Sheffield SAFE Taskforce: Annual Report: Year 1

This report provides an overview of the Department for Education's SAFE programme in Sheffield and covers the period from September 2022 to September 2023.

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1. Background

In July 2021, the government announced over £45m of funding to support young people at risk of involvement in serious violence to re-engage with education. This funding was divided between Alternative Provision and mainstream schools and was targeted to those areas where serious youth violence was most prevalent. Over a three-year period £30m will be provided to the mainstream sector.

In January 2022, the Department for Education (DfE) provided guidance on how funding should be used. The SAFE (Support, Attend, Fulfil, Exceed) programme will be led by a 'taskforce' in each area. Each taskforce will work with schools and other partners in the local authority area with the aim of achieving the central aims of the SAFE programme. SAFE will run in ten areas across the country and will end in March 2025. The ten areas are:

- Birmingham
- Manchester
- Leeds
- Sheffield
- Liverpool
- Newham
- Lambeth
- Southwark
- Bradford
- Haringey

Sheffield will receive £3.7m of funding over three years. Learn Sheffield will oversee the leadership and management of the project and the Sheffield SAFE taskforce will be able to capitalise on the city-wide collaboration that underpins the work of the organisation. Learn Sheffield is founded on partnership working and carries out a wide range of functions and training to help support school improvement and the life chances of children and young people across the city. The organisation is well regarded across the city, by all sectors, and by all types of schools (be they maintained or academies). The work of Learn Sheffield is founded on positive relationships and integrity.

The SAFE programme will run until the end of March 2025. The purpose of the programme is to make a tangible difference in young people's lives, through commissioning and investing in evidence-informed interventions which tackle serious violence either directly, or through improved behavioural or attitudinal indicators and increased engagement in education.

Early intervention and upstream working are central to the programme. This proactive approach aims to tackle attitudes and behaviours before a young person becomes involved in serious violence. To this end, the programme will primarily target those young people in Years 7,8 and 9, as this is before serious violence begins to peak.

By supporting these young people through a range of interventions, the SAFE programme aims to achieve the following core outcomes:

- reduce involvement in serious violence
- improve social emotional regulation and well-being, including improved behaviour in school
- improve attendance
- reduced school exclusions
- reduced NEET outcomes

There are three broad phases to our approach to the programme, and these will be reviewed and repeated each year. The first phase is concerned with identifying the right cohort for support. The second is about commissioning appropriate interventions to meet need. The third is about implementing these interventions, quality assurance and ascertaining impact.

2. The Sheffield SAFE Taskforce

Purpose and composition

SAFE Taskforces bring together mainstream schools and other agencies to commission evidence-based interventions to support young people with challenging behaviour, enabling them to attend school regularly so they can fulfil their potential and prevent costly poor life outcomes by inspiring them to exceed their expectations.

The SAFE Taskforce is a group of schools working together, with other multi-agency structures and local experts, to commission and fund evidence-based interventions to support young people at risk of serious violence and re-engage them in education. Each taskforce was given funding to invest in evidence-based interventions. The taskforce will make strategic decisions that will impact Sheffield, and so its members need to be those with authority to do so (e.g. CEOs of multi-academy trusts (MATs), headteachers of schools etc.).

The programme is designed to be school-led because school leaders, teachers and staff have a distinct expertise and access to make a difference in young people's lives. The DfE recognises that serious youth violence is not an issue that can be solved by schools alone, and that is not the expectation of the programme. Taskforces aim to get upstream of the problem by tackling the education indicators that are also associated with a young person being more at risk of involvement in serious violence.

In Sheffield, the SAFE Taskforce is predominantly made up of secondary schools with some representation of the primary and special sectors. In pulling together the list of taskforce members we have ensured that the majority secondary schools have at least one representative through the school itself or the MAT the school is part of.

Alongside this, we have included several other experts in the Sheffield SAFE Taskforce to help ensure it is working collaboratively with existing structures and to provide support. These include representation from the following organisations:

- The Violence Reduction Unit (VRU) – VRUs bring together the police, local government, health, and other key partners (including education) to tackle serious violence. They operate across a larger geographical footprint and invest in a wide range of violence prevention programmes. A VRU can help to provide expertise on crime and can help to ensure that funding is not used to duplicate existing intervention.
- The local authority – the Local Authority is represented through both the Education Advisory and Access and Inclusion Teams.
- The NHS – the Taskforce also has representation from the Healthy Minds/Mental Health Support Team in the NHS.

The Sheffield SAFE Taskforce was established under the Sheffield Children's Safeguarding Partnership (SCSP), which provides the governance for the project. Key responsibilities for the governing board include: to hold the taskforce to account, to sign-off the work of the taskforce, and to escalate and resolve issues within the taskforce.

The SAFE programme will enable schools to support young people within their school and community, by bringing them together to collectively manage a pot of funding. This model has several benefits, including:

- Schools have more of a say in how money is spent and what interventions and services are commissioned.

- Economies of scale can be achieved by pooling resources in this way.
- Schools facing similar problems can come together to solve them collectively.
- Best practice sharing can happen more effectively.

A full list of the composition of the Sheffield SAFE Taskforce in Year 1 can be found in Appendix 1.

Key principles

Schools and colleges in Sheffield are committed to working collaboratively and in partnership. This commitment has continued to develop through the change in our educational landscape, with almost all secondary schools in the city being academies and/or part of a multi academy trust.

Central to the values of both Learn Sheffield and the Sheffield SAFE taskforce is the notion of working for the benefit of all children and young people in the city, irrespective of their background or which school they attend. Key principles are:

- **A young-person-centred approach:** We will ensure that all decisions are made for the best interests of young people in our city, irrespective of which school they attend.
- **An evidence-based approach:** We will strive to base decisions on secure evidence of need and on interventions will be implemented based on evidence of impact.
- **Listening and acting:** We will actively seek to listen to the voice and views of young people and their families to help inform our decisions.
- **Engaging with others:** We will work with a wide range of schools, agencies and other sectors including health, the VRU, and the police to broaden our knowledge and understanding, and to maximise the impact of our actions.
- **Up-stream working:** We will strive to identify those who are at risk of serious violence early and put in appropriate interventions accordingly. We will do this through the effective use of data and local-level intelligence.

3. Identifying the pupils

The Strategic Needs Assessment

Identifying the correct cohort of pupils for intervention and support is central to the SAFE programme. A Strategic Needs Assessment (SNA) was carried out to help to identify the priority cohorts and help inform which interventions were required to best meet their needs. The SNA was a detailed piece of work based on local data and analysis. For the first time, it brought together a qualitative and quantitative data from a range of diverse sources, including education, social care, families, youth offending and information from the Ministry of Justice. These were considered in the context of the city as a whole and were focussed on five key themes:

- **Understanding the serious violence landscape** – using data from the VRU to understand what is happening and where it is happening
- **Understanding the background of young people who commit serious violence** – using data from the Youth Offending service
- **Understanding educational indicators for young people at risk of serious violence** – what are key risk factors (poor school attendance, suspensions, permanent exclusion, missing education etc.)
- **Understanding the communities impacted by serious violence** – characteristics of communities where serious violence is happening and where young people at risk of serious violence live

- **Understanding which young people are in close proximity to serious violence** – analysis of family environment, peer groups and siblings of young people who have committed serious violence offences.

A number of indicators (sometimes referred to as 'risk factors') were considered. These are features of a child or young person's life that indicate the child is at increased risk of involvement in serious violence. Indicators are a valuable tool for identifying young people at risk of becoming involved in serious violence who may need support. Serious violence indicators and protective factors fall into five distinct categories: individual, family, school, peer, and community. The SNA explored all of these factors. This provided a sense of which areas and settings have the highest numbers of young people who may be at risk of becoming involved in serious violence and what factors might be most relevant in terms of identifying those young people.

School allocations

These risk factors were combined into a regression model. Different risk factors were found to have different statistical significance, and all were considered in the model. The model was able to generate a risk score for every young person in the city. This indicated the probability that the young person might be involved in a serious violent offence. The model was used to identify which schools have the highest number of young people who might be at risk of committing serious violence; it was used to inform which schools in the city had the greatest need.

