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Evaluation of 'The Bridge' project: helping young people with autism and severe anxiety re-engage with learning

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1   Executive Summary

Introduction

This document reports the findings of a research study evaluating the Bridge, a project undertaken by the Hospital Outreach Education Pupil Referral Unit as part of Northamptonshire County Council's 'Race to the Top' scheme. The focus of the project was to support the re-engagement with learning and education of students on the autism spectrum with high anxiety who were currently out of education.

The Centre for Education and Research (CeSNER) at the University of Northampton was commissioned by Northamptonshire County Council in summer 2015 to undertake an external evaluation of the efficacy of the 'Bridge' project. The research was designed to address the following research questions:

- What has been the impact of 'The Bridge' project on helping young people with autism and high anxiety re-engage with education?
- To what extent has the project had an impact on these young people's emotional wellbeing?
- What impact indicators and practice methods can be identified to inform and support future practice?

Methodology

A mixed methods evaluation approach was used to undertake this study. Data were collected through a combination of:
- semi-structured interviews and focus group with staff from the Bridge, students' families and related professionals
- questionnaires completed by students attending the Bridge
- and document analysis.

An initial focus group (before the project went live) was undertaken with Bridge personnel at the start of September 2015. Data were then collected at two points: first in week commencing 14 December 2015, then in week commencing 25 April 2016.

Data were analysed using NVivo software to undertake thematic content analysis.

Findings

Positive outcomes

The findings indicate a number of positive outcomes for students and families. The main themes emerging from the data are:
- the Bridge's 'ways of working'

- impact on students' attendance, engagement, anxiety and wellbeing;
- impact on families.

The Bridge's 'ways of working'
Strengths identified within the Bridge's ways of working included the use of an eclectic 'toolbox' of approaches, consideration of the environment, a focus on the individual child, effective communication and collaboration and consistency.

Impact on students' attendance, engagement, anxiety and wellbeing
Positive impacts were identified across all of these areas with regard to the students using the service. There have been clear improvements in attendance and engagement, with a subsequent reduction in anxiety and improved wellbeing.

Impact on families
Family members identified many positive impacts upon the family. These included access to support and information, access to training, meeting other families and the opportunities for mutual support that this created. Overall, families reported a reduction in their levels of anxiety and an improvement in their situation.

Key practices supporting impact
We have identified a number of ways in which practice and activity within the Bridge has supported the achievement of these outcomes. These activities and practices have centred upon:

- an eclectic approach
- the development of an appropriate learning environment
- a focus on the individual
- effective communication
- consistency
- effective collaboration.

Issues and challenges
Any new project or service inevitably faces challenges and issues that will need to be addressed. Respondents identified issues and challenges in three areas: issues within the Bridge itself, challenges with regard to the students, and challenges with others.

Challenges and issues *within the Bridge* were identified within three areas: resource issues, issues around transition and concerns about students' and families' specific needs.

Challenges with *students* are predominantly identified in relation to individual and personal issues and are dependent upon individual circumstances.

Issues with *others* related to referral (in particular with regard to admission criteria and the referral process), to expectations and to roles.

Next steps

Potential next steps have been identified for the youngsters attending the Bridge, their families, and the service.

Next steps for *individual students* include planning for the next academic year for each student; planning for and supporting individual transition; involving students and families in decisions; integrating students and working in groups; identifying and addressing individual priorities.

Next steps for *families* include the provision of parent training and support.

Next steps for the *service* and the *staff* within it focused around clarifying the future role and focus of the service, training and support for staff working within it and links with external professionals and schools.

Key Impact Indicators: Autism Standards

The AET Autism Standards (2016) help to identify key impact indicators regarding **the individual pupil/student; building relationships; curriculum and learning; enabling environments**. The key impact indicators for the Bridge project are:

- **Strong focus on the individual**
- **Effective communication and effective collaboration**
- **Use of a varied and eclectic approach and consistency**
- **The development of an appropriate learning environment.**

2   Introduction

In this section of the report we outline the rationale, aims and overall purpose of the 'Bridge' project. We identify the definition of autism used throughout our report and we summarise the literature relating to autism and anxiety, in particular with regard to its implications regarding school attendance and engagement with learning.

2.1   Rationale, aims and purpose

The impetus for this evaluative research originated in one local authority in which a number of students with autism and severe anxiety were identified due to prolonged non-attendance in schools and lack of engagement in learning. New provision was identified (The Bridge) to:

> *... set up something to specifically meet the needs of children who   have   got autism and anxiety. They're often called the bedroom children or the bedroom pupils. And we've had that with children with mental health difficulties before… So the idea was creating a safe, autism-friendly environment where young people could access education appropriate to meet their needs. Not only their educational needs but also their social and emotional needs… (Professional – The Bridge)*

The main purpose of the Bridge is to enable students with autism and severe anxiety to re-engage with learning, through a *flexible and responsive* approach. Emphasis is placed upon engagement, relationships, flexibility, continuity and seeking students' views:

> *… engagement is key. What underpins all of our success with personal learning programmes is relationships with key people... I think it's going to be building up from the young person's interests, first and foremost. So starting with what interests them… We have to be realistic about what we would hope for. Long term we would be looking at them re-engaging with either special, mainstream or college education. So this really does become – very cheesy, but…- a bridge between their home and…and a transition support into a really suitable placement to meet their needs. and then longer term, looking at employment, training and making a contribution towards the community… The relationships that we hope they will build with staff here mean that those staff will be able to support their reintegration, on to the next stage. The idea is that it's a revolving door. They come in and do some work with us and then they go out the other side… (Professional – The Bridge)*

2.2   Defining autism

The UK National Autistic Society (2016) indicates that 1 in 100 people are affected by autism, defining autism as '… a lifelong developmental disability that affects how a person communicates with and relates to other people, and how they experience the world around

them.' Autism is known as a 'spectrum disorder' (Frith, 2008) or 'spectrum condition' (NAS, 2016), characterised by difficulties and differences in social interaction, communication, repetitive and restricted behaviours, activities and interests (American Psychiatric Association, 2013). Many individuals with autism also experience sensory processing differences including sensory hyper-sensitivity, hypo-sensitivity and problems with sensory integration (Bogdashina, 2006; Leekam *et al.,* 2007). Whilst the defining characteristics of autism are well-established, it is important to note that each individual is unique in how autism affects him or her. Moreover, whilst there are identified core areas of difficulty which result in individual needs, the strengths and interests of each individual are just as important to identify, as these frequently are the starting point for developing individualised interventions (Wittemeyer *et al.,* 2012; English *et al.,* 2015).

