



The Pathways project evidences a scalable, flexible, and cost-effective intervention that responds to the complex, nuanced needs of a vulnerable cohort – children and young people whose experience of anxiety prevents them from attending school, accessing education and receiving broader support. It offers an important alternative to existing pathways that are often reactive, high-cost, or inaccessible to those most in need. These findings have clear implications for local policy, commissioning, and the design of inclusive education systems.

Bristol City Council
Pathways to Short Breaks
Year 2 Evaluation Report



“
You have been
a real ray of light for
her, and for us, these
past few months.”

Thank you for taking the time to read this evaluation report. In recent years, the emerging trend of children and young people missing education due to high levels of anxiety is one that has posed challenges for young people, families, schools, and local authorities. We are so proud that the Pathways to Short Breaks Project provides high-quality evidence-based interventions that meet the needs of children and young people that can be drawn upon to inform future practice.

The project was founded upon authentic multi-agency working and was successful due to the contributions and commitment of all involved. We would like to particularly thank:

// The Department for Education, particularly the High Needs Short Breaks team – without their support this project would not have come to fruition.

// Our community partners; EXAR, FACE, Neon Daisy and Beacon Psychology who have provided excellent group provision and ignited many friendships.

// Bristol City Council, including Commissioning, Educational Psychology, Bristol Autism Team, FLORA and the wider Disabled Children’s Service and the senior leadership within Bristol City Council.

// The Pathways Engagement Team, including project workers and business support – all have been unfailing in their commitment to children, young people and their families.

// And finally, the children and young people who have contributed so heavily to this project, including the evaluation of it.

It has been a privilege to be part of creating positive change and we would welcome opportunities to share the learnings of this project, please do feel free to contact us with any queries.



William Rigg
Bristol Autism Team
Strategic Lead
william.rigg@bristol.gov.uk
Bill Rigg | LinkedIn



Dr Adrienne Kulig-Reid
Senior Educational Psychologist
Pathways Lead
AdrienneKuligReid@outlook.com
Dr Adrienne Reid | LinkedIn



Emma Balfour
Educational Psychologist
emma.balfour@bristol.gov.uk
Emma Balfour | LinkedIn

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Overview of project and outcomes

Pathways to Short Breaks is a Bristol project which supported children and young people (CYP) aged 8-18 with social isolation linked to social communication needs and anxiety.

The target cohort was CYP who had experienced emotionally based school avoidance (EBSA) or were at high risk of developing this, and when they were initially referred to the project, were experiencing high levels of social isolation, persistent absence from school and poor mental health as a result. This had a wider impact on parents, carers and family dynamics, with families under high pressure and stress in attempting to support their CYP and manage relationships with schools.

- There is increased engagement in activities outside of the home for CYP supported on an individual or group basis.
- There is an overall positive increase in attendance for CYP supported on an individual or group basis.
- There is an improvement in mental health and wellbeing for CYP supported by an Advanced Project Worker (APW) (e.g. Warwick Edinburgh Mental Health scores increasing by 11 points) and evidence of social connection and belonging in CYP supported on an individual or group basis.
- Parents/carers feel supported and validated by the support they have received, with 63% reporting increased adaptations to the school environment had been made following intervention, increased confidence and knowledge of strategies that they can use, and key themes of being heard, connecting with other families in similar situations and having an advocate highlighted in parent/carer feedback.
- Following specialist casework, staff reported an increase between 25-50% in confidence levels of working with a CYP demonstrating EBSA. They reported increased regulated behaviours and wellbeing for CYP and increased awareness of EBSA. They reported feeling more confidence to meet CYP's needs in school, and an increase in strategies to support a CYP with a social, communication and interaction need.
- Following school-based psychoeducation sessions, 81% of YP reported an improvement in understanding of their thoughts and feelings and 97% learnt one new strategy to support them when their thoughts and feelings were unhelpful. School staff noticed improvements in social connection, staff to pupil relationships, self-confidence and anxiety becoming less of a barrier in engagement.

Introduction

Persistent absence rates in the UK are significantly higher for children and young people with SEND, particularly post-COVID. Emotionally Based School Avoidance (EBSA) affects 1–5% of the UK school population and often results in long-term absence, this can be for a variety of reasons but often includes relationships, burnout, anxiety and sensory overwhelm.

There are challenges for traditional services in meeting the needs of these young people, or young people feeling unable to access existing support (e.g. short breaks and alternative provision), often leaving families experiencing a lack of support and poor outcomes for their children/young people. Missing education can limit access to broader support services as well as create a sense of hopelessness.

Missing education has wider impact than just academic attainment. It means CYP and their families are less able to access support from a range of agencies (e.g. school-based intervention, increased provision based on statutory processes and access to external professionals). In response to this, the pathways team held the specific goal of addressing social isolation, or EBSA, identifying possible change, enabling children and young people to access support and work towards increased attendance and engagement in their communities.



The Pathways to Short Breaks Project was delivered over two years with key elements in Year 2 including:

1. Engagement Team (Pathways Team):

- Individual support from Advanced Project Workers (APWs), focusing on relationships, neurodivergent identity, and holistic support.
- Neuro-affirmative small group sessions in woodland settings and group/1:1 music therapy.

2. Targeted Social Groups:

- EXAR: virtual reality-based programme progressing to in-person youth group.
- FACE: neuro-affirmative youth group with mentoring.
- Neon Daisy (and Mud Pie Explorers): creative and woodland groups led by autistic mentors.

3. Therapeutic Approaches:

- Psychoeducation for CYP.
- Person-centred planning (e.g. PATH, MAP).
- Music therapy.

4. Mentoring and Community Groups:

- Local social groups as follow-on support to sustain progress.

5. Inclusion Surgeries and Advisory Work in Schools:

- 12-week specialist casework, observations, and recommendations.
- Bespoke CPD for staff based on the Autism Education Trust framework.
- Free autism training for staff.

“

I wish we'd had your support four years ago when we were just starting to realise he needed a different kind of support to his friends.

Programme outputs

In Year 2, which ran from April 2024 to March 2025, the Pathways Project delivered 321 interventions for children, young people or their families.

These interventions were delivered to 246 unique children and young people and 20 school-based adults. All CYP supported by the project met the following criteria:

- Live in Bristol
- Aged 8-18
- Have social communication and/or interaction need (e.g. autism)
- Experience anxiety
- Experience social isolation (reduced attendance/engagement in an educational setting, social group or community setting)
- Is not currently accessing a different short breaks provision



Table 1: Outputs by provision and quarter

Provision	Original Target	Actual Outputs				
		Q1	Q2	Q3	Q4	Total
Total	Up to 265	122	83	55	61	321
Engagement Team (APW, Woodlands and Music Therapy)	72 CYP	17 +45	29	10	10	111
Psychoeducational Workshops	40 CYP*	2	14	12	12	40
Workshops for Parents and Carers	36 Parents	2	2	3	3	10
Group 1 – EXAR virtual reality Therapy and Youth Groups	24 CYP	9 +8	8	1	12	38
Group 2 – Neon Daisy	24 CYP	9	10	2	0	21
Group 3 – FACE	74 CYP	17 +5**	20	21	0	63
Group 4 – Mentoring and Local Youth groups	4 CYP in Q4 only	n/a	n/a	n/a	18	18
Inclusion Surgery	37 CYP	5		4	5	14***

* 8 CYP were offered a psychoeducation in the community workshop, this had been arranged in Year 1 but was postponed until Year 2 due to lack of take up (as such it has not been included in the financial output for Year 2).

** Due to the nature of the intervention, referrals received in latter part of Year 1 Q4 were included in Year 2 output data (and not Year 1) where the intervention had not started or was in infancy.

*** Based on the emerging need, the focus of the inclusion surgery/specialist casework shifted in Q2 and became two-pronged. Time was then spent making recommendations to support the CYP in education, in addition to working with individual staff and education settings, which included a further 20 staff across 12 schools.

Demographics of the cohort

The Pathways team supported a range of children, young people and their families, across a range of needs and presentations, with neurodivergence as a shared theme across all referrals.

- Secondary aged pupils made up approximately two thirds of referrals.
- Almost half of CYP had no formal or external agency support in place prior to engagement. This, paired with data around attendance, is of high concern due to statutory obligations for children too unwell to attend school and is a clear signal that there is a cohort of underserved CYP.
- Half of the cohort had a diagnosis of autism, of those who did not, the majority were on the assessment pathway (71%). Of those who were not on the pathway, 80% had previously identified social communication needs. The Pathways Team triaged all referrals where there was cause to explore possible, but unidentified social communication needs to ensure that appropriate support was not denied due to lack of previous identification of social communication need.