In October 2022, this was used to provide schools with their allocation of pupils. The total allocation was centred around 500 pupils. This figure was based on the estimated costs of interventions at the time, i.e. how many pupils could we fund support for.

SAFE: School allocations - 18 October 2022
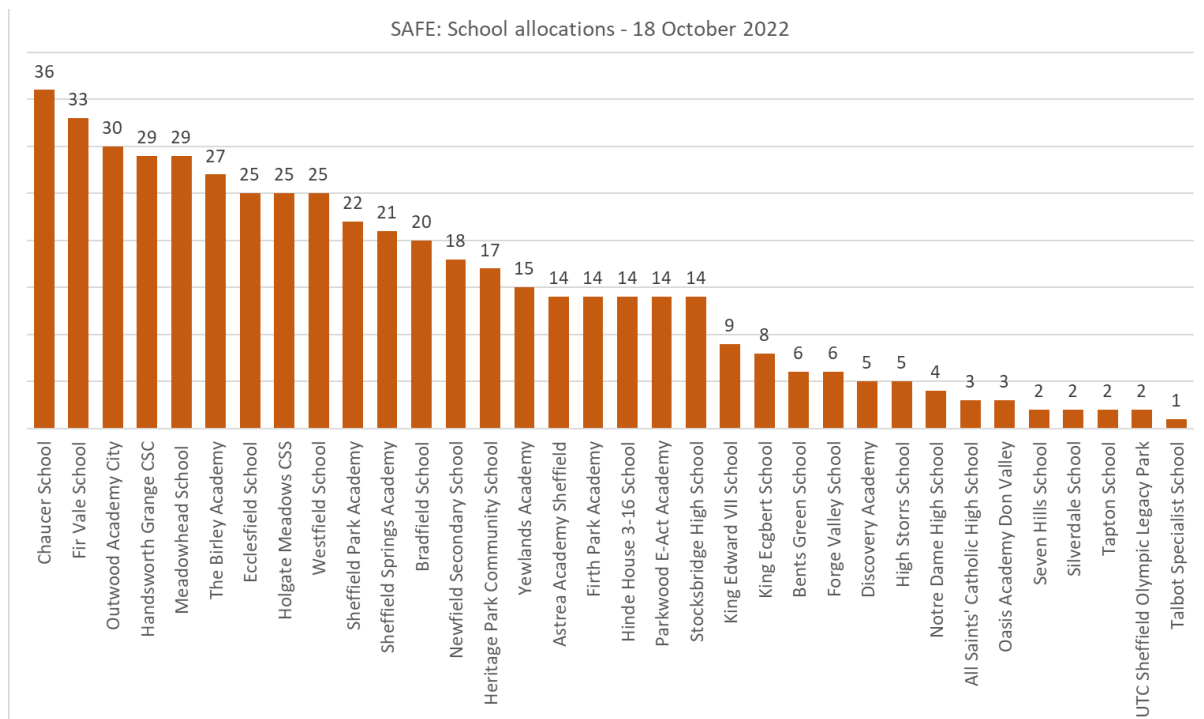
Characteristics of the Year 1 SAFE cohort

Schools were then required to identify the pupils and record these using the secure AnyComms system operated by the local authority. Four schools did not engage with the process and did not identify a cohort. The total coverage of the SAFE programme in Year 1 in Sheffield therefore amounted to 475 pupils in 30 schools.

Schools were provided with all of the risk scores used in the model for each pupil in Years 7 to 9. They then were able to use their own knowledge of pupils and their families to identify those pupils who they felt would benefit most from the programme.

Analysis of the first SAFE cohort of pupils showed that in January 2023:

- Around two-thirds of the cohort were male
- Around three-quarters of pupils were from Years 8 and 9
- 61.5% were White British
- 40% were classed as SEND and 19.5% had an EHCP
- Social, Emotional and Mental Health (SEMH) was identified as the primary SEND need for 46% of pupils
- Around 18% of the cohort had committed an offence in the last three years and a third of these were classed as serious violence
- The cohort had significantly lower attendance than their peers (60% had an attendance rate of less than 90%)
- More than half of the cohort had had three or more suspensions in the last three years
- More than half of the cohort had had MAST involvement in the preceding three years
- More than half of the cohort had had a child in need episode in the preceding three years
- Around a quarter had had support from the educational psychology service in the preceding three years
- Around a quarter had been on a reduced timetable in the preceding three years.

This correlates well with the findings of the SNA; the key risk factors highlighted by the SNA match those of the cohort picked by schools. This illustrates the validity of our approach and of using the data regression model to allocate places to schools; the model helps to target support to the schools where it is needed most.

4. Evidence-based interventions

The primary responsibility of the Taskforce is to effectively manage the funding to invest in evidence-based interventions that tackle the education risk factors for involvement in serious violence. In February 2022, the DfE published 'Evidence Informed Interventions' guidance for SAFE taskforces. This set out the most up-to-date evidence on tackling serious youth violence, drawing on the knowledge base of the Youth Endowment Fund (YEF) and the Early Intervention Foundation (EIF) as well as a wider field of evidence.

The YEF produced a toolkit which summarises research into the different approaches to preventing serious violence. It provides insight on 17 different approaches (e.g. mentoring, social skills training and Cognitive Behavioural Therapy (CBT) and explains:

- What it is
- How effective it is likely to be

- How confident we can be in the evidence of its impact
- Indicative costs
- Related resources and programmes.

The guidance from the DfE on evidence-informed interventions separates interventions into four broad categories: green, amber, red, and grey. Green interventions are those that have a good or moderate evidence base. Evidence in the context of the SAFE programme for amber interventions is less clear. Red interventions are those where the evidence suggests a negative impact. Grey interventions are those where there is insufficient evidence to indicate that they would benefit the aims of the SAFE programme. The guidance stipulates that red and grey interventions should not be used.

To maximise the impact of the programme, there is a clear focus on the delivery of a limited number of high-quality evidence-based interventions being delivered over the long-term. The guidance from the DfE suggested taskforces invest in around 3 to 7 interventions over the duration of the programme, and at least one of these should be a green intervention. Ideally, interventions should be locally sourced. This helps ensure that practitioners have an awareness of the local context and need.

Commissioning the interventions

In Sheffield, we elected to create a framework for our interventions. This involved procuring interventions from third sector or private providers and/or schools themselves. We created a comprehensive invitation to tender (ITT) document and process. This was advertised on our website and promoted locally through the taskforce and schools themselves. The ITT incorporated the creation of a detailed theory of change.

The main ITT process took place in the summer of 2022. In total, six completed tenders were received. These were evaluated against the aims of the SAFE programme and financial stability. Each applicant organisation was then invited to an interview where any remaining queries could be addressed. The theories of change were also scrutinised by the DfE, and provision amended accordingly.

One applicant group withdrew from the process and the other five successfully joined our framework. The providers on our framework are:

- Adventure Expeditions
- The Golddigger Trust
- Sheffield Wednesday Football Club Community Programme
- Unravel
- Westfield School

The first four of these were commercial entities and for the purposes of our framework were classed as 'external' providers. Westfield School was the only school in the city which elected to provide its own intervention programme through the appointment of two 'social development champions'. Westfield is classed as an 'internal' provider.

Except for Adventure Expeditions, all the interventions were deemed to be 'green' by the DfE. Adventure Expeditions was deemed to be 'amber' as the DfE felt that this was more of an outdoor education programme rather than a mentoring and social skills programme. Additional quality assurance and the introduction of a break clause was requested by the DfE as a condition of them being allowed on our framework. By the summer of 2023, all of these additional measures had been completed to the satisfaction of the DfE and Adventure Expeditions were admitted to our framework for the remainder of the project.

Having been admitted to our framework, contracts were issued to all of the providers. These covered the duration of the SAFE project, i.e. until March 2025. This was a deliberate action. We recognised the limitations of working to an annual contract for all of our providers. This would have a detrimental impact on recruitment of practitioners and would provide a lack of security and potential buying from our providers. The tenure of the contract reflected our commitment to them. Clearly, demand for particular interventions might increase or decrease in the future, and so rather than mitigate this through annual contracts, we included a clause in the contract which would provide a three-month notice period for any change of 25% or more (be in upward or downward).

