Independent Impact Evaluation Report: 2017

Brighter Futures: Nurture Outreach Service

Introduction

This report provides an impact evaluation of the Brighter Futures Nurture Outreach Service. Brighter Futures was commissioned by the School Forum to run a pilot nurture service from September 2014 to April 2016, based upon consultation with primary heads and a range of professionals. This service was commissioned in response to reports indicating an increasing number of children with complex social, emotional and behavioural needs in mainstream schools within Bath and North East Somerset, particularly in Reception aged children. This trend is reflected nationally (CYP, 2015). The service also resonates with the new SEN/D reforms (DfE, 2013) in addressing children with social, emotional and mental health difficulties (SEMH) and addresses Ofsted's new Common Inspection Framework in relation to pupils' personal development, behaviour and welfare. The Project also addresses key government policy which seeks to narrow the attainment gap for disadvantaged pupils (DfE, 2014).

Interventions informed by research on attachment needs and trauma are increasingly being recognised as significant in helping to support children with SEMH (Parker et al, 2016). Attachment issues and trauma affect children's relationships with peers, teachers and support staff. Securely attached children are more likely to attain higher academic grades, have greater emotional regulation, social competence, willingness to take on challenges and have lower levels of ADHD and delinquency (Bergin and Bergin, 2009). It has been suggested that 'schools may be the optimum sites for buffering the impact of stress, building resilience and enhancing individual capacities for learning' (Nagel, 2009). There has been increasing recognition of the need to address such issues on a national level from a range of major national organisations such as the Department for Education and the National Institute for Health and Care Excellence (NICE).

Aims of the Nurture Outreach Service

1. To increase the capacity of schools to meet the needs of children with complex behaviour and emotional difficulties by developing staff skills and confidence in using the Nurture approach.

2. To offer those schools who are receiving children with complex behaviour and emotional difficulties to have a better understanding of the needs of these vulnerable children so they are supported in their mainstream school wherever possible.

Description of the Service

Brighter Futures is a non-profit social enterprise based at Three Ways School consisting of a team of 30+ highly skilled, specialist, multi-disciplinary practitioners including: educational psychologists, specialist teachers, occupational therapists, early years practitioners, Thrive trainers, theraplay specialists and play therapists, all of whom are specialists in nurturing approaches, trauma informed practice and attachment difficulties. An integral part of the Service is to develop the Thrive Approach which is a whole school programme that supports the emotional and social development of all children, in addition to targeted support for the most vulnerable learners. Thrive is a dynamic, developmental approach to working with children and young people that helps teachers and adults to interpret their behaviour and address their emotional needs. The Thrive Approach offers practical, effective tools and techniques that work, built around a web-based assessment and action planning tool, underpinned by a programme of training and mentoring support.

All cases are allocated a named Nurture specialist and are supervised by the Senior Educational Psychologist. The focus of the service is to support school staff to meet the needs of the children rather than providing 1:1 outside support with the child, thus empowering staff to support their pupils and building capacity of school staff.

Approaches used by the Nurture Outreach team:

- Whole school approach - Building the capacity of school staff through training, modelling nurture environments, nurture strategies and targeted interventions
- Classroom approach – providing consultancy and coaching for staff in nurture approaches, introducing the Thrive approach to assess, plan, do and review the impact of nurture interventions
- Providing consultancy and coaching for teaching assistants who are deployed to support children in a 1:1 or small group capacity
- Supporting staff to manage and engage learners during play times
- Integrating support from Early Years and Primary with other agencies to support collaborative working
- Supervision for staff who are working with the most complex cases
- Modelling nurture strategies for use with groups of children e.g. ‘sunshine circles’
- Providing training and ongoing CPD for school staff e.g. on Nurture, Attachment and Thrive Approaches.

Profile of children referred to the Nurture Outreach Service

Typical experiences of children referred for Nurture Outreach intervention include multiple parenting (e.g. foster care); multiple house moves (e.g. refugee and safe houses); children whose parent have experienced complex diagnosed mental health needs, complex substance use issues, incarceration/police involvement; children who have experienced and been witness to domestic violence. At pre-intervention all the children in the study had very

low concentration and application to task thresholds, inability to work alongside peers and poor capacity to interact with adults which included poor listening and verbal skills, as well as challenging behaviour and emotional needs.

Summary of impact

"The service is in-valuable for these children and absolutely life changing. NOS has supported the child, The TA, The Teachers and the SENCO, this has had a school wide impact on the way we support children in school."

"Has impacted positively on others in the class, it has given them strategies to deal with a range of behaviour. The child has developed skills to build meaningful relationships with peers."

1. The Strengths and Difficulties Questionnaire (SDQ) which was used to assess strengths and difficulties experienced by a child, in particular, emotional symptoms, conduct problems, inattention, peer relationship problems and pro-social behaviour revealed a statistically significance reduction in symptoms. Significant improvements were also found in the Thrive scores of pupils after training.

2. In terms of the impact on the children regarding the behavioural indices, significant improvements were found in attendance, managing feelings, listening and attention, managing relationships, understanding and self-confidence.

3. In terms of the impact on the children regarding academic attainment, math, reading, writing, and speaking scores significantly improved post-training, closing the attainment gap for this vulnerable group.

4. In relation to all the staff's perspectives of their involvement with Brighter Futures, 100% agreed or strongly agreed that they received high quality advice and support from NOS; 100% agreed or strongly agreed that they felt more confident in meeting the needs of the vulnerable child/children; 100% agreed or strongly agreed that the well-being of the targeted child (children) has improved; 93% agreed or strongly agreed that targeted children) have made progress with their learning; 96% agreed or strongly agreed that NOS support has helped staff to adapt learning and/or environment for vulnerable children and 100% agreed or strongly agreed that staff have increased understanding of how to meet the needs of children with attachment difficulty/trauma.

5. Key features that the staff considered Brighter Futures did well included strategies, support, improving confidence, advice, understanding and improving services.

6. The case studies reflected the wider findings and demonstrated that there had been a positive impact on children, including a reduction in disruptive behaviour, progress in learning goal outcome attainment, and improved social relationships at school and home.

Findings of Impact Evaluation

Findings are drawn from the following data sources: Tracking Records of attendance, Thrive scores, Strengths and Difficulties, Academic Achievement (Math scores, Reading scores, Writing scores), Speaking, Managing Feelings, Listening and Attention, Managing Relationships, Understanding and Self-confidence of the children (n= 25) and compared to national data of expected achievement where available as well as self-reported evaluations of the service by staff (n=27). Illustrative case studies are also presented.