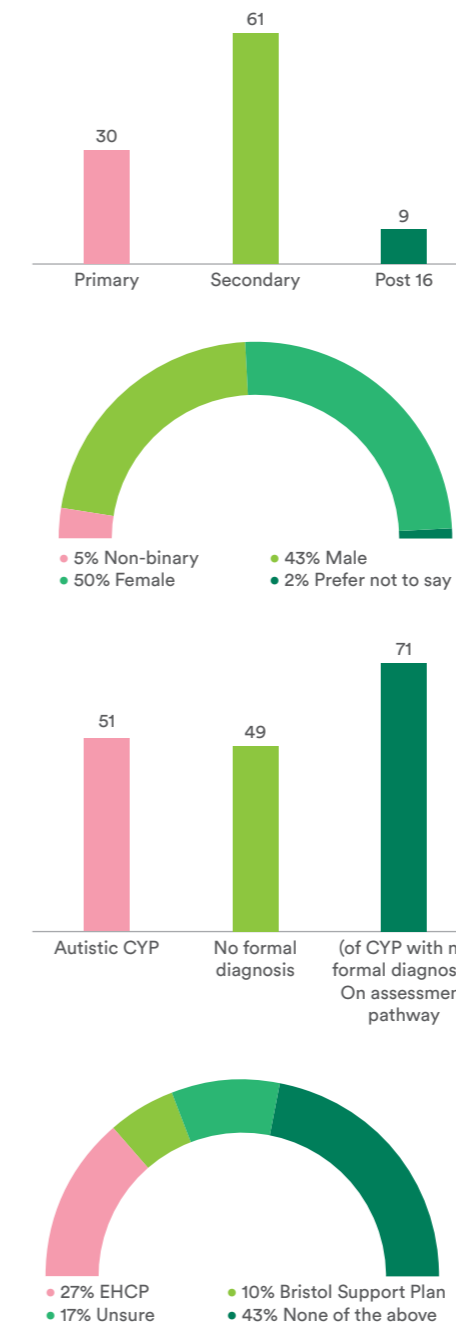
“

No one has ever sat down with us like you have and taken the time to explain the reasons as to why our son is feeling so anxious. These strategies are going to change our life.

The Pathways cohort did not meet its aspirations to be representative of need across all communities in Bristol following Year 1 reflections. Key considerations include:

- Reflections on identification of need within schools – are particular ethnicities less likely to be identified as having social communication needs and anxiety and more likely to be identified as having social, emotional and mental needs, with dysregulated presentation?
- Parent/carer referral numbers make up a significant portion of total referrals – we wonder if we could have found more effective ways in meeting underrepresented communities.

Figure 1: Demographics of all referrals by age, gender and existing support (% of all referrals)



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Robert has grown so much confidence, I feel like he has found his voice and is using it.

Table 2: Referrals by gender in comparison with identified SEND in Bristol and the UK

	% Bristol	% England	Pathways
Asian – Bangladeshi	0.8	1.8	0.3
Asian – Chinese	0.6	0.6	0.8
Asian – Indian	2.1	3.4	1.5
Asian – Pakistani	3.1	4.5	1.2
Asian – Any other Asian background	1.8	2	0
Black – Any other Black background	1.6	0.8	0
Black – Black African	7.5	4	1
Black – Black Caribbean	1.4	1	1
Mixed – Any other Mixed background	2.9	2.5	1
Mixed – White and Asian	2	1.6	0.4
Mixed – White and Black African	1.3	0.9	1.1
Mixed – White and Black Caribbean	3.3	1.6	2.1
White – Gypsy/Roma	0.2	0.3	0
White – Irish	0.3	0.3	0
White – Traveller of Irish heritage	0.1	0.1	0
White – White British	59.5	63.9	85
White – Any other White background	7.9	6.8	1.6
Any other ethnic group	1.5	2.2	
Unclassified	2.1	1.6	3



Table 3: Overview of the Key Performance Indicators

KPI	Target	Outcome	Evidence
<ul style="list-style-type: none"> • KPI 1 Increased Engagement & Attendance 	<ul style="list-style-type: none"> • 90% of CYP increase access to activities outside the home & education 	<ul style="list-style-type: none"> • 94% met target (direct support) • 84.7% across all interventions • Attendance ↑ from 13% → 48.2% (avg) • Inclusion Surgery: Attendance ↑ to 70.7% 	<ul style="list-style-type: none"> • APW records • School data • Parent surveys • Case study: Darcie
<ul style="list-style-type: none"> • KPI 2 Education Settings Adapt Provision 	<ul style="list-style-type: none"> • 65% of families report improved school adaptations 	<ul style="list-style-type: none"> • 63% of families observed positive changes • School implementation ↑ from 0% → 60% (effective practice) • Staff confidence ↑ 25–50% 	<ul style="list-style-type: none"> • Parent feedback • AET scores • CPD data • Case study: Joanne
<ul style="list-style-type: none"> • KPI 3 Improved Wellbeing, Social Skills & Identity 	<ul style="list-style-type: none"> • 75% of CYP show improvement in wellbeing and social connection and comfort in neurodivergent identity. 	<ul style="list-style-type: none"> • 80% of parents saw positive change • WEMWBS ↑ 11 points (38.3 → 49) • CYP confidence ↑ from 3 → 6/10 • 86% made progress (adult report) 	<ul style="list-style-type: none"> • WEMWBS • Pre-/post-surveys • Case study: Herbie
<ul style="list-style-type: none"> • KPI 4 CYP Understand Anxiety & Use Strategies 	<ul style="list-style-type: none"> • 80% of CYP show increased understanding of anxiety & use new coping tools 	<ul style="list-style-type: none"> • 81% understand anxiety better • 97% report having a new coping strategy 	<ul style="list-style-type: none"> • CYP post-course feedback • Staff pre- and post-feedback • Case study: School psychoeducation
<ul style="list-style-type: none"> • KPI 5 Parents Understand & Support CYP Anxiety 	<ul style="list-style-type: none"> • 70% report increased understanding of anxiety and increased knowledge of strategies 	<ul style="list-style-type: none"> • 87.5% understand anxiety & how to discuss it • 87.5% feel more confident in supporting CYP 	<ul style="list-style-type: none"> • Parent surveys • Case study: Izzy

// KPI 1: Increasing the participation of children and young people, socially, educationally or otherwise

90% of CYP receiving support from Engagement Team increase the frequency/range of environments they are able to access on a typical week, evidenced by at least one point of a shift on a 5-point Likert scale, by the end of a 12-week intervention.

The context

The pathways cohort supports children and young people, who are unable to attend, or avoid as a means of coping with, the anxiety they experience at school.

This can be successful (i.e. short term reduction in anxiety) but maladaptive (the anxiety is avoided but not resolved). This can lead to social isolation, with reduced social opportunities, and a reduction of much needed support. For many of the cohort, avoidance of anxiety had escalated to an avoidance of activity outside of the home; this was often coupled with a sense of hopelessness, low mood and a lack of connection



Support from the engagement team (APW and Woodlands)

Provision of 1:1 or supported small group intervention over an agreed period of time (ranging from 12-24 weeks for individual work and 6 week blocks for group work). This work was highly bespoke to each individual young person, accounting for their context, views and personal goals.

Key shared approaches included meeting the young person where they were, to create a safe base in the form of a reliable, nurturing and therapeutic relationship, from which to set goals towards increased participation, in whatever way this felt meaningful to the young person.

- Woodlands Group was developed on the popularity of the woodland provision offered by Neon Daisy, in collaboration with Mudpies, in Year 1. This was comprised of small groups (up to 8), supported by two APWs and a forest school lead. CYP completed a variety of outdoor activities (e.g. slack lines, den building, pizza ovens) alongside therapeutic input (e.g. mindfulness).
- In Year 2, the engagement team allocated an APW to 111 CYP following triage, with 96 CYP completing an intervention (APW, Woodlands or Music Therapy). 19 CYP were not able to complete the intervention for a variety of reasons. A key tenet of the Pathways approach was never to cease involvement due to non-engagement, in line with the profile of need, however, to respect young person voice and right to consent. Reasons for non-completion included change in circumstances, removal of CYP consent or movement in wider support.
- Inclusion Surgery/Specialist Casework: Schools offered 12 weeks of support based on initial staff consult, gaining pupil voice and an element of training or input.

“

I wish everyone else could see Flynn as he is when he is here. He is a happy boy enjoying exploring.

Evaluation measures

- CYP/Parent/Carer were asked to rate attendance on a 5-point Likert Scale.
- Percentage attendance (recorded on council systems).
- CYP/Parent/Carer were asked to rate engagement on a 5-point Likert scale.
- Inclusion Surgery/Specialist casework was evaluated using pre and post setting report of impact using the AET Standards Framework, schools rated themselves at both pre and post casework for each of the standards that were being recommended to focus on as part of the casework.

Though this KPI specifically explored impact of support from the engagement team, we also analysed observed impact for CYP allocated a targeted social group as it was felt that this would helpfully form the basis of a comprehensive package of delivery post the cessation of the DfE funding.

Increased engagement

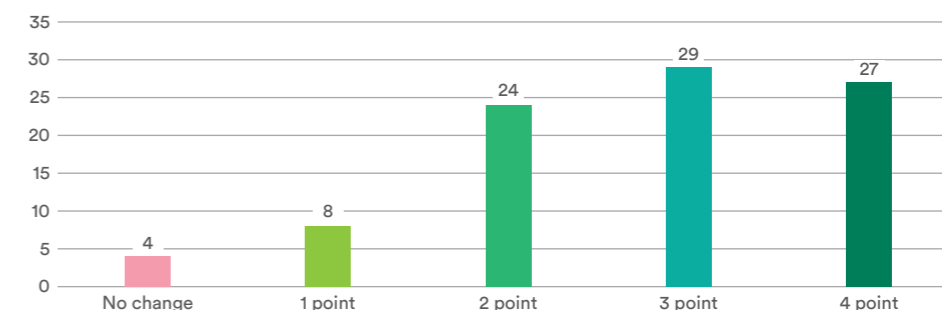
94% of CYP supported by the engagement team, and 87% of CYP supported by community partners increased their engagement in the frequency and range of activities accessed during a typical week, by at least 1 point on a 5-point Likert scale.



“

She has increased from three hours per week only to 10am-3.15pm five days per week and in class.

Figure 2: CYP supported by the engagement team increase the range and frequency of environments accessed on a typical week (n=92)



- The number of CYP not leaving their homes on a typical week was reduced dramatically, 96% pre intervention in comparison to 8% post intervention.

