



EXECUTIVE SUMMARY

BACKGROUND

In 2008 the Mulberry Bush School (MBS) commissioned the UCL Institute of Education (UCL IOE) to conduct a longitudinal study and evaluation of its provision, with UCL IOE and MBS personnel supporting practitioners to gather data during the whole of the data collection phase. The entire research project spanned eight years (2008 to 2016). The pilot year (2008-2009) focussed on collecting and examining preliminary data in order to finalise the research framework for the study. Data for the study were gathered between 2009 and 2015. The last year of the project (2015-2016) focussed on the completion of the final report.

Using their knowledge and understanding of children, the staff at MBS identified a series of key elements which demonstrate children's social-emotional, behavioural, and academic development. These comprise the 11 Key Elements, which represent the core work of the school, and the MBS measures progress against these 11 areas for all the children (see Table 1 below). The focus of this six-year study was the children's progression on each of these 11 Elements.

Alongside the standardised National Curriculum levels used for measuring academic progress, the Key Elements provide the basis of children's treatment planning and reporting. The Elements are arranged in phases so as both to align with children's development and to support the planning and reporting process. The treatment planning process lies at the heart of the work of all MBS staff, and the development of an Integrated Treatment Plan, across all the disciplines that contribute to the MBS therapeutic environment, provides the consistency and continuity which is considered central to achieving good outcomes for the children.

Table 1. 11 Key Elements of the MBS

Healthy Attachments
<ol style="list-style-type: none"> 1. Build healthy and mutually trusting relationships with adults and children 2. Being able to play
Containment¹
<ol style="list-style-type: none"> 3. Keep themselves and others safe 4. Ask for help and make use of it
Positive Communication
<ol style="list-style-type: none"> 5. Reflect on and communicate feelings rather than act them out 6. Function appropriately in a group
Culture of Participation and Citizenship
<ol style="list-style-type: none"> 7. Improve self-awareness and value achievement 8. Contribute to and be involved in school and community 9. Involve themselves appropriately in their care and care of the environment
Achieving Agency²
<ol style="list-style-type: none"> 10. Being a successful learner 11. Use and apply learnt skill and knowledge

¹ On arrival the children frequently demonstrate ‘uncontained behaviour’ which is unsafe and anxiety provoking. ‘Containment’ in this context denotes a physically and psychologically safe environment which provides space for thought, communication and understanding, and allows for emotional growth and development (Bion 1962).

² Agency: understood here as moving towards the capacity for making independent choices and developing a sense of healthy control.

RESEARCH QUESTIONS

The study was designed so as to enable us both to collect data on a wide range of children's characteristics as they enter the MBS and also to monitor changes in these characteristics over time and as the children age. These profiles and reports of change are largely based on the 11 Key Elements.

We explored two principal questions:

- Are there differences in the children's profiles according to their socio-demographic characteristics and educational status?
- Are there changes in children's profiles during their time at the MBS? Do these changes vary according to socio-demographic and other characteristics?

SCHOOL CONTEXT

The Mulberry Bush School is a therapeutic residential school which, for over 67 years, has provided an integrated approach to education and care for children aged between five and thirteen years. All the children have severe emotional and behavioural difficulties; they have experienced complex trauma, and are likely to have suffered neglect, abuse or an extensive family breakdown. Children are referred to the MBS from all around the country by local authorities. By the time of referral most of the children will have been placed with foster or adoptive parents, or in children's homes; many will have had several disrupted foster placements and will have been excluded from school. Of the children in this study who did not live with birth parents (n=23), fourteen had three or more placements, and nine had four or more placements. Nineteen children came to the school with the label 'not able to be educated', 9 had attended day special schools, 3 were heavily supported in mainstream primaries, 2 were attending part time education, 2 were home-tutored and 1 came from a psychiatric unit. One could say, therefore, that the MBS is a school of 'last resort' for these children, who often arrive in a highly volatile state,

their families having reached the limit of their capacity to cope. It is no exaggeration to state that these children are some of the most disadvantaged in England.

The children are resident in school for 38 weeks of the year, although, in addition to school holidays, they regularly return home at weekends. Average age on admission is just over 9 years and the planned stay is 3 years. The average age on leaving is 11 years, 10 months.

STUDY DESIGN

Throughout the school year, children are referred and admitted to the school (from 7 to 11 children per year). Data for the 11 Key Elements were collected at set times following their admission, and as a result some data were collected at different points during the year corresponding to the date of admission. The result was that some children in the same cohort have less data collected on them. There may also be other reasons for this; some children may have stayed for a shorter time (two years instead of three, for example) and some who are older on arrival also stayed for a shorter time. A few children stayed for more than three years.