The report of preliminary findings is in the following parts:
Part A - Progress Data of children
Part B - Evaluation of service by staff
Part C – Case studies

Part A: Progress Data

A total of 25 children participated in the study. Progress data on attendance, Thrive scores, Strengths and Difficulties, Academic Achievement (Math scores, Reading scores, Writing scores), Speaking, Managing Feelings, Listening and Attention, Managing Relationships, Understanding and Self-confidence of the children. Data was collected at three time points: three months before the intervention (Time 1), after the intervention (Time 2) to explore for pre and post intervention differences and three months later (Time 3) to explore for evidence of sustained change.

Attendance

Data on the attendance of pupils was collected and percentage of student attendance for Time 1 (three months before training), Time 2 (at completion of training) and Time 3 (three months after training) was recorded. A one-way repeated measures ANOVA was conducted using Excel to compare attendance at Time 1, Time 2 and Time 3revealing a significant effect for time, $F(2, 69) = 7.75$, $p < 0.01$.

Post-hoc t-test comparisons indicated that there was a significant increase in attendance from for Time 1 ($M = 91.12$, $SD = 4.40$) to Time 2 ($M = 95.54$, $SD = 3.6$) and a significant increase in attendance from Time 1($M = 91.12$, $SD = 4.40$) to Time 3 ($M = 94.63$, $SD = 4.11$), but no significant difference between Time 2 ($M = 95.54$, $SD = 3.6$) and Time 3 ($M = 94.63$, $SD = 4.11$), indicating evidence of improved attendance from T1 and T2 and sustained change in T3. The means are illustrated in Figure 1.

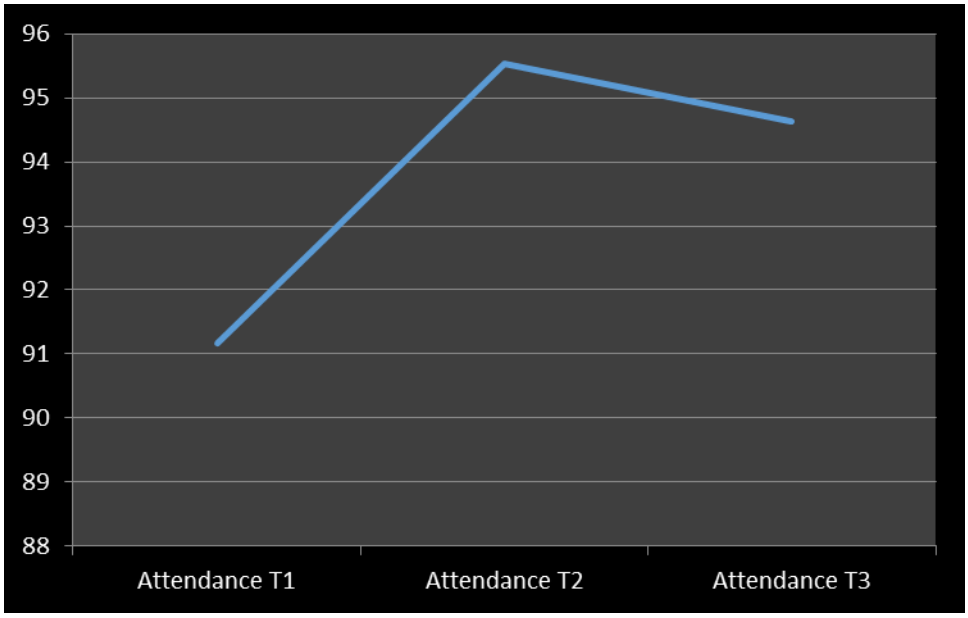

Figure 1. Mean attendance at Time 1, Time 2 and Time 3. Note: N =25

Thrive

Data on the Thrive scores of pupils was collected for Time 1 (three months before training), Time 2 (at completion of training) and Time 3 (three months after training). A one-way repeated measures ANOVA was conducted using Excel to compare Thrive scores at Time 1, Time 2 and Time 3revealing a significant effect for time, $F(2, 69) = 14.18$, $p < 0.01$.

Post-hoc t-test comparisons indicated that there was a significant increase in thrive from Time 1 ($M = 91.17$, $SD = 0.89$) to Time 2 ($M = 96.54$, $SD = 0.73$) and a significant increase in thrive from Time 1($M = 91.12$, $SD = 4.40$) to Time 3 ($M = 94.63$, $SD = 4.11$), and a significant difference between Time 2 ($M = 95.54$, $SD = 3.6$) and Time 3 ($M = 94.63$, $SD = 4.11$), indicating a significant difference in Thrive scores from T1 to T2 to T3. The expected Thrive score for T1 was 4.5, 4.6 for T2 and 4.7 for T3. Figure 2 illustrates the mean Thrive scores for the sample as well as the expected scores for this measure, revealing the effects of training on 'closing the gap' for this vulnerable group.