Figure 3: Pre intervention engagement for CYP supported by the engagement team (APW, n=92)

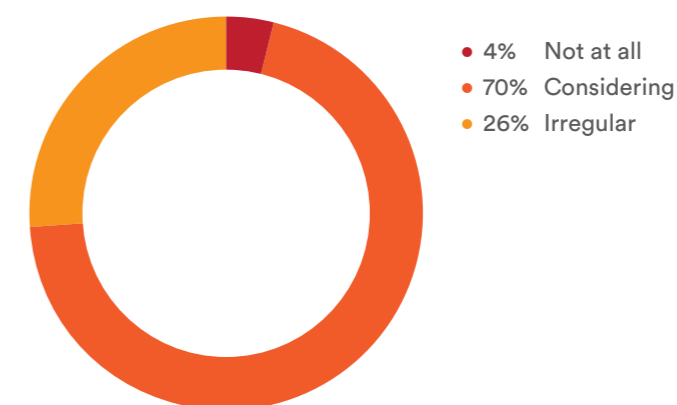
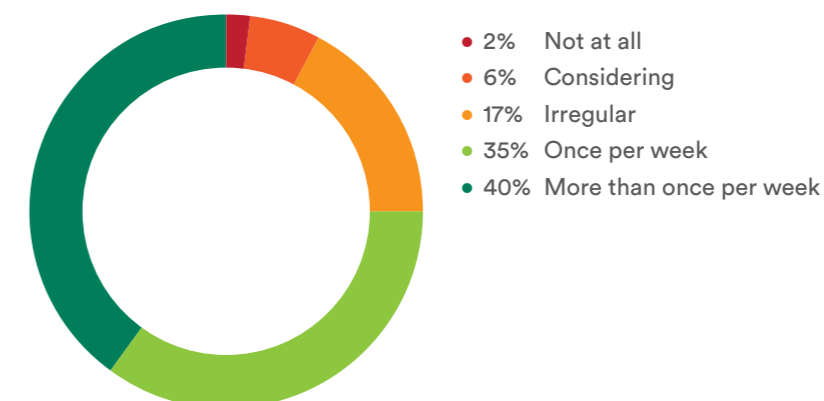


Figure 4: Post intervention engagement for CYP supported by the engagement team (APW, n=92)





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I’m just so grateful for your support, and we feel so lucky to have you. I know not everyone has this kind of support and there are others out there that really need your service.

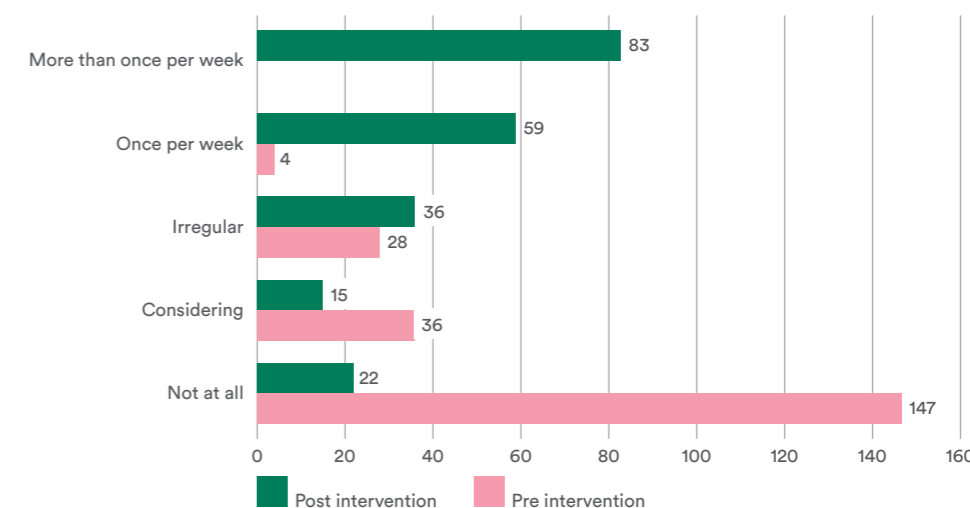
Beyond the data

Alongside quantitative measures of impact, we were also able to capture qualitative information based on parent, CYP, community partner and APW reports. Key themes included the organic development of friendships that extended post the life of the project and a continuation of activities that had been introduced, for example, a music therapy group being set up in a school who had made a number of referrals to the Pathways team (leading to two young people attending the school site for this session, and eventually returning to school with consistency) and two young people being introduced to each other following APW support who now, independently, meet weekly to play tennis. A more in-depth exploration into the real-life impact can be found in Case studies.

Individual change for CYP was most stark for CYP who were supported on an individual basis. Key reasons for this include:

- Children and young people who were allocated to a group were more readily able to do so, requiring less intensive intervention than children and young people who were allocated a project worker. As a result, the ‘distance travelled’ for CYP supported by an APW was greater than for those willing and able to attend group-based provision in the first instance.
- The project worker working at an individual CYP pace, rather than accounting for group need as a whole – this meant that increasing the range and frequency of environments accessed outside of the home could be completely bespoke to each young person.
- Mitigation of logistical and emotional factors in group attendance (i.e. the project worker starts at the home and follows CYP lead, rather than the CYP needing to leave the home to attend a group).

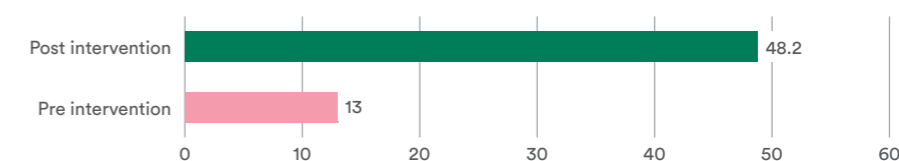
Figure 5: Engagement in activities outside of the home (Pathways cohort, n=215)



Increased attendance

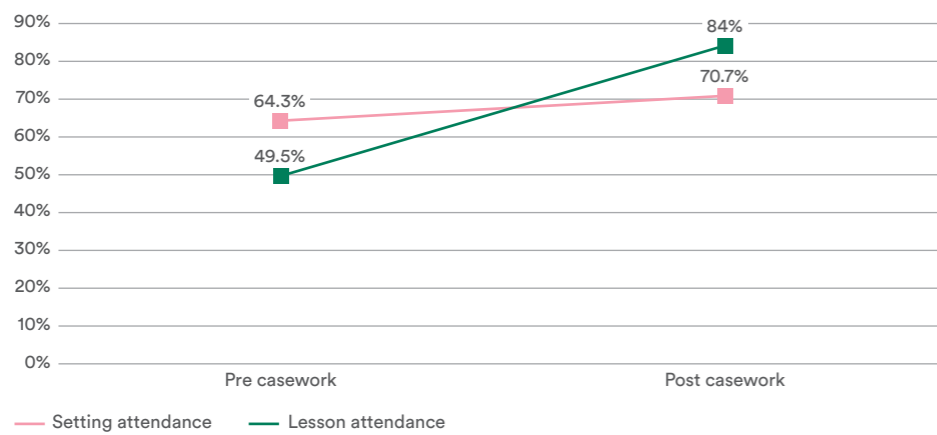
- An observed increase in CYP educational attendance, from 13% pre intervention, to 48.2% post intervention, representing a mean percentage increase of 271%.

Figure 6: Mean percentage attendance



- Education setting attendance has increased from 64.3% (pre casework) to 70.7% (post casework) and also, that lesson attendance has increased from 49.5% (pre casework) to 84% (post casework) post specialist advisor engagement.

Figure 7: Attendance for CYP supported by specialist casework



- 75% of CYP supported by the engagement team, and 81.8.4% of the full cohort increased their educational attendance by at least 1 point on a 5-point Likert scale.

Figure 8: Attendance descriptor shift (CYP supported by the engagement team)

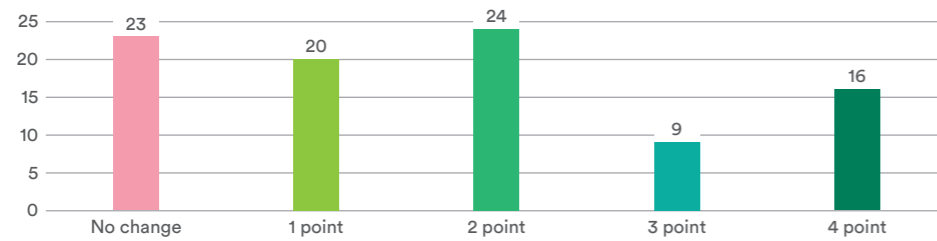
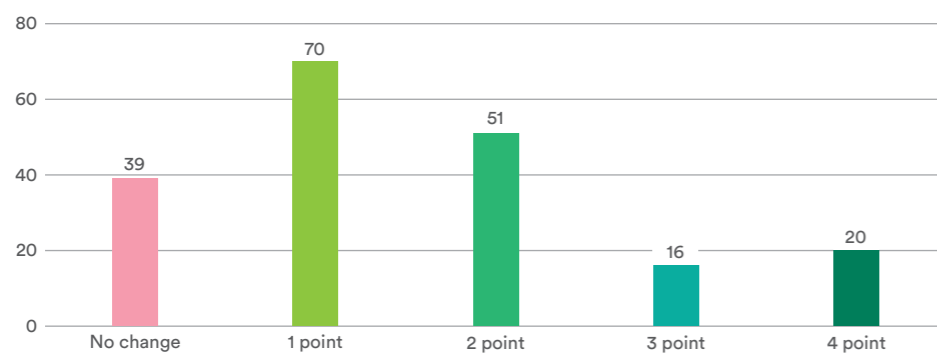


Figure 9: Attendance descriptor shift (full cohort)



- There was a significant decrease in levels of persistent and severe attendance difficulties: prior to support from the engagement team, 96% of CYP (n=92) had less than 50% attendance. Of these CYP, many were not attending at all (63%). Post intervention, 50% of CYP had attendance of more than 50% with 24% of CYP attending school full time. Persistent and severe attendance difficulties remained for 40% of the cohort, however, complete non-attendance was reduced to 16%. Figures 12 and 13 evidence the shift for the CYP supported by the project.