2.3 Autism and anxiety

Autism frequently co-occurs with other disorders and conditions, including mental health issues. Of particular relevance to this research evaluation is recognition that anxiety disorders are common amongst individuals with autism, with approximately 40% having symptoms of at least one anxiety disorder, compared with 15% of the general population (Galanopoulos *et al.,* 2014). In a review of 40 studies, White *et al.,* (2009) report that between 11 – 84% of children with autism also exhibit anxiety symptoms and that 'anxiety may worsen during adolescence' (p. 216). High levels of anxiety symptoms are identified in relation to: social anxiety; generalised anxiety, separation anxiety; specific phobias and obsessive compulsive disorder (Gillott *et al.,* 2001; Hallett, *et al.,* 2013).

Whilst there is increasing awareness of the risks of anxiety for individuals with autism, overlaps between autism characteristics and anxiety symptoms is problematic (Kuusikko, *et al.,* 2008). White *et al.,* (2009, p. 219) suggest that 'anxiety disorders, such as social phobia and obsessive–compulsive disorder, are rarely diagnosed in people with spectrum disorders due to a general clinical consensus that such symptoms are better explained by the ASD itself.' More specifically, Bellini (2004, p.83) argues that the relationship between social skills and social anxiety is 'reciprocal in nature'. The complexity of the relationship between autism characteristics and levels of anxiety has implications in practice; for example, professionals report difficulties in identifying the boundaries and overlaps between a condition such as autism and mental health problems such as anxiety and depression (Rose *et al.,* 2007). Thus the complex nature of autism and anxiety may be misunderstood and left unaddressed thereby increasing further risks for individuals, which have implications for school attendance and engagement in learning.

2.4 Implications: school attendance and engagement in learning

Tyler (2016) suggests that '*given the nature of the condition, young people with ASD have much to be anxious about in a school setting*'. However, the consequences of autism and severe anxiety are less clearly defined, yet autism and anxiety are likely to have direct implications for individuals and their families. Of particular relevance to this evaluation are the risks of non-attendance at school and subsequent disengagement from learning. Although there are currently no statistics which quantify the extent of non-attendance amongst this group of pupils, disability is identified as a risk factor for absenteeism (Kearney, 2008). According to Cavanagh and Keller (n.d.) individuals with autism '*are at risk for poor attendance or even dropping out of the system entirely*.' Archer *et al.,* (2003, p.v) investigated causes of school phobia and school refusal, defining school phobia as '*acute anxiety about attending school, pupils who cannot face school*'. Whilst their research does not explore autism in particular, results identified '*the main causes of the problem at school appeared to be social anxiety*' (p. vi). A variety of school factors are also identified as contributory factors including: school environment and structure, complexity of secondary schools, relationships with teachers and peers, social isolation, transition, fear of subjects and academic pressures, inappropriate provision unsuited to pupils' needs (Archer *et al.,* 2003; Pellegrini, 2007). The cycle of non-attendance for extended periods has been found to lead to subsequent problems in school, such as poor academic outcomes and poor achievement in adult life (Pellegrini, 2007). Pellegrini *et al.,* (op cit.) go on to suggest that extended periods of non-attendance are caused both by '*within-child*' factors, such as individual cognition and affect, and environmental factors, such as social contexts and school demands.

Given the nature of autism and social anxiety, it is perhaps not surprising that some individuals are absent from school for extended periods and thus become disengaged from learning. In addition, the environmental factors, particularly in relation to school settings, are essential to consider. Batten *et al.,* (2007, p. 7) argue that the spectrum of needs requires a '*flexible continuum of provision*' and the '*right school for each child*'. Given that inappropriate provision, which is not aligned to needs, is a potential factor in contributing to non-attendance (Archer *et al.*, 2003) this suggests that some individuals with autism may need an alternative approach to enable them to attend and engage in learning (Appleby-Payne, 2010). Archer *et al.,* (2003) suggest there is a need for '*gradual reintegration*' and the use of strategies based on '*analysis of individual need*' (p. 27). In the case of those with autism, this implies that any approach to enable individuals to re-engage in learning will require knowledge and understanding of the nature of the individual's autism, the impact on anxiety and provision which is more closely aligned with their particular needs.

3   The evaluation study

3.1   Research questions and research team

The Centre for Education and Research (CeSNER) at the University of Northampton was commissioned by Northamptonshire County Council in summer 2015 to undertake an external evaluation of the efficacy of the 'Bridge' project through the analysis of both quantitative and qualitative data.

The research was designed to address the following research questions:

- **What has been the impact of 'The Bridge' project on helping young people with autism and high anxiety re-engage with education?**

- **To what extent has the project had an impact on these young people's emotional wellbeing?**

- **What impact indicators and practice methods can be identified to inform and support future practice?**

The field work was conducted by 2 researchers from the Centre for Education and Research, University of Northampton – Dr David Preece and Dr Marie Howley. Both researchers have significant expertise in the field of autism as well as in undertaking research. All qualitative data instruments were developed by the research team and analysis of both quantitative and qualitative data was conducted within the Centre for Education and Research.

3.2   Methodology and methods

An evaluative case study methodology (Palaiologou *et al.,* 2016) was adopted to undertake this study. A mixed methods evaluation approach was used to enable triangulation of data (Royse *et al.,* 2016) Data were collected through a combination of:

- semi-structured interviews and focus group

- questionnaires completed by students attending the Bridge

- document analysis.

A 'snapshot' approach was used within this evaluation. An initial focus group (before the project went live) was undertaken with Bridge personnel at the start of September 2015. Data were then collected at two points agreed with the Bridge staff. The first was in week commencing 14 December 2015, the second in week commencing 25 April 2016.

a) Semi- structured interviews and focus group

An initial focus group meeting was held with Bridge staff in September 2015, before the start of the school term.

