

Speech Bubbles

An evaluation of the 2013-14 extended programme funded by the Shine Trust

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1. Introduction and background to Speech Bubbles

Speech Bubbles (SB) is a drama-led intervention aimed at improving speech, language and communication (SLC) in selected school children in Key Stage 1 (six- and seven-year-olds). It specifically targets schools serving areas of social and economic disadvantage in London and north-west England. In areas of social disadvantage, some measures suggest that over 50% of children start school with a SLC need (Locke et al., 2002). Language is clearly a major vehicle for learning and critical to children's mental, social and intellectual development (Communication Trust, 2010). If SLC needs are not tackled in the early years, they become increasingly difficult to address and are strongly linked in later life with mental illness, unemployment, relationship breakdown, and offending. Between 60% and 90% of young offenders have an identifiable SLC need (Bryan et al., 2007).

The SB programme was devised by the London Bubble Theatre Company (LB) with professional support from speech therapists, educational psychologists, and Southwark Pupil Development Centre. The researcher has been a member of the board of the London Bubble Theatre and therefore knew its education work and associate director Adam Annand (AA) who leads it. The programme consists of 24 weekly practical drama sessions, usually of 45 minutes, for up to 10 children referred because of their additional needs in SLC. Learning Support Assistants (LSAs), or occasionally teachers of Special Educational Needs Co-ordinators (SENCOs) from the schools accompany the group each week and participate fully in all activities. Each participating school is allocated a single theatre practitioner (TP) (trained and mentored by AA) who leads the weekly dramatisation of children's own stories. Every session follows a similar format:

- chanting of the values of the group (good listening, kindness, turn-taking, good acting)
- warm-up activities (see Figure 1)
- opportunities to invent and practise individual scenes in the story
- rehearsal of settings and particular events in the story
- visual reminders about the structure of effective stories
- acting out of the complete story by all the children, LSAs and other adults as the TP reads the story
- gentle wind-down activities
- final feedback to an observing teddy bear or other soft toy
- dictating next week's story by a child to an LSA or the TP.

Figure 1: Sample of typical warm-up and cool-down activities

The warm-up exercises rehearse many SB principles picked up in the dramatisation of children's stories (see Figure 1).
Children collect an imaginary bucket, place it in the middle of their circle and 'throw' their names into the bucket using voice and body, <i>loud, soft, as silly as you like</i> .
Children blow up an imaginary bubble, climb into it, clean it off inside so they can see out, float off into the sky and look down and say what they can see.
Children chant a song to actions: <i>get banana, get, get banana, chop banana, chop, chop banana, mash banana mash, mash banana, eat banana, eat, eat, eat banana EAT!</i>
A welcome song where children shake hands with each other: <i>how do you do? How do you do? I'm very glad to meet you, I'm very glad to meet you. How do you do? How do you do?</i>
At the end of a session children use an imaginary shower to wash off their characters.

More detailed descriptions of standard SB activities and a video can be found on the LB website.

The repeated format of SB is important. A predictable structure; secure, gentle relationships; clarity of purpose; consistent drama and child-centredness, and the confidence engendered within the group have been identified as reasons for the programme's successes in earlier reports (LB, 2009; Barnes, 2014). The success of the SB programme in achieving its aims is further evidenced in the continued support from the Southwark local authority, and invitations from schools in Enfield, Greenwich, Lewisham, Tower Hamlets, Hackney, Oldham, Manchester, and Rochdale. Repeat requests come from about 80% of participating schools on the basis of significantly improved outcomes for referred children in their school-based assessments.

LB keeps termly records on the outcomes of SB. It has commissioned several reports to monitor progress. A proto-SB programme called *Speak Out* was described by a Lewisham speech therapist as:

...making a statistically significant impact on children's sentence comprehension, naming of vocabulary, narrative, propositions, and narrative syntax and discourse.

Birkbeck College demonstrated that SB significantly added to children's confidence in using a range of communication skills (LB, 2009). The renamed SB programme was again reported on in 2012 and in an article published in the Royal Society for Public Health (RSPH) *Perspectives in Public Health* (Barnes, 2014).

Illustration 1: Children engaged in warm-up activities



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The evidence collected suggests the kind of children usually referred to SB. These children will display some or all of the following:

- low confidence in communicating (including selective mutes and those with English as an additional language)
- a language delay
- difficulty in organising thoughts and communicating them
- poor listening and poor attention skills
- poor relationships with others.

Within the theatre and drama education community, the SB method has received significant publicity and achieved considerable influence. Its method was outlined, for example, in the National Drama Conference 2011, *Worlds Together* international arts conference at Tate Modern 2012, the London Drama Conference 2013, and STEPS, Drama in Education conference in 2014. SB training has reached 20 experienced TPs and many other professionals involved in education. The SB video has been downloaded over 1,000 times in the past two years and its transferability and appropriateness recognised by TPs and funders across the country.

SB has also been of great benefit to teachers and LSAs. A feature of SB practice is the early involvement of LSAs in the delivery of the programme. This has resulted in LSAs from several schools taking SB principles and approaches to other year groups in their schools. Teachers use some of the ideas in whole class sessions, but have also been central to SB advocacy within Southwark and Lewisham. The 'job satisfaction' arising from LSA involvement with SB was one of several unexpected outcomes highlighted in the 2012 Report, *Promoting social and personal wellbeing in 5-7 year olds through the Speech Bubbles drama project*. Summaries of the programme are included in several national and international publications (Coventon, 2011; Clift and Camic, 2015; Sangster, 2014; Powell, David and Gooch, 2015) and have impacted upon teacher education and school practice.

1.1 The Shine-funded extension to the SB Programme 2012-2015

What works in education should be replicated. LB decided to gather further evidence of its possibly unique contribution to the educational, social and psychological wellbeing of children. New evidence was needed to explore whether TPs working in schools in other parts of the country could generate similarly positive feedback. After a successful bid in 2012, the Shine Foundation generously funded a major extension of SB beyond Southwark and Lewisham to schools elsewhere in London and in north-west England. This extension required LB to capture the precise formula of its SB successes and embark on a significant training and mentoring programme with other theatre companies. Over 150 professionals received SB training, including language specialist teachers, speech and language therapists, TPs, students, teachers, and school support staff. After training, new TPs regularly send reports on their work to LB. The tone of these responses is overwhelmingly enthusiastic.

1.2 Evidencing successful drama interventions with children with SLC difficulties

Participating schools consistently support SB. They claim that it achieves progress in most children referred with SLC difficulties (LB, 2009). The earlier *Speak Out* programme was successfully repeated in Southwark schools for more than six years. From 2008, when SB was devised, it was taken up by 12 schools and since 2012, 14 new schools have been added. The RSPH recognised the contribution of SB to the mental and social health of vulnerable children in its commendation of the LB during its annual awards for arts and health in 2013. London's Project Oracle (see their website) promotes good-quality research evidence of what works to improve the chances of children and young people awarded SB its Standard 2 commendation, and is supporting SB to achieve its highest Levels (Standards 4 and 5). These accolades, however, may not be enough to persuade financially hard-pressed education authorities, charities, academy chains and individual free schools that SB is both economically and educationally worth their investment. This Report seeks to establish a moral case but also point to the significant social, economic and educational value of SB. To do so it will marshal longitudinal evidence from schools; offer a broader range of assessments; address the issue of dosage; account for the mechanisms of change in children's attitude and application, and summarise the impact on adults working with children.

Longitudinal evidence from schools

SB is now in a position to offer longitudinal evidence of its successes. We therefore asked two schools involved in SB from the beginning to track the progress of 10 participating children from 2009 and 2010. They provided reasons for referral, Year 2 teachers' expectations, teacher assessments for English at the end of Key Stage 1, and the children's results in Years 5 and 6. These figures we hoped would test whether the SB intervention had improved outcomes and sustained them for this sample of children.

Long-time supporters of SB provided additional evidence. Many Southwark schools have worked with SB from the beginning and have developed ever deeper understandings of its contribution. Reports from these schools are especially useful.

A broader range of assessments

Research into apparently successful programmes must avoid bias. It was recognised that researcher, teacher, child and TP assessments of the progress may be biased towards success. While care was taken in the evaluations of 2009 and 2012 to allow the collected data to suggest its own themes, categories and properties (Glaser and Strauss, 1967) the excellent relationships built up between the SB schools and LB were such that the existing positive frame might distort opinions towards a favourable evaluation. This is a common feature in many evaluations, in particular those within the spheres of health and education. The fact that, despite heavily tightened education budgets, Southwark and most participating schools chose to continue buying in support from LB is strong evidence of its efficacy, but we sought more objective assessments. We selected five sources of extra judgements:

- independent assessments by two qualified and highly experienced speech therapists
- assessments by teachers and LSAs not associated with SB or London schools
- a range of assessments including those of wellbeing and engagement at the beginning and end of the SB programme
- case studies on individual children
- teacher referral and after-programme comments on all SB participants.

These will be described in further detail in the 'Findings' section of this Report (see page 13).

Address issues of dosage

If we accept that a high percentage of children with SLC difficulties benefit from sessions with SB (LB, 2009) further questions arise:

- how many sessions are necessary to make a difference?
- does a year's worth of sessions benefit a child more than a term's worth?
- if more hours were devoted to SB-type activity, would progress be faster/greater/more sustained?

These questions constitute valid enquiry about the correct dosage of an intervention such as SB. It is probable, however, that judgments on dosage will differ between those with economic, educational, social or psychological standpoints.

Account for the mechanisms of change in children's attitude and education

A number of specific and unique mechanisms operate in a SB programme:

- drama and theatre making dominate the activities
- established school staff (usually LSAs) assume roles very different from their everyday roles in the eyes of the children
- the ratio of adults to children is high (two or three adults to 10 children)
- the children are in a smaller group than usual
- SB groups have a supportive ethos and a well-articulated purpose
- the leader (a TP) is *not* a teacher
- the stories and their realisation are in the hands of the children
- the dominant atmosphere of a SB session is of play and playfulness.

These distinctive features of SB will be further described in the 'Findings' section and discussed later in this Report (see page 31).

Impact on adults working with children

The final area of evidence relates to the impact of the SB process on adults. The Report made for LB (Barnes, 2012) highlighted the unplanned for and positive impact on many LSAs who reported enhanced job satisfaction, new roles in the school, increased personal confidence and capacity. The same report also mentioned the responses of parents and included interviews with class teachers not directly involved with SB. The 'Findings' section of this Report looks in more detail at responses from LSAs, teachers and TPs, including a detailed record of special sessions with parents of children participating in SB.

Illustration 2: SB promotes confident and child-led responses to their own stories



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2. Methodology

Multiple modes of assessment add to the validity of evaluations. Mixed quantitative and qualitative methods have been used. The stories of individual children, their teachers, and the TPs are represented alongside figures and graphs that show the bigger picture.

2.1 Collecting the data

The range of methods and sources of data are outlined below.

A. Information routinely collected from each participating school was examined in detail. Schools supply LB with the following:

1. Brief statements by the class teacher or SENCO on each referred child's general communication and language/speech difficulties before the SB intervention.
2. (Before September 2014) details of each participating child's national curriculum (nc), Assessing Pupil Performance (APP) scales (P Level and Levels 1 and 2) in English Levels before the SB intervention.
3. (Before September 2014) school predictions of referred children's expected SATs grades in speaking and listening, reading and writing at the end of Key Stages 1 and 2,
4. Weekly summaries of individual children's participation and progress during their SB session (these inform planning and end of intervention comments).
5. Statements of general communication and language/speech difficulties on individuals *after* the SB intervention.
6. Assessments of the level of change for each child in speaking, listening and communication and behaviour during the SB year.