Figure 10: Pre attendance descriptors (APW, n=92)

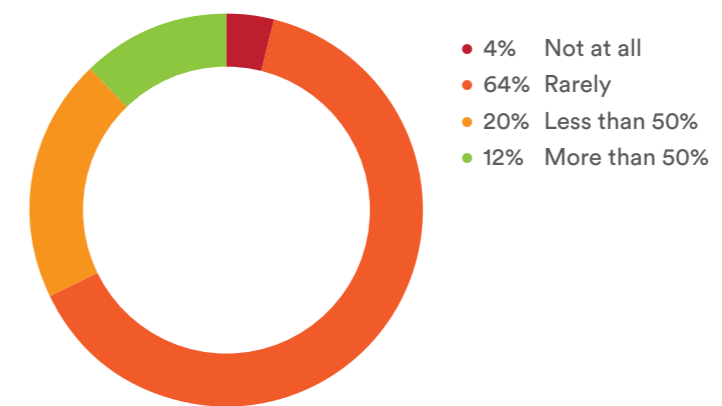
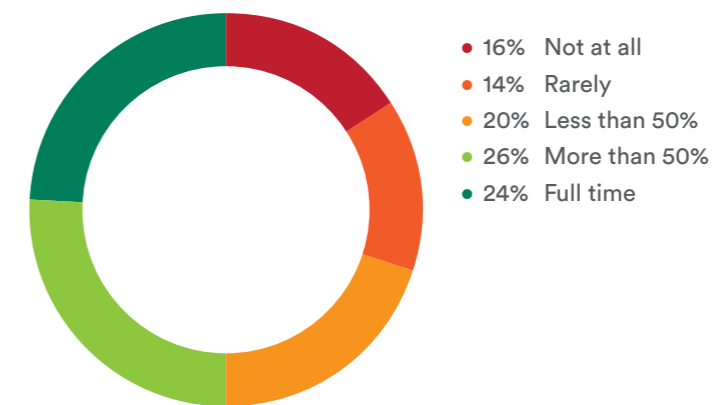


Figure 11: Post attendance descriptors (APW, n=92)



// Case study: Darcie

Initial context

Darcie had not attended school for 9 months and not left the house for 6 weeks at the time of referral. They struggled with high levels of anxiety and panic attacks. They were reported to be experiencing autistic burnout, no longer enjoying things they used to and had withdrawn from friends, struggling to be around anyone outside their immediate family.

Hopes for the future

- To participate in a Woodlands Group with other young people independently.
- To make new connections with peers.
- To become more comfortable in their neurodivergent identity.

Scope of the work

Darcie was offered the Woodlands Wellbeing Group. This group was for up to 8 children aged 8 to 12yrs. The aim of the group was to build friendships, engage in outdoor learning and develop increased self understanding. It was run by Advanced Project Workers (APW).

A gradual transition into the group was provided which included prior meetings, early visits to the location when it was quiet, relationship building activities with an APW and preparation for sessions which was outlined in a letter. Each session, Darcie arrived early, an adult talked them through the plan and activities were tailored to Darcie's interests, such as a wand-making session in the woods for Harry Potter enthusiasts. Each week, the APW led activities on understanding differences, sensory needs and making friends.

FLORA were invited to meet parents, when Darcie was attending the Woodlands Group, to share about appropriate short break provisions in Bristol.

I felt so nervous at the beginning and now I love the Woodlands Group, I want it to keep on going.

Positive shifts

- Darcie felt more comfortable in their identity as an autistic person. They created a one page profile to share with group members and were able to express their needs to key adults.
- Darcie attended the group each session and was motivated to leave the house.
- Following the Woodlands Group, Darcie was able to access universal short breaks provision, Lawrence Weston Farm Hands, something they previously had not been able to do.
- Darcie's parents created a WhatsApp group and arranged to meet at the farm again the following week, as Darcie had formed meaningful connections.

Challenges

There were frequent moments where Darcie showed low self-esteem, repeating phrases of 'I can't do this'. The APWs helped Darcie to notice their own strengths – of which there were lots!



// KPI 2: Families report changes in the educational provision their CYP receive following support from the engagement team

The context

A key theme in parent/carer and CYP reports, both in the context of our project, and nationally, is the sense that issues relating to emotionally based non-attendance often lie in unmet needs. A useful way of thinking about this is that the young person experiences a high level of anxiety due to something about the school environment. It follows that with changes to that environment (provision), needs can be better met, reducing that anxiety and increasing capacity to attend.



Evaluation measures

- Parent/carer views of setting adaptations, at point of intervention completion.
- CYP self-report of positive view on educational setting.
- We also used school pre and post measures to assess impact of specialist casework on supporting changes to provision.

Findings: changes to provision to better suit needs

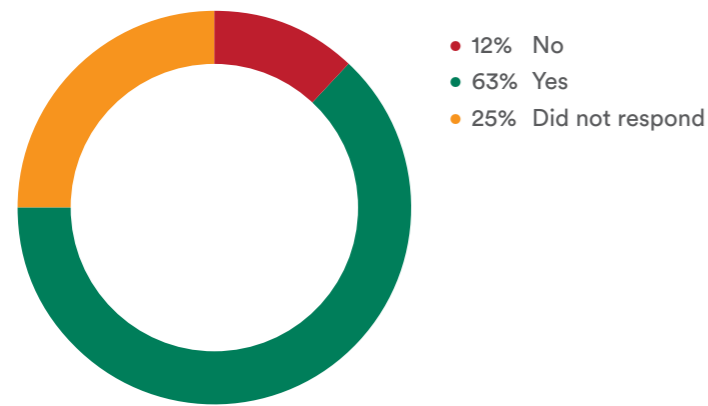
63% of parents/carers felt that settings had implemented appropriate adaptations to provision as a result of support from the engagement team. Qualitative feedback notes that key factors in this were linked to the holistic approach of the engagement team who provided appropriate recommendations (e.g. timetable adaptations, safe spaces, psychoeducation, key adults etc) to the school and the local authority (e.g. SEN services), highlighting the young person's voice in possible adjustments and in supporting collaboration between home and school.

We also explored educational routes to inform our understanding of these adaptations: 86% of CYP who accessed support from the engagement team increased their formal educational access, across a range of modes of delivery.

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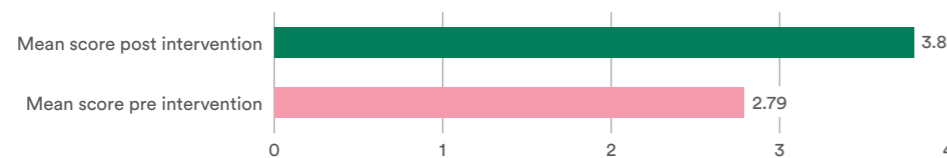
People have come to the house before to try to help us but they always stopped after a few weeks because he wouldn't talk to them. You've taken the time to get to know him and make sure he trusts you. You have been so patient.

Figure 12: Parent/carer views of changes to provision following intervention



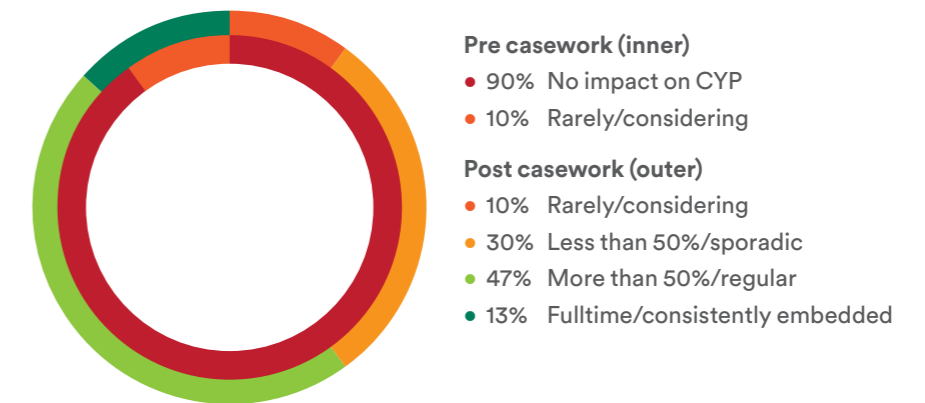
- Children and young people reported a small increase in positive view of setting, increasing on average, 1.5 points of difference on a scale of 1-10.

Figure 13: CYP views of educational setting, pre and post intervention



- Settings report that specialist casework had positive impact on their ability to make positive changes to provision for children and young people. After the initial consult – the Risk and Resilience Questionnaire analysis and the School Wellbeing Cards to gain pupil voice – each school was given three recommended provisions, linked to three separate Standards from the Autism Education Trust Standards Framework. These Standards were then linked to a focus outcome for each CYP and given a baseline score.