A total of 21 individual interviews were undertaken in December 2015 and April 2016:

- seven with staff from the Bridge

- nine with family members

- seven with related professionals (staff from the autism outreach team, or link staff from the schools at which students were on roll).

b) Questionnaires

A total of seven students (Years Nine to Eleven) attended the Bridge during the research period.

Five students began attending in the autumn term 2015; three were still in the introductory process in December 2015, and so only two questionnaires were distributed.

Two further students (Years Eight and Nine) began the introductory process in March 2016 (see 4.1 for students' previous experiences). Again, it was felt inappropriate to survey these students in May 2016; therefore, five questionnaires were distributed.

Response rate was 100%; all respondents were male.

c) Document analysis

A range of documentary evidence was made available to us. This included attendance data, Individual Learning Plans and copies of the Personal Development Scale and General Well-Being Scale used at the Bridge.

3.3   Ethics

Ethical approval for the research was granted by the University of Northampton's Research Ethics Committee, and the research was carried out in accordance with the British Educational Research Association's Ethical Guidelines for Education Research (BERA, 2011). Informed consent was obtained from all adults and young people who participated in the study; parents of all students at the Bridge also gave permission for their children's participation. Participants were aware that they could withdraw from the process at any time. All participants have been anonymised in this report, and direct quotes have been selected to ensure that sources are not identifiable.

3.4 Analysis

Attendance data, student questionnaires and other quantitative data were analysed using descriptive statistical analysis. Content analysis was used with regard to other documentary evidence provided by the Bridge. Transcripts of the interviews and focus group were analysed using QSR NVivo 10 software. Thematic qualitative analysis was undertaken to identify the key themes identified by respondents. These are reported in Section 4 below.

4   Findings

4.1   Previous experiences

Before reporting the findings, contextual information regarding the students' and families' previous experiences is important in identifying reasons why students were referred to the Bridge. All of the students had previously been absent from school for extended periods of time. During this period, some individuals were receiving one to one tuition in the home, others had tried alternative provision to school, for example attending a college of further education (FE). Despite these efforts to engage the students, professionals and family members explain that these alternatives to school *didn't work*.

A number of factors are identified by families and professionals as resulting in lack of attendance and engagement with school, including: **late diagnosis** of autism, resulting in **needs not identified** and therefore not addressed; **lack of understanding** in schools; **needs becoming more apparent** as the individual got older; **poor transitions** from primary to secondary settings; **individual factors**, such as **severe anxiety** and **mental health problems**; **complex family contexts**; **social isolation** and **bullying**; **environmental factors** such as **size of secondary school**, **number of students** and **sensory issues** such as noise; **need for more one-to one support** and small group size.

Families report **battles** in trying to secure a diagnosis and to identify the nature of individual needs and also the **fight** to find appropriate provision and interventions. This was often a lengthy process, beginning in primary school, and requiring families to work with a variety of professionals from different disciplines in their efforts to find help for their child. During this period, family members explain that levels of anxiety increased which resulted in high levels of **anxiety and distress for the whole family**. As the process evolved, individual students became **fearful of leaving the house** and eventually spending **most of their time in their bedrooms.**

4.2   Positive outcomes

The findings indicate a number of positive outcomes for students and families. The main themes emerging from the data are: the Bridge's 'ways of working'; impact on students' attendance, engagement, anxiety and wellbeing; impact on families.

4.2.1 Ways of working

a) Working with the students

Given the unique nature of needs in each individual with autism, no single intervention is sufficient to meet all needs (Jones *et al.,* 2008) and autism good practice involves a 'toolbox' of strategies in order to meet individual needs (Charman *et al.,* 2011). Staff working at the

Bridge implement **a variety of approaches** when working with individual students which are recognised as good practice in autism education. Staff begin by setting clear expectations, rules and boundaries:

> *So we've been very firm with all of them… we've said to them, 'If you come here you do as we ask; there are rules, we've all got to get on, you have to work with the rules, we don't break rules for anyone unless there's an exceptional reason. We talk to them about the expectations of behaviour. Well tell them that whatever we do we will not restrain, we never touch them, it's not our ethos. They know that if they choose to leave the building we will not give chase, that we will phone parents but we will not go after them. They all know that... so we're very clear...so I think it is the boundaries but trying to meet the personal need but being quite happy to tell them if we can't. (Professional – the Bridge)*

Consideration of the learning **environment** was identified from the outset as important:

> *So the idea was creating a safe, autism-friendly environment where young people could access education appropriate to meet their needs. (Focus group)*

The small size of the building and small group sizes, compared with a secondary school or college environment, are considered important by professionals and family respondents:

> *I think it's about the young people beginning to trust education again because for some of them it's been a very difficult experience. And I think the whole set up of the room is very - I'd say very 'nurturing'. I don't mean nurturing in a cuddly way but I mean quite nurturing in that it's small, it's contained, the colouring's low level, it's work based, I hope what it lets them do is achieve rather than think they're failing all the time. (Professional – Autism Outreach)*

> *It's quiet. There's hardly - there's not many people in there as well, which xxxx can't cope with too many people. Once he gets to know them and if they're people he can - if they're not too loud it's okay, he can deal with that. (Family member)*

The classroom organisation and layout are informed by TEACCH Structured Teaching and in particular the need to address physical structure through clear purposes of space and defined boundaries (Mesibov *et al.,* 2004; Mesibov and Howley, 2016). Staff have created clearly defined areas in the classroom, including individual work stations, group working and socialising spaces, a small kitchen area and a quiet place for students to retreat to when required. Whilst providing clear classroom structure, professionals explain that this is utilised in a **flexible** way according to **individual** needs:

I think the way the room's laid out, the way it's explained, you know there's work stations so they can go and sit and work on their own if they need to, you know, I think that's been helpful. (Professional – Autism Outreach)

… although we are set up with workstations, our youngsters are not using them. They are using them as a storage area, they're putting things in. It's their safe place, they can go to it. If they're bored they can sit in it or if they're anxious they can go in it, but they don't they use it as a place to put their bag down, put their little bits and pieces that they like… So xxxx and I had a conversation, next year would we keep the workstation? And we went 'yes', because it's a place to go back to. You're your safe place... we think they quite like having their own space. (Professional – the Bridge)