Our providers

Each of these interventions provides a different mechanism of support for pupils, but all are focussed on the development of executive function and emotional regulation through either mentoring, social skills, or therapeutic approaches (or indeed a combination of these). Résumés, written by the providers themselves, are provided below.

Adventure Expeditions

Adventure Expeditions (AE) uses outdoor education programmes to bring about positive change and development in young people to help them fulfil their potential. The programme sets deliberate social skills-based development goals for each individual in conjunction with school teaching staff, and these are based around aims of the SAFE programme.

Programmes last for one school day per week, across 12-week blocks. Weeks 1-6 take place at various locations in the Peak District are based around adventurous outdoor activities – individual development is expanded on with activities such as weaselling, rock climbing, abseiling, caving, Tyrolean-traverse building and geocaching and give opportunities to put skills into practice and embed/challenge learning in unfamiliar and often unpredictable environments. A further 6 weeks are spent in a woodland/forest setting. Activities include shelter building, building campfires, campfire cooking, and using tools (e.g. whittling knives, secateurs, bowsaws) to construct and create (rather than harm or destroy).

Activities are structured to include small group and 1:1 work with instructors acting as consistent role models and mentors. Attention is paid to building skills that extend beyond contact time with AE to stimulate wider application in school, home, and community environments. For many young people, this will represent their first steps in different outdoor settings – the change of environment for learning and development can have a powerful impact and evidence is well documented in support of learning outside the classroom for behavioural, educational, engagement, motivation, self-confidence, and self-resilience indicators. The proposed environments and activities can provide a useful initial 'hook' to engaging pupils and AE is keen to use this platform to facilitate new experiences and bring about positive individual change.

The Golddigger Trust

This programme runs for the full academic year and consists of three phases, allowing a minimum of 1 hour of contact time per week for each student. The programme focuses on developing self-esteem, emotional regulation skills and executive function in an engaging and relatable way through a therapeutic youth work approach. Each programme is delivered by two dedicated youth workers, working with the cohort for the whole year. School cohorts available in multiples of 10.

Phase One focuses on students building trust with staff and peers and developing their emotional regulation skills, through interactive challenge-based activity sessions similar to the TV game show, The

Cube. Each 1-hour session gives opportunities for the students to engage in a fun and relaxed way, in preparation for the next phase.

Phase Two consists of 1-1 goal-based mentoring for each student following the AUROUS 6-stage programme. Each 45–60-minute session supports the student to identify, plan towards and reach an achievable behaviour-based goal, whilst empowering them to use helpful strategies and build their self-worth.

In Phase Three, students join together again for a group work programme (1 hour per/week), looking at issues of self-esteem, healthy relationships with others, understanding their emotions and others' perspectives, and future aspirations.

Sheffield Wednesday Football Club Community Programme (SWFCCP)

The SWFCCP SAFE Mentoring Intervention is a service for secondary schools in Sheffield, aiming to re-engage, support, and empower young people aged 11 – 14 years old. The intervention will be structured around 1:1 and group mentoring for targeted young people referred by schools. Physical activity and issue-based workshops will run through the core of the provision; however, mentors will be equipped with high levels of youth work competency and interventions will be structured around the characteristics and voice of the young person. Our objectives are to:

- Increase young people's knowledge on how to live a healthy lifestyle.
- Reduce involvement in violence.
- Reduce unauthorised absence.
- Increase chances of attainment.
- Help young people to develop interpersonal and self-management skills.
- Promote youth voice.
- Help young people in setting short, medium terms goals.

We will aim to build resilience, motivation and raise aspirations. Activities will be designed to reduce negative behaviour and assist young people in gaining control of emotional wellbeing. The 1:1 mentoring process will be backed up by the team ethics instilled into the group work process, much of which will be guided and underpinned by football and sporting team centred principles and practice.

Unravel

We offer statistically evidenced and valid relationship-based guidance which is tailored to client's individual needs. The focus of this therapeutic relationship is to support social skills development and emotional regulation whilst improving executive and reflective functioning. The aim of all of our interventions is to activate best sense of self, healthier perspectives and improved emotional intelligence. Our model is designed to unravel key challenges around children's behaviour, give them effective tools to make positive changes and empower to take charge of their brains and choices. We are very person-centred in our work and always strive to promote and develop individual's self-esteem which underpin acceptance, confidence, emotional agility, and resilience. Individually tailored therapeutic support is based on a range of neuroscience techniques:

- Cognitive Behavioural Therapy (CBT)
- Dialectical Behavioural Therapy (DBT)
- Positive Psychology
- Acceptance and Commitment Therapy
- Motivational Interviewing

- Trauma informed communication

Our interventions all work to our mission statement which is: insight + action = positive change. This is based on the CBT model and reinforced by providing supportive action-based targets at the end of a session. Children and young people gently learn to do things differently as they begin to recognise that if they don't do anything differently, nothing will change.

Westfield School

This intervention is centred around the employment of social development champions to work within school as part of the inclusion team. They deliver Mentoring and Social Skills Training interventions to identified students in years 7 to 9. A social skills sub-curriculum will be delivered alongside students' normal curriculum and includes explicitly taught sessions focussed on sociability, active citizenship, and community projects.

The champions also coordinate guests from the local community to work with students as part of this programme, such as businesses, police, local authority. The mentoring aspect combines group sessions in which models such as the STAR approach to managing challenging behaviour are used to build students self-regulation, self-esteem, and resilience. This is in addition to 1 to 1 mentoring provided by the social development champion. This uses and builds upon successful mentoring models that are already used in the school.

The social development champions also spend time visiting students in lessons, to help reinforce strategies learnt during social skills and mentoring sessions and find opportunities for praise and reward.

The options process

Once the level of need across the city was known and local interventions had been secured, the next step was to match the two together. This was done through a straightforward process similar to the options process take by pupils in schools at the end of key stage 3.

The quantisation of interventions was factored into to this process. Quantisation arises from two different sources, namely the needs of the providers themselves and logistical issues. For example, Adventure Expeditions take pupils out of school and operate in blocks of 14 pupils. It would be inefficient for them to take just eight pupils from a school, and impractical to mix the cohorts from different schools. Similarly, part of the support offered by the Golddigger Trust involves group activities and so they are unable to work with small numbers of pupils.

A Microsoft Form was created to capture the preferences of schools, and this was completed in December 2022. Four schools did not complete a return, and this equated to 25 pupils. The data was then analysed, and interventions allocated to each school. 70% of schools received the interventions they had asked for and the allocation for the remainder included their reserve choice. No school received an intervention that it had not specified on the form.

Schools and providers were then tasked with getting interventions running. Schools were required to provide a meaningful induction (including safeguarding) for any providers working in their school. Adventure Expeditions also required schools complete detailed risk assessments for every pupil they would be working with.

Interventions commenced in January 2023, albeit in a phased manner. This was a function of ongoing recruitment by some providers and the timing of induction. Interventions ran until the end of September 2023.

5. Measuring impact: the mechanisms

Pupil level surveys

As a taskforce, we were keen to understand the impact of interventions. Following discussions with the DfE and dialogue with Southwark SAFE taskforce, we secured the services of ImpactEd (www.impacted.org.uk) to better understand the views of young people in the city. ImpactEd developed a survey based on a range of different measures (shown below). Further information on the types of questions in the survey are provided in Appendix 2.