The study followed four cohorts over six years, each cohort for a consecutive three-year period, which approximates to their time at the MBS. Cohort 1 included children who started at the MBS at some point between September 2009 and July 2010; Cohort 2 included children who started at the MBS at some point between September 2010 and July 2011; Cohort 3 included children who started at the MBS at some point between September 2011 and July 2012; and Cohort 4 included children who started at the MBS at some point between September 2012 and July 2013. There were a total of 36 children in the study (23 = boys; 13 = girls).

ABOUT THE SAMPLE

There were a total of 36 children in the study - 23 boys and 13 girls.

- The average age of the children upon arrival was nine years, with a range of six to eleven years. There were more boys (n = 23) than girls (n = 13).
- Most of the children were White British (n = 25), six were “mixed” ethnicity, two were Black Caribbean, one was African, and two were in the “other” category.
- Thirteen of the children lived with their birth parents; fourteen of the children lived with a foster carer, six were adopted and three lived in residential care.
- While the majority of the children had statements of special educational needs from their local authority (now known as Education, Health and Care Plans) for emotional and behavioural difficulties (n = 29), seventeen children were designated by the school as having Additional Special Educational Needs (ASEN).
- While the MBS provides a therapeutic environment for all children, most of the children (n=31) also received additional individual or small group therapy. Of these, four received psychotherapy, ten music therapy, ten group drama therapy, five individual drama therapy, and two met weekly with a therapist and key worker to provide additional therapeutic input to play and relationship building.

KEY FINDINGS

At the end of this six year study our research provides encouraging evidence of the impact of the MBS on the social-emotional, behavioural and academic development of the children who attend the school. There are striking examples of notable progress in each of these domains. In the case of children’s attachments, the picture is more mixed, either because progress is less obvious or because the evidence is inconclusive.

- There were statistically significant variations in children's profiles according to their socio-demographic characteristics and educational status:³
 - Boys, older children and those without ASEN had higher scores on the 11 Key Elements compared to girls, younger children and those with ASEN, according to carers' and children's reports.
 - Children who received individual therapy (in addition to the therapeutic milieu of the MBS) had higher scores on the 11 Key Elements as reported by staff, while they had lower scores as reported by carers compared to those children who did not receive therapy.
- Children experienced changes in their profiles during their stay at the MBS:⁴
 - There was a statistically significant increase in children's ability to play and a marginally significant increase in being a successful learner, according to staff reports.
 - Children experienced statistically significant positive changes in many of the key elements, according to carers' and children's reports.
 - Children had statistically significant higher scores on the factors supporting development, and lower scores on the factors which limited development in their last term compared to their first term at the MBS.
 - Children achieved statistically significant increases in their Science, English, and Mathematics scores, which were mostly within the expected range. Younger children and those with ASEN had lower scores in Science, English, and Mathematics, but their rate of progression in Science and English did not differ from older children and those without ASEN.
 - There were statistically significant reductions in children's aggressive and anti-social incidents and a marginally significant reduction in physical interventions.

³ Due to the large number of statistical tests conducted for the first question, we report only those findings which are statistically significant ($p < .05$).

⁴ For the second question, we report those findings which are statistically significant ($p < .05$), as well as those which are marginally significant ($p < .10$).

- Between the children's first and last terms at MBS there was a marginally significant decrease in defensive and avoidance behaviour.

CONCLUSIONS

Our findings indicate that children showed many improvements in their behaviour, socio-emotional adjustment and educational achievements during their time at the MBS. Most notable was their academic progression in Science, English and Mathematics. For almost all subjects, children progressed within the expected range for students within mainstream schools. Staff, carers and children also reported improvements in many of the 11 Key Elements between the beginning and end of their time at the MBS. Carers and children reported more improvements as compared to staff; with the exception of the ability to play, the reported improvements of staff largely referred to older children. Children exhibited more of the supporting factors, and fewer of the inhibiting factors, which affect their emotional development and behaviour regulation. Children's levels of aggressive and anti-social incidents decreased during their time at the MBS. There were also changes in their attachment representations, although these were only marginally significant.

Children at the MBS arrive with few academic attainments and low levels of academic experience, having also met with severe disruption to their social and emotional development. The significance of the improvements reported on in this study stems from the fact that they were achieved in the face of the exceptional disadvantages and challenges that characterise the lives of all children that attend the MBS. This is a testimony to their achievement, and to the effectiveness of MBS as a therapeutic learning environment.