In response to the student questionnaire statement 'the organisation of the Bridge classroom helps me to concentrate and to learn', three of four students indicated this was the case 'always' and one student 'sometimes, with two students referring in particular to **feeling safe**. Some aspects of the classroom environment have been utilised by students in different ways to staff expectations. Staff have adapted accordingly, demonstrating **flexible** ways of working:

What has changed I think is we have to think about the dining table, the wooden circular table like this. Everyone walks in and goes straight to that and sits down. We thought that would be the dining area, the social - but no, everyone walks straight to it and sits down… I think it's because they do like the look of - a kettle and cups is quite friendly isn't it? It's not near the door, it's quite into the room, away from where anybody's listening to them from in the corridor; it's quite safe. And I think just because it's nice and light and welcoming… they just naturally sit there. (Professional – the Bridge)

An **individualised** approach, which includes **working with interests**, is widely regarded as autism good practice (e.g., Charman *et al.,* 2011, Mesibov and Shea, 2010). Staff at the Bridge implement individualised approaches which are incorporate student interests:

From my point of view we have the freedom and the capacity to understand each student individually and within the limits of what we've got over there we offer them what we can. But we tell them what we can give, we tell them what we can offer when we understand what they want and need. And that's a little bit of dancing about at first until we both understand. And we don't move forward, we don't push until we understand what that student wants and needs and it's on their terms but it's also on our terms.

… what we do with a young person is we look at their interests and I think it's particularly important with autistic children that you build on their interest… I think it's going to be building up from the young person's interests, first and foremost…

Family members also refer to incorporating individual interests, for example:

… they are trying to latch on to anything that interests him in order to keep him interested and wanting to attend.

One page profiles have been introduced, following advice from an external professional, in order to identify the needs strengths and interests of each student and the support strategies which they find most helpful, although this is identified as an area for development. Individualised targets are set in four areas: **curriculum**; **transition**; **personal/social** and **attendance** and are clearly defined in **individual learning plans** (ILPs). For example, curriculum targets are set according to need, such as GCSE subject targets for some individuals, engaging in lessons for other individuals. Students are able to accumulate 'credits' which they can exchange for curriculum activities linked to specific **interests**. Likewise **transition** and **social/personal** targets are set according to need, varying from attending college interviews to being able to work with other students at the Bridge. Attendance targets are individualised and take into account specific difficulties, such as levels of anxiety and personal difficulties. Staff use a 'personal and social development scale' and a 'general wellbeing scale' (Heubeck and Neill, 2000; Veit and Ware, 1983) to assess individual levels and monitor progress in these areas (see 4.2.2).

Integral to this individualised approach are **relationship-building** strategies which staff have also adopted based on individual needs. A **calm** and **patient** approach, with **lower demands**, is considered important for building relationships by staff and family members:

Well I think it's their patience, it was their unending patience, and power of talking to him, to give him confidence to make that decision, not to be worried about it, that he was with people he could trust and he didn't have to worry, so off he went, and he had a great day. (Family member)

Staff **values** and **attitudes** towards each student underpin the Bridge approach. Staff show **positive regard** for all, building on respect:

… and respect, I still come back to that, in absolutely everything. If you don't talk to a young person respectfully and you don't respect them, why should you get respect back?... And actually liking the young people, actually liking them and realising they're individuals aren't they? None of them are the same, every one of

them is so different. And we don't mould them as a class, we work to every individual and what they can do.   Because you know, everybody's got good haven't' they? You've just got it find it. And we've found it in all of them. Find the good things and play to those… (Professional – the Bridge)

The Bridge staff build positive relationships with students through **one-to-one conversations, involving students in the whole process, in decisions and making choices, talking things through, negotiating and explaining things, asking what they think.** Involving students is achieved by giving them time and space to think about what they want and to have some choice regarding curriculum subjects:

I think it was one day last week he wouldn't come in, so I just went and sat in the car with him… and explained to him that I'm not going to make you come in if you don't want to. I just need to know whether you are going to come next lesson or not on Thursday, and if you are I need to know what we're going to do. We're doing all about the periodic table, so I said, 'Let's choose which elements'. I took him the paperwork. I said, 'you chose which elements we're going to study and then I'll know to have the work ready if you're going to come in'. So we chatted a little bit and then I said, 'Right, I'd better go then, so are you coming in in Thursday? He said, 'Oh yes, oh yes, I'll be coming in'. So you have to find out how each one works and that's what I love about it. I've got the freedom to understand each one and how to work with them. (Professional –the Bridge).

Finally, an external professional, involved with staff and students at the Bridge and with family members, remarked on the quality of relationships between staff, students and family members:

The staff build excellent relationships with professionals, parents and young people and this is the key to the positive things I have seen and heard regarding how much it has supported families and young people to flourish.

b) Working with others
Working together effectively with others is vital in the field of autism. Charman *et al*. (2011), reporting on their research into indicators of good practice in autism, identify that there was

'broad recognition that meeting the many core and associated cognitive and behavioural needs of children and young people with autism required external expertise. Joint working between school staff and other professionals on learning and behaviour was widespread (p26)'.

Relationships with students' families, and an understanding of their needs and perspectives, has also long been identified as crucial to successful autism provision (Schopler *et al.*, 1984; Whitaker and Preece, 2013). The Bridge has achieved positive outcomes within this area, in particular with regard to its **links with schools**, its **links with other professionals** (such as Autism Outreach) and its **links with families**.

The Bridge's clarity of purpose (see 2.1 above) has been important. Initial confusion regarding eligibility criteria and referral routes (see 4.3.3 below) were ironed out in the first few months of the project. This enabled student numbers to be maintained at a realistic level, and introduction processes to be handled at the individual student's pace. Staff within the Bridge were clear about their **individual roles.**

> *And that's the other thing isn't it? Do what you're good at, don't interfere in what you're not, you'll do more harm than good. That's why we never do counselling, we never give medical advice. We're teachers, do what you're good at (Professional – the Bridge).*

Effective communication was reported by the schools whose pupils were attending the Bridge.