Outcome + Measure	Example statements	Rationale
Self-efficacy Motivated Strategies for Learning Questionnaire (MSLQ) - Self-Efficacy Subscale.	• I'm certain I can understand the ideas taught in my lessons • I expect to do very well in this school • My study skills are excellent compared with others in my year group	Self-efficacy is correlated with positive life outcomes such as higher academic achievement and persistence, and lower levels of crime (Gutman & Schoon 2013, DeWitz et. al. 2009).
Grit Grit S scale	• I finish whatever I begin • Setbacks don't discourage me • New ideas and projects sometimes distract me from previous ones	Grit is defined as perseverance and passion for long-term goals. Pupils with high levels of grit may work persistently over years to achieve goals despite setbacks (Duckworth and Quinn, 2009; Gerhards and Gravert, 2015).
Wellbeing Warwick Edinburgh Mental Wellbeing Scale	• I have energy to spare. • I've been thinking clearly. • I've been interested in new things.	Well-being refers to contentment and overall sense of purpose as well as day-to-day happiness. Wellbeing is associated with a range of positive outcomes, including improved academic performance (Davidson, 2004; Stewart-Brown, 2005).
Anxiety Generalised Anxiety Disorder Assessment (GAD-7)	• I've felt nervous, anxious or on edge • I've been easily annoyed or irritable • I've felt afraid as if something awful might happen	Our SNA showed that young people at risk of becoming involved in serious violence often showed signs of anxiety. The measure we are using assesses the severity of generalised anxiety disorder (GAD). Mossman et al., (2018) found that this measure may be used to assess anxiety symptoms and to differentiate between mild and moderate GAD in adolescents.
Emotion Regulation Emotion Regulation questionnaire	• When I want to feel happier, I think about something different • When I'm stressed, I make myself stay calm • I control my feelings by changing the way I think about the situation	We are using this scale to measure the two main components of emotion regulation: (1) Cognitive Reappraisal (changing the meaning of evocative stimuli), and (2) Expressive Suppression (controlling response to evocative stimuli).

The survey comprised of 44 questions. Some personal information (first name initial, surname initial, date of birth, gender, in receipt of FSM or not) was also captured to help tracking and analyses. Each of the main questions were rated on a 1 to 5 scale. Following some initial feedback, a second shorter version of the survey was also created. This was to better meet the need of some pupils who might not be able to access the full survey.

The survey was to be completed at the start and end of each intervention. Providers were tasked with ensuring this happened and this was made part of their contract. There was a recognition that relationships needed to be established prior to any survey being carried out and so providers were given some time to do this. Providers were tasked with completing the surveys in the spring and autumn of 2023.

Quality assurance visits and meetings

The quality assurance of interventions had been envisaged early in the programme and formed part of the first Delivery Plan submitted to the DfE in April 2022.

Learn Sheffield is experienced in quality assurance; this is central to our core function. We recognised that ongoing quality assurance was vital to the success of the project. In terms of monitoring, we used our learning from a previous piece of work to shape our approach. We used the following mechanisms as a means of monitoring the quality and impact of interventions:

- **Baseline analysis of the cohorts receiving the intervention:** This comprised of a range of metrics including attendance, behaviour incidents, and defined identifiers such as special educational needs, involvement with children's services, disadvantage etc. As mentioned previously, we developed a pupil-level survey to understand the views and feelings of young people at the start of the project.
- **Visits to schools:** We visited every school involved in the programme in the summer of 2023. These meetings were used to discuss the interventions and to identify emerging strengths and areas for development. We developed a template to capture key pieces of information from these visits. The visits asked a range of questions about the interventions and the programme. The school visit template can be found in Appendix 3. We were keen for these visits to be a collaborative process underpinned by open dialogue. We shared the template with schools in advance of our visits and stressed that they were not an audit or inspection. After the visit, the completed template was shared with the school. We felt that such transparency was important. To maintain consistency, all visits were carried out by the Commissioning Lead.
- **Pupil feedback:** As part of the school visit, we also spoke to pupils about their views of the support they were receiving. On average, we spoke to around three or four pupils per visit, and this meant that we had sampled the views of around 20% of the cohort.
- **Provider meetings:** We mirrored the approach of the school visits with our providers. We adapted the template and used these meetings to triangulate the information we were getting from schools. We met with each provider after the bulk of school visits had been carried out.
- **Observation of sessions:** As part of our school visits, we included the observation of sessions. We were mindful of the observation process potentially being an invasive probe and altering the dynamic we are trying to observe. This proved to be the case with the one-to-one sessions; observing them would not have been appropriate. Other visits of group activities were seen, including visits to outdoor settings to evaluate the sessions being provided by Adventure Expeditions.
- **SAFE QA data collation:** We developed a simple system to collate all the information from the school visits into a single spreadsheet, and the same was true of providers. This enabled us to review responses to questions and analyse data more efficiently.

Data collection through AnyComms

As mentioned previously, schools were required to record their SAFE cohorts on the AnyComms system. This provided a secure means of recording this sensitive information and access was limited to our data

analyst only. Recording this information, and that of any pupils who swapped into the programme, allowed us to track the pupils over time. Using this information, and that contained on other pupil databases, allowed us to monitor key information such as attendance, suspensions, exclusions, and involvement with other agencies. Key metrics relating to the Year 1 cohort were analysed in the spring and autumn of 2023.

6. Measuring impact: our findings

Quality assurance visits

By the end of July 2023, every school involved in the programme had had a quality assurance visit. Key observations and learning from these visits were[*]:

- **Strong leadership:** The programme worked most effectively when the school engaged with the programme fully. The interventions had the greatest impact when the SAFE Champion took a proactive role in the implementation and monitoring of the programme. This helped to ensure a smooth and rapid implementation of the interventions and helped to raise the profile of the programme with pupils and staff.
- **Communication:** Effective and regular communication between the providers and schools was key to the success of the interventions. This included the induction process and processes for regular on-going communication (including daily feedback on sessions). Where this has worked well, mentors are seen as part of the main staff body and are able to work autonomously. In a small number of cases, poor communication led to significant delays in the implementation of interventions.
- **Diversity of the framework:** SAFE Champions were positive about the programme and were, in general, happy with the quality of the provision. They valued the diversity of the interventions available and felt that this would help engage a wider pupil population.
- **Variation in quality (inter- and intra-):** Some schools had quite different experiences of providers. This showed that for some providers, the quality of delivery was a function of which member of the team was delivering it. This highlights the need for providers to ensure that they have appropriate quality assurance measures in place so that the quality of delivery is more consistent. In a small number of cases, the quality of delivery was also impacted by mentors being able to take annual leave during term time.
- **Understanding impact:** The overwhelming majority talked about the positive impact of the interventions. Some schools had started to gather an evidence base to evaluate the programme through their own data, and some providers have carried out their own analysis. The feedback from schools illustrates some instances of remarkable impact. Examples include significant improvements in attendance for individual pupils, engagement with school, a reduction in suspensions, and improvements in behaviour (including instances of physical aggression). Some schools reported that attendance on the day of an intervention had improved, i.e. the sessions provided an impetus for the pupils to attend. Champions also talked about how some things could not easily be shown through data, such as how pupils comport themselves and their general demeanour.
- **Attendance to sessions and engagement:** Many Champions spoke positively about engagement and the positive relationships that had quickly formed. These positive relationships were also evident through the number of safeguarding disclosures made to mentors; this demonstrates a high degree of trust. Schools talked about how some of those most in need of support had not

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[*] In this context, the term 'mentors' refers to the staff from providers.

attended sessions. This was, in some cases, linked to them having poor attendance. Some schools had reflected on this and were considering a different approach for future cohorts, whereby those that were marginally less in need, but more likely to attend sessions, would be selected to receive support.

- **Champions meetings:** Champions welcomed the opportunity to meet with other Champions, hear about case studies from specific schools, and to be kept abreast of the programme.
- **Scope:** Unsurprisingly, all schools would value an increased allocation. Some schools talked about flexibility in terms of working more with families, and about the possible continuity of the same mentors in subsequent years.