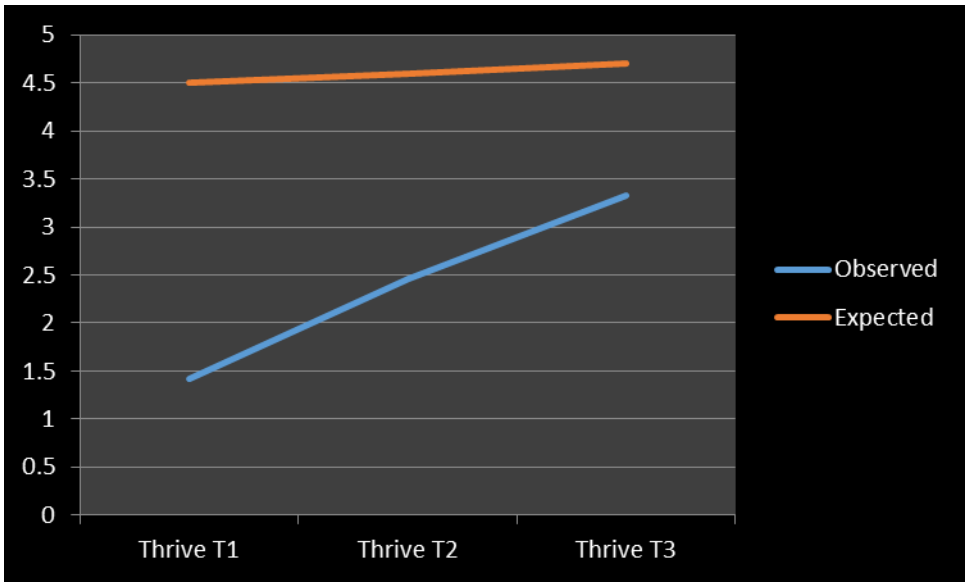

Figure 2. Thrive observed and expected mean scores. Note. N = 25

Strengths and difficulties questionnaire

The Strengths and Difficulties Questionnaire (SDQ) was used to assess strengths and difficulties experienced by a child, in particular, emotional symptoms, conduct problems, inattention, peer relationship problems and pro-social behaviour (Goodman, 1997). Psychometric properties of the scale were explored by Goodman (2001) revealing generally satisfactory reliability with respect to internal consistency (mean Cronbach a = .73), cross-informant correlation (mean = 0.34), and retest stability after 4 to 6 months (mean: 0.62).

A one-way repeated measures ANOVA was conducted using Excel to compare scores on the SDQ at Time 1 (three months before training), Time 2 (at completion of training) and Time 3 (three-month follow-up). The means and standard deviations are presented in Table 1.

There was a significant effect for time $F(2, 69) = 14.18$, $p < 0.001$ indicating evidence of increased gains after training.

Post-hoc comparisons using the t-tests indicated that the mean score for Time 1 (M = 19.71, SD = 5.4) was significantly greater than the mean score at Time 2 (M = 11.33, SD = 6.38); that the mean score for Time 1 (M = 19.71, SD = 5.4) was significantly greater than the mean score for Time 3 (M = 10.54, SD = 7.79); and that the mean score for Time 3 (M = 10.54, SD = 7.79)was significantly less than the mean score for Time 2 (M = 11.33, SD = 6.38), indicating progress from T1 to T2 to T3.The means plots are displayed in Figure 3.

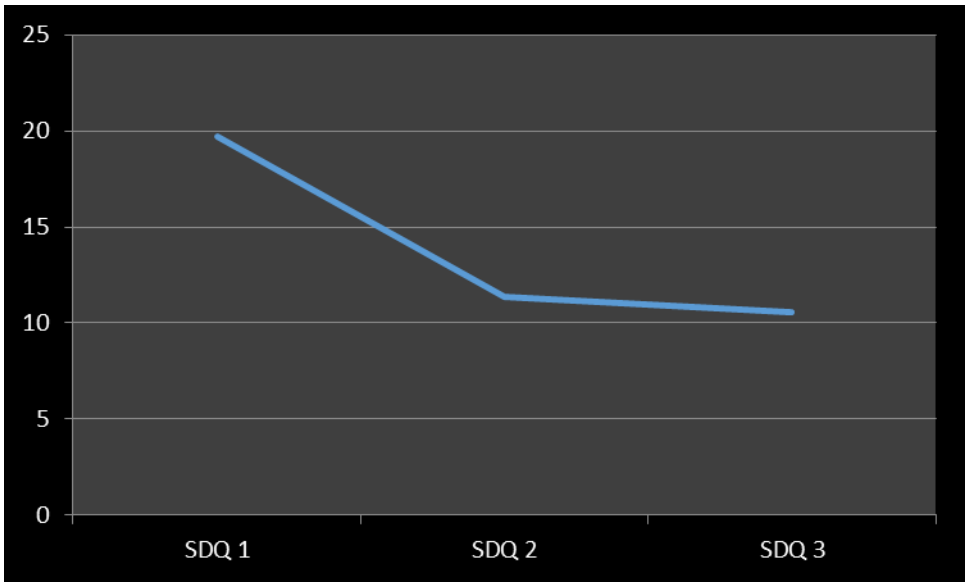

Figure 3. Means plot of Strengths and Difficulties Questionnaire mean scores at Time 1, Time 2 and Time 3. (NB reduction in score indicates positive progress). Note N = 25

Math scores

Data on the math scores of pupils was collected for Time 1 (three months before training), Time 2 (at completion of training) and Time 3 (three months after training). A one-way repeated measures ANOVA was conducted using Excel to compare math achievement at Time 1, Time 2 and Time 3revealing a significant effect for time, $F(2, 69) = 65.36$, $p < 0.01$.

Post-hoc t-test comparisons indicated that there was a significant increase in math from Time 1 (M = 6.38, SD = 1.53) to Time 2 (M = 8.71, SD = 0.99) and a significant increase in math from Time 1 (M = 6.38, SD = 1.53) to Time 3 (M = 10.13, SD = 1.15), and a significant difference between Time 2 (M = 8.71, SD = 0.99) and Time 3 (M = 10.13, SD = 1.15), indicating a significant difference in math scores from T1 to T2 to T3. The expected math score for T1 was 9, 10 for T2 and 11 for T3. Figure 4 illustrates the mean math scores for the sample as well as the expected scores for this measure, revealing the effects of training on 'closing the gap' for this vulnerable group.