B. TPs were asked to supply further information:

1. Weekly summaries of each child's contribution during the SB session, under headings of 'taking turns', 'good listening', 'good acting' – values chanted at the beginning of each session. 'Kindness', another of the chanted values, is often discussed in relation to individual children.
2. Reports on the two open sessions (at the beginning and end of the intervention) to which all parents/carers of participating children are invited and which include records of parents' comments/responses to what they saw.
3. TPs' reflections and observations on particular events, sessions or general responses to the SB programme they lead.

C. Participating schools were asked to provide extra material for analysis:

1. Prediction figures for English from former SB children now Years 5 and 6 were supplied by one SB school (School 1).
2. Case studies on two children (one making good progress and one not) were to be supplied by three participating schools (Schools 2, 3 and 4).
3. Videoed SB sessions from three schools (Schools 5, 6 and 7) were to be analysed for indicators of children's wellbeing and involvement by parents, LSAs, teachers and an independent group of teachers.
4. Detailed observation and diagnosis of a random group of four SB children was to be carried out by an independent experienced speech therapist. She would use a number of established and standardised diagnostic tests in two further schools near the beginning and towards the end of the SB intervention (Schools 8 and 9).

The research data from the four contrasting modes of assessment above required the support of staff and children from each participating school. It was recognised that such additional requirements added significantly to the workload of teachers, LSAs and SENCOs, and that not every school would be able to respond. While the professionalism and integrity of school staff were assumed and often evident, it was also expected that some teachers and LSAs closely associated with the weekly SB sessions might develop an 'over-positive' response to the SB programme, resulting in a tendency to overstate achievements or assign them too easily to SB. Goodwill towards SB, especially amongst LSAs, was evident from previous interviews, training sessions and informal email responses to enquiries made as part of this research. On the evidence of training sessions and email communications with AA, new SB partners in north and east London, Manchester, Rochdale and Oldham were highly enthusiastic about the SB process and perhaps likely to exaggerate the successes of the intervention. To gain more objectivity this research sought independent responses.

2.2 Seeking neutrality

Independence from the LB, and specifically from the SB programme, was gained in the following ways:

1. Videoed sessions were analysed by parents of participating children. Despite opportunities to observe and participate in a SB session as part of the SB programme, parents were not always aware of what happened in sessions. Parents were not involved week by week in SB work and therefore were less likely to form close relationships with the method developed by LSAs, teachers and TPs.
2. Independent professionals were employed in the research. One independent speech therapist was asked to test children at an early stage in their work with SB and again towards the end of its involvement. This identified any changes in their SLC over the period of the SB intervention. The speech therapist came from a local authority outside London and had thirty years' professional experience of working with children with complex speech and language needs. A second speech therapist already working with one of the SB schools was also asked for a summary of their views on the programme.
3. Videoed sessions were shared with convenience samples of education workers from outside London. One group consisted of three LSAs used to working with children with SLC difficulties and the other was composed of three primary class teachers normally working with children in Key Stage 1 in Kent schools.

3. Ethics

The fact that the lead researcher has been a member of the board of the London Bubble Theatre must be taken into account, but great care has been taken to avoid bias. Ethical approval for this research was sought from the Canterbury Christ Church University Research Ethics Committee which approved the application, including the above research methods, and made no additional requirements. Letters asking for approval for videoed sessions and the use of anonymised individual details (Appendices I and II) were sent to each school and the parents/carers of children involved in SB in the schools to be included in the research. Teachers to be interviewed or to supply case studies and summary reports were contacted with explanatory letters (Appendix III). At all times parents/carers and teachers were assured that no individual names or information linking particular children to particular data would be made public, and that videoed material and photographs would remain the property of the school and destroyed after their research use. Teachers, parents/carers, LSAs and TPs were reminded of their right not to be quoted or not to participate in the research. There were no refusals.

Still photographs used in this Report are the property of the LB and the children and parents/carers involved have given permission for their use. These images have been used to illustrate this Report.

4. Findings

It was not always easy to gather the wide range of evidence envisaged. Schools are very busy places, confronting increasing bureaucratic pressures, recently subject to unannounced inspections, and often fearful of negative media coverage. Despite the extra work associated with this research, teachers, head teachers and LSAs generally responded generously with their time and professionalism. Of the nine schools asked to submit extra evidence, six did so and two submitted partial evidence. Additionally, it proved difficult for the researcher to gather groups of parents together in more than one of the three schools identified for that purpose. It was also only possible for the employed speech therapist to work with two schools and in one of those only informally. In both schools, the speech therapist gave advice and guidance to teachers and the SENCO in the light of what she observed in SB sessions. However, sufficient evidence was gathered to make a strong case for the SB approach. Where insufficient evidence was collected, this has been indicated.

4.1 School-based general assessments

Previous evaluations recorded improvements in the speaking, listening, language and general communication of between 70% and 80% of children (LB, 2009). Similar figures have been corroborated by both school and TP reports in the ensuing years and explain the continued commissioning of SB by schools and Southwark Children's Services (see Figures 4, 5 and 6).

Research in 2012 showed additional benefits of the SB programme. Significant increases in children's confidence, imagination, their social and psychological wellbeing *and* in the job satisfaction of LSAs were strong findings. SB also was credited with the development of new skills amongst some teachers (Barnes, 2012; 2014).

General assessments suggest that before 2012, the majority of children referred to SB in Year 1 were working at Level 1b of the then English national curriculum (nc) At the time each nc Level was broken into three sub-Levels a, b and c. Most children referred to SB were predicted to rise three nc sub-levels by the end of Year 2 to reach Level 2b – the average level for their age group. (Nationally 85% of children at the end of Key Stage 1 were assessed as at Level 2 in 2012) (Brooks, 2013). Teacher predictions on the same children were mostly corroborated by school assessments at the end of Key Stage 1.

The bare details of school assessment results do little to account for the popularity of SB. The answer may lie in the professional knowledge of Key Stage 1 teachers who know that the developing *attitude* of individual children towards their own ability is crucial to later educational, psychological and social development (see 'Discussion' below, [page 34](#)).

Simple nc Levels may tell us little about a child's potential or the reasons for referral. Individual stories reveal much more. One teacher, for example, referred a child to SB with the following words:

*___ is a bright child. He has the potential to do well. He is very quiet.
His voice is rarely heard in class.*

Other typical referral comments include:

Can express his ideas but they are often unrelated to the task at hand, and may not be appropriate to the context. He often 'zones out' in class.

Will ask questions, she sometimes will try to express and clarify her thinking but has a limited vocabulary. Lack of focus - easily goes into her own little world.

Finds it difficult to describe things and has a limited vocabulary. He has had speech therapy referrals and is difficult to understand. He cannot say many words clearly. He has come a long way from using only gestures to using simple words/sentences to say what he wants.

Lacks confidence and clarity when attempting to communicate. Does not speak in full sentences. Does not always understand instructions. Suspected EAL but parents say they speak English at home. Struggles to make links.

Brand new to English.

Finds it difficult to describe things and has a limited vocabulary. He has had speech therapy referrals and is difficult to understand. He cannot say many words clearly. He has come a long way from using only gestures to using simple words/sentences to say what he wants.

In 2013, levelled statements in English were removed from expectations at Key Stage 1 and the Standard Assessment Tests in English were abandoned and replaced by screening tests at the beginning of the Key Stage. Teachers largely welcomed these changes. They release some of the stress on both them and the children but it has become more difficult to make quantitative comparisons 'before and after' interventions. Teacher assessments now have more weight, but critics highlight the lack of sufficient training in making judgements and at Key Stage 1 many assessments are more qualitative (NFER, 2013). These changes are reflected in the data SB has collected from schools (see 4.4 Teachers' views).

In September 2013, participating schools were asked to record 'before and after' statements on SB children. Teachers and LSAs, knowing of the importance of behaviour, relationships, confidence and motivation, often record developments beyond SLC progress. Nonetheless, improvements in speaking, listening, communication and aspects of writing and reading have been achieved over the year of a SB input and many teachers assign that improvement to SB (LB, 2009; Barnes 2012).

For example, after 24 sessions teachers typically made comments such as:

Has really come out of her shell. Although still very quiet in class and when sharing her ideas, she has become a lot more confident one-to-one and in small groups. Sometimes she is really loud especially on trips. She also seems to play with others a lot more.

Is now great at sharing his ideas and joining in on the carpet. He has become much better at getting on with his work and participating in all classroom activities. He has lots of friends and only gets himself in trouble when he chooses the wrong games.

Communicates well with peers and staff. English has improved significantly. Much more imaginative with written work.

The benefits of SB are greater than measured improvements in speaking, reading and writing. SB seems positively to affect the very reasons many children want to engage at all. Previous evaluations suggested that the SB experience positively affects the motivation, confidence, imagination, creativity, and personal/social wellbeing of children typically suffering deficits in these areas. These aspects of wellbeing have been largely unmeasured in Key Stage 1, and yet, we argue, they are crucial to the proper development of every child and the achievement of their potential. The evidence collected is presented under the following headings:

- Feedback from TPs
- Parents' views
- Teachers' views
- Special assessments on individual children
- Case studies
- Video evidence and wellbeing
- Evidence from speech therapists
- Longitudinal evidence of the impact of SB in one school.

4.2 Feedback from TPs

The evidence of those that spend their working life theatre-making with young people should not be dismissed as too biased. Children who are un-motivated in school are often difficult to handle. SB children frequently show very challenging behaviour, unnerving to all but expert teachers. The following referral summary is typical:

Finds it hard to remain focused in class. Fidgets, moans and sometimes annoys his peers. He calls out at adults and needs constant reminders to wait his turn or raise his hand to be acknowledged.

Other common behaviours that TPs regularly tackle are listed in Figure 2.

The TPs have not been through a teacher education course. Despite this lack of teacher training, a positive, purposeful and constructive atmosphere is evident in sessions and consistently remarked upon by parents and teachers. It is suggested that the TPs provoke behavioural and developmental progress through honouring and elevating children's own stories and demanding ever higher standards of acting and imagination. The evidence for these claims comes from parents' views on the contribution of the TPs as well as their own reflections on their work and the SB process.

TPs feedback to AA on a regular basis. A sample of TP and mentor responses gives a flavour of their contributions:

Mentor: The theatre-making in the session was excellent. ___ (1st TP) led the story square which enabled ___ (2nd TP) to participate in role which allowed for some lovely moments of theatre. For example a moment where ___ (2nd TP) and two other children were dead people in a graveyard and another child laid flowers.

The relationship between TPs is excellent ___ clearly brings 'the school' with her. The children respect her and love her acting and taking part. ___ and ___ are definitely a team and ___ facilitates this really well. I thought the children had come on in terms of their communication skills massively since the last time I saw them. They were all able to take part in the story square and all of their acting was great.

TP: Learning to facilitate a SB programme has dramatically increased my confidence and ability to work with Years 1-2, and also given me drama tools which I can apply for all ages. ___ SB has shown me the value of creating a very clear ritualistic structure to workshops, and how that can really contribute to a safe and happy group, and in that sense has taught me to reign in my natural instincts to make every workshop always full of new activities. It has also taught me to think about using non-verbal ways of communicating to the group, which can be very effective and powerful! I find it very uplifting that such a simple and fun and enjoyable programme can be shown to have such positive effects!