> *(Communication) is really good. I mean, when I have got concerns or anything or I want to know the information about attendance, I can just call them or email them and then I can - they'll happily email back, ring up, have a chat, tell me everything.*

> *I've been there, I think it's three times now, because I oversee alternative provisions for all the students. So any student that's doing an alternative provision, I like to go to that provision to make sure that it is suitable and it's working. So I talk to people there quite a lot, and the teachers who are involved with xxxx, in TAFF meetings as well. But also, I get an email update, pretty much weekly, just to say how he's getting on, and how he's doing. So yes, really good communication.*

After some initial confusion and challenges, effective joint working with the local authority's Autism Outreach team was also reported, both by Autism Outreach staff and staff within the Bridge.

> *So we've worked on that...I've kind of suggested different strategies and talking about transitions and visits and all those kind of things and (the teacher) has picked up, you know, straight away has gone with it. So that's good, that's really good (Professional – Autism Outreach).*

But she's just – (the Autism Outreach worker) is just brilliant support, someone who I can talk to and she - how can I put it? She wants it to work, you know, she thinks this is a great idea so she does want it to work. So I think she's giving as much time to it as she possibly can (Professional – the Bridge).

As well as offering guidance and support regarding issues such as the classroom environment and autism-friendly teaching methods, Autism Outreach has provided direct support to families within the Bridge, e.g. running Anxiety Management workshops for families.

The families of the children at the Bridge spoke of their previous negative experiences with the education system and schools

It was a busy school, usual thing, he was picked on quite quickly, which is what happens a lot to these kids, they do stand out.

But they never got anything done. So throughout his school life really, when he was at (previous school) he never got no help either there, so he just - it just makes him sick now when he physically has to walk past the school, you know, because he got bullied and stuff.

In many cases they were highly critical of education services and professionals

And the SENCO at the - both SENCOs at the school were a load of rubbish. Everything that they said they were going to do, they didn't do.

Whitaker (2007) writes of the importance of understanding parental perspectives, developing effective communication and working in partnership with families. All of these issues have been addressed positively at the Bridge. Staff within the Bridge spoke of their commitment to **open, honest communication** with families.

We don't hide anything from them…And my thing to them is, 'Okay, if you come here we will always tell you the truth. You might not like it and you might find it hard and you might go home distressed and you might want to scream at us. That's your choice, but we will always tell you the truth' (Professional – the Bridge).

Parents reported that this approach was helpful and that communication was effective.

Yes, it's great. And I am listened to.

Communication is really good, yes, if they've got a problem or I've got a problem I just ring them up and they'll try and sort it out.

Parents spoke positively about the **staff team** at the Bridge, and the **staff's skills**. They also spoke positively of the **environment** at the Bridge, the **structure** provided for their child, the opportunities for their child to engage in **social interaction**, their child's **attendance** and **engagement with learning**, and the way that their **child's interests** were addressed.

> *He seems quite settled when he does come in. I mean, we have the odd hiccup like today every so often. But as far as I'm concerned, he's actually coming in, even if it's twice a week, he's coming in, which he didn't before.*
>
> *It's all about trying to get them back into some kind of education and stretching them as far as possible, without causing problems. And I'd say they were very skilled actually, the people here. He's happy to go in, so I don't have that screaming child every morning, which is nice.*

Parents also spoke of the impact that the Bridge had had with regard to their family. This is discussed in 4.2.3 below.

c) Working together as a team

Staff within the Bridge team – as well as other professionals and family members – identified a number of factors with regard to their ways of working that were felt to have contributed to positive outcomes for the students. **Flexibility** was central to the team's approach, both with regard to the students' experience –

> *We don't try to squeeze them into a set curriculum because that's why they've not survived at school (Professional – the Bridge).*
>
> *I think it's great, the fact that they can be totally flexible and individual in their approach to him and do things with him that he is interested in doing (External professional).*

– and with regard to the team's working practice.

> *We are very creative in our thinking, we try our best to be able to afford different things for young people, to give them new experiences, so there is nothing that would faze us and we would bend over backwards to try and make that an integrated part of that programme (Professional – the Bridge).*

Consistency of staffing helped students and families feel secure and contributed to the development of relationships. **Consistency of approach** helped provide structure and predictability.

And anybody at work…I said, 'When you come into the Bridge you'll have to do things how we do it or you can't come. We can't have two different ways. We all use the same vocabulary, "I need you to do this, you need to do that", you don't say "Will you?" You've got to use that language or you can't join us' (Professional – the Bridge).

The Bridge's **collaborative approach** and **effective communication** were identified by team members, external professionals and parents alike, and contributed to the development of effective partnership working, with shared goals and a shared focus.

That's working really well, the fact that we're actually, you know, thinking the same thing. We're meeting and we have discussions of what we want to do and where we want to go, so that works really well (External professional).

Staff within the Bridge were enthusiastic about the project, and all staff within the project spoke of the importance of working as a team, and of the empowerment that this brought.

In The Bridge we're a team of geese, not buffaloes'…because buffaloes, they have one person in charge don't they, in front, the buffaloes? And they walk behind. If that one falls down, they all stop because they don't know what else to do'. It's not like that here, it's not 'I'm in charge' and if I'm not there everybody stops. Geese are different aren't they? One person's in the front but when that person says, 'Huh, can't handle this anymore', or 'I'm out and I'm not here'. Someone else just comes forward don't they and does their bit (Professional – the Bridge).

I think now that the way we work has probably given me more freedom than I perhaps realised at first (Professional – the Bridge).

4.2.2 Impact on students
In order to evaluate the impact of attending the Bridge, student progress data for five students and ILPs for a representative sample of three of those students were analysed. (Note that students six and seven had only recently joined the Bridge and were at the beginning of the process). As the purpose of this research was to evaluate the impact of the Bridge upon student attendance and engagement, this section reports the findings in each of these areas first. In addition, data analysis indicated that improvements in students' wellbeing were important outcomes, linked closely to levels of anxiety, and thus these outcomes are also reported in this section. Appendix 1 summarises intended outcomes and sample targets for students 1, 2 and 5 to illustrate individualisation according to needs.

a) *Attendance and engagement*

From the outset of the project, the primary concern for this group of students was their prolonged lack of attendance in school or any other educational setting. In regards to **attendance**, data scrutinised included: attendance figures; ILP records for students 1, 2 and 5; data from interviews with professionals and family members; student feedback (4).