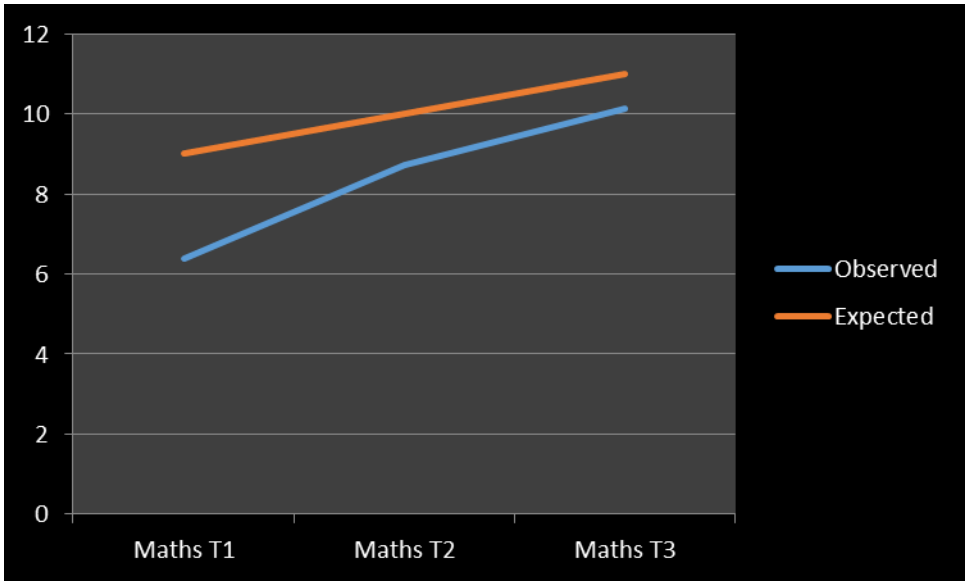

Figure 4. Math achievement observed and expected mean scores. Note. N = 25

Reading scores

Data on the reading scores of pupils was collected for Time 1 (three months before training), Time 2 (at completion of training) and Time 3 (three months after training). A one-way repeated measures ANOVA was conducted using Excel to compare reading achievement at Time 1, Time 2 and Time 3revealing a significant effect for time, $F(2, 69) = 55.39$, $p < 0.01$.

Post-hoc t-test comparisons indicated that there was a significant increase in reading from Time 1 (M = 6.0, SD = 1.17) to Time 2 (M = 8.41, SD = 1.21) and a significant increase in reading from Time 1 (M = 6.0, SD = 1.17) to Time 3 (M = 10.04, SD = 1.3), and a significant difference between Time 2 (M = 8.41, SD = 1.21) and Time 3 (M = 10.04, SD = 1.3), indicating a significant difference in reading scores from T1 to T2 to T3. The expected reading score for T1 was 9, 10 for T2 and 11 for T3. Figure 5 illustrates the mean reading scores for the sample as well as the expected scores for this measure, revealing the effects of training on 'closing the gap' for this vulnerable group.

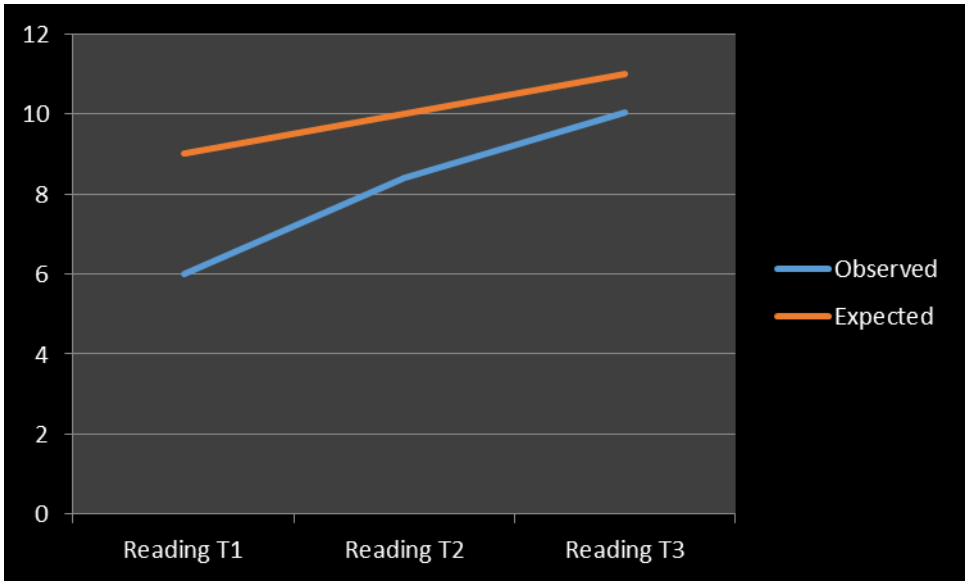

Figure 5. Reading achievement observed and expected mean scores. Note. N = 25

Writing scores

Data on the writing scores of pupils was collected for Time 1 (three months before training), Time 2 (at completion of training) and Time 3 (three months after training). A one-way repeated measures ANOVA was conducted using Excel to compare writing achievement at Time 1, Time 2 and Time 3 revealing a significant effect for time, $F(2, 69) = 55.76$, $p < 0.01$.

Post-hoc t-test comparisons indicated that there was a significant increase in writing from Time 1 (M = 6.21, SD = 1.2) to Time 2 (M = 8.41, SD = 1.21) and a significant increase in writing from Time 1 (M = 6.21, SD = 1.2) to Time 3 (M = 9.83, SD = 1.2), and a significant difference between Time 2 (M = 8.41, SD = 1.21) and Time 3 (M = 9.83, SD = 1.2), indicating a significant difference in writing scores from T1 to T2 to T3. The expected writing score for T1 was 9, 10 for T2 and 11 for T3. Figure 6 illustrates the mean writing scores for the sample as well as the expected scores for this measure, revealing the effects of training on 'closing the gap' for this vulnerable group.

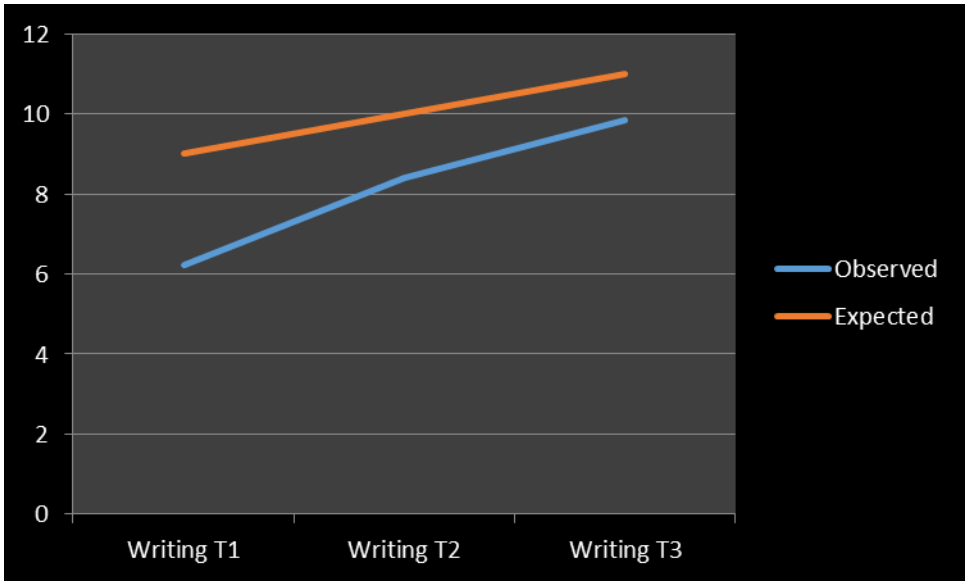

Figure 6. Writing achievement observed and expected mean scores. Note. N = 25

Speaking

Data on the speaking scores of pupils was collected for Time 1 (three months before training), Time 2 (at completion of training) and Time 3 (three months after training). A one-way repeated measures ANOVA was conducted using Excel to compare speaking achievement at Time 1, Time 2 and Time 3 revealing a significant effect for time, $F(2, 69) = 59.16$, $p < 0.01$.