Snapshot metrics

Part of the quality assurance visits asked Champions to give their view on a range of different areas. This simple subjective survey provides some additional insights into the programme. The output from this is shown below.
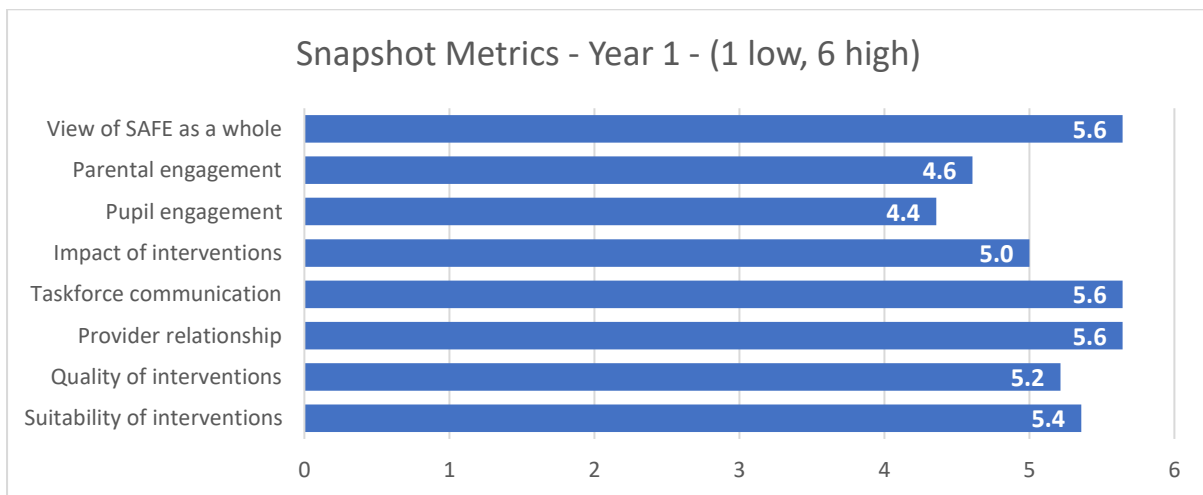
The above chart shows the average response to the questions. Further analysis of the responses shows the variation within these:
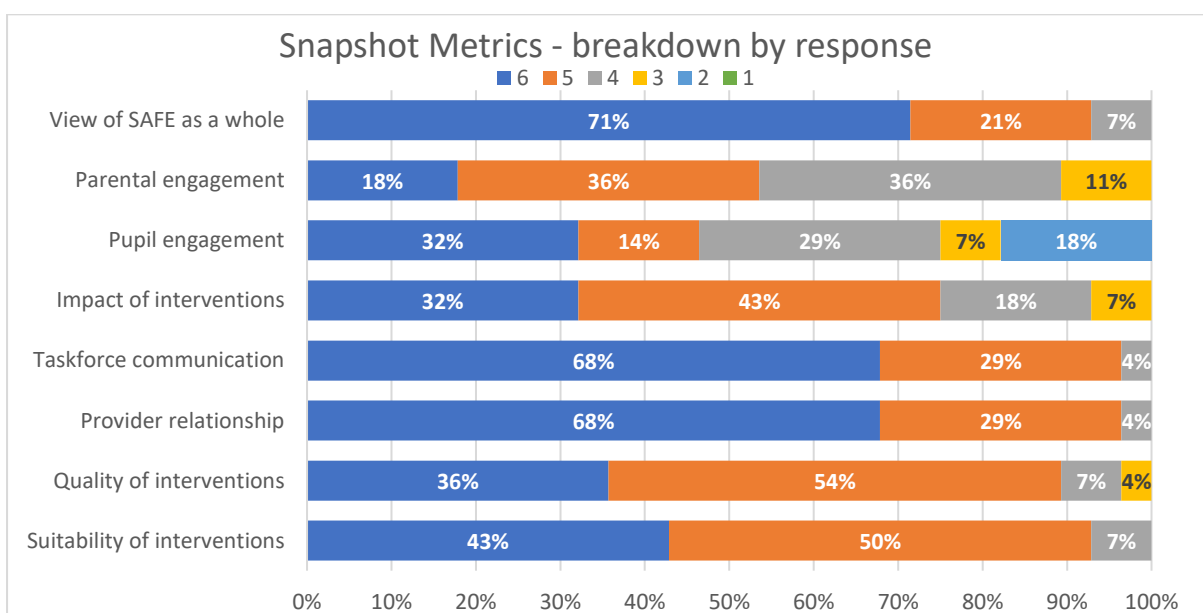
The largest variation in responses occurs in three principal areas: parental engagement, pupil engagement, and the impact of interventions. The mixed response to parental engagement is not surprising. This had not been a central focus of the taskforce and there is a recognition of some of the complex contexts the families of pupils supported by the programme might face. Due in part to data protocols, communication about the aims of the programme with parents has been the responsibility of schools and has included the data sharing information required for the evaluation being carried out by RAND.

The metric around pupil engagement is more mixed. In a sense, this contradicts the responses from Champions about pupil engagement, but this can be attributed to the 'final' cohort for Year 1 interventions. The quality assurance visits took place in the latter half of Year 1, and by this time, there had been several changes within the SAFE cohort. A sizeable proportion of the original cohort did not engage with interventions and were swapped out of the programme.

This highlights a key challenge of the aims of SAFE; those most in need of support are often those that are least likely to engage with interventions or indeed attend school. As outlined in the previous section, this has resulted in some schools thinking about a slightly different cohort for the remaining years of the programme.

One of our key learning points has been to develop the notion of 'Tier 1,2, and 3' pupils. Tier 1 pupils are those who are most in need of support (and most likely to become involved in serious violence) but who are least likely to attend school or engage with sessions. Tier 2 pupils are those that are marginally less in need of support but are more likely to engage with sessions. Targeting these pupils should result in higher levels of engagement and attendance with sessions and therefore result in a greater impact. Tier 3 pupils are the remainder of pupils in the school who will not receive any SAFE interventions but remain in need of support.

Whilst there is a variation in the responses to the impact of interventions, the overall picture is still positive, with three-quarters of responses being either 5 or 6. The spread of responses is due in part to the limited data available over a short time frame. Year 1 pupils received two-terms of support and given that these quality assurance visits occurred in the second half of these, there was limited data available to schools. It should also be noted that schools and Champions had never been tasked with evaluating impact, although some did elect to do this anyway. We have used Champions meetings to share how schools are carrying out their own analyses and have advocated Champions now developing their own approaches. We have deliberately not made this a requirement for schools.

The remainder of the metrics present a positive picture but do illustrate some variation between providers. We have used the comments and feedback from both schools and providers in shaping the offer for Year 2.

Pupil feedback

Each quality assurance visit included speaking to pupils. A sample of their views is shown below:

> "Its reyt good. It makes you want to come to school."
>
> "My head of year and my mum have been saying that they've been seeing an improvement in my behaviour a lot."
>
> "It's helping me - I'm not in trouble as much as I was."
>
> "Before this, I would punch anyone who looked bad at me - I now don't."
>
> "I'm now more kind to other people."

"I'm starting to rebuild the friendships I ruined by getting angry at people."

"We learn more because sometimes school doesn't teach us about the things that we learn with him like drugs or alcohol or child exploitation. We learn what to do and how to be a good person."

"It stops me from truanting. It's made me more confident."

"It's good - the lessons are good - you learn stuff about things like knife crime."

"I'm calmer now. I'm less anxious. I enjoy coming to school more."

"I've learnt a lot of stuff that I could go home and talk to my parents with. I'm not the best in school, but this really helped me learn."

"It's making me think more on what I need to do before I react to something. I'm getting into less trouble."

"I used to be out of lessons at lot and getting excluded and now that I'm doing this it's easier. They've calmed me down and help keeping me on track."

"I used to be bad - now I'm way better - I haven't had an exclusion this year."

"My behaviour has improved. I come to school more often."

"I understand other people's point of view."

"I can actually talk to someone and they're not going to judge me."

"I used to think [school] was like a prison, but now I want to learn and I need to be in lessons."

"Because when you talk about how you feel you get a lot off your chest. I used to be quite snappy, but now I'm not as snappy."

"It's made me reflect on my actions a bit more, and so I'm getting into less bother."

"It's helping me mentally. It helps me with my life. School has got more fun because I know what I'm doing. I enjoy school more than I used to."

"I can see a difference from when I wasn't doing this - I'm more in control of my emotions etc."

"They are making me calmer - I can control my anger a lot better."

"Is the Peak District open at weekends?"

"Before this I always getting angry and getting detentions. He helped me to control this and so now I don't in as much trouble as I used to."