Figure 14: Impact of specialist casework



- The mean baseline score showed 90% of education settings were having no impact on the CYP for the focus outcome and 10% were scored as ‘Rarely/considering’. At the end of the casework (between 8-12 weeks, depending on education settings availability), education settings were scored against the same criteria and focus outcome for the CYP. The mean score had increased to the following: 0% no impact at all; 10 % Rarely/considering; 30% Less than 50%/sporadic; 47% More than 50%/regular and 13% Fulltime/consistently embedded.
- Using the AET Standards Framework, schools rated themselves at both pre and post casework for each of the Standards that were being recommended to focus on as part of the casework. All schools rated themselves against each of the Standards recommended for their education setting (n=3). Pre casework, 58% were graded as ‘Room for improvement’ and 42% as ‘Developing’. Post casework, this increased to 50% ‘Developing’ and 50% ‘We do this really well’.
- On a post-casework survey, staff reported an increase of between 25-50% in confidence levels of working with a CYP demonstrating EBSA. They found that the specialist casework had the following positive outcomes for the CYP:
 - Increase in regulated behaviours.
 - Increase in CYP’s emotional wellbeing.
- Additionally, staff reported that the specialist casework achieved the following positive outcomes which could be observed in staff and the educational setting:
 - Increased awareness of EBSA.
 - Increase in strategies to support a CYP with a social, communication and interaction need.

// Case study: Joanne

Initial context

Joanne (8yrs) presented with EBSA and was socially isolated from peers. Her school attendance was 65.3%, with 0% lesson attendance. Joanne presented as highly anxious, lacking trust in school staff and often shutdown or not able to speak. She was finding it hard to engage with peers and Joanne had not accessed extra curricular activities since her loss of confidence, tending to be solitary or in one-on-one adult interactions.

Hopes for the future

- To build trusting relationships with school adults and peers.
- To develop emotional awareness and utilise coping strategies.
- To increase school attendance.

Scope of the work

A 12-week specialist programme was implemented with a trauma-informed, neuro-affirming approach.

A variety of interventions were employed to support the young person:

- Education-based Interventions – e.g. working with the school to adapt Joanne’s learning environment to be more supportive, with a focus on her emotional and social development.
- Wellbeing and Social Engagement – regular sessions focused on improving emotional resilience, peer relationships, and social skills. Activities were tailored to build confidence and trust.
- Music Therapy – small group held weekly at the school, run by an APW.
- Collaborative Work – engagement with Joanne’s family was a crucial element, ensuring that both home and school were aligned in supporting her development.

Positive shifts

- Attendance improved overall, with increased lesson participation (0% to 25%) and full school days (65.3% to 66.7%).

“I’m not ready to leave school yet.
(when parents arrived to collect early)”

- Joanne built strong relationships and re-engaged with classroom activities of interest.
- She showed fewer shutdowns and improved communication and confidence.
- She actively expressed preferences, shared work, and took pride in achievements.
- She began socialising more, hosting a birthday party, and joining peers during breaks.

Challenges

Joanne strongly resisted some structured interventions, especially early on (e.g. anxiety-specific activities, such as the Ladder of Courage & Strength).

Staff absence (key LSA) disrupted consistency during a key phase. Additionally, the mid-casework review and CPD session had to be cancelled.

Anxiety remained around the classroom environment, especially during less structured lessons.

During the 12-week casework, specific emotional regulation tools and resources were not yet fully embedded.



// KPI 3: An improvement in social interaction, wellbeing and/or increased comfort in neurodivergent identity

The context

Across the cohort of referrals, a shared theme of poor wellbeing, access and comfort in social interaction and links between this and CYP comfort in their neurodivergent identity. As a result, a key element of the intervention as a whole was to build on social and emotional wellbeing. As such, different data streams were drawn upon to inform shift in this area across the streams of delivery, though the project findings as a whole contribute to outcomes in this KPI.

Key measures:

- Warwick Edinburgh Mental Health and Wellbeing Scales.
- Children and young people self reports, through pre- and post-questionnaire.
- Attendance at targeted social groups.
- Community partner, parent/carer and APW observations.

Music therapy measures:

- Music Therapy Outcomes Star as an observational tool (i.e. not completed with the children and young people), for 9 children and young people, 2 of whom were not able to finish their music therapy sessions so are missing post-intervention data.
- My Mind Outcomes Star collaboratively with the children and young people, 13 of whom were able to complete both pre- and post-scales.

Findings:

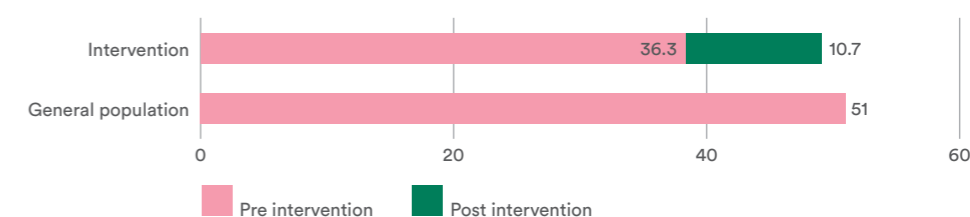
- Increasing wellbeing, social connection and comfort in neurodivergent identity

The Warwick-Edinburgh Mental Wellbeing Scales (WEMWBS) were developed to enable the measuring of mental wellbeing in the general population and the evaluation of projects, programmes and policies which aim to improve mental wellbeing. The 14-item scale WEMWBS has 5 response categories, summed to provide a single score. The items are all worded positively and cover both feeling and functioning aspects of mental wellbeing, thereby making the concept more accessible. A score under 38 can be described as indicative of clinical levels of depression and/or anxiety.



She has so many challenges and so many people just don't get it but I can see that you do, so thank you.

Figure 15: WEMWBS pre and post scores



CYP supported by the engagement team, through either an APW or Woodlands Group were asked to complete the WEMWBS pre and post intervention. The mean pre-intervention score 38 (i.e. indicative of clinical levels of depression and anxiety). Following intervention, there was a mean score of 49, representing an increase of 11 points (with between 3-8 points being considered statically significant), which is indicative of a meaningful and sustained increase in mental health and wellbeing.



Children and young people self report of positive change

CYP voice was at the heart of the project – all decisions made were with each young person in mind and what they were telling us, either through their voice or their engagement with our team. We collected CYP voice at every opportunity, with the CYP pre- and post-questionnaire a key part of our understanding of whether the support in place was promoting positive change.

CYP self-reports, pre and post intervention show a mean increase in positive statements by 1 point on a 10-point Likert scale, with highest increase in ratings given to confidence in, and enjoyment of, social interaction and life in general (a mean of 2 points of shift).

CYP self-report shows little change in view of the impact anxiety has on their daily lives; this is interesting but evidences the importance of the facilitated support in place to access this – i.e. the internal challenges remain but participation in school or community can be supported.

Community partners and targeted groups

A key goal of the targeted groups provided by the community partners was to increase opportunities for social connection. Referring back to the anxiety cycles, CYP experiencing high levels of anxiety and resultant social isolation can become increasingly anxious in social connection. For our cohort, social communication needs and comfort in neurodivergent identity may have led to longstanding challenges in peer relationship development. The goal here was to create a space that the CYP wanted to be in, and to build relationships that could extend outside of the life of the project, but also to act as a blueprint for future relationships (i.e. I am able to make friends, others like me).

In a space that feels safe and secure, targeted groups can be an excellent vehicle for the development of reciprocal, valuable and meaningful friendships. We have countless examples of young people connecting with each other, from independently creating shared Spotify playlists in music therapy, each CYP adding songs they think others will enjoy, and in doing so, sharing something meaningful to them with others; to wishing the week away so they can go to youth club; and young people accessing wider universal groups together through the council's FLORA team.

Quantitative measures show an increase in participation (measured by regular attendance at a group), which evidences both an increase in social connection, alongside CYP desire to connect with others.

Providing YP with a neuro-affirmative space and neurodivergent mentors has been important within the targeted groups. A Neon Daisy parent said “R loved the relaxed, young-person-led, neurodivergent-friendly atmosphere of the art clubs, and the knowledge that they could completely be themselves in the space.”

Groups that ran for set time periods, or with discrete activity had higher attendance levels; we explored attendance across each of the three targeted group provisions and found that Neon Daisy and EXAR (VR 6 week portion) had high attendance rates.

“R loved the relaxed, young-person-led, neurodivergent-friendly atmosphere of the art clubs, and the knowledge that they could completely be themselves in the space.”

A deeper dive into EXAR attendance depicts an interesting picture, with attendance reducing as the social demand increased (from VR, to facilitated social group and finally to open access youth club). We pose that for an autistic population, defined social demands may hold less ‘load’, making it easier to overcome the barrier to attend (i.e. I will go for 10 sessions, rather than I will go for an undetermined period of time). This is an important finding and one that was used to set up universal locality group provision.