Post-hoc t-test comparisons indicated that there was a significant increase in speaking from Time 1 (M = 5.96, SD = 2.07) to Time 2 (M = 8.5, SD = 1.22) and a significant increase in speaking from Time 1 (M = 5.96, SD = 2.07) to Time 3 (M = 10.38, SD = 1.01), and a significant difference between Time 2 (M = 8.5, SD = 1.22) and Time 3 (M = 10.38, SD = 1.01), indicating a significant difference in speaking scores from T1 to T2 to T3. The expected speaking score for T1 was 9, 10 for T2 and 11 for T3. Figure 7 illustrates the mean speaking scores for the sample as well as the expected scores for this measure, revealing the effects of training on 'closing the gap' for this vulnerable group.

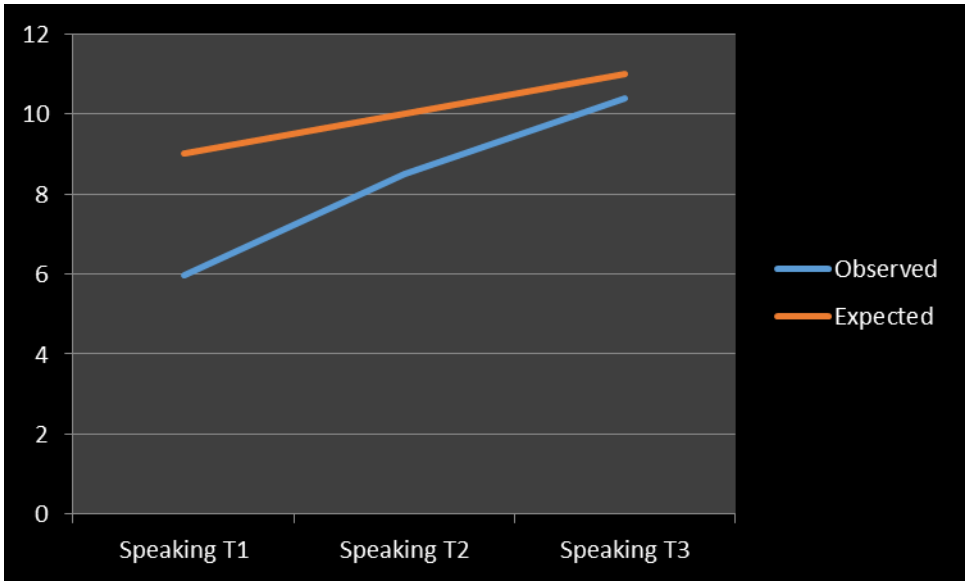

Figure 7. Speaking achievement observed and expected mean scores. Note. N = 25

Managing Feelings

Data on the managing feelings scores of pupils was collected for Time 1 (three months before training), Time 2 (at completion of training) and Time 3 (three months after training). A one-way repeated measures ANOVA was conducted using Excel to compare managing feelings at Time 1, Time 2 and Time 3 revealing a significant effect for time, $F(2, 69) = 44.90$, $p < 0.01$.

Post-hoc t-test comparisons indicated that there was a significant increase in managing feelings from Time 1 (M = 4.63, SD = 1.99) to Time 2 (M = 7.66, SD = 1.46) and a significant increase in managing feelings from Time 1 (M = 4.63, SD = 1.99) to Time 3 (M = 9.41, SD = 1.82), and a significant difference between Time 2 (M = 7.66, SD = 1.46) and Time 3 (M = 9.41, SD = 1.82)indicating a significant difference in managing feelings scores from T1 to T2 to T3. The expected managing feelings score for T1 was 9, 10 for T2 and 11 for T3. Figure 8 illustrates the mean managing feelings scores for the sample as well as the expected scores for this measure, revealing the effects of training on 'closing the gap' for this vulnerable group.

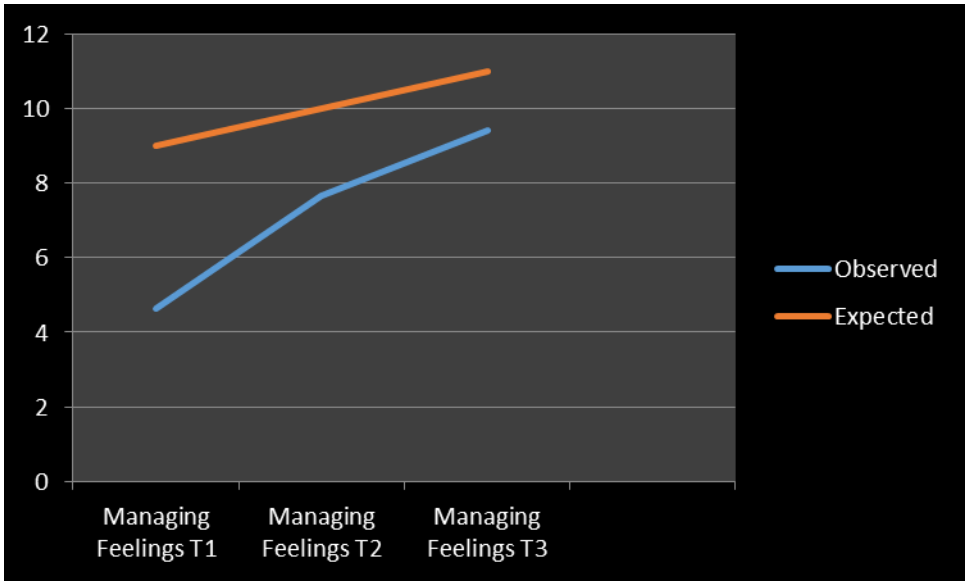

Figure 8. Managing feelings observed and expected mean scores. Note. N = 25

Listening and Attention

Data on the listening and attention scores of pupils was collected for Time 1 (three months before training), Time 2 (at completion of training) and Time 3 (three months after training). A one-way repeated measures ANOVA was conducted using Excel to compare listening and attention at Time 1, Time 2 and Time 3 revealing a significant effect for time, $F(2, 69) = 63.33$, $p < 0.01$.