Attendance, transition and curriculum figures were recorded by staff from September 2015 to April 2016 for five students. Achievement against individual targets in these areas is shown in Appendices 2-4, and is summarized in Table 1 below.

Table 1   Overall achievement against individual targets

	Student 1	Student 2	Student 3	Student 4	Student 5
Attendance targets fully/partially met	100%	100%	100%	100%	100%
Transition targets fully/partially met	60%	100%	100%	66%	100%
Curriculum targets fully/partially met	77%	100%	100%	100%	100%

Attendance targets were fully or partially met for all five students, which is marked progress given the prolonged lack of attendance in schools. Whilst attendance for student 1 is recorded throughout his ILP as *sporadic*, this can be explained by the complex set of circumstances for this individual. However, for this particular student, progress in regard to anxiety and wellbeing is perhaps more important Improved attendance is also identified by families, for example:

> *He just literally locked himself in his bedroom all the time, and he didn't come out, and you know, I know it's only a few hours a week he's coming in, but at least he's coming out.*

One student indicated on the student evaluation that he would like to *try and go on more days*, thus beginning to set his own attendance target and reflecting his growing confidence (see *b)* and 5.1).

Transition targets set by staff relate closely to **attendance**. Progress in this area is also positive, with three students meeting their transition targets in full. Whilst two students did not meet all targets, nevertheless they made significant progress compared with their previous experiences. Variability in meeting transition targets may reflect differing demands and the issues identified regarding transition planning.

Individual **engagement** is evident in relation to **curriculum** targets. Again, students clearly re-engaged with learning at the Bridge, with four students meeting targets and student one, whilst not meeting all set targets, nevertheless demonstrating significant progress towards engaging with the curriculum. ILPs indicate that students are engaging with core **curriculum subjects, examinations** and **subjects of particular interest** to individuals. In addition, students are engaged in **vocational and life-skills** curriculum activities according to needs and interests.

Overall these findings indicate that the Bridge has been successful in enabling students to **attend,** to make **transitions** and to **engage** with learning. Whilst progress is variable, this is not surprising given the uniqueness of each student's needs. Attendance and engagement progress is attributed by professionals and family members to a number of factors, including: **personalised timetable; lower demands/less pressure on students; relationships with staff; small group size; one to one teaching; student –led and choice; working with interests; individualisation; staff understanding, consistency, enthusiasm, team-work and flexibility; relationship with families**. A strong focus on the individual student, his needs, strengths and interests, together with a flexible approach, (4.2) underpin the successful progress made by students and is illustrated by the following explanation:

> *… what we do with a young person is we look at their interests and I think it's particularly important with autistic children that you build on their interests …We are very creative in our thinking, we try our best to be able to afford different things for young people, to give them new experiences, so there is nothing that would faze us and we would bend over backwards to try and make that an integrated part of that programme. Because we know if we listened and we respond to the young person and we talk them through, 'We've tried this, what do you think? Do you want to have a go at that?' They know that we have their best interests at heart, and that underpins the relationship which then underpins them coming. (Professional - The Bridge)*

b) Wellbeing

As family members and professionals had identified **anxiety** as a key factor leading to students being referred to the Bridge, interventions in this regard are especially relevant. Professionals, family members and students identify key aspects in relation to improved wellbeing as: **students' happiness; sense of achievement; increased confidence; improved self-esteem; staff positive regard for individuals; peer acceptance; improved eating and sleeping; improved socialisation and interaction**.

Approaches at the Bridge which promote wellbeing are individualised and relate closely to personal and social targets (for progress in this area, see tables 4.5 and 4.6). Staff at the Bridge devised a **personal development scale** (Appendix 5) to monitor progress regarding:

communication, social relationships, independent work (including homework)**, readiness to reintegrate to Bridge base and school**.

All five students met their personal and social targets (see appendix 6). Students' feedback gathered by the Bridge staff indicate improved confidence, relationships and readiness to reintegrate. Improvements in **socialisation** were planned aims from the outset and staff and family members identify increased **conversations** and **interaction**:

> *… we planned to get them in, integrate them, start to socialise them a little bit with each other, so if one spoke to another one, that would be a huge success. Now they just come in and talk to each other anyway. We've moved on beyond the expectation we had… (Professional - The Bridge)*

> *You know, I know a few of them had real issues with having conversations with any of their peer group and now they're actually having conversations, working with me, working with xxxxx, within a group, which is a big - real big thing. (External professional)*

> *He's been here - they had a meeting here at, it was all open, everybody was here, there must have been about 25 people. [He]was helping xxxx make the teas, going round giving them to people. I mean, this is a child that wouldn't even leave his bedroom… And he is ready to meet some kids and it's the first time I'm quite confident in saying that it would be beneficial for him. (Family member)*

The ability to **work independently** is the single area in which students did not appear to make progress. This may be explained by the lack of use of work bays for independent work (4.2.1) which, whilst offering a **safe** space, have not been utilised to develop independent work skills (see 5.x for further discussion).

The General Well-Being Scale (Heubeck and Neill, 2000; Veit and Ware, 1983) was completed by five students who all indicated increased psychological wellbeing and decreased psychological stress (see Table 2). Positive progress towards attendance, transition and engagement targets, corresponded with progress in relation to wellbeing for all students, all of whom report increased wellbeing and reduced stress. Whilst as previously noted progress towards all targets for student one is variable, marked decreased psychological distress is significant.