"I've gotten in less trouble since I've started these. I used to get lots of on calls, suspensions and isolations and stuff and that's just gradually stopped."

"He helps me calm down - breathing techniques and since I started talking to him my behaviour has started to get better."

Data analysis of Year 1

Cohort overview

As mentioned previously, schools were asked to identify a cohort for interventions prior to the options process, and to record this on AnyComms. All the risk factors used in the data regression model were provided to schools for Years 7, 8, and 9. This was combined with school's own knowledge of their pupils to identify a small cohort for support through SAFE. Once the options process was complete, the schools were able to change this cohort to match the type of interventions from the providers. The total allocation across all schools was 505 pupils. Of the original allocation, 305 of these young people ended up starting an intervention. A further 200 young people were either swapped out prior to the allocations commencing or soon after. Overall SWFC and the Golddigger Trust had the largest number of swaps with nearly 45% of the cohort not in the original allocation. These are signified by 'N' in the chart below.

Interventions by original pupil allocation

| Intervention	N	Y	Total
Adventure Expeditions	34	56	**90**
Golddigger	54	71	**125**
SWFC	69	82	**151**
Unravel	49	84	**133**
Westfield	1	20	**21**
Total	**200**	**305**	**505**

Number of original cohort not allocated to an intervention

194

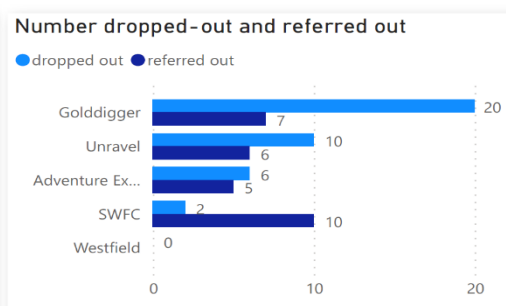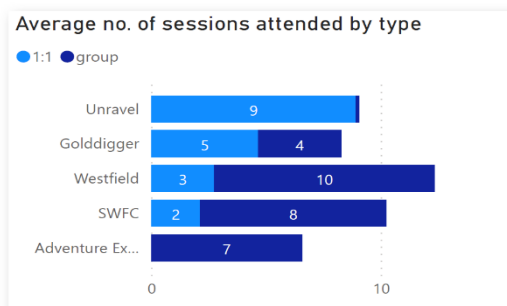Interventions by original pupil allocation
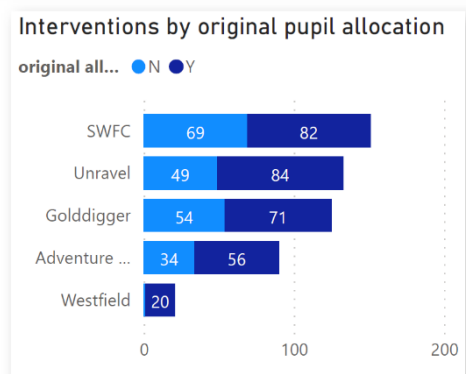
Session attendance

The average attendance (attended sessions vs. possible sessions) varied from 59.7% for the Golddigger Trust to 76% for Unravel and SWFCCP.
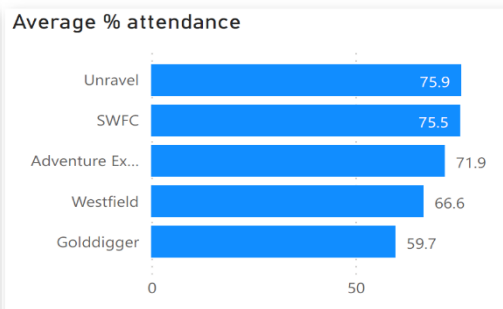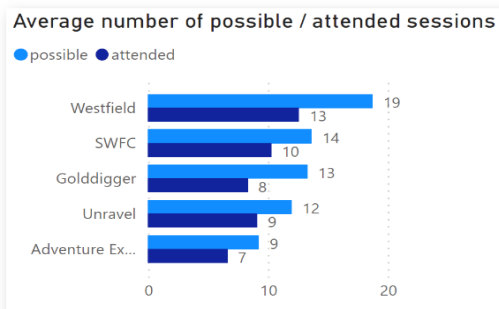
The na[...]   :harts below. The Golddigger Trust had the highest number of dropouts and SWFC had the lowest.

Methodology

The aim of our analysis was to understand if a range of outcomes had improved following the SAFE interventions. We analysed a range of factors in a 6-month period (or 3 half-terms) prior to the start of the intervention ('pre-SAFE') and compared these to outcomes in a similar timeframe following the intervention. This 'post-SAFE' period began three months after the start of the intervention to allow time for the intervention to demonstrate impact. The table below shows several measures for pupils who started an intervention (and did not drop-out or get referred out) in the pre- and post- intervention time periods. The table below shows the outcomes for the pupils who received an intervention before and after the intervention.

Outcome	Pre-SAFE	Post-SAFE	Change	
% attendance (3 HTs)	80.351	73.976	◆	-6.375
% unauth. absence (3 HTs)	11.750	15.551	◆	3.801
% sessions excluded (3 HTs)	3.158	4.771	◆	1.613
Avg. no of serious violence offences	0.015	0.007	●	-0.009
Avg. no of other offences	0.024	0.007	●	-0.018
Avg. no. of referrals to attendance legal	0.064	0.075	▲	0.011
Avg. no. of inclusion consultation / advice referrals	0.253	0.253	▲	0.000
Avg. no. of inclusion involvements	0.512	0.382	●	-0.130
Avg. no. of involvements with Autism Service	0.048	0.022	●	-0.026
Avg. no. of involvements with Ed. Psych.	0.189	0.187	●	-0.002
Avg. no of reduced timetables	0.220	0.222	▲	0.002
Avg. no of MAST involvements	0.149	0.145	●	-0.004
Avg. no of CIN episodes	0.224	0.209	●	-0.015
Avg. no of CPP episodes	0.046	0.031	●	-0.015
Avg. no. of involvements with CME team	0.015	0.029	▲	0.013
Avg. no of CYT involvements	0.099	0.088	●	-0.011

Note: due to some missing attendance data the results above only include 455 of the full cohort of 505

The data shows that several outcomes did improve (number of offences, number of inclusion and attendance involvements and MAST / social care episodes). However, the key measures of attendance, unauthorised absence and exclusions showed a decline.

The problem with this approach is that we do not know what would have happened to attendance if the pupil had not received an intervention. In the case of attendance, the 'before' period is the first three half-terms and the 'after' period contains attendance in the summer term. We recognise that attendance for all young people is worsening nationally, and that attendance tends to decline with national curriculum age and over the course of each academic year.

To mitigate for some of these factors and evaluate the impact of SAFE more robustly, we elected to compare the outcomes for the SAFE cohort with those of a control group who did not receive a SAFE intervention. We used the young people who were part of the original allocation and those who dropped out or were referred out to create a control group. We deemed this valid as this cohort shares many of the characteristics to the pupils who received a SAFE intervention.

The first three columns of the table below show how the characteristics of the control group compare to the characteristics of the SAFE cohort in the pre-intervention time period. The two groups are similar across most characteristics, but the control group has notably lower attendance, higher unauthorised absence, and higher exclusions.

A technique known as propensity score matching was used to create weightings for the control group; this meant that young people who are more like the SAFE cohort get a higher weight and those who are less like the SAFE cohort get a lower weight. After applying the weightings, generated using propensity score matching, the characteristics of the SAFE cohort and control group were more evenly matched (see the last two columns of the table below).