Figure 16: CYP self-report of change (pre and post support)

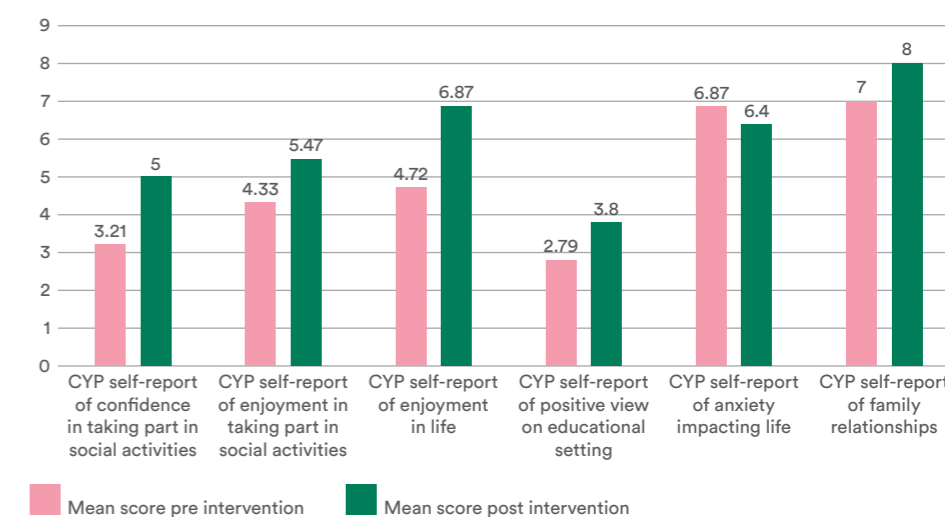


Figure 17: Levels of social connection for CYP accessing targeted groups

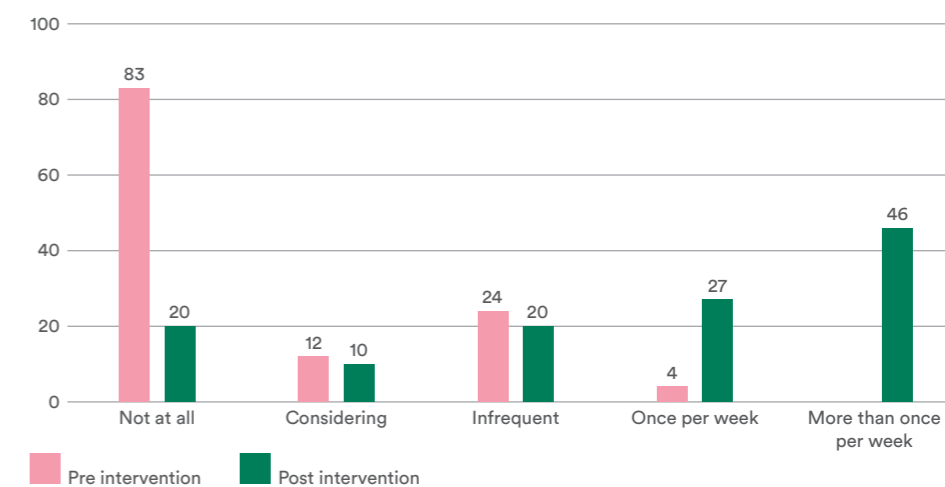
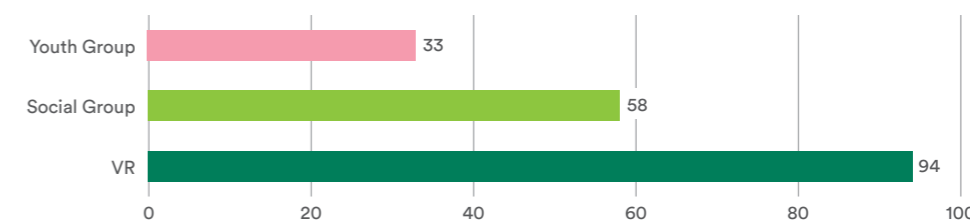


Figure 18: Increasing social demand and group attendance



Music Therapy

A gap was identified in the Pathways to Short Breaks provision for a therapeutic short-term intervention based on young people’s interests in arts and music. The Pathways team ran six music therapy groups, each one running for 1.5 hours weekly, for 8 weeks. 21 children and young people accessed music therapy. There was also an offer of individual provision to support readiness to attend a group. Five of these children and young people started music therapy but were not able to continue beyond 1-2 sessions due to changes in circumstance (e.g. returning to school), or deciding that this was not something they wished to do.

Impact of intervention and individual progress was measured using The Music Therapy Outcomes Star and the My Mind Outcomes Star, offering a pre- and post-measure. The Outcomes Stars are person-centred tools used to support and measure individual progress through effective interventions. The Music Therapy Outcomes Star assessed changes in self-esteem, voice use, emotional wellbeing, and school engagement. The My Mind Outcomes Star supports early intervention for young people with emerging

mental health issues, aiming to prevent the onset or development of a mental health condition wherever possible, and to fill the gap in mental health services before one is diagnosed.

Key outcomes from the Music Therapy programme show an average two-point improvement in Emotional Wellbeing, Relating, and Use of Voice (Music Therapy Star) and in Feelings and Emotions (My Mind Star). A strong theme from feedback highlights the creation of safe, connective spaces, enabling young people to share and support one another – exemplified by peers advocating for an anxious member who later joined the group. There was also a one-point average improvement in Play and Creativity, with increased openness to exploration and reduced self-consciousness. One notable example involved a young musician overcoming anxiety and expanding his musical style, eventually taking a leadership role in the group. The My Mind Star also reflected one-point gains in Self-esteem, School, Friends and Relationships, and Where You Live. Rich anecdotal evidence indicates meaningful social and emotional development, including the formation of friendships and emotional support for families.



Figure 19: Music Therapy Outcomes Star

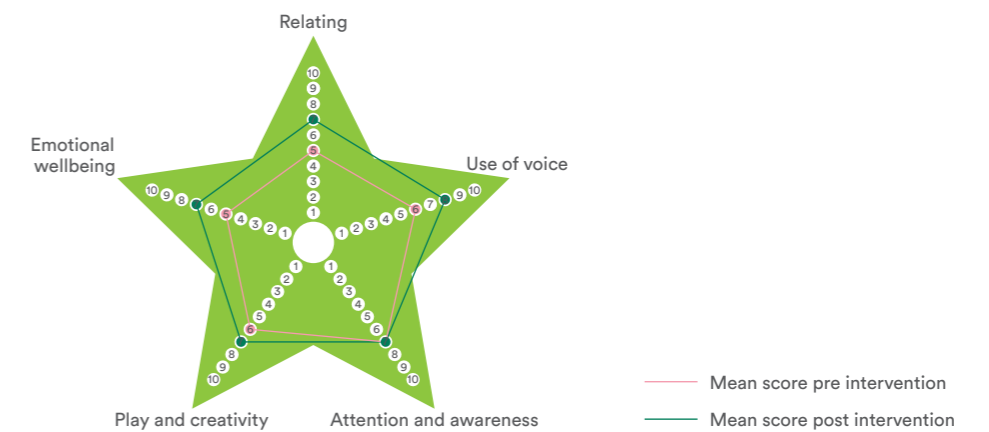
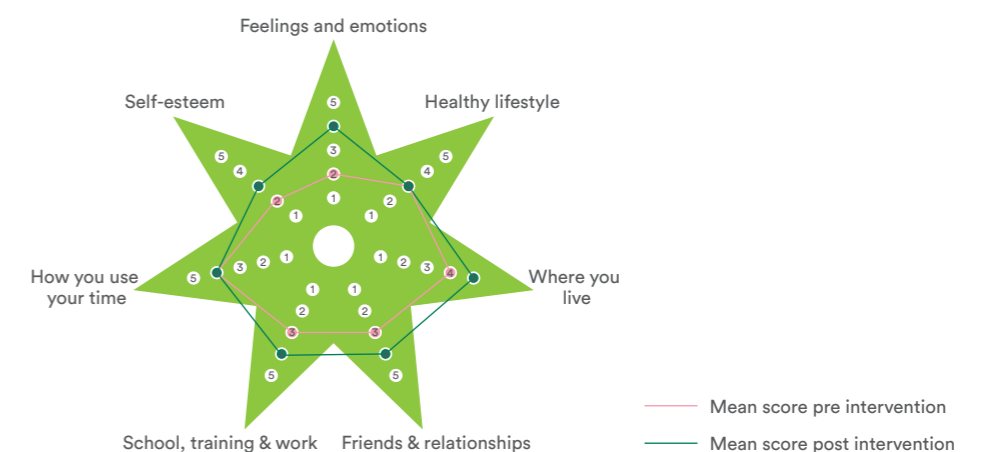


Figure 20: My Mind Outcomes star



“

Words can be really difficult for people. That’s whether they’re speaking or non-speaking. And I think music gives them an opportunity to really communicate in a different way and express themselves in a way that’s a little bit less confronting sometimes, and a bit less challenging for when words are hard to find.

// Case study: Herbie

Initial context

Herbie is autistic. He is a gestalt language learner and is often non-speaking. He was home educated due to school not being able to meet his needs. He was socially isolated and found it hard to interact with his peers. Herbie was keen to develop friendships but was finding it hard to be successful in this.

Hopes for the future

- It was hoped that Herbie would develop some meaningful relationships with peers.

Scope of the work

Herbie was allocated to FACE, a supportive, neuro-affirmative small youth group.

Herbie was anxious when he first started the youth sessions and relied on a comfort toy or kept himself away from peers and adults. FACE staff designed activities which linked to Herbie's interests and built on his strengths. For example, staff designed treasure hunts with diggers which meant he explored the environment safely.

Staff built trusting relationships with Herbie due to playful attuned interactions.

Each session followed a neuro-affirming approach as outlined below:

- Sensory accommodations e.g. providing sensory tools, modelling the use of sensory tools and ensuring sensory breaks can be taken when needed.
- Clear communication e.g. using visuals when needed, having clear and predictable routines.
- Flexible social engagement.
- Choices are honoured.
- Adults offering coping strategies to regulate emotions

Positive shifts

- Herbie built relationships with peers. He was able to share, wait his turn, listen to

“
He has come so far since starting group. His confidence has grown and his self-esteem has improved.
(Parent)

instructions and above all else was smiling and enjoying himself. His communication with others increased.