Table 2   **Students' general wellbeing**

	Student 1	Student 2	Student 3	Student 4	Student 5
Increased psychological wellbeing	30%	70%	100%	40%	70%
Decreased psychological stress	80%	60%	20%	50%	90%

(General Well-Being Scale: Heubeck and Neill, 2000; Veit and Ware, 1983)

Overall, **improved confidence and self-esteem** are closely linked to improved attendance and engagement. The following comment is illustrative of the positive impact for students:

> *… one in particular has just, you know, he's so settled, I walk in and he asks if I want tea and he helps make soup for their lunches and, you know, he's really, really settled here. And he's using not just The Bridge now either, so that's really a positive for him. And another young person just has, from what you read about him on paper he's a completely different young person now and I think it's definitely because of The Bridge... (Professional – the Bridge)*

> *So I think that's really built their wellbeing and self-esteem because there's no pressure on them to be a certain way, as they had in their mainstream school… (External professional)*

The positive impact extends beyond the Bridge setting and into home-life, for example:

> *He never used to like going out with different people and we went ice skating before Christmas and he loved it. And he even went on the ice and I was quite surprised because he's just a complete and utter different child. And even my family have said that he's a different child. (Family member).*

Then final words in this section go to the students who express very positive experiences regarding being a part of the Bridge, for example:

> *It's all good, I love it at the Bridge.*

> *Honestly, I think the Bridge is given me so many opportunities that I am so grateful for.*

4.2.3   Impact on families

It is well established that the presence of autism in the family can lead to elevated parental stress (Hayes and Watson, 2013), and that it can have a profound impact on family functioning, wellbeing and quality of life (Mouzourou *et al.*, 2011). This can be heightened when the child is out of school, or where school-family relations are strained; by contrast,

effective support can moderate stress and lead to improvements both in school and at home (Dunn *et al.,* 2001; Tehee *et al.*, 2009).

The family members to whom we spoke identified a number of positive impacts upon the family that had been brought about by their involvement in the Bridge project: these included access to **support and information**, access to **training**, **meeting other families** and the opportunities for **mutual support** that this created. Overall, families reported a **reduction in their levels of anxiety** and an **improvement** in their situation.

Communication between staff at the Bridge and families was regular and frequent, sometimes by telephone but mostly in person. This good communication led to parents feeling well supported by the Bridge.

> *It has been an absolute godsend, really has. The help is just unbelievable, it's so good.*

Parents shared information about their situations with staff and this led to action being taken to address their needs, e.g. group training in anxiety management being provided by the Autism Outreach team at the Bridge site (see 4.2.1(b) above). Parents were also provided with information about sources of external support such as befriending schemes.

Parents of children with autism can often find themselves extremely socially isolated (Woodgate *et al.,* 2008) and meeting other families who were in similar situations to their own was identified by parents as extremely important and supportive.

> *To meet other parents that are going through exactly the same thing… Because unless they've been through it then they have no idea because it's just horrible to see your kids go through what they are going through.*

> *Because they seem to understand the different little things going on with (our children), that other people just don't seem to get…And our anxiety, I mean, the anxiety is just unbelievable.*

As their children re-engaged with education and life became more structured, parents reported improvements in their child outside the classroom.

> *But he's so different at home now. He'll come and sit downstairs. Before he just always used to sit in the bedroom, he wouldn't come down, he wouldn't interact with any family, which he's started doing that now.*

He's gained his confidence to the point where he actually managed to walk from my Mum's house round to his friend's house on his own which he can never - he couldn't even leave the house before; he wouldn't even do it.

The Bridge gave parents time to do things without their child with autism being there – in some cases for the first time in years – and allowed them to focus on their other children, other issues – or simply to *'get an hour to go and do what I need to do! To do stuff he won't usually do, so that's quite nice'.* All families felt that the Bridge had a positive impact on their family life.

4.3 Issues and challenges

Any new project or service will inevitably face challenges, and issues will arise (sometimes predicted but often not) that will need to be addressed. Respondents identified issues and challenges in three areas: issues within the Bridge itself, challenges with regard to the students, and challenges with others.

4.3.1 Challenges within the Bridge

Challenges and issues within the Bridge were identified within three areas: **resource** issues, issues around **transition**, and concerns about **students' and families' specific needs**.

Challenges related to resources related to issues such as **staff training** and **autism awareness**; other staffing issues, such as **staff roles** and **lack of specialist teachers;** and **resource and equipment shortfall**.

Staff within the Bridge acknowledged from the outset that they lacked specific expertise in autism.

We don't have expertise to say that we're autism specialists. What we are specialists at is providing safe learning environments that are nurturing for young people. And we'll hold our hands up and say, 'I know a lot about autism because I read widely, so do my staff, but I don't have an autism qualification, I'm not an autism specialist'.

Those staff within the Bridge working directly with the students expressed an interest and willingness to undertake training.

I want to do more training. I've done some training. I'll do anything.

Furthermore, due to the extreme novelty and experimental aspects of the project, staff roles were unclear at the outset, with staff to some extent 'making up their roles' as they went along.

There wasn't a job description when I applied for the job, to the best of my knowledge.

Interviewer: So are you creating that job description as you go along, do you think?

Definitely.

Whilst this was not identified as particularly problematic, the need to access specialist teachers in specific subject areas raised more issues.

We haven't been able to offer science of ICT and I would like to have done. So next year we're going to try and have in mind what we might do if we get GCSE.

The providing of specialist teachers going forward will be a challenge. Trying to get a science specialist, for example. Our scientist is full up so it might be I have to go to some virtual learning for that, so that might be an additional resource that we would be putting in.

This issue was partly ameliorated during this academic year through the use of online learning.

We also use an online learning provider who will provide stretch and challenge for higher level students and whose staff are qualified to a suitable level of degree that they could provide that challenge, ask him those questions that he might not know the answers to…and it's one to one, it is not you know, it's not worksheets online, it is a real person there and around project work.

IT – and IT equipment – was also an issue as the project got underway, with an equipment shortfall which was swiftly overcome. Resourcing an environment for students with autism has long been identified as inevitably being an ongoing process; adapting is necessary to meet the needs of new students as they join the group, as is paying heed to the impact of the environment on individuals and their learning (Duker and Rasing, 1989; Vogel, 2008). It is therefore unsurprising that challenges concerning getting the physical environment right were identified by staff within the Bridge and outside professionals alike.

Transition – both between individual activities and between settings (e.g. home and school, school and college) – is acknowledged as a key stressor and area of difficulty for all individuals with autism (Fortuna, 2014; Schriebman *et al.*, 2000; Sterling-Turner and Jordan, 2007). For these young people, given the impact of their previous experience, these issues were heightened. Initially, lack of clarity between the Bridge and the Autism Outreach Team meant that, for some of the students referred to the Bridge, liaison was less effective than it might have been. These issues were addressed and the situation improved over the academic year. Staff worked hard to support transition into the Bridge – working with children in the home,

transporting them to the Bridge, working with children in the car park – though as the number of students increased some of these activities became logistically impossible to continue. Transition from the Bridge to students' next placements was also highlighted as an issue (see 4.3.2 below).