Post-hoc t-test comparisons indicated that there was a significant increase in listening and attention from Time 1 (M = 5.34, SD = 1.61) to Time 2 (M = 8.2, SD = 1.28) and a significant increase in listening and attention from Time 1 (M = 5.34, SD = 1.61) to Time 3 (M = 10.04, SD = 1.42), and a significant difference between Time 2 (M = 8.2, SD = 1.28) and Time 3 (M = 10.04, SD = 1.42), indicating a significant difference in listening and attention scores from T1 to T2 to T3. The expected listening and attention score for T1 was 9, 10 for T2 and 11 for T3. Figure 9 illustrates the mean listening and attention scores for the sample as well as the expected scores for this measure, revealing the effects of training on 'closing the gap' for this vulnerable group.

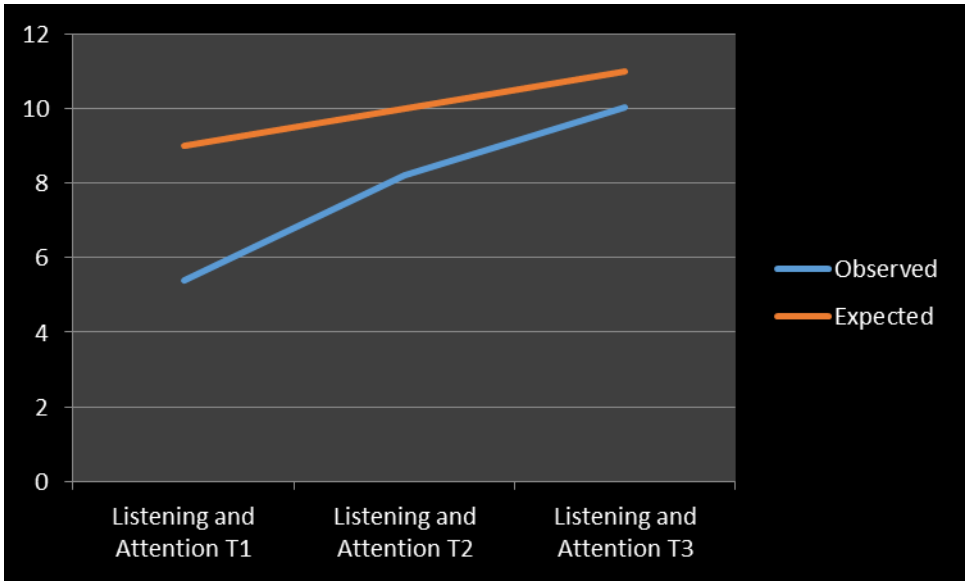

Figure 9. Listening and attention observed and expected mean scores. Note. N = 25

Managing Relationships

Data on the managing relationships scores of pupils was collected for Time 1 (three months before training), Time 2 (at completion of training) and Time 3 (three months after training). A one-way repeated measures ANOVA was conducted using Excel to compare managing relationships at Time 1, Time 2 and Time 3 revealing a significant effect for time, $F(2, 69) = 70.16$, $p < 0.01$.

Post-hoc t-test comparisons indicated that there was a significant increase in managing relationships from Time 1 ($M = 4.62$, $SD = 1.68$) to Time 2 ($M = 7.88$, $SD = 1.32$) and a significant increase in managing relationships from Time 1 ($M = 4.62$, $SD = 1.68$) to Time 3 ($M = 9.92$, $SD = 1.64$), and a significant difference between Time 2 ($M = 7.88$, $SD = 1.32$) and Time 3 ($M = 9.92$, $SD = 1.64$), indicating a significant difference in managing relationships scores from T1 to T2 to T3. The expected managing relationships score for T1 was 9, 10 for T2 and 11 for T3. Figure 10 illustrates the mean managing relationships scores for the sample as well as the expected scores for this measure, revealing the effects of training on 'closing the gap' for this vulnerable group.

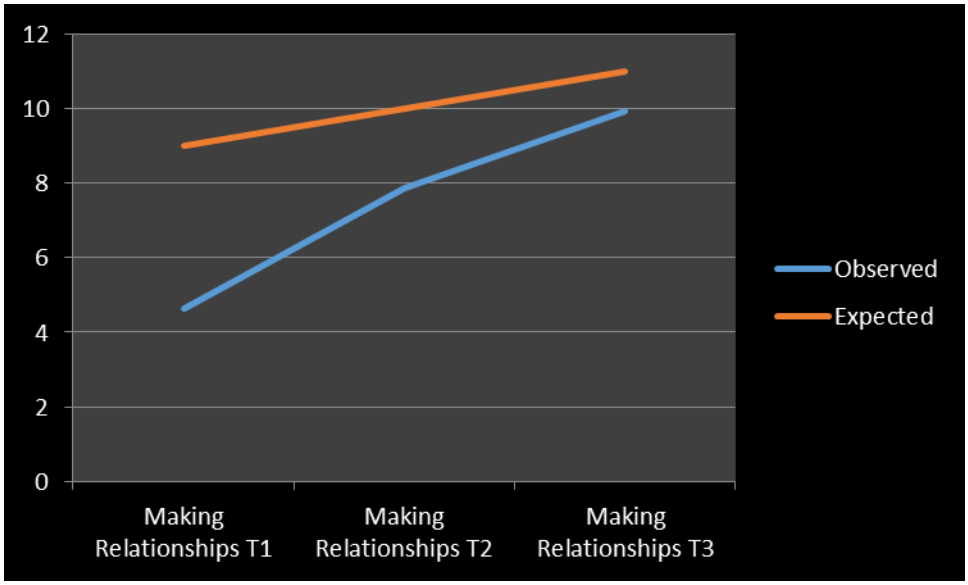

Figure 10. Managing relationships observed and expected mean scores. Note. N = 25

Understanding

Data on the understanding scores of pupils was collected for Time 1 (three months before training), Time 2 (at completion of training) and Time 3 (three months after training). A one-way repeated measures ANOVA was conducted using Excel to compare understanding at Time 1, Time 2 and Time 3 revealing a significant effect for time, $F(2, 69) = 111.70$, $p < 0.01$.