- Herbie's anxiety reduced. He no longer needed a comfort toy from home and started to run through the door with a big smile on his face ready to engage in the activity.
- Parents report that Herbie is happier at home, less fixated on objects for comfort, can accept change better and is more able to share with others.
- Herbie has now started a specialist provision. The attendance at the youth group improved Herbie's wellbeing and therefore confidence to attend a new school, and it is felt the experience at the youth group impacted on him being able to settle into the school quickly.

Challenges

Herbie was initially very anxious about joining in with activities and interacting with both adults and peers. He had been socially isolated for a long time. Engaging Herbie took a lot of creativity and time and space.



// KPI 4: 80% CYP who attended a psychoeducation course will self-report an improvement in their understanding of anxiety and can identify a strategy that they have learned to use to manage their anxiety levels

The context

As part of a change to the initial eligibility, a further cohort of young people who were attending school but experiencing high levels of anxiety, was identified. To meet this need, two psychoeducation workshops were designed; one took place in secondary schools and one in the community. They were both rooted in cognitive behavioural approaches drawing on cognitive behavioural therapy, narrative therapy and acceptance and commitment therapy.

School-based sessions

A six-week psychoeducation workshop was delivered to 38 children and young people (CYP) in schools, using the DNAV Model alongside principles from neuroscience, compassion-focused therapy, and relational-based practices. The DNAV Model, a youth-focused framework based on Acceptance and Commitment Therapy (a third-wave cognitive behavioural therapy), supports psychological flexibility through four core components:

- **Discoverer** – fostering curiosity and learning through exploration.
- **Noticer** – developing present-moment awareness and non-judgemental observation of thoughts and feelings.
- **Advisor** – recognising and managing the internal self-talk that can be helpful or unhelpful.
- **Values** – identifying guiding principles that bring meaning and inform purposeful action.

In addition to psychoeducation, the workshop promoted social connection and confidence in group participation through shared lunches and structured games.

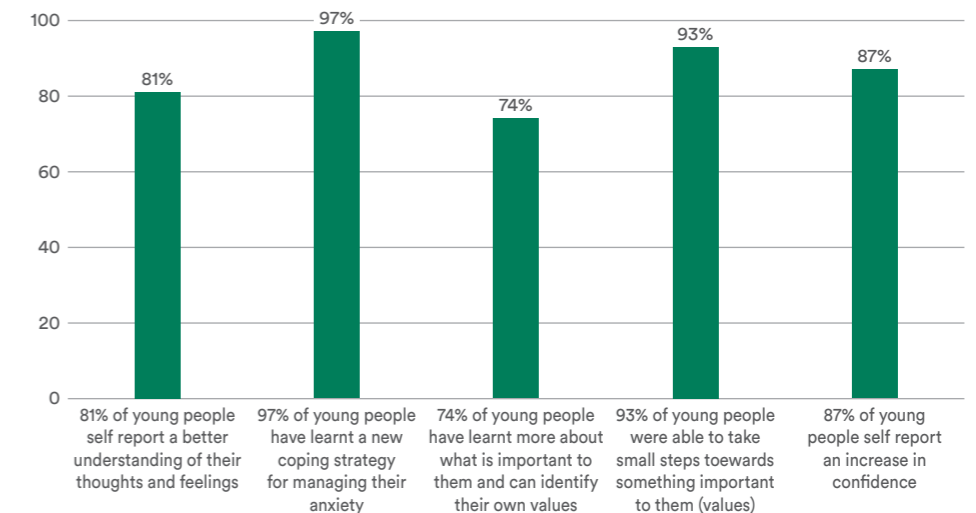
The intended outcomes included: the ability to articulate personal values; increased understanding of thoughts and feelings; trying new coping strategies; greater group confidence; forming peer connections; and committing to value-led actions.

Key measures

- CYP post-questionnaire
- Staff pre- and post-questionnaire
- Facilitator observation
- Staff feedback

Findings

Figure 21: Psychoeducation outcomes (CYP)



- Young people reported positive outcomes across the intended outcomes, sharing an increase in their own self-understanding, a development of a range of coping strategies and an increase in confidence in themselves/ability to work towards their own goals.

Figure 22: Psychoeducation outcomes (staff perceptions)



- We also collected staff perceptions, pre and post the course. We found significant differences for both quality of relationships and perceptions of self-confidence, with both areas being rated more than double at post intervention. We observed a slight increase in staff perception of the young person's social connection and anxiety being a barrier to doing things that are important to the young person. There is a small disparity between staff and student perception of this, with young people rating both these areas more highly. We wonder if those small steps towards value driven goals are more observable to the individual, rather than an observer.

Community-based sessions

A series of five weekly workshops for small groups of young people from different areas of Bristol were held in community spaces rather than schools. These sessions were led by two educational psychologists and grounded in psychological theory and practice. The workshops aimed to build strong relationships over time, centre young people's aspirations and values, involve parents, and promote agency and self-determination. Each session included a shared lunch, two learning segments, and an extended break. In week four, a parent workshop introduced Emotion Coaching and provided an opportunity for connection and shared understanding.

Key intended outcomes

We aimed for CYP to:

- Articulate personal values and strengths, recognising these can change over time.
- Reflect on situations where they used their strengths.
- Explain the roots of anxiety.

- Describe how anxiety can influence their physical sensations.
- Understand the link between thoughts, feelings and behaviours and recognise that these can come and go.
- Commit to small, short-term actions of their own choosing.
- Participate in shared times with greater confidence (e.g. lunch times).

We aimed for supporting adults (parents/carers) to:

- Understand and describe the session content that young people were experiencing.
- Notice improvements in their young people's wellbeing and emotional expression and understanding skills.
- Observe positive relational changes at home.

“

We do things differently. We work bravely and maybe against the mould. We don't say 'Oh we can't work with that young person'. We'll find a way.

Key measures:

- From post-session conversations with parents.
- Mid-point telephone conversations.
- Discussions during the parent workshop.
- End of workshops evaluation completed by young people.
- Post-workshop evaluation completed by parents.

Findings

Data collected from young people:

- 95% of sessions were attended (one young person was sick for one session).
- 100% of young people attended all lunches.
- 100% of young people completed all session activities.
- 100% of young people would recommend the sessions to other young people.
- On a scale of 1-10, rating perceived usefulness of the sessions, the average rating was 8.5.

Data collected from parents/carers:

- 100% of parents would recommend the workshops to other parents of young people who are at risk of not attending school.
- 100% of parents believed the workshops positively influenced their relationships with their young people.
- 100% of parents were completely satisfied with communication about the workshops.
- 100% of adults who attended the parent workshop were 'completely satisfied' with this (six adults attended including a grandparent).



// Case study: School psychoeducation

Initial context

A small group of Year 8 students with social communication and interaction needs were identified as at risk of developing EBSA, due to high levels of anxiety in school. Anxiety was a barrier to building relationships with peers and adults, as well as impacting on class attendance for some. These young people were struggling to identify and express their thoughts and feelings to others.

Hopes for the future

- To increase understanding of our thoughts and feelings (anxiety).
- To support young people to develop new coping strategies for unhelpful thoughts and feelings.
- To increase social connection with peers.

Scope of the work

A 6-week psychoeducation intervention was based on the DNA-V Model (Hayes and Carrochi, 2015). Adaptations were made to the sessions to support the social communication and interaction needs of the CYP:

- Intentional therapeutic relationships were built to create a safe space.
- Communication tools were available for non-speaking young people.
- Sensory breaks and tools were provided as needed.
- Visual prompts and modelling were used.
- Social connection was supported through shared lunch and playful games and staff were invited to take part in the sessions.

Positive shifts

- The surveys completed by the young people in this particular group showed that they all enjoyed the sessions and reached the expected outcomes.
- Through shared experiences young people's thoughts and feelings were normalised.

I now know that I don't always have to listen to my thoughts.

They gained confidence to speak out in front of the whole group, something many of them felt anxious about.

- Young people shared the value of noticing their emotions. One YP noticed how busy their lives were, and she chose to introduce moments of noticing into her day. Another YP shared that she had "learnt not to ignore anxiety" and to acknowledge it rather than avoid it.
- The teacher built strong relationships with the YP and increased their sense of belonging in the school.
- The staff planned to run future psychoeducation sessions, using the resources from this intervention and with supervision from the school link psychologist.

Challenges

Consistency of room and adult was a challenge in schools and this impacted on feelings of safety and therefore confidence to share at times.



// KPI 5: Parent/carers report increased understanding of their CYP’s experience of anxiety and have strategies to support them

The context

The Overcoming intervention was offered to 18 parents/carers whose child or young person had been referred to the Pathways team. 10 parent/carers were allocated a place, with 8 parent/carers completing the full course. Two parents started the programme but were not able to complete it (and therefore, not included in the data). Overcoming was based on the principles of Cognitive Behaviour Therapy (CBT) and is designed to support parents to develop the skills to help their CYP manage feelings of anxiety.

Key measures

Post completion of the Overcoming programme, parents were asked to rate the course’s impact in the following areas:

1. I feel my understanding of anxiety has increased as a result of the programme.
2. I feel more confident talking to my child about anxious thoughts since completing the programme.
3. There has been progress towards my child’s goals as a result of the approaches we have discussed on the programme.
4. Through discussion it has been possible to personalise approaches to consider my child’s individual situation.
5. I would recommend the Overcoming programme to other parents/carers.