Outcome (pre intervention)	Control (unweighted)	SAFE	Difference	Control (weighted)	Difference
Avg. current NCY	9.327	9.132	0.195	9.035	-0.097
% Male	0.635	0.666	-0.031	0.672	0.006
% EAL	0.173	0.163	0.010	0.180	0.017
% EHCP	0.227	0.145	0.082	0.145	0.000
% SEN Support	0.735	0.615	0.119	0.632	0.017
Avg. no of PX	0.054	0.024	0.030	0.030	0.005
% attendance (3 HTs)	67.580	80.351	-12.771	79.640	-0.712
% unauth. absence (3 HTs)	20.408	11.750	8.659	12.735	0.985
% sessions excluded (3 HTs)	5.852	3.158	2.693	3.251	0.092
No. of FX in primary	1.235	0.958	0.276	1.096	0.138
Avg. no of other offences	0.069	0.024	0.045	0.019	-0.005
Avg. no of serious violence offences	0.023	0.015	0.008	0.017	0.002
Avg. no. of referrals to attendance legal	0.138	0.064	0.075	0.064	0.000
Avg. no. of involvements with Autism Service	0.081	0.048	0.032	0.051	0.002
Avg. no. of involvements with Ed. Psych.	0.269	0.189	0.080	0.185	-0.004
Avg. no. of inclusion consultation / advice referrals	0.558	0.253	0.305	0.276	0.024
Avg. no. of inclusion involvements	0.777	0.514	0.263	0.517	0.003
Avg. no of reduced timetables	0.431	0.220	0.211	0.195	-0.025
Avg. no of MAST involvements	0.238	0.149	0.089	0.158	0.008
Avg. no of CIN episodes	0.292	0.224	0.068	0.258	0.033
Avg. no of CPP episodes	0.073	0.046	0.027	0.055	0.009
Avg. no of CYT involvements	0.200	0.099	0.101	0.086	-0.013
Avg. no. of involvements with CME team	0.038	0.015	0.023	0.018	0.003

This allowed us to analyse the change in outcomes for the control group in the pre- and post-intervention periods and compare this to the change in outcomes in the SAFE cohort.

The approach of comparing an outcome in a pre and post intervention period is known as 'difference-in-difference' analysis. The graphic to the right illustrates how this works. In the example the improvement in the treatment group is 35 and the improvement in the control group is 20. This suggests that the treatment group would have seen an improvement of 20 regardless of the intervention. The actual improvement that can be attributed to the intervention is (35-20) = 15.
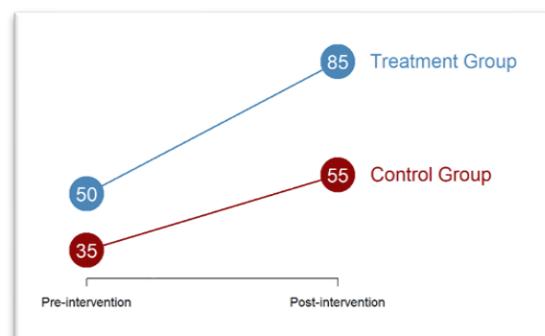
The table below shows the results of the difference-in-difference analysis across all outcome measures. Results that are statistically significant are highlighted bold in the final column of the table.

Outcome	Control (weighted) before	Control (weighted) after	Change in control (1)	SAFE before	SAFE after	Change in SAFE (2)	Difference-in-difference (2-1)
% attendance (3 HTs)	79.640	65.304	-14.335	80.351	73.976	-6.375	🟢 **7.960**
% unauth. absence (3 HTs)	12.735	23.379	10.644	11.750	15.551	3.801	🟢 **-6.843**
% sessions excluded (3 HTs)	3.251	4.584	1.333	3.158	4.771	1.613	🔶 0.280
Avg. no of serious violence offences	0.017	0.015	-0.002	0.015	0.007	-0.009	🟢 -0.007
Avg. no of other offences	0.019	0.002	-0.017	0.024	0.007	-0.018	🟢 0.000
Avg. no. of referrals to attendance legal	0.064	0.051	-0.013	0.064	0.075	0.011	🔺 0.024
Avg. no. of inclusion consultation / advice referrals	0.276	0.372	0.096	0.253	0.253	0.000	🟢 -0.096
Avg. no. of inclusion involvements	0.517	0.416	-0.101	0.514	0.382	-0.132	🟢 -0.031
Avg. no. of involvements with Autism Service	0.051	0.034	-0.017	0.048	0.022	-0.026	🟢 -0.009
Avg. no. of involvements with Ed. Psych.	0.185	0.189	0.005	0.189	0.187	-0.002	🟢 -0.007
Avg. no of reduced timetables	0.195	0.203	0.008	0.220	0.222	0.002	🟢 -0.006
Avg. no of MAST involvements	0.158	0.150	-0.007	0.149	0.145	-0.004	🔺 0.003
Avg. no of CIN episodes	0.258	0.275	0.017	0.224	0.209	-0.015	🟢 -0.033
Avg. no of CPP episodes	0.055	0.033	-0.022	0.046	0.031	-0.015	🔺 0.007
Avg. no. of involvements with CME team	0.018	0.086	0.068	0.015	0.029	0.013	🟢 **-0.054**
Avg. no of CYT involvements	0.086	0.069	-0.016	0.099	0.088	-0.011	🔺 0.005

The data shows that, although attendance worsened for the SAFE cohort following SAFE interventions, the attendance was 8% points higher than it would have been in the absence of the intervention. The attendance of the SAFE cohort decreased less sharply than a similar cohort that did not receive interventions. Similarly, unauthorised absence was 6.8% points lower. There is also a significant reduction in referrals to the Children Missing Education (CME) team and a reduction in incidences of serious violence and other offences. The percentage of exclusions is slightly higher for the SAFE cohort, although this is not statistically significant. This might be linked to the SAFE pupils having higher overall attendance and therefore more opportunity to receive a suspension.

In conclusion, this initial analysis provides promising evidence of impact. Given the short-time frames used, it is not surprising that attendance was not instantly transformed; the analyses do suggest that it decreased less (by a factor of a half) than it would have done so otherwise (i.e. without interventions). One hypothesis is that with a longer period of intervention attendance might have improved further. Another interesting piece of future research will be to compare attendance of the Year 1 cohort in successive years (for the same timeframe). For example, we could compare term 1 and 2 attendance for 2022-2023 with the same period for 2023-24. This would help us to understand the longer-term impact of the SAFE programme.

7. Our Learning

Things we are proud of

- **Early impact:** The programme is having a positive impact. Early analysis of the Year 1 SAFE cohort shows absolute and relative improvements in key metrics. This is further substantiated by the comments of SAFE Champions on the differences they have seen with many pupils in terms of their in-school behaviour and how they conduct themselves.

- **A strong taskforce:** Our taskforce is effective. We have created a taskforce that is representative of the city. Every secondary school or MAT is represented on our taskforce, as well as other key stakeholders. We have a good relationship with the VRU, and their support on our Strategic Needs Assessment was invaluable. Within the taskforce, there is a clear culture of doing the best for the young people of Sheffield.

- **SAFE Champions:** Our model of SAFE Champions has been instrumental in the implementation of the programme. By engaging directly with those that oversee the programme in schools, we have been able to communicate key messages more effectively. Our regular Champions meetings provide a valuable opportunity for Champions to hear from other schools and to network with each other.

- **Data capability:** Our SNA resulted in the collection and monitoring of a suite of key indicators and the development of an invaluable data regression model. This has helped us to target our resources to where they are needed; we have a clear process for the allocation of places to schools. Gathering the SAFE cohort data through AnyComms has allowed us to analyse the baseline characteristics of the cohort and to evaluate the impact of the programme to date.

- **Quality assurance**: We have utilised our experience and prior learning to develop a meaningful approach to quality assurance, for both schools and providers. This has enabled us to shape our thinking through the year (for example with the notion of Tier 1, 2, and 3 pupils) and has helped to identify areas for improvement in the coming years. This was enhanced by existing relationships within the sector.

- **Our Provider framework:** Our approach to commissioning is working well. The thorough and intensive invitation to tender process allowed us to create a dynamic and agile model to commissioning. The approach has allowed us to change the composition and scale of Year 2 without having to re-draw contracts. It has also helped to provide some longer-term security for providers, and this has enabled them to recruit additional staff where required. It has helped to ensure an appropriate match between the types of interventions available locally and the key aims of the SAFE programme.