Post-hoc t-test comparisons indicated that there was a significant increase in understanding from Time 1 (M = 5.75, SD = 1.29) to Time 2 (M = 8.75, SD = 0.94) and a significant increase in understanding from Time 1 (M = 5.75, SD = 1.29) to Time 3 (M = 10.33, SD = 0.96), and a significant difference between Time 2 (M = 8.75, SD = 0.94) and Time 3 (M = 10.33, SD = 0.96), indicating a significant difference in understanding scores from T1 to T2 to T3. The expected understanding score for T1 was 9, 10 for T2 and 11 for T3. Figure 11 illustrates the mean understanding scores for the sample as well as the expected scores for this measure, revealing the effects of training on 'closing the gap' for this vulnerable group.

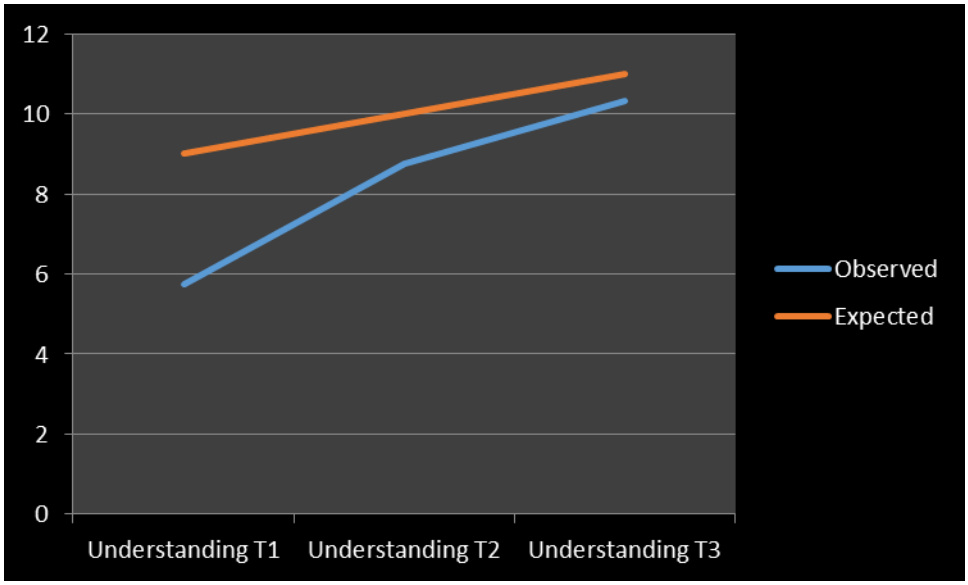

Figure 11. Understanding observed and expected mean scores. Note. N = 25

Self-confidence

Data on the self-confidence scores of pupils was collected for Time 1 (three months before training), Time 2 (at completion of training) and Time 3 (three months after training). A one-way repeated measures ANOVA was conducted using Excel to compare self-confidence at Time 1, Time 2 and Time 3 revealing a significant effect for time, $F(2, 69) = 98.28$, $p < 0.01$.

Post-hoc t-test comparisons indicated that there was a significant increase in self-confidence from Time 1 (M = 5.66, SD = 0.91) to Time 2 (M = 8.45, SD = 1.14) and a significant increase in self-confidence from Time 1 (M = 5.66, SD = 0.91) to Time 3 (M = 10, SD = 1.17), and a significant difference between Time 2 (M = 8.45, SD = 1.14) and Time 3 (M = 10, SD = 1.17), indicating a significant difference in self-confidence scores from T1 to T2 to T3. The expected self-confidence score for T1 was 9, 10 for T2 and 11 for T3. Figure 12 illustrates the mean self-confidence scores for the sample as well as the expected scores for this measure, revealing the effects of training on 'closing the gap' for this vulnerable group.

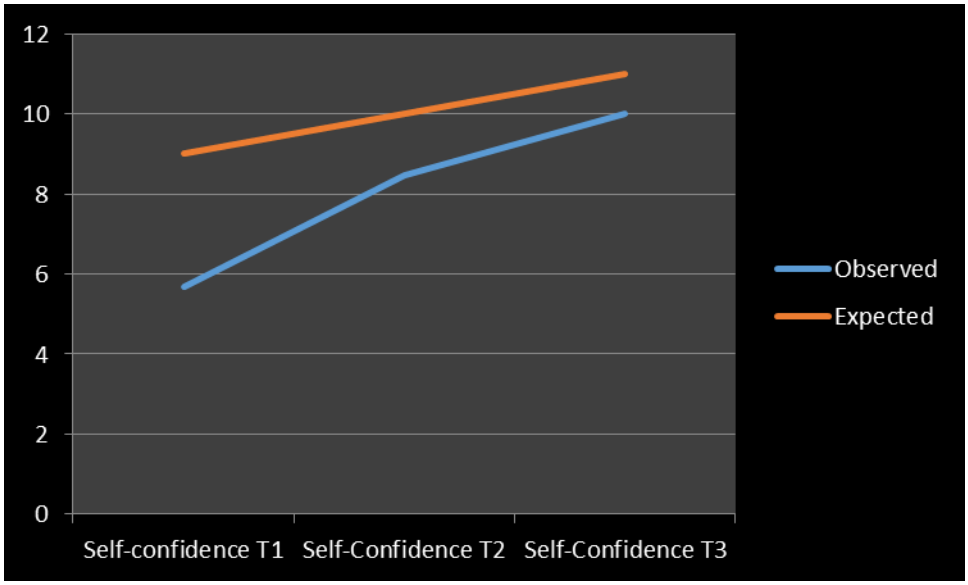

Figure 12. Self-confidence observed and expected mean scores. Note. N = 25

Students achieving expected levels for early learning goals

Data on the percentage of students achieving expected levels for Early Learning Goals 2013-2016 was collected (Department for Education SFR50/2016) for all pupils (67%) all SEN pupils (22%), SEN pupils with a statement or EHC plan (4%) and pupils receiving SEN Support (25%). In this sample, 100% of NOS cohort are SEN and 37% of NOS cohort have SEN with statement or EHC plan. Pre-intervention, 7% of the NOS pupils were achieving expected learning goals. By post-intervention, 51% were achieving expected learning goals. These differences are illustrated in Figure 13.