The fact that SB workshops repeat the same kind of activities mean you get a clearer view of the participants' development, and it is very satisfying and exciting to see when participants make big leaps forward.

4.3 Parents' views



Illustration 3: Physical indications of wellbeing during a SB session

Parents of children sharing SB are regularly asked for feedback on their child's development. These responses were formalised on feedback forms completed during open sessions at their child's school. Not all parents can come to these sessions, being in the middle of a working day, but schools have frequently expressed their surprise at the high percentage of parents that take advantage of the opportunity to come and observe their children in SB sessions. In June and July 2014, for example, five mainstream SB schools offered open sessions to the parents/carers of 100 children (each school ran two SB groups) during the school day. Forty-nine parents attended these open sessions, a very high percentage at such a time of day.

© Photograph: Jonathon Vines

Throughout the open sessions parents/carers were given opportunities for comment. Almost every parent spoke at these meetings and 54 feedback comments were offered containing 63 mainly positive observations. Comments included recognition of a wide range of signs of wellbeing. Positive relationships; a sense of personal control; environmental awareness; personal growth, and self-acceptance constitute elements of five out of Ryff's six indicators of subjective wellbeing. These five indicators ('a sense of meaning' is excluded) are evidenced in parents' comments and also in observations, the opinion of teachers, LSAs and speech therapists. Parent feedback shows that 58/63 parents credited SB with SLC developments in their child, and is summarised in the table below:

Figure 2: Parental feedback on the impact of the SB programme

My child listens, takes turns/supports others	23/54
My child speaks out/is more confident/less shy	17/54
My child talks at home about SB	7/54
My child is happy/enjoys SB	7/54
My child is more focused/participates more in class and/or sessions	3/54
I want to know scores/results for my child	3/54
I want to know more about SB	1/54
Why has my child been chosen?	1/54
My child has learned new words	1/54

Wellbeing is increasingly linked with positive experience in childhood. The All-Party Group on Wellbeing Economics (2014) has called for such wellbeing evidence to be used to inform policy making in education, health and social services. In 2012, SB piloted the use of the Leuven wellbeing scales (LW-BS) (Laevers, 1994 a and b) to indicate relative wellbeing amongst mainstream SB participants (Barnes, 2012). This survey found that wellbeing amongst children involved in SB was higher than expectations for those with SLC difficulties. For many, the signals of social and emotional health grew from session to session and within single sessions. The findings prompted the use of the LW-BS in two further settings.

One school (School 5) for children with social, communication and interaction difficulties including autism, organised an after-school parent/teacher session. They wanted to give parents an opportunity to observe a videoed session together with teachers. Their focus was to be on the mental and social wellbeing and involvement of the eight children attending SB in their school. Three parents and four teachers (not directly attached to SB) attended. Parents expressed pleasure in watching their children involved in a creative and active session and were happy to have the opportunity to speak informally to experienced teaching staff. Teachers felt that the adapted assessments (Laevers, 1994a and b) re-focused their attention on body language and facial expression and were a useful tool, but in the words of one teacher only '... up to a point'. There were indicators of both wellbeing and involvement that were not addressed by these scales intended for use in mainstream settings.

Parents took the wellbeing assessments very seriously. They thoughtfully assessed their own children against an adapted LW-BS at five-minute intervals through a 30-minute session. Interestingly, they tended to allot their own children lower scores than independent LSA observers. However, discussion and invited comments written on the assessment sheets raised important reservations about the validity of the scales used to evaluate children with measures of autism.

One parent wrote:

___ was not happy this day... he'd been in 'time out' beforehand. This is not a true reflection of his usual happy, confident mood. I would've expected [him] to score around Level 4 (high) or 5 – that's more typical on a good day.

The child's class teacher corroborated this observation.

Another parent commented:

___ showed boredom by rocking herself and playing with her hands and looking around the room, pulling back on the chair – I think she would normally have scored a 5.

The same parent used the LW-BS to assess her child as having only 'moderate' wellbeing in the parts of the lesson where she appeared bored, but 'extremely high' wellbeing in times when she was active and involved in acting out the story. Using only the statements printed on the wellbeing scale, the parent made judgements that were shared by two independent observers.

One parent noted that her child, when happy, did not usually display smiling bright eyes, especially 'when chilled'. She indicated her doubts as to the validity of other LW-BS descriptions claiming to capture degrees of wellbeing.

In discussion, she and others commented critically and fully on the Level descriptions:

Passive does not mean not engaged or not happy. Facial expression is not a true indication of his wellbeing, actually I can see he's loving it... Enjoyment is very hard to judge externally for some children... he would never do eye contact before but just now he did, and you can't say he was unengaged – he can be doing something else on another table and completely take in what is happening elsewhere.

Teachers, who knew but had not taught the individual children, agreed with parents' criticisms. They commented that many children in the school did not show 'typical' signs of wellbeing when they were happy, content, and felt secure. Often children had 'passive looks on their faces' even when 'deeply involved'. Some children rarely smiled or had sparkling eyes although their teachers said they 'knew' they were happy in a particular activity or relationship.

Where the wellbeing assessment sheets were relevant to children in School 5, parents noted improvements as the session progressed. Parental assessments on one child moved from an initial Level 1 (indicating low wellbeing) to two further judgements in the second half of the session showing their child at Level 2. Another ticked against 'moderate' indicators of wellbeing in the first half of the session but saw distinct signs of Level 5 (extremely high wellbeing) by the end of the session. These observations matched the general shape of a session starting with necessarily slow introductions where children and adults in turn introduced themselves and then said (and acted) what they liked to do. For example:

My name is ___ and I like to swing on the swings, (child mimes swinging and then all the group are invited to swing in the story square marked out on the floor as a stage).

For most children engagement was at its maximum during the active parts of the introduction. After preliminary reminders (with props) of last week's story, the children and LSAs were involved in acting out the next part of their story. The story involved a child playing happily with a toy that got broken, and a fairy who came to make it better, and a child becoming happy again. The children acted out the emotions involved in each part of this story and suggested toys that could have been broken, including a bath and a train set. They practised faces and bodies of happiness when playing with the toy; sadness when the toy was broken, and joy when the fairy made it better again. Children in pairs, often with their LSAs, acted these emotions within the story square, returning to their seats promptly when the TP said 'whoosh!' (indicating that they should retake their seats). Each scene was enriched by props. The dramatised story was watched by a fluffy teddy bear who was lovingly greeted and farewelled by each child in turn at the end of the session.

The LW-BS was also used by a group of three LSAs independent of SB, observing three videoed sessions. These LSA assessments noted that the wellbeing of most children in School 5 rose during the session. The same trend was noted in most children in School 7 and a sample session taken from a school in 2012. Both were mainstream schools. Five of the six observed children rose up one category during their 45-minute session; one remained low throughout.

4.4 Teachers' views

4.4 A. Teachers observing videoed sessions

Teachers from School 5 used the Leuven Involvement Scale (LIS) (Laevens, 1994b) to record the engagement of children. The assessment forms recording involvement were more complex and required interpretative judgements. Assessments against the LIS showed seven out of the eight children to be between 'moderately' and 'highly' engaged throughout the session.

More subtle variations in intensity of engagement were evident, however, in every observed child. Teachers assessed higher scores in the middle and end of the session for most children, though one child showed a high engagement at the outset and middle of the session, becoming disconnected and making few communicative gestures by the end.

Teachers described these 'one-off' judgements against the adapted LIS scale 'unsatisfactory'. They remarked that such assessments could only mean something when compared with the same scale used in other learning situations. Levels of involvement noted *independently* of the scale suggested that *all* children were significantly and deeply involved in the process of theatre-making. In discussion, teachers highlighted the following aspects apparent in the video and relevant to the children with moderate learning difficulties but not sufficiently addressed by the LIS scale:

- the importance of initial copying and echolalic responses
- the particular susceptibility of many of their children to distractions
- the initial significance of props in helping children to enter the world of imagination
- the strong relationship for some children between activity and involvement
- the choices children make with concerning eye contact
- the importance of signing as a means of communication in special schools
- the role of predictable structures that the children can build upon
- the great significance of children coming up with their own ideas
- the impact of time of day and tiredness.

Judgements on wellbeing of the same children were also made by an independent team of teachers unassociated with the school. These teachers, too, commented that the assessments captured only a short period in the child’s school life and could be unreliable. In observations they found a roughly similar trajectory of increasing involvement and wellbeing in a majority of the children. Most of the children (5/8) were assessed to have improved outer signs of wellbeing rising up the LW-BS by two or three gradings during the session. Two of the eight children were assessed to have remained at a high or extremely high state of wellbeing throughout the observed session, and one stayed at low throughout the session but in the last five minutes showed more signs of lively, self-confident and happy frames of mind.

A group of teachers independent of SB watched a video of a single session in a mainstream school (School 7). They applied the LIS to three of the 10 children in the group. They noted that involvement, shown by listening, attention, quick response to instructions, and careful consideration for others, grew through the session for two children, but that one was agitated and disruptive throughout.

These findings were supported in other contexts, in SB training and feedback sessions led by AA and held at the LB.

4.4 B. Teachers assessing children before and after SB intervention

Teachers make summary statements on each referred child. Teacher comments on learning, speaking, listening, emotional behaviour, and conduct behaviour provide a baseline to judge progress. Children are referred for a wide range of overlapping SLC barriers (see Figure 3).

Figure 3: Teachers’ reasons for SB referral

Teachers’ stated reasons for referral	Approximate percentage
Extreme shyness, quietness or inability to ‘speak out’, lack of confidence	27%
Poor social skills, turn-taking and behaviour	17%
Limited vocabulary, very short sentences (including those with English as an Additional Language),	15%
Other delays in age-appropriate communication or comprehension skills	12%
Difficulties with attention, concentration and/or listening	12%
Speech difficulties (including stammers, verbal dyspraxia, being ‘tongue-tied’, mutism)	7%
Other: including sadness, difficulties with emotions, physical difficulties	10%

SB collects feedback on each child at the end of every session. Progress in listening, turn-taking, acting and communication is recorded weekly by TPs and LSAs in discussion. After a year’s sessions class teachers from Bubble Schools in Southwark and Lewisham and Partner Schools from the extended project in the Northwest summarised the progress of each child on a 0–4 scale (see Figure 4) on learning, speaking and listening, and emotional and conduct behaviour.

Figure 4: Scoring scale to measure progress in learning, speaking and listening and behaviour over a year

Slipped back	No change	Slight improvement	Clear improvement	Striking improvement
0	1	2	3	4

The following charts (Figures 5a and b, 6a and b) show teachers' perceptions of improvements amongst referred children.