Things we need to work on

- **Pupil surveys:** Whilst we have a strong data capability, this is limited to a set of metrics. A key aim of our work was to improve emotional regulation and executive function. These, along with things such as self-esteem, resilience and confidence are not always evident in 'standard' metrics. This is why we commissioned a specialist company, ImpactEd, to create and analyse surveys into pupil well-being and mindset for us. The completion rate of these in Year 1 was unacceptably low and this meant that we were unable to analyse impact from this perspective. In Year 2, we need to transform rates of completion for these at both the start and end of interventions.
- **Further analyses:** We are pleased with our initial analysis of outcomes, but recognised how this could be refined further. To better understand the efficacy of diverse types of interventions, we need to create more precise control groups. We would also like to monitor previous SAFE cohorts over time, to evaluate if any impact is enduring.
- **Better engagement and attendance:** By default, the target cohort for the SAFE programme will include those that have poor attendance or who have low levels of engagement with school. Our data shows turbulence in the cohort, i.e. in the Year 1 we saw a sizeable number of pupils who were replaced by other pupils. The data also shows that levels of attendance to sessions was around 70%. We are mindful that it would not be realistic for this to be 100%; the intended cohort has complex needs and is characterised by poor attendance and engagement. Nevertheless, we do we do think engagement could be higher. We need to work with schools and providers to help ensure that other pupils utilise the available support when there is non-attendance to sessions.

Appendix 1 – Composition of the taskforce 2022/2023

Learn Sheffield Staff	
Stephen Betts	Learn Sheffield, Chair
Sai Patel	Learn Sheffield, Commissioning Lead
Sam Dunker	Learn Sheffield, Finance Lead
Thomas Edmonds	Learn Sheffield, Project Lead
Kate Wilkinson	Learn Sheffield, Data Analyst
School/Academy Representatives	
Sarah Naylor	Astrea Academy
Simon Winslow	Brigantia Learning Trust
Rachel Burgan	Brigantia Learning Trust
Rachel Smith	Fir Vale School
Linda Gooden	King Edward VII School
Kathryn Proost	King Edward VII School
Kam Grewal-Joy	Meadowhead School
Chris Power	Newfield School
Godsway Dzoboku	Outwood Academy City
Ellena Street	Sheffield College
Tuesday Rhodes	Sheffield Inclusion Centre
Joanne Bradshaw	Sheffield South East Trust
Steve Davies	St Clare Catholic Multi Academy Trust
Andy Ireland	Stocksbridge High School
Kat Rhodes	Tapton School
Scott Burnside	Tapton School Academy Trust
Lynn Wood	Tapton School Academy Trust
Jess Stevenson	UTC Olympic Park
Joe Birkbeck	Westfield School
Dan Griffiths	Westfield School
Sarah Newton	Westfield School
Partners	
Graham Jones	Violence Reduction Unit
David Cowley	Violence Reduction Unit
Mike Parker	Violence Reduction Unit
Amanda Boughton Brown	Sheffield City Council
Khadra Sheel	Sheffield City Council
Stephen Middleton	Sheffield City Council
Tim Armstrong	Sheffield City Council
Zoe Brownlie	Healthy Minds / MHST

.ImpactEd

Example Measures

ImpactEd has used the below validated question sets with schools before. Although the introductory statements might differ slightly, all measures are on either a 1 - 5 or 1 - 7 Likert scale, with 1 being 'not at all like me' / 'strongly disagree' / 'none of the time' and 5 or 7 being 'very much like me' / 'strongly agree' / 'all of the time'

Goal orientation

1. I develop step-by-step plans to reach my goals
2. I have goals in my life
3. If I set goals, I take action to reach them
4. It is important to me that I reach my goals
5. I know how to make my plans happen
6. I often make plans to achieve my goals
7. I often have trouble figuring out how to make my goals happen

Grit / resilience

1. New ideas and projects sometimes distract me from previous ones
2. Setbacks don't discourage me
3. I have been obsessed with a certain idea or project for a short time but later lost interest
4. I am a hard worker
5. I often set a goal but later choose to pursue a different one
6. I have difficulty maintaining my focus on projects that take more than a few months to complete
7. I finish whatever I begin
8. I am persistent

Metacognition (self-regulation)

1. When I study for a test, I try to put together the information from class and from the book.
2. When I do homework, I try to remember what the teacher said in class so I can answer the questions correctly.
3. It is hard for me to decide what the main ideas are in what I read.
4. When I study I put important ideas into my own words.
5. I always try to understand what the teacher is saying even if it doesn't make sense.
6. When I study for a test I try to remember as many facts as I can.
7. When studying, I copy my notes over to help me remember material.
8. When I study for a test I practice saying the important facts over and over to myself.
9. I use what I have learned from old homework tasks and the textbook to do new tasks.
10. When I am studying a topic, I try to make everything fit together.
11. When I read material for my lessons, I say the words over and over to myself to help me remember.
12. I outline the chapters in my book to help me study.
13. When reading I try to connect the things I am reading about with what I already know.
14. I ask myself questions to make sure I know the material I have been studying.
15. When work is hard I either give up or study only the easy parts.
16. I work on practice exercises and answer additional questions even when I don't have to.
17. Even when study materials are dull and uninteresting, I keep working until I finish.
18. Before I begin studying I think about the things I will need to do to learn.
19. I often find that I have been reading for class but don't know what it is all about.

20. I find that when the teacher is talking I think of other things and don't really listen to what is being said.
21. When I'm reading I stop once in a while and go over what I have read.
22. I work hard to get a good grade even when I don't like a class.

Motivation

1. I prefer schoolwork that is challenging so I can learn new things
2. It is important for me to learn what is being taught in my lessons
3. I like what I am learning in my lessons
4. I think I will be able to use what I learn in one subject in other subjects
5. I often choose topics I will learn something from even if they require more work
6. Even when I do poorly on a test I try to learn from my mistakes
7. I think that what I am learning in my lessons is useful for me to know
8. I think that what we are learning this year is interesting
9. Understanding my subjects is important to me

Self-efficacy

1. Compared with other students in my year I expect to do well
2. I'm certain I can understand the ideas taught in my lessons
3. I expect to do very well in this school
4. Compared with others in my year group, I think I'm a good student
5. I am sure I can do an excellent job on the problems and tasks assigned in my lessons
6. I think I will receive good grades in my subjects
7. My study skills are excellent compared with others in my year
8. Compared with other students in my school I think I know a great deal about my subjects
9. I know that I will be able to learn the material for this year

School engagement

1. I pay attention in class
2. When I am in class I just act as if I am working
3. I follow the rules at school
4. I get in trouble at school
5. I feel happy in school
6. I feel bored in school
7. I feel excited by the work in school
8. I like being at school
9. I am interested in the work at school
10. My classroom is a fun place to be

Sheffield SAFE Taskforce: Quality Assurance Visit: Year 1

Name of school

Address	SAFE champion	Email	Date of visit

Context

Cohort	NOR	M	F	DS	EHCP	CLA	SEND

Initial allocation	Allocation	Golddigger	SWFCCP	Unravel	AE	Internal

Current allocation	Allocation	Golddigger	SWFCCP	Unravel	AE	Internal

Any other information

Number of swaps

School view

In terms of the interventions, what do you feel is going well?

What could be better?

Are you seeing any impact of the programme to date (behaviour / school engagement / attendance / attainment)?

How have the interventions been received by pupils?

[Multiple providers working in one school] Which type of intervention seems to work best for your pupils?

How are you finding working with the providers?

How effective is communication with the providers?

Is there any additional support you require?

What (if anything) would you like to see change next year in the programme?

Snapshot metrics

Suitability of interventions	○ ○ ○ ○ ○ ○		Pupil engagement	○ ○ ○ ○ ○ ○
Quality of interventions	○ ○ ○ ○ ○ ○		Parental engagement	○ ○ ○ ○ ○ ○
Provider relationship	○ ○ ○ ○ ○ ○		Impact of interventions	○ ○ ○ ○ ○ ○
Taskforce communication	○ ○ ○ ○ ○ ○		View of SAFE as a whole	○ ○ ○ ○ ○ ○

Pupil view

How are you finding the extra support you're receiving?

Do you enjoy the sessions or not? What do (or don't) you like about them?

Do you think the sessions are helping you? If so, in what way?

What would you say to someone who wasn't sure about doing these sessions?

Session observation