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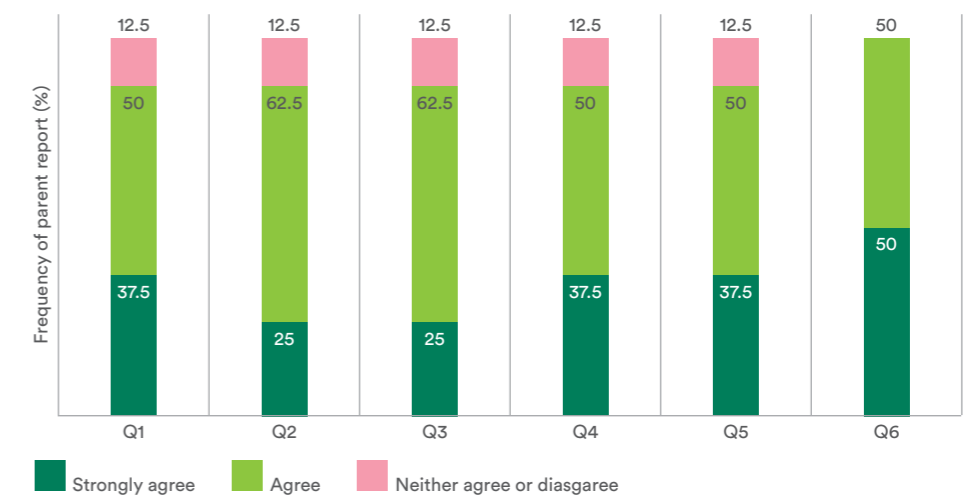
My anxiety is still there but it has less control over me.

Findings

Feedback from parents and carers who attended a support workshop indicates that 87.5% reported an increased understanding of their child or young person’s experience of anxiety, and felt equipped with strategies to provide support. The same proportion also reported feeling more confident discussing anxiety with their child. Additionally, 87.5% observed progress towards set goals and felt that the Overcoming intervention provided a helpful framework for exploring their child’s individual needs.

While the sample size was smaller than anticipated and findings should be interpreted with caution, the feedback aligns with broader elements of the project. These include initiatives that have supported open discussions around anxiety and social connection among parents and carers – such as the involvement of Woodlands, Music Therapy, and FLORA colleagues in community group settings.

Figure 23: Parent/carer evaluation of Overcoming



Overcoming: Parent feedback

In addition to the quantitative measures of success, parents also commented on wider benefits to the course, including developing a 'toolkit' and different ways in which they could respond in the moment:

The Overcoming programme has given me tools and a structure to support my daughter. The personal individual support has been so helpful, enabling me to translate concepts into actual action, adapted for an autistic person. I count myself fortunate to have taken part and K showed a great balance of challenge and understanding. Thank you.

One parent/carer shared that they appreciated the reflective space but also explored ways in which the Overcoming programme could feel somewhat fixed, which was taken on board for later courses:

X's improvement from autistic burnout has coincided with this programme. We found the ladder approach too rigid and linear but some of the chapters around language and phrasing were helpful and useful. K is excellent, understanding and very personable. 'It's been great to have the time to think things through in a non-judgy way with gentle challenge.

Parents also commented on the programme acting as a safe space to pause and reflect on the challenges of meeting their CYP's needs, and to do so with other parent/carers who understood what this could be like:

It was helpful to meet other families facing similar challenges and to discuss ways of approaching this with them and the facilitators. The anxieties my child (and others) is facing are quite complex (especially compared to the book examples) and don't easily fit with the information and suggestions in the book. This is exacerbated by the children having autism with communication difficulties and demand avoidance. This means it was particularly important to discuss alternative approaches and techniques for addressing issues (including directly questioning them when anxious, difficulties explaining emotions and behaviour and especially getting them to engage with forms, charts etc). Although it has not had a huge direct impact on my child's anxiety it has been a helpful starting point, helped me to think about increasing communication and helped me to feel more supported. As it is more challenging for our children to engage with support it will be helpful to have a follow up meeting and/or conversation as these things are harder to implement for children with autism and it can take much longer for them to engage and make changes.

// Case study: Izzy

Initial context

Izzy was socially anxious, experiencing panic attacks and isolated, not yet able to engage with peers or education staff. She had not been to school for over 6 months and had only left the house a few times to go to medical appointments. Her parents reported that Izzy was 'seldom' able to do the things she wanted with her free time and she 'always' felt worried. Izzy reported herself that she 'always' felt worried. Her parents described that she had been suffering from autistic burnout.

Hopes for the future

Izzy would be able to get out of the house whenever she felt like it (rated 2 on a scale of 1-10). The family broke this overall goal down into shorter-term goals:

- Go for a walk on a footpath and handle walking past someone (originally rated 1).
- Meet up with a close friend for a dog walk (originally rated 0).
- Go to her uncle's house with her mum (originally rated 0).

Scope of the work

The Overcoming programme is based in cognitive behavioural therapy. It helps parents support young people to identify and gradually challenge 'anxious expectations'. It works on breaking goals into small steps and supporting young people to make gradual progress towards each step, therefore building their confidence and sense of resilience. Alongside this, the programme helps parents consider their own responses to their child's anxiety and how the cycle of anxiety may be maintained.

Izzy's parents met with the Educational Psychologist face to face for five sessions over six weeks.

During the individual programme the following topics were covered; developing a positive autistic identity, understanding sensory needs, identifying feelings, developing coping strategies and developing greater social understanding.

I can't believe how quickly we have progressed on the goals.
(Parent)

Positive shifts

- Izzy's parents reported that Izzy was now doing things she wanted in her free time very often and she seldom felt worried
- Izzy was able to walk past someone on a footpath, meet a close friend for a dog walk, visit her uncle with her mum and leave the house whenever she felt like it, which surpassed her parent's expectations.
- Izzy met a member of the Bristol Autism Team face to face who linked up with the school SENDCO to plan attendance at alternative learning provision and Woodland Group. Izzy was keen to go on holiday with her parents which was considered a very significant step.

Challenges

The approach was adapted for Izzy to focus on a few steps at a time and emphasise the learning from unplanned experiments.

Izzy's self-report score for how lonely she felt actually went up following the programme. We wondered if this demonstrated a possible increase in her motivation to engage more with others whilst recognising her isolation?



Reflections, learnings and implications

Over the course of this two-year initiative, Pathways has generated valuable insight into the level and type of support required by children and young people to access education in ways that promote positive mental health, wellbeing, and academic progress. Evidence gathered through both qualitative and quantitative measures demonstrates that Pathways offers a timely, evidence-based approach that addresses needs not adequately met by current systems.

A bespoke approach to reducing social isolation

Findings confirm that CYP experiencing high levels of anxiety – often related to social communication differences – require highly individualised approaches. This cohort was not homogeneous; each young person required a different mix of provision to progress towards key goals.

The project demonstrated the effectiveness of a blended model combining both individual and group support. Importantly, individual work was not seen as a higher level of intervention, but rather a critical foundation for building social confidence and readiness for peer engagement. This approach facilitated meaningful participation in group settings and promoted high-quality social interaction.

An alternative to traditional provision and short breaks

A significant proportion of the Pathways cohort were not accessing any form of alternative provision. The project identified several barriers:

- **Persistent anxiety:** CYP who are unable to attend school or leave home often face the same challenges in accessing alternative provision. Without initial therapeutic intervention (such as Pathways), high-cost alternative placements are unlikely to succeed.
- **Referral gaps:** these CYP are less likely to be referred to citywide inclusion pathways, as schools tend to prioritise referrals for students actively displaying distress within the school setting. Limited referral slots compound this issue.
- **Limitations of short breaks:** in Bristol, short breaks are currently commissioned only outside school hours, based on the assumption that CYP attend education settings. However, for this cohort, short breaks could offer a low-demand, structured, and therapeutic intervention during the day – acting as an accessible first step towards re-engagement with education.

A strategic and viable alternative to statutory assessment

Although Pathways was not designed to replace the statutory assessment process, the project highlighted several limitations within the current EHCP system:

- **Timing:** EHCPs are frequently initiated too late to be preventative or effective for this group.
- **Contextual constraints:** advice provided through the EHCP process is typically based on deliverables within school settings. For CYP with severe and persistent absence, this significantly limits the plan's relevance and impact.
- **Limited reach:** among the cohort, 27% had EHCPs, and 23% were placed in specialist settings. Yet even with this level of statutory support, many were still not accessing education – highlighting ongoing unmet need despite an EHCP already being in place.
- **Cost implications:** the cost of delivering Pathways support averaged approximately £4,500 per child. This is significantly lower than the £10,000-£12,000 associated with EHC assessments, in addition to resultant provision, offering a more cost-effective route to early and meaningful support.

Psychoeducation in schools as a preventative measure

Psychoeducation sessions delivered in schools emerged as a promising early intervention to prevent emotionally based school avoidance (EBSA). Key outcomes included:

- **Increased belonging and social confidence:** offering psychoeducation as an early intervention strategy, in schools, supported by key staff is a viable approach to supporting both peer and teacher relationships. Many progressed from needing non-verbal communication support to confidently sharing their thoughts verbally within group settings. This could be a way of preventing high levels of masking and the eventual burnout that is a common timeline for neurodivergent children and young people.
- **Emotional insight and resilience:** much like an ELSA approach, young people gained a better understanding of their thoughts and feelings and developed practical coping strategies. In some settings, these strategies were seen to generalise into broader school participation, breaking patterns of avoidance.
- **Implementation challenges:** a consistent barrier to impact was the difficulty some schools faced in providing a stable environment and trusted adult for the full duration of delivery. This occasionally compromised CYP's sense of safety and their ability to engage effectively. This type of approach would require consistent commitment from facilitators if we are to replicate the positive outcomes observed within this project.

“

It is the first time I feel like I belong somewhere, where I don't feel ashamed that my child is not in school. It has been so positive for me and my daughter, we look forward to it every week.