Figure 5a: Bubble Schools: Learning, Speaking, Listening scores

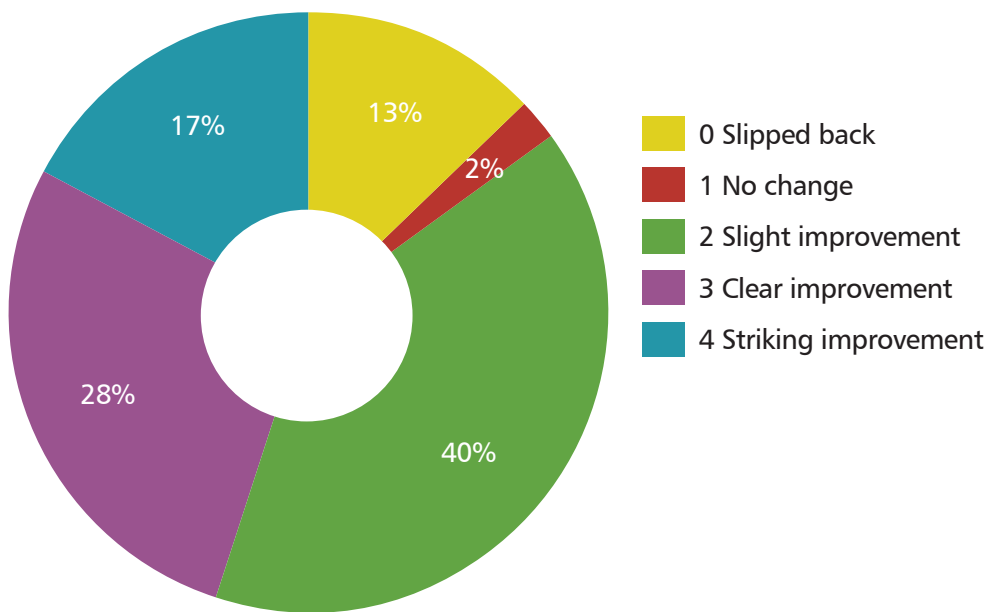


Figure 5b: Partner Schools: Learning, Speaking, Listening scores

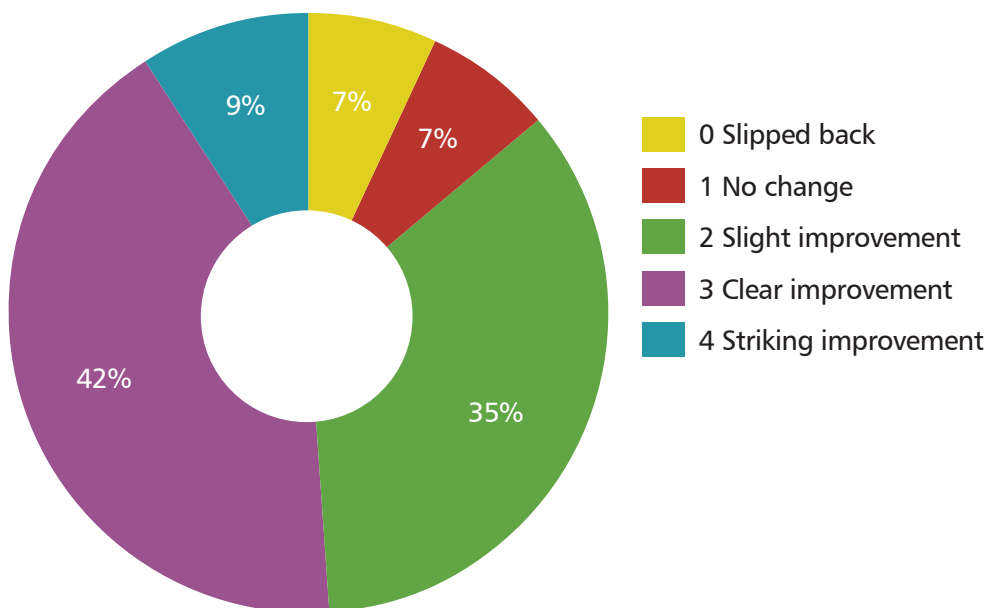


Figure 6a: Bubble Schools: Emotional Behaviour and Conduct Behaviour

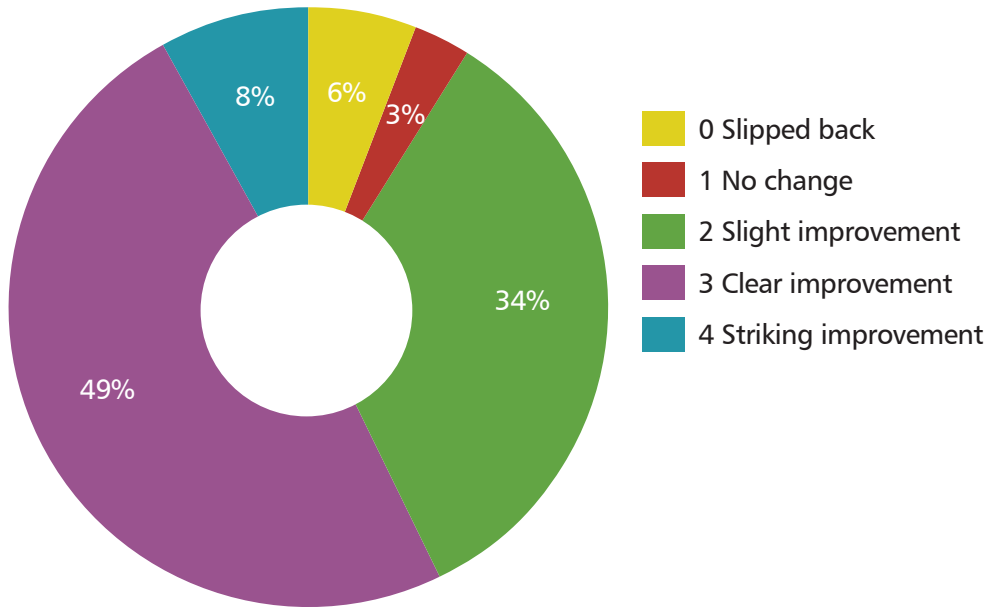
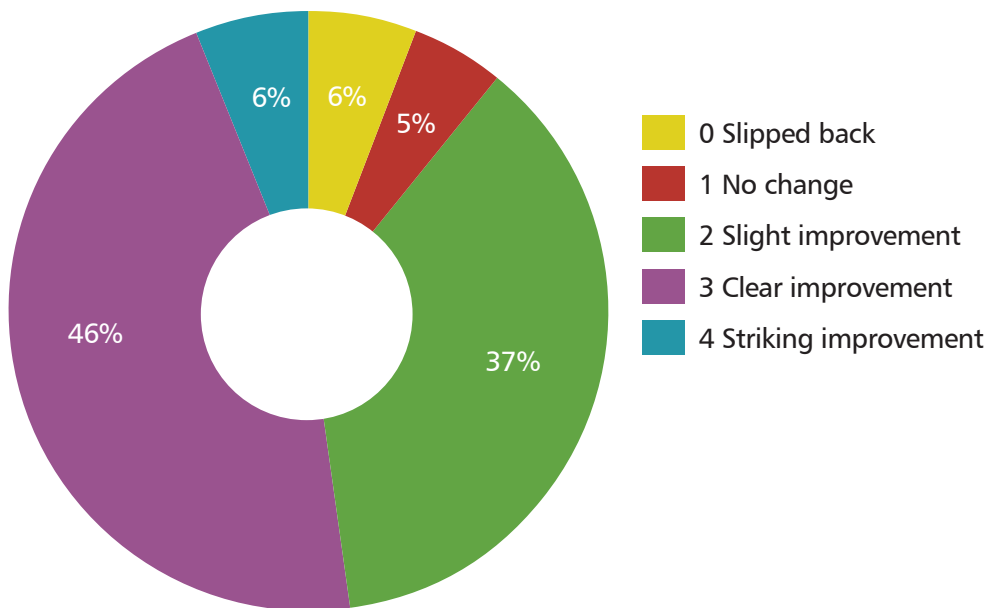


Figure 6b: Partner Schools: Emotional Behaviour & Conduct Behaviour



It will be noted from the Figures that in the opinion of teachers in the 12 schools directly led by LB (called 'Bubble Schools'), about half (52%-57%) of the children made clear or striking improvements in both learning, speaking and listening, and in their behaviour over the year. A further third (34%-40%) made some improvement. Figures for the SB groups in Manchester, Rochdale, Oldham and Tower Hamlets, working after training in the SB model (called 'Partner Schools'), show similar results in both categories (52%). General written comments on the impact of the programme on individual pupils suggest higher rates of success in Bubble Schools and fewer backslidings. General comments from Partner Schools were in line with the more specific judgements recorded in the pie charts above.

Illustration 4: Children teach a newcomer how to sign, 'My name is ___'



© Photograph: Jonathan Barnes

Figure 7a: Teachers' general comments on the impact of SB on children's attitudes to learning

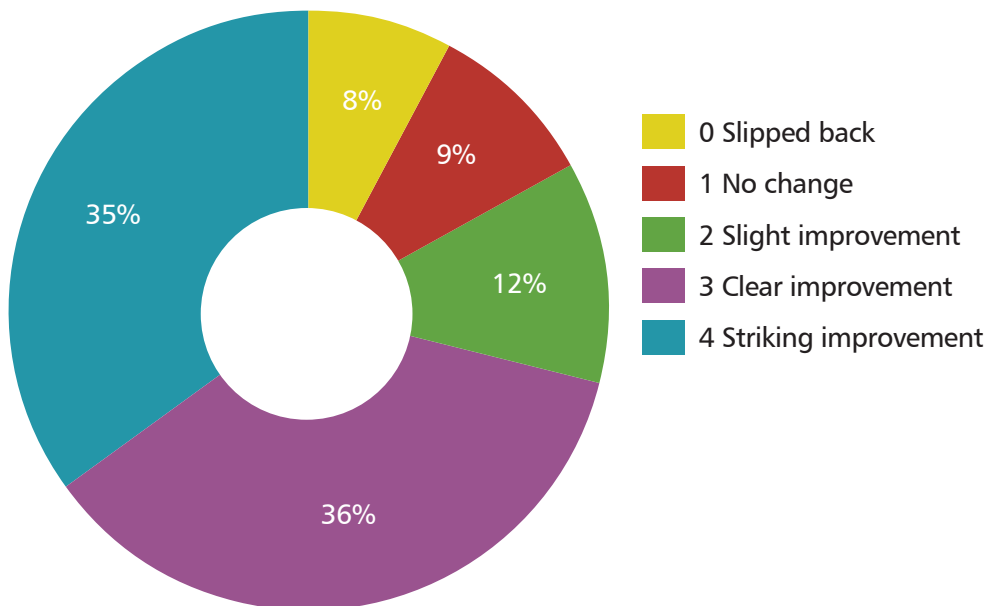
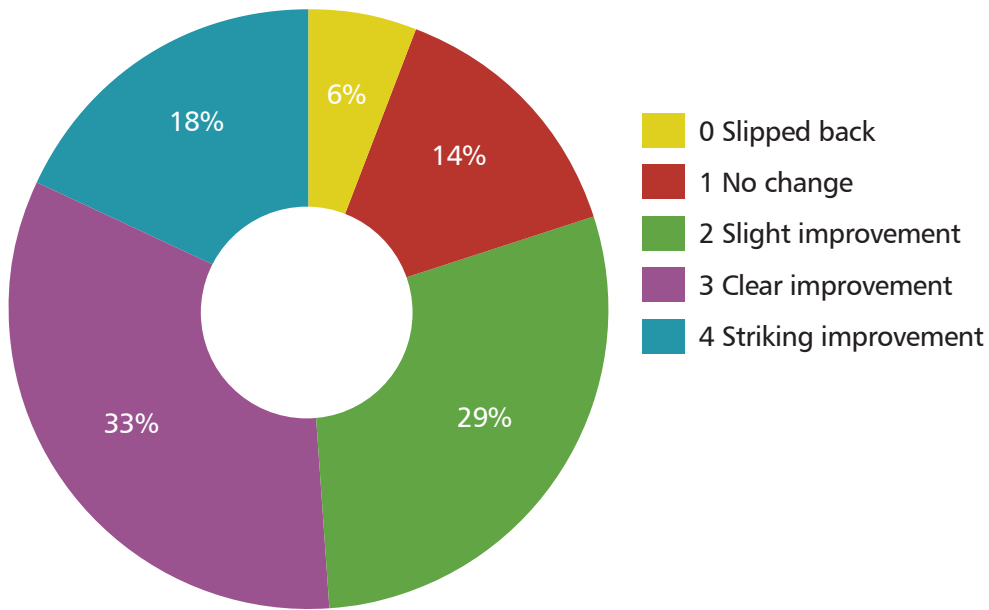


