: Statistical significance – Data tables

Statistical significance and why it might not matter

Statistical significance simply helps us to determine whether the results of an experiment are likely to be true, and not just due to random chance. Traditionally in scientific literature, $p<0.05$ is used as a cut-off to indicate that this finding is less than 5% likely to have occurred by chance.

However, this cut-off can be moved, and might not even be essential depending on what is being evaluated, the level of cost and benefit, and the ease of implementation. In other words, if all of the findings are going in the same beneficial direction, the implementation is not expensive, and the potential benefits are a massive reduction in negative outcomes then we may choose to be much more flexible with the traditional values for significance as it is not the main important factor. There are other things, such as all findings going in the same direction, that may improve trust in the findings and give much greater confidence than through the use of statistical significance alone.

Strength & Difficulty Questionnaires:

Description	Mean Difference	Paired T test results	Likelihood of chance*
SDQ Total Difficulties Score	-1.111111	t = -2.151 df = 62 p-value = 0.03538	Less than 5%
SDQ Total Externalising Score	-0.6031746	t = -1.771 df = 62 p-value = 0.08147	Less than 10%
SDQ Total Internalising Score	-0.5079365	t = -1.5173 df = 62 p-value = 0.1343	less than 15%
SDQ Total Emotional Problems Score	-0.3015873	t = -1.2671 df = 62 p-value = 0.2099	More than 20%
SDQ Total Conduct Problems Score	-0.1269841	t = -0.70989 df = 62 p-value = 0.4804	Less than 50%
SDQ Total Hyperactivity Score	-0.4761905	t = -2.1273 df = 62 p-value = 0.03738	Less than 5%
SDQ Total Peer Problems Score	-0.2063492	t = -1.1567 df = 62 p-value = 0.2519	Less than 30%
SDQ Total Supplement Score	-0.5396825	t = -2.152 df = 62 p-value = 0.0353	Less than 5%
SDQ Total Prosocial Score	-0.6190476	t = -3.1926 df = 62 p-value = 0.002216	Less than 1%

* Percentage likelihood the finding occurred by chance

Statistically significant – less than 5% likelihood that the finding occurred by chance

Not statistically significant – greater than 5% likelihood that the finding occurred by chance

Warwick Edinburgh Mental Well Being Scale:

Description	Mean Difference	Paired T test results	Likelihood of chance*
WEMWBS Total Score	2.494253	t = 3.6181 df = 86 p-value = 0.00025	Less than 1%

Time	Low Wellbeing Range	Standard Wellbeing Range	High Wellbeing Range	Percentage Low	Percentage Standard	Percentage High
Baseline	17	66	4	19.5%	75.9%	4.6%

* Percentage likelihood the finding occurred by chance

Statistically significant – less than 5% likelihood that the finding occurred by chance

Not statistically significant – greater than 5% likelihood that the finding occurred by chance

Authors and Referencing

Lead Researcher: Tori Olphin, MBE
Head of Data Science, Research and Evaluation,
Thames Valley Violence Prevention Partnership

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This work would also not have been possible if not for the support of Milton Keynes Council and from the staff and leadership of all of the schools involved in the trial, and most importantly for the hard work of the youth workers from SOFEA Milton Keynes, who engaged these young people; thank you for all that you have done.

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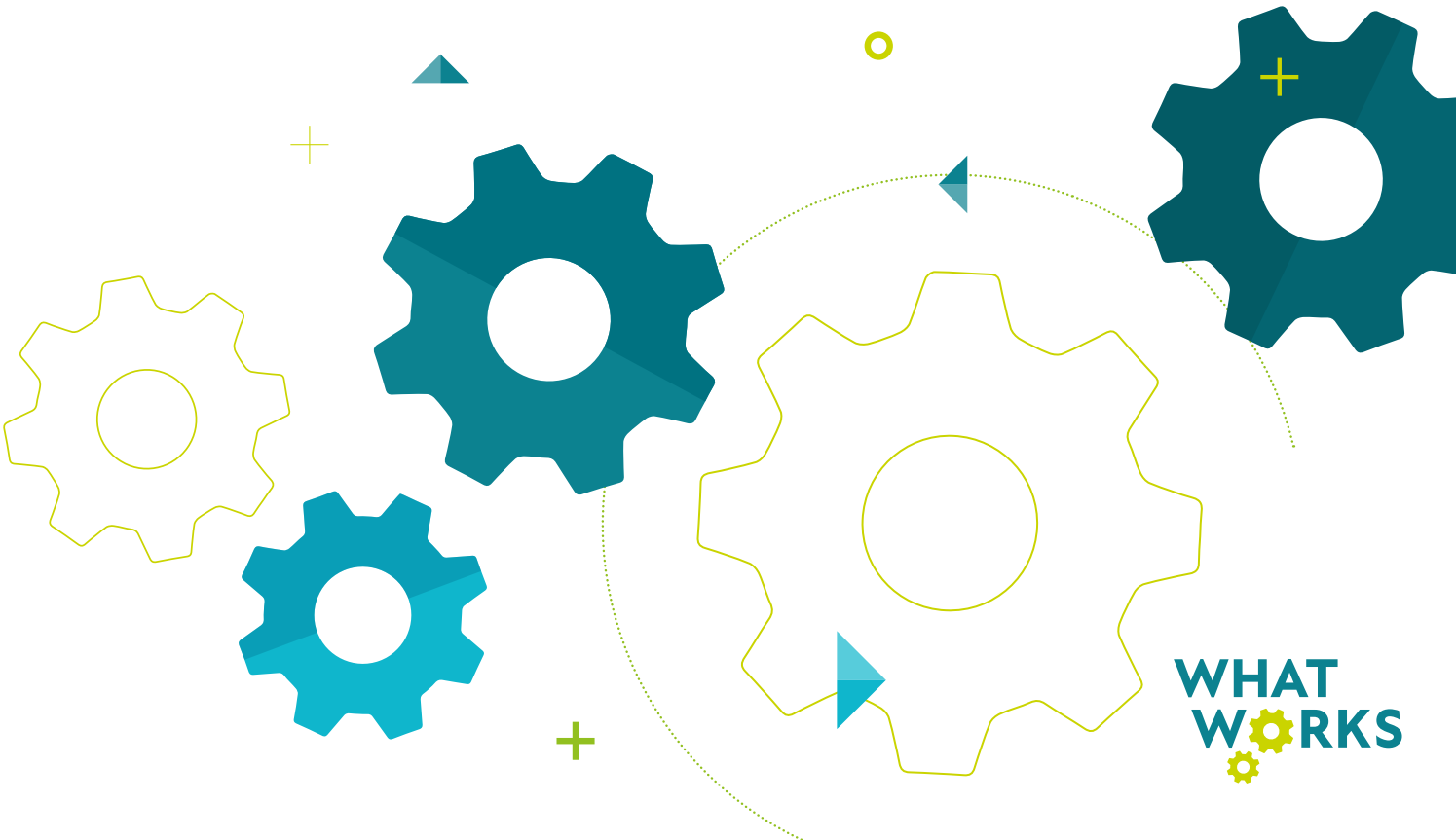
Contact Us

If you have any questions please contact the core programme team via **vpp@thamesvalley.police.uk**

Our website has information on all our projects and evaluations. **www.tvvpp.co.uk**

You can also follow us on X/Twitter **@TV_VPP**



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