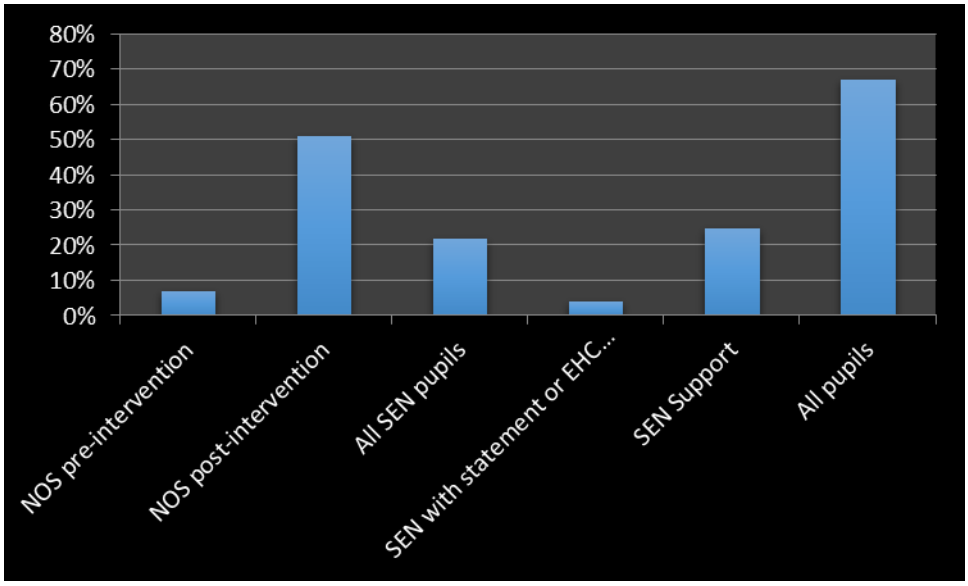

Figure 13. Percentage of students achieving expected levels for Early Learning Goals

Part B: Evaluation of BF services

Staff Questionnaire on the Impact of Nurture Outreach Service (NOS) 2016-17

A Staff Questionnaire on the Impact of Nurture Outreach Service (NOS) 2016-17 was completed by professionals from 16 primary schools offering different types of support (assessment, consultancy, supervision, training, modelling strategies, 1:1 work with children and group work). It was found that:

- 100% agreed or strongly agreed that they received high quality advice and support from NOS.
- 100% agreed or strongly agreed that they felt more confident in meeting the needs of the vulnerable child/children.
- 100% agreed or strongly agreed that the well-being of the targeted child (children) has improved.
- 93% agreed or strongly agreed that targeted children) have made progress with their learning.
- 96% agreed or strongly agreed that NOS support has helped staff to adapt learning and/or environment for vulnerable children.
- 100% agreed or strongly agreed that staff have increased understanding of how to meet the needs of children with attachment difficulty/trauma.

Free text feedback was elicited in this survey, to ask staff to reflect on positive outcomes of the service. Word frequencies were calculated, revealing: strategies (N = 5, e.g., 'Supporting the development of strategies upskilling staff'), support(N = 5, e.g., 'The support and advice is so valuable, this has given myself and others the confidence and understanding to deal with the children involved-absolutely great'), confidence(N = 4, e.g., 'Massively boosted confidence of staff working with the child'), advice(N = 4, e.g., 'Really helpful advice with strategies to try with the child'), improved(N = 3, e.g., 'Behaviour and attitude to learning has greatly improved'), and understanding (N = 3, e.g., 'Wider understanding of child's needs and how to support them in class') were the most frequently used words to describe the service.

Free text feedback was also sought to reflect on suggestions for development and / or improvements that could be made to the service. Of the 12 that offered qualitative feedback, five expressed satisfaction/ gratitude for the service ('Thank you for a great service', 'The service provided exceeded all of my expectations', 'The service we have received has been excellent', 'I can't fault what you do-Excellent', 'Perfect as it is!'; four requested more of the service ('Keep it going-increase it'; 'More sessions please';' Increased sessions needed', 'would have liked even more time') and three provided specific suggestions ('Possibly more specific suggestions re: 1:1 activities suited to the child and

his/her targeted area of need', 'Provide ideas for developing support further-practical ideas', 'Time with class teacher so that we can learn techniques').

This analysis has not revealed any clear indications of how the service needs to improve. However, the following suggestions could be drawn from the questionnaires:

- More sessions
- Continued service
- 1:1 activities targeted to the specific needs of the child
- Develop support with more practice-based activities
- Train the whole team

Part C: Case studies

Case study 1 Oli (not real name) 5 year old boy

Before NOS intervention: Early experiences of trauma and neglect. In Nursery setting, extreme behaviour and emotional distress Oli would lash out physically at other children and adults on a daily basis, throwing chairs and tables needing to be contained and isolated with 1:1 support. Parents also struggled to manage his behaviour.

NOS intervention: Observation and assessment in Nursery revealed that behaviours were mainly due to anxiety, not feeling safe and frustration of not being able to communicate his feelings. NOS specialist supported new school with transition plan helping staff and parents with strategies, bespoke timetable and Thrive plan, plus modelling and supervision for key staff on weekly basis.

Impact of intervention: Oli settled in school, sustained period of time without any disruption catching up with age appropriate expectations, met most of his early learning goals, able to form and sustain relationships with peers. Improved relationships at home. Successful transition into Year 1.

Case study 2 Tara (not real name) 5 year old girl

Before NOS intervention: In Nursery often hit staff and peers, very explosive temper tantrums, other children avoided Tara, very short attention span, wandering off and unable to settle. Experienced major bereavement and parents had physical and mental health difficulties.

NOS intervention: Observation and assessment in Nursery to identify needs. Supported transition into primary school, helping staff and parents to understand Tara's needs, modelling and support for key staff with consistent approaches, set up individual timetable including nurture activities 2 or 3 times a day to help Tara feel safe, secure and special.

Impact of intervention: Tara has made fantastic progress from low starting point. She now takes full part in class activities and has achieved all Early Learning Goals. She no longer shouts, or hits at staff or pupils. Tara has a good emotional vocabulary and has made friends.

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