Figure 7b: General comments made by Partner School teachers after SB intervention



Twelve SB schools had reported on the progress of 182 children by July 2014. At the start of SB, comments were highly varied, showing a wide range of reasons for referral. Children were shy, unconfident, had difficulties with age-appropriate communication, relationships, listening and collaboration. Some found understanding others or making themselves understood challenging. After SB intervention, the summaries of each child's development highlighted significant general progress in a high percentage (71%-83%) of children. Specific references to changes in learning or behaviour are set out below:

Figure 8: Teachers' comments on specific improvements in children after 24 SB sessions

Highlighted by teacher in describing individual children's general progress	Number of specific references
More confidence	71
Better at speaking out	30
Improved speaking	37
Communication improved	29
Improved relationships	22
Better listening	15
More participation	15
No change or moved backwards	15
Found sessions enjoyable	8
Improved reading/writing	2
Improved maths	1

4.4 C. Special Assessments on individual children

Below are examples of typical teacher comments on individual children:

Start of SB

Child 12 [needs to]... build good relationships with peers.
Not always be 'the centre' of attention.

End of SB

Child 12: Communicates with confidence with peers and adults. Very outgoing and happy to be the centre of attention and perform to an audience (both large and small). Able to model positive behaviour in a drama setting. Unafraid to express himself creatively using imagination.

Child 14: Initially quite reluctant to take risks in performing/being creative in front of others. A lot of silly behaviours. As the year has gone and SB has been consistent he has become more willing to take part appropriately. A real divide in class setting/SB behaviours. This gap has lessened as the sessions have gone on.

Child 20: Has shown that drama is his strength. The sessions have boosted his confidence and allowed him to excel at storytelling despite his learning difficulties. Has transferred this success to the classroom and has been more willing to accept help with his reading which has affected his progress.

Child 86: Confidence has increased in leaps and bounds this year. She is now much more confident to take risks, have a go and get involved. She previously got upset at very small things - now her resilience is much better. She takes turns and shares, mostly interacting well with her peers and adults.

Child 21: Has found role play extremely difficult. Over the year he has made tiny steps towards taking part fully in the sessions. He has once or twice felt confident enough to act in front of his peers at the end of the programme.

4.5 Case studies

The case studies revealed more detail on the range of reasons for referral to SB. The following are representative:

___ was initially referred to SB to support his social and emotional development as well as to develop his self-confidence and clear self-expression. Barriers and difficulties he had prior to SB included extreme shyness and nervousness and the inability to speak clearly in front of a group.

___ was referred to SB in order to support positive interactions with his peers and to enable him to express himself appropriately in a structured setting.

At the beginning of the school year he found it extremely difficult to form positive relationships with his peers and would often respond to them with silly sounds, voices and actions. His behaviour was erratic and as a result the children in his group had difficulty forming healthy relationships with him.

___ is a Y2 girl and was referred to SB as she was unable to concentrate for extended periods of time on a set activity. She was also very quiet and lacked confidence. It was also noted that she had poor speaking and listening skills, therefore found it difficult to engage in lessons.

___ is a Y1 boy and was referred to SB as he was very quiet and rarely contributes in whole class activities. In addition to that he is hardly making any progress in most subjects and needs constant reminders to stay on task.

In line with other findings, most case study children made progress in SLC, turn-taking, listening, and confidence during the first two terms of SB (findings were collected before the end of the full year's programme). Schools providing case studies were asked to give details of children who had *not* shown rapid progress as well as those who had. For some, progress was slow but definite, for example one child who in September (the beginning of the SB intervention):

___ found SB very challenging and would not engage in the sessions. His acting would be without enthusiasm and he would say he couldn't be bothered. He would also speak very low so the rest of the group could not hear him. When he told a story the stories were very short and without much detail.

By February, half way through the programme, the same child had:

___ become more engaged in the project. He has begun to use humour and funny noises in his acting to overcome his nerves. He is able to share within the group and now tells stories with confidence. The length of his stories has also increased to a whole page.

The skills learnt in SB have transferred back in class through his ability now to stand up in front of the class and share work he has done or read a story he has written. He seems to feel more comfortable in his own skin. He is still at times shy and reluctant to share however these times are decreasing as his exposure to SB increases.

Other case studies indicated more rapid progress:

___ was very nervous when she started, as she lacked confidence so we kept an extra eye on her and gave her slight prompts to help.

After 3-4 weeks of SB [she started] to speak without prompting; this was just one word answers but it was an improvement from the start. We also helped her along by placing her next to someone confident, or provided adult support.

During the parent session [her] dad arrived for the session, which was really good to see as it was the first time one of her relatives had attended the school to join in an activity. This was a bit of a turning point for her as she then seemed to grow week on week.

It is now March [half way through the programme] and ___ is flourishing in the sessions. Her body language is so much more relaxed than when we started and she has a smile on her face throughout the session. In addition to this her receptive listening has come on leaps and bounds, which helps her to feel safe and comfortable enough to express herself.

One of the main issues with ___ was her confidence so I think SB has definitely helped with this issue. I've spoken to the adults in her class and they all agree that child 1 is making progress and has 'come out of her shell' within the classroom.

Even if few improvements were made in speaking, listening and communicating, almost every case study remarked on improvements in children's self-assurance and social relations. For example one case study reported that:

___'s interactions with his peers have also become more positive, there are more cases in which he will interact with his classmates without any direction from the adults who work with him. His peers also seem happier to interact with him and he is generally more settled and is showing a keen desire to continue to improve.

Another case study noted that as sessions progressed:

___ became more confident in expressing himself appropriately within a group of children who frequently voiced their frustrations with him. He became better at taking turns, listening and accepting compliments about his stories.

Most remarked on the transfer of skills in listening, turn-taking, speaking out and confidence back to the classroom:

As the school year has finished ___ has become more confident in all areas of the curriculum. He feels more confident to share stories and uses his imagination when writing.

Not all children in SB make progress. Perhaps some suffer more profound barriers to their development that go beyond SLC:

There was very limited progression by the time we reached session 4 and ... we are really unsure if he has an understanding of what happens in the sessions...

There is still a lot of concern where ___ is concerned, as he often seems quite vacant in the sessions and has only really had one 'good' session out of the past eight, in terms of receptive listening, turn-taking and expression. Prior to this he had a good session back in November... I would say that his confidence and receptive listening really hasn't improved much since the start of SB.

4.6 Video evidence and wellbeing

Two independent teams of adults involved in supporting children with SLC needs watched videos of a SB session. One group of three experienced classroom teachers watched the video from School 5, and three LSAs supporting children with a range of SLC difficulties watched the School 7 video (School 6 was unable to provide a video). Both groups were a convenience sample from schools in Kent that had no contact with SB. The common and dominant response to viewing these videos from both sets of observers was, in the words of one LSA, 'I can see why this works, the kids are so involved from the word go'.

Each observer was given one child to observe and again the LW-BS and LIS were used to assess the child's wellbeing and involvement. The sample was small, just six children, so the conclusions are limited, but several commonalities arose from these observations:

1. Teachers noted a rise in engagement and 'commitment' through their observed session. Like the teachers already involved in SB in School 5, these independent teachers noted that the LIS did not allow for individualised signals of involvement. In discussion after the video they agreed that the process of SB generated many more signs of involvement than the categories allowed. They also agreed that in their experience of children with the range of barriers addressed by School 5, the children were 'remarkably' engaged. One remarked that a child who scored 'low' on the involvement scale was to them 'actually, surprisingly involved' in the way they responded to very gentle reminders from the class teacher and the ways in which they watched the contributions of other children.
2. Teachers also noted that judgements on the LIS were only really useful when compared with previous or subsequent examples for the same child. Wider discussion followed and quickly generated a new feature in the analysis of SB: the importance for these children of its regularity, predictability and repetitions. The particular session started with the TP saying no words, but playing a quiet song on the flute as children quickly settled and quietly listened. The session ended in the same way and the independent teacher observers asked if this always happened. When they heard that it was a regular feature of the particular TP's practice, the discussion centred on the ways in which the secure repetition of session structures supported children with SLC difficulties. The teachers noted how 'skilfully and calmly' the TP led the children from this security towards extending their imaginative responses, and were surprised she was not a teacher.
3. The LSAs were asked to make judgements on the wellbeing of a group of children from a mainstream school (School 7). The atmosphere in this videoed session was characterised by being much more playful, and active. There was a different TP than in School 5. Using the LW-BS, the teaching assistants noted moderate to high levels of wellbeing in all three observed children throughout the session, again slightly higher towards the end for all. Interestingly, the teaching assistants noted that when, at very end of the session children were feeding back 'what they liked best about today's session' to a cuddly toy, they displayed amongst their highest levels of wellbeing.

Discussion provoked by the wellbeing scale was probably more fruitful than using the scale itself. Analysis centred on the many other ways the structure and activities of the observed session helped these animated, energetic and challenging children control themselves. The LSAs noted how important it was that adults and children were all sitting down together on the floor and that there was no furniture around. Repetition was again drawn out as a feature, especially the frequently spoken responses, 'good listening', 'good choice', that linked back to the SB chant at the beginning of the session.

Independent LSAs were happy to see that the LSA in the session was used to deliver some important parts of the session. They discussed the impact that this change in hierarchy might have on children used to seeing LSAs in more passive or compliant roles. This led to discussion about the *different atmosphere* of the SB session; 'more playful and relaxed, ...not so much tension', said one. They noted also that the assertion of discipline and control were not dominant parts of the session, but how easily children responded to each suggestion offered by the TP or LSA. The LSAs were particularly struck at how effective 'throwing your names into an imaginary pink bucket,' could be in helping children speak out 'or speak at all' and how the children really did take turns. The videoed session in School 7 included several new examples of activities aimed at developing children's imaginations through bodily movement – for example, moving around 'as if...' or 'chewing imaginary gum' and telling everyone its colour and sticking it imaginarily to the sole of your shoe.

In another SB video collected in 2012, the same group of independent LSAs viewed the acting out of a story. The LSAs were interested in SB's 'story square' (a masking tape rectangle created by the children on the carpet, delineating 'the stage') and the TP's use of the sound 'whoosh!' (when the TP wanted the children to sit down around the story square). These two silent things are all the leader used to keep control' observed one LSA. The week's story had been dictated by a child the week before and was being acted out by adults and children in the group. The independent LSAs noted how it was in the processes of story acting that the group became most involved, least demanding, and most imaginative.

4.7 Evidence from speech therapists

Two speech therapists offered fresh perspectives on SB. These health professionals are involved on a daily basis in making assessments on children with SLC difficulties. They both attended SB sessions and remarked on the value of the process for many of the children they work with. Both applied standardised tests to measure children's ability to produce and understand narrative, or understand words and meanings. The chosen tests included Assessment of Comprehension and Expression (ACE), Clinical Evaluation of Language Fundamentals (CELF), and The Renfrew Language (RLS) Scales. The therapists also made informal assessments through observation on behaviour, application, relationships and attitude, as well as children's vocabulary understanding and use. One assessed concepts and ability to follow directions (CELF4UK) and syntactical and semantic understanding (RLS).

Their findings were similar. Both therapists noted only small changes in vocabulary beyond expectations over a period of 6-9 months, but both remarked on significant changes in confidence, attitude, listening, participation, communication (including speaking out), and turn-taking. In the words of one:

No noticeable change was noted within the grammar and syntax scores in the formal assessment. The evidence suggests that whilst the project does not appear to significantly increase language scores on a formal assessment, (narrative content and grammar), with this particular client group there continues to be measurable gains recorded with students' attention and listening, turn-taking and ability to be in a group.

Teachers have also reported an increase in students' confidence and their ability to speak and respond to different people. They have also made progress in their ability to resolve basic verbal reasoning problems.

One therapist working with Key Stages 1 and 2 children found that 60% in Key Stage 2 and 75% in Key Stage 1 concluded that measurable improvements in narrative and personal skills over a year were directly attributable to SB. In her detailed analysis of four individual children, another found that three had improved significantly in *understanding* of language. She noted that all tested children had become more 'chatty and confident' and felt able to credit SB for much of this improvement:

C__ has grown in confidence and her spontaneous expressive language was notably improved. Formal assessment confirmed that C__ is able to formulate long, grammatically more complex, sentences and her knowledge and understanding of conjunctions was impressive, for such a young child.

Srebrenka Bojic-Macintosh

Some children made striking improvements in SLC over the course of SB. Formal assessment of one child in March 2014, for example, showed, '... understanding of basic and linguistic concepts was developing in the low average range'. Retested in July after five months of SB, the same child was reported to, '... formulate longer, grammatically more complex, sentences and developing well within the average range'. Scores using the CELF assessments for the same child showed that their understanding of basic and linguistic concepts rose from the 16th to the 37th percentile in just five months. Another child in the same SB group rose from well below average in the RLS to within the average range in using grammar and understanding information. Yet another showed a smaller but significant rise from the 1st percentile (99 children out of 100 would score higher) of the CELF test, to the 5th. These measured trajectories suggest that the continuation of the SB intervention for such children would generate further gains in basic and linguistic concepts, grammar and information processing.

Both speech therapists emphasised the greatest improvements involved confidence and listening. For example one said:

J__ was much more confident and, on several occasions, it was Jake that spontaneously initiated the conversation. For example: 'I remember you from before! We looked at pictures!' When, during formal assessment, he wasn't sure if the answer was correct, J__ was no longer hiding behind his hands but instead, looked at the examiner and said: 'I don't know what that is... scarecrow?' J__'s eye contact, confidence and ability to interact have notably improved.

Srebrenka Bojic-Macintosh

SB operates largely in mainstream schools. It has, however, been very popular in special schools too. Referring to a group with educational and behavioural difficulties, one speech therapist warned that SB could not address the whole range of communication difficulties faced by some children:

SB is good for improving attention and listening and consolidating group skills with this particular client group. Although SB has proved to be good for attention and listening as well as aiding understanding of the routine within the system, the children can still find it difficult to interact and communicate their feelings appropriately.

4.8 Longitudinal evidence of the impact of SB in one school

In one school (School 1) teacher assessments on SB children were tracked from Year 2 to Year 6. By Year 6, all who had attended SB had improved by at least six nc sub-levels in speaking and listening. Some had made faster progress. These figures suggest that SB children continued to be motivated and confident enough to develop at a pace commensurate with that of their peers. Reading and writing scores rose at the same rate as their speaking and listening over the same period (one ex-SB child was working at eight sub-levels higher than their Year 2 score by the time they were in Year 6). But raw figures tell us little about the effectiveness of SB apart from indicating that the drama sessions out of class did not adversely affect nc English scores. Teachers from the school, however, were eager to tell us about the *unmeasured* aspects of children’s development. Most SB children (teachers estimated 60%-75%) had improved and continued to improve in confidence, motivation, attitude, behaviour, and relationships, after they had left SB and for the next four years. At Year 6, the ex-SB children’s average level of 4b (on the pre-2014 English nc scales) made them indistinguishable from most of their age-mates. Half of the 2010 cohort of SB children was working at Level 5 (above the national average in English) in 2014.

Figure 9: Children referred to SB:
 English nc score ranges and averages 2010-2014

	Average for SB group 2009	Range within SB group
Year 2 (2010) Speaking and listening: nc Level	2b	P5 – 3b
Year 2 (2010) Reading: nc Level	2b	P7 – 3c
Year 2 (2010) Writing: nc Level	2b	P5 – 3c
Year 6 (2014) Speaking and listening: Predicted nc Level	4b	2b – 5c
Year 6 (2014) Reading: Predicted nc Level	4b	2b – 5a
Year 6 (2014) Writing: Predicted nc Level	4b	2b – 5b

Children referred to SB in 2009 and 2010 faced the same range of barriers as those referred in 2014. Some may have already been secure in grammar and writing (one child in 2009, for example, was predicted a Level 3c English at the end of Year 2 – above average for his age – but needed support in speaking and listening). Others showed levels of English well below the average for their age (one child was working at ‘p’ levels – levels below Level 1 of the nc, usually associated with pre-school children). Most of those referred to SB for SLC support would have been expected to achieve lower than average English scores by the time they were in Year 6. Figure 8 shows that most of the 2010 cohort of SB children (90%) achieved scores on or near the national average by their last year in primary school. This could be claimed as remarkable progress for children with significant difficulties. Indeed, half of the same cohort was working at one level *above* the national average in Year 6. Although these figures only represent 10 tracked children, they suggest that SB support may have helped them achieve results equal to their more confident peers.

Illustration 5. Iliaz acting his story



© Photograph: Steve Hickey

5. Discussion

This evaluation primarily addresses the question: *has SB achieved its aims?* The achievement of SB aims for SLC are relatively easily evidenced through teacher assessments 'before' and 'after' SB interventions. But despite checks and balances outlined in the 'Findings', it remains important to avoid overstating the impact of SB. One teacher reported:

Child 135: ___ has benefited a great deal from her participation in Forest School. It is hard to judge what has had the greatest impact on her speaking. She is definitely more confident.

A wide range of sources produced rich seams of qualitative and quantitative evidence on the broader impact of SB. Perhaps conclusive evidence of the efficacy of SB in terms of children's mental, social and physical health and wellbeing will need the inclusion of a comparative study, either a matched or a random control group trial. Even without comparative studies, however, new themes and new questions emerged from analysing the evidence of various respondents. The themes and their inter-related nature are discussed below under the following headings:

- What accounts for the popularity of SB?
- How does SB work to achieve its aims?
- What has SB got to do with the healthy development of children?
- What is SB's role in promoting the wellbeing of children and why does it matter?

5.1 What accounts for the popularity of SB?

Schools are very busy places. They face mounting pressures because of fundamental changes in special needs provision, curriculum and assessment. The new Special Educational Needs and Disabilities Code of Practice (GOV.UK website, 2014) now requires integrated Education, Health and Care (EHC) plans for children who need provision from outside agencies to address their barriers to learning. Schools and teachers have increased responsibility to plan, track and consult on children's individual needs and parents are to be more closely involved in decisions. The old NC levels and statements of attainment have gone and schools are in the process of developing their own assessment strategies. Many schools are changing status and moving away from local authority control. New financial and inspection arrangements have added to the burden. In addition, spending on special educational needs, school therapeutic support and mental health has been squeezed since 2008 and prospects for better funding in the future do not seem hopeful. In these circumstances schools and teachers are likely to become 'risk averse'.

Taking on a new intervention for those with SLC difficulties and providing extra evidence on its impact may have been seen as a time-consuming and unnecessary risk. One ex-SB school asked for longitudinal evidence on SB children was unable to provide it. Nonetheless, TPs and / or teachers have reported back from each of the 24 schools now working with SB. Well over 150 LSAs, teachers and SENCOs have attended its training sessions. From the sample of 12 schools earmarked to provide extra assessments for this evaluation, 11 submitted the extra details required: videos or case studies. The interest of parents of SB children was also high. Almost 50% of SB children were represented by their parents at the open sessions. These levels of support are evidence in themselves of the success of the programme in schools.

Similar conclusions about SB successes come from all consulted sources. Improvements, sometimes *striking* improvements, in confidence, participation and motivation were recorded in teachers' written reports on a high percentage (76%) of SB children. All areas of agreement between different respondents related to improvements in these psychological aspects of learning and behaviour. The practical applications of confidence, participation and motivation were illustrated by evidence of improved listening, turn-taking, calmer behaviour and enjoyment of learning. More than half of case study submissions reported enhanced relationships with others. These features are seen by educational psychologists as the foundations of mental, social and intellectual development (Feuerstein, 1990; Bandura, 1994; Csikszentmihalyi, 1997; Dweck, 2006).

5.2 How does SB work to achieve its aims?

Accounting for this success requires attention to the unique contributions of the SB process. It uses the discipline of drama, is based on values, focused around children's unmodified stories, and claims to embody emotional literacy.

(a) Drama has its impact through our emotions.

Emotions and identity define attitudes towards learning. Neuroscientific research over the last twenty years suggests that emotional engagement underpins most learning (for example Immordino Yang and Damasio, 2007; Greenfield, 2011). It also confirms that learning is a social activity (Goswami and Bryant, 2007). Drama depends upon the social and emotional too. When theatre-making marshals these profoundly personal drivers of drama towards supporting educational change, it can be particularly effective. Drama therapies are built upon this observation. After sharing 24 sessions of increasingly demanding drama many children are changed, and for the better. End of programme records show that through drama around 80% of SB children demonstrated clear or striking progress in speaking, listening and communication – the reason for their referral.

Drama is now commonly used to support patients in mental health settings and in the training of nurses (for example, Wasylko and Stickley, 2003). It is increasingly, and in many countries, used therapeutically with troubled children (Jennings, 2014a and b). SB has led the way in the use of drama to promote psychological and social health in school settings – the foundations of educational wellbeing.

(b) Values:

Parents, LSAs and teachers pick out positive developments in listening, kindness, acting and taking turns – the very aspects identified in the weekly SB 'values chant'. Findings from school-based tracking indicated a strong theme of improved social skills underlying this chant. When asked, most children responded with versions of the values chanted weekly and frequently reiterated by TPs during sessions:

Child 12: We just have to be kind to each other and do good acting.

Child 23: I like it because we do good listening and we do acting...

Child-friendly clarity about the values underpinning SB separate it from other interventions. Pro-social behaviours, particularly kindness, trust, generosity, and attention to others, increase the popularity of individual children, boosting their sense of wellbeing and often impacting upon their educational attainment (Layous et al, 2012).

Values also underpin adult discussions and the training and monitoring done by the LB SB team. Further and related values also imbue SB training. The importance of the being led by the child's voice (literally and metaphorically), the use of the structures and attitudes of drama itself to provide its own controls and honouring each child's story, define the SB TP.

Perhaps the narrow focus of these values might be argued to limit the outcomes of SB interventions. The evidence, however, is that teachers and parents feel focusing on these few things provokes the wide range of positive responses in children listed in Figure 7.

Illustration 6: Captivated by his own story told through drama



© Photograph: Steve Hickey

(c) Children's stories:

SB is unique in its dependence on children's verbatim stories. It aims to improve young children's prospects by addressing the roots of their difficulties through personal and creative engagement in story-making and telling.

Empathy and emotional awareness in both audience and actors are central features in the realisation of these stories as illustrated by the vignette below.

One child's story involved five knights crossing a dangerous and windy desert. The child acting the green knight was shielding his eyes against the imagined sandstorms. His audience looked seriously worried at the green knight's plight. The green knight looked to members of the audience and said the sand was hurting his eyes and the sun was too hot for him. Suddenly the black knight appeared in the sky and changed the winds and saved the green knight, who smiled and raised his hands in celebration. Immediately the faces of the nine children in the audience shone with relief.

SB appears especially successful in reaching the vulnerable and excluded children for whom it was specifically designed. From the pre-SB statements it is clear that many such children have difficulty controlling their own emotions and reading the emotions of others. Acting out a range of emotions gives them opportunity to develop emotional self-control and empathy for others. It also can help children explore alternative emotional responses:

In one observed session the TP asked groups of children to enact three different scenarios from a story that centred on a dispute between 'Michael Jackson' and 'Superman' on the football pitch. Children decided the dispute could have ended with a fight, or telling the police or shaking hands. Each possibility was acted out in turn. The TP did not tell the children which was the 'best' solution, he simply said, '... and then they could get on with the game,' after the hand-shake solution.

Teachers' post-SB records show that many children with previous difficulties grow rapidly towards emotional literacy. Some teachers may be concerned at the verbatim use – 'bad' grammar and all – of children's dictated stories, but SB considers this an important feature of honouring children's contributions.

(d) Embodiment:

Other than playtime, children have few opportunities to use their bodies to communicate. Drama specialises in the embodiment of moods, feelings and opinions. It often involves touch. The warm-up exercises before the main story of the day emphasise these uses of the body. The short descriptions of warm up exercises in Figure 1 each use movement to involve, but also to express. Parent/teacher comments prompted by the LIS scales highlighted the engaging impact of embodied activities observed in the videos. Some may fear the encouragement to embody as risking loss of control and indiscipline, but observations in Southwark and Lewisham highlighted the enabling and protective power of the clear framework of drama-centred expectations provided by SB.

Each of the features unpacked above is argued to impact upon the emotional and physical engagement of children and the adults supporting them. The features not common in the normal primary school setting and their combination may be unique to SB. Teaching staff report that the theatre-making techniques learned in SB effectively transfer to the classroom. Teachers use individual ideas, and four trained LSAs from the first SB schools are now leading similar sessions in other areas of their schools. A combination of the features above may account for the popularity of SB in its schools. Success may also come from the small group size, being led by a different adult, the especially safe, supportive atmosphere amongst children and adults, and/or the absence of particular individuals that a child may usually depend upon.

5.3 What has SB got to do with the healthy development of children?

Age-appropriate development is poor in young children in England. Marmot (2010) has demonstrated that poor development in social skills is a major issue for up to 41% of infants in this country. He summarises:

... early cognitive ability is strongly associated with later educational success, income and better health. The early years are also important for the development of non-cognitive skills such as application, self-regulation and empathy. These are the emotional and social capabilities that enable children to make and sustain positive relationships and succeed both at school and in later life.

(Marmot, 2010, p.62)

In his seminal report, *Fair Society Healthy Lives*, Marmot revealed the shameful inequalities in social, psychological, intellectual and physical health in England. A high percentage of the children suffering poor development also live in socially and economically deprived areas, those targeted by SB. Indeed, over half of the children referred to SB are entitled to free school meals or to pupil premium funding. Addressing their psychological and social wellbeing is a moral and economic imperative (Layard and Clark, 2014; All-Party Parliamentary Group, 2014).

Identification, attention, concentration and motivation seem to be common outcomes of the SB process. Records show that children use such social and personal foundations to strengthen literacy, especially SLC but this research claims that SB positively affects all aspects of children's psychological and social wellbeing (see also Westby, 2014). Figures, tables and charts may support claims of SB successes, but qualitative assessments that children made 'exceptional' or 'clear' progress (indicated in Figures 6a and b) in emotional and conduct behaviour, are claimed as valid evidence because of the professional experience and natural caution of primary teachers. Low percentages of children (between 11% and 14%) remain unchanged or fall back in behaviour. 'No change' indicates no progress against the norm for the child's year group at the time of assessment – it does not necessarily mean there has been no progress.

Scores related to wellbeing from Partner Schools were remarkably similar to those collected for six years by SB itself. Differences between the gradings of Bubble Schools and Partner Schools are not statistically significant. Both record similar proportions in each category. Scores for 'clear improvement' and 'striking improvement' are a little more generous among the Partner Schools and judgements regarding those with no change or who have 'fallen back' are lower among the Partner institutions. This may reflect the wholly positive response expressed by newcomers to the SB process in training and review sessions, but also the longer experience of seasoned SB TPs.

The similarity of outcomes across 24 schools is encouraging. SB training suggests to newcomers the kinds of successes they can expect, but teachers are increasingly risk-averse and do not adopt new practices easily. Any tendency towards bias in this evaluation is offset by a number of checks.

- Those that attend SB training and provided feedback were usually LSAs – not the teachers that make written reports on children
- Speech therapists, psychologists and other teachers also attend SB courses and are perhaps more likely to resist any tendency to 'over claim' successes
- Two small teams of independent assessors were used (none had seen the summary tables issued by the LB)
- Individual, end of year teacher comments (Figures 2 and 7) were examined in detail and taken as professional judgements of improvements transferred to classroom and playground.

5.4 What is SB's role in promoting the wellbeing of children and why does it matter?

In England, about 10% of children under 11 years old have a diagnosable mental disorder (NICE website). Even more are unhappy in school. About one in four children live in poverty (RT website, 2013). While these widely used statistics may be contested, unhappiness at school is part of the subjective assessment of about one third of our 11 year-olds. 32% of our primary aged children say they feel 'stressed by school work' (WHO, 2012). In a school context, such lack of wellbeing may be displayed in the typical behaviours of children referred to SB (Figure 3). Referral comments on each child show that most SB children had found 'normal' classroom settings could not provide the focused support they needed. End of programme statements judge that the emotional and interpersonal lives of most have benefitted from the SB programme. An Ofsted report on a SB session in a Pupil Referral Unit commented:

... pupils were observed participating enthusiastically in a drama lesson that helped them explore their feelings and how they might react to different situations. This makes a helpful contribution to pupils' good spiritual, moral, social and cultural development.

(Summerhouse, Southwark, Ofsted Report, 2012)

Analysis of all evidence sources suggests that what many children gain from SB may be more than 'helpful'. A wide range of positive outcomes emerged from detailed analysis of all evidence. These included a number of attributes (shown below with an asterisk *) connected with the concept of psychological and social wellbeing (Ryff, 1998). Although there is broad overlap between positive outcomes in psychological/social wellbeing and progress in literacy skills, developments affecting literacy are separated out and shown in a bold font:

- | | |
|----------------------------|-------------------------------------|
| a) Increased confidence* | e) Improved relationships* |
| b) Participation* | f) Speaking out |
| c) Better listening | g) Improved speaking skills |
| d) Enjoyment* | h) Improved language skills. |

These developments are discussed in more detail below.

(a) Increased confidence:

The word 'confidence' is the most frequently used word in post-SB reports. Increased confidence was also cited in the speech therapists' reports as among the first signs of SLC progress. The same word peppered comments from parents, TPs and LSAs. Psychologist Albert Bandura (1977; 1992; 1994; 1995) established that confidence, part of what he called 'self-efficacy', was central to the development of identity, and in particular our behavioural and motivational patterns. Those with high self-efficacy, he argued, tend to succeed in learning, self-control, self-understanding and relationships; those with low self-efficacy often have difficulties in these areas. Bandura claimed that to develop confidence we should:

- develop 'mastery' (experience success in meeting a challenge)
- observe 'social modelling' (see others successfully doing what we aspire to)
- receive 'social persuasion' (be given verbal and non-verbal encouragement)
- develop positive 'psychological responses' (experience less stress and more positive moods).

Each of the above opportunities is a fundamental part of the SB experience. The weekly SB chant promising 'good acting', 'good listening', 'taking turns' and 'being kind to each other' places Bandura's elements of self-efficacy into children's language. These attributes have been observed to abound in SB sessions (Barnes, 2013 and this research) and are picked out by parents in their responses to SB (Figure 1). The role of confidence in engendering motivation, involvement, sustained attention, resilience, and eventual success is well documented in Bandura's work, but also forms the basis of influential studies by Dweck (2006); Alexander (2010); Lucas and Claxton, (2014).

Unconfident children find school learning a major challenge. Early intervention to build confidence in children with SLC difficulties has consistently been shown to be effective. Government reports (for example Rose, 2006) suggest that the longer a child experiences difficulties in reading, writing and other aspects of English, the more difficult and expensive these barriers would be to overcome. Reports into early years education (for example Tickell, 2011) also confirm that early intervention in matters concerning behaviour, attitude and identity are essential. SB targets Years 1 and 2 children – the best time to support children with SLC difficulties. SLC are crucial to social interaction, and good-quality social interaction is the bedrock of human physical, mental, spiritual, social and intellectual development. If SLC do not develop healthily then application, relationships, behaviour, and the child's impression of themselves as learners are each negatively affected (Bercow, 2008; Communication Trust, 2014).

Not every child benefits from increased confidence. Some present as over-endowed with challenging manifestations of confidence that can dominate a session and inhibit the confidence of others. Turn-taking, being kind to others, doing good acting (which includes sharing the limelight) and listening are the aspects of SB that children are reminded of at each session. While these positive behaviours tend to develop with maturity and through other school activities, many sources of evidence credited SB with providing a sense of direction to confidence.

Confidence is linked with increased participation in school activities for many SB children.

(b) Participation:

SB referrals often cite children's difficulties with participation in class. Some are shy; some easily over-excited or disruptive; some cannot yet speak English; others have physical or emotional difficulties that hamper their participation; some cannot listen long enough to join in appropriately with class activities. All the reasons for referral listed in Figure 2 impair participation. Every SB group consists therefore of a disparate mix of children who find involvement, compliance and 'belonging' difficult. This means that SB groups are composed of children who offer various levels of challenge to their class teachers. It is therefore encouraging to SB TPs to read the 15/187 teacher statements directly noting improvements in participation and many more highlighting positive developments in speaking, 'speaking out', communication and listening. When independent LSAs and teachers watched SB videos from three different schools, they each recounted their own difficulties supporting and controlling children with SLC needs within a 'normal' classroom. They noted how positively the structure, repetition and 'different atmosphere' of a SB session seemed to affect these children.

One independent LSA noted the importance of the story itself, remarking that the dramatic attention these stories receive 'must be very affirming for the children'. This is a theme discussed in SB training sessions and also emphasised by the visiting speech therapist. The participation impact of the weekly honouring of a child's story was supported by commentaries from children themselves in earlier reports (Barnes, 2012; 2014).

(c) Better listening:

Teachers are very familiar with assessing listening skills. Almost half of the 49 parents/carers consulted noted that their children's listening had improved through their time in SB. The SB chant, 'in SB we do good listening...' highlights the importance of this aspect of learning. Progress in listening, attention, turn-taking and attention to others, was frequently underlined by both parents and speech therapists when describing improvements.

Teachers also linked improved listening with greater concentration, focus and patience. Such psychological strengths underpin Bandura's quartet of confidence-building attributes. In one videoed SB session, the TP praised individuals on 13 occasions for 'good listening', and such focused and positive feedback was observed by independent teachers to have motivated deeper thinking.

Good listening develops in many ways. High-quality music teaching, extra-curricular activities (like the Forest School attended by children in School 5, or the drumming classes by those in Schools 2 and 3) or sensitive pedagogy can all promote better listening skills. Improvements solely generated by SB are therefore impossible to claim, but repeat commissioning, parental support, and the collected comments of parents, teachers and independent observers all point to a belief that the programme is effective in achieving its aims to improve children's listening.

(d) Enjoyment:

Positive experience broadens and deepens our repertoire of responses. Fredrickson's research into the physical, mental and social effects of positivity suggests that states like enjoyment, engagement and interest enhance experience and help us to make new and valuable connections. Learning, new relationships, deeper self-understanding, greater health, and enhanced physical abilities are all enabled by changes in brain chemistry. In conditions of positivity the brain tends to produce neurotransmitters like serotonin and dopamine that make such connection-making easier (Seligman, 2004; Fredrickson, 2004; 2009). Positive psychologists suggest therefore that states of enjoyment are not simply 'the icing on the cake', but provide optimal conditions for human growth and development (Damasio, 2003).

Enjoyment was a key quality noted in adults and children observed in SB in the 2012 report. Enjoyment continues to be a common outcome for TPs, LSAs and children new to the programme. It has the tendency to prolong attention, provide a sense of reward or fulfilment and, according to Fredrickson, makes us more trusting, empathic and relaxed. These important and constructive characteristics have already been associated with SB activities and could be argued to highlight the capacity (and need) for more positive approaches to pedagogy (Scoffham and Barnes, 2011).

Enjoyment is not always a welcome feature in learning. Challenge, difficulty and failure are necessarily part of the learning journey too. Interestingly, observations of SB sessions showed that challenge, embarrassment and difficulty were evident as TPs strove to enhance children's theatre-making. Evidence from children, parents and teachers suggests, however, that such mildly stressful episodes happened against a general background of enjoyment and security. 'Happiness' was not therefore necessarily experienced in the moment, but SB sessions were looked back upon as enjoyable by the vast majority of children *and* their LSAs. Teacher assessments at the end of the programme claim that the enjoyment ascribed to a significant number of children was neither transitory nor shallow but transferred to classroom situations they had previously experienced negatively. For example:

Child 196: ___ has really enjoyed the group. I can see a definite change in her confidence she now communicates freely with peers and adults. Shows good attention and recall.

When asked, the vast majority of children say they enjoy SB. This raises the subject of subjective wellbeing. If children and the adults report high levels of personal happiness, experience suggests the mood will affect behaviour for much of the rest of the day. Fredrickson specifically addressed the cumulative impact of such positive experience (2009). She observed that good experiences not only make us feel better but are 'banked' in the memory and can (with training or careful nurturing) be called up in times of stress and difficulty to show resilience.

(e) Improved relationships:

Ryff (1989) suggests an important component of subjective wellbeing is the feeling that our relationships are positive and that we are popular. Many children with SLC difficulties (17% in the sample in Figure 2) have problems with relationships. Nationally, poor relationships, risky behaviour and poor self-image contribute to the comparatively low wellbeing of English children (UNICEF, 2013) among the rich countries of the world. The SB method relies heavily upon collaboration, touching, sharing, and imagining what it is like to be another; listening to and caring about each other. In drama, these aspects of positive relationships can be rehearsed, played with, spoken about and exemplified. They were evident in every SB session observed during the process of research. The evidence strongly suggests that this rich diet of real and imagined positive relationships is influential in children's behaviour throughout the week.

Improved relationships (as opposed to confidence, listening or participation) are specifically mentioned 22 times by reporting teachers at the end of the SB programme. Typical end of SB judgements included:

- plays cooperatively with others
- has good relationships with peers
- happily communicates with others
- now willing to share
- engages better with whole class discussions.

Such comments can also be taken as indications of improved relationships. Social progress in the special atmosphere of a SB session commonly transfers to the classroom and playground. This reported impact on children's social health is a highly significant aspect of SB, because of findings that kindness, trust, and similar pro-social behaviours developed in the infant and junior years, predict greater wellbeing (and higher achievement) in later life (Wentzel et al, 2009).

(f) Speaking out:

Children, referred because of difficulties in speaking out loud, form a significant minority in SB groups. Most Key Stage 1 schools have at least one selective mute, five were mentioned in pre- and post-SB statements from schools. Thirteen referred children were described as desperately shy, had very quiet voices or difficulty in communicating effectively with others. The playful warm-up exercises exemplified in Figure 1 were observed to be particularly helpful to these children. Improved ability to speak out or communicate better was specifically mentioned in 35% of individual reports after the SB intervention. Unfortunately, some teacher statements were very short and general judgements of 'increased confidence' may also hide improved skills at speaking in groups and in class.

Illustration 7: An atmosphere of safety and support promotes confidence to speak out



© Photograph: Steve Hickey

(g) Improved speaking skills:

Physical wellbeing often follows from more positive mental states (Seligman, 2004). Stutters, stammers, slow articulation and physical difficulties hampered some children's speaking. These barriers to learning were mentioned specifically in six referrals, though may have been a feature for other children. For three children, stammers were said to have decreased through the period of the SB intervention. Almost every child defined as selective mute was speaking by the end of SB. A tweet by a SB TP highlights the impact of progress in this area:

Today a child with selective mutism found SB was a place she felt comfortable acting and playing and speaking... I'm very casual about that I just have something in my eye... alright!

Such striking progress was in each case put down to increased confidence or less stress.

(h) Improved language skills:

Educational or intellectual wellbeing is clearly an important factor for schools. Many children referred to SB have English as an additional language (EAL). Improvements in speaking English were specifically mentioned in 11 pre- and seven post-SB statements. Some children with EAL were doubtless referred for other reasons beyond their English language ability, and some were reported to have made more remarkable improvements in other areas of learning or behaviour. Improved language skills may also include the ability or willingness to make longer sentences, use better grammar, more imagination or demonstrate greater relevance – each of these is mentioned in post SB reports. The complexity of issues faced by SB children is implied in the following example statement concerning child 183:

___ is a confident child and communicates well with children and adults. She has demonstrated a much better ability to concentrate on a given task. I have seen a development in her vocabulary use and this is evident in her speech and writing. She is still struggling with her short-term memory and this is and will continue to be monitored. Her results are still below average, however she has made significant progress in writing.

Of course, some children did not improve. Some teachers simply report 'no significant change' (15/187) but some give interesting detail, for example for child 90:

___ still struggles to take turns, and to get involved in class activities. He only sometimes focuses on the carpet, although when he does concentrate he is more confident at putting his hand up and joining in. His writing and reading have improved fantastically, but his speaking and listening skills are still low.

Speech therapist assessments show that some of these children have very complex needs, not easily within the reach of the SB process.

Review assessment has confirmed today that ___'s SLC skills are developing below the levels expected for this age group. Immature attention and listening skills and delay in development of play and social communication skills are further hampering development of learning and independent skills.

Classroom observation showed that ___ is still struggling to remain focused on tasks at hand. ___ needed adult reminders to remain focused during the 1:1 formal assessment and it was felt that his immature attention and listening skills are further hampered by difficulties with understanding of spoken language.

Immature attention and listening skills hamper the understanding of the world and language around us and hamper development of learning skills as well as delay the acquisition of new vocabulary.

(Speech Therapist, July 2014)

Even those who seem to have made little progress say they enjoy SB:

When asked if he enjoyed SB sessions, (Child 89): I like it best when you get to choose a story. Mine was 'Zombie' and I likeded [sic] all of it.

(Speech Therapist, July 2014)

When interviewed, teachers are keen to remind that both child wellbeing and the SLC needs of children are addressed throughout the week and not just in SB. Schools, especially those serving deprived and vulnerable children, provide a wide range of other extra-curricular activities and interventions and many of these provide opportunities to develop confidence, good relationships and participation. All claims for SB need to be taken against this background.

SB should perhaps be seen as one of several vital ingredients in building a secure and sustainable wellbeing for children in school. The evidence strongly suggests that SB provides the gentle, supportive, creative and child-centred conditions under which the most vulnerable and underachieving gain their confidence. It provides teachers and other education workers with an example of progress outside the parameters of schemes and strategies. Further, the evidence also points to the conclusion that the increased confidence, so evident during and after the SB programme, frequently results in greater motivation, attention, concentration and friendliness in both children and their adults. The generation of these psychological dispositions in turn appears closely related to increased capacity to learn, speak out, communicate and listen.

Illustration 8: Adult helpers as well as children tell the hedgehog what they liked about their SB session



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6. Conclusions

More children than necessary suffer in our schools. English school children are amongst the unhappiest in the developed world (The Children's Society website, 2014). Shrinking budgets and increasing outside pressures on schools, leave many young children with little support when they have SLC difficulties. SB offers what appears to be a highly effective and sustainable means of helping children suffering poor social, emotional and educational wellbeing because of their difficulties with communication. The SB method uses the emotional, bodily, creative and relational aspects of drama to create the conditions for positive behavioural and educational development. It reminds us that a focus on children's wellbeing in school generates increased social, behavioural and educational capital cheaply and effectively.

There were minimal difficulties in collecting evidence from busy and over-pressed schools because participating schools value the inputs from SB so highly. Difficulties in obtaining wider sources evidence were minimised by broad support across all those that become associated with SB. The dangers of over-claiming SB successes were offset by evidence from both interested and independent parties. This evidence leads the researcher to make the following recommendations:

- trained TPs should continue to lead SB interventions
- the aspects of the SB method that include clear and lived values, creativity, children's own stories, embodiment and drama to explore and understand emotions should be preserved at all costs in its methods
- future evaluations should include randomised control trials in several SB schools
- the SB method should be franchised and eventually rolled out in disadvantaged communities across the country
- inline with NICE recommendations (2013) schools and education authorities should urgently address mental health and wellbeing inequalities among children. Research, including this Report, suggests that this can be done cheaply and effectively by dedicating significantly more resources (curriculum time, staffing and money) to creativity, the arts and artists in schools.

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"Shakira's confidence has increased in leaps and bounds this year. She is now much more confident to take risks, have a go and get involved. She previously got upset at very small things – now her resilience is much better. She takes turns and shares, mostly interacting well with her peers and adults."

Class teacher

"Speech Bubbles is good for improving attention and listening and consolidating group skills."

Speech therapist

"I like Speech Bubbles because we do good listening and we do good acting."

Iliaz, 6 years old

"One of the main issues with Kelly was her confidence, so I think Speech Bubbles has definitely helped with this issue. I've spoken to the adults in her class and they all agree that she is making progress and has 'come out of her shell' within the classroom."

Special Needs Coordinator