Finally, the work that staff within the Bridge found themselves able to undertake was inevitably impacted by the complexity of the student's needs, and also the complexity of many of the family situations. As identified above (4.2.3), the parents and families of children and young people on the autism spectrum experience higher levels of overall stress than those of any other groups of children with learning disabilities. This general level of stress, their more specific anxieties, and their often negative previous experience regarding schools and professionals, can impact upon how they work and interact with school staff (Whitaker & Preece, 2013).

Research has identified that parents of children on the autism spectrum may be at heightened risk of experiencing mood disorders such as depression or anxiety (Attwood, 2007). In addition, research on the 'broader autism phenotype' has identified that some parents - and other family members – may share (at a sub-clinical level) some of the social and communication differences and thinking styles of their children (Piven *et al.,* 1997). Such issues impacted with regard to many of the families whose children attended the Bridge. This impacted in a number of ways. Students' engagement in the classroom was sometimes negatively impacted by parental health/disability issues or difficulties at home.

These issues also impacted upon the development of relationships and communication between the Bridge and the students' families. **Engagement** with families, **establishing boundaries** and **managing expectations** all arose as themes within the narratives of Bridge staff:

> *There are some parents who want to come in every single day and tell you every single thing and others who are happy for their child to get in a taxi and turn up when it's review meetings. So it's managing all of the parents preferred ways of communication without saying, 'This is it, one way or nothing'.*

> *We've had parents who've come along to tell us what they want. 'I need this for my child; my child will be doing this, this and this'…So that's been one challenge.*

> *It's managing - sometimes with parents - what are unrealistic expectations. But we keep just going over that, over that.*

Overall, the impact of these various factors was that there was a delay in undertaking academic assessment as it was essential to first establish engagement. The data presented in 4.2.2 above shows that this seems to have been time well spent.

We haven't done any academic base lines because it's around getting them on board first in terms of engagement. (Professional – the Bridge)

4.3.2 Challenges with students

Challenges with students are predominantly identified in relation to individual and personal issues and are dependent upon individual circumstances. Finding creative ways to adapt what is offered by the Bridge in order to meet individual needs is an ongoing challenge, which requires considerable efforts by staff working with the students. Challenges include: **late diagnosis**; **co-morbidity** of autism and **severe anxiety** with **mental health disorders**; **previous experiences** and individual levels of **motivation** in relation to engaging with education. Staff **ways of working** are instrumental in addressing these challenges, with a personalised approach to meeting individual needs. Nevertheless, challenges with individual students still arise and have to be addressed on a case by case basis.

Late diagnosis means needs have not been identified, nor met sufficiently soon enough, to prevent individual anxieties. Placements in schools which have not met individuals' needs has resulted in previous experiences of **lack of understanding**, **social isolation** and **bullying,** which have resulted in extended periods of non-attendance at school. The challenge of **reintegrating into the Bridge** for some individuals is a particular issue, currently addressed by staff who, for example, have made numerous visits to the home and have accompanied individuals in a taxi in order to begin the process of attending. The process is very gradual and is necessary due to severe anxiety based on previous experiences in schools. However, it is likely that this practice cannot be sustained as more students are integrated into the Bridge.

Co-morbidity of autism with **serve anxiety** and other **mental health disorders** is a significant issue which presents particular challenges. Even with personalised interventions, **barriers to attendance** and **re-engaging with learning** persist for some students. Mental health difficulties exacerbate the anxiety for individuals who have a desire to attend, but who are unable to overcome their difficulties. Aligned to this is **lack of self-awareness,** identified by an external professional as an individual issue which requires intervention. Given the importance of reducing anxiety and promoting wellbeing for these students, finding ways to develop self-awareness and understanding is a challenge which needs to be considered.

The issue of **transition** raises particular challenges as most students with autism find transition difficult. For these students who previously have had poor experiences of transition, notably from primary to secondary school, the issue is particularly challenging. Staff have identified such issues and begun the process of planning for and supporting transition to the next phase of their education for some individuals. Difficulties with different expectations compound the issue:

Well I've discussed at length with xxxx about transition and we've talked and I know she's had visits with some young people. The difficulty is, is a young person

might be thinking one thing, a parent might be thinking something else and then the staff might be thinking something else. So it's about we're not quite sure for some where they're actually going to go, so putting in the visits and stuff is difficult because you don't know actually where they're going to go. So I think the planning - like, I started talking about the transition planning months ago, but I think it tends to not happen as quickly… (External professional)

It is likely that planning for transition beyond the Bridge will be a lengthy process, particularly as the students have such high anxiety levels. Whilst individual issues challenge staff to find solutions which work for individual students, many of the existing practices are enabling attendance and engagement for all students to some degree.

4.3.3   Issues with other professionals

A number of issues were experienced with other professionals outside the Bridge, particularly during the early stages of the project. Key themes here related to **referral** (in particular with regard to **admission** criteria and the **referral process**), to **expectations** and to **roles**.

Initially, it was envisaged that referrals for the Bridge would be made by the Autism Outreach Team. However, this referral system proved problematic.

Well they haven't come how we expected. The original plan was we would work very closely with Autism Outreach and they would recommend people to us. I think I told you last time, as most of us did, that that didn't really work out like that. (Professional – the Bridge)

By the end of the research period, the referral process had changed to become more flexible and responsive, with the Bridge team making direct contact with schools and the parents of potential students:

We've now decided we could either sit there with the few we have got that way or actively go and get others because there are plenty there. So that's where this process comes from, actively going out to find others. And it hasn't been difficult, we haven't actually had to go anywhere because a lot of our youngsters are already referred to Hospital and Outreach for anxiety.

They haven't come the route we intended, there is no formal process, it's had to be differently. I'm picking them up (because) it's not working or they've got autism and there's a problem. So we sort of take them in that way. Hence me making phone calls to schools and parents going, 'What do you think to this idea?'

Demand for a service from the Bridge was high during the research period. Staff interviewed stated that it could have been possible to '*fill (the Bridge) five times over*', and that it was necessary to '*batten down the hatches*'. They identified two points as being of particular

importance. The first was that – due to the way the project was set up under the 'Race to the Top' scheme – attendance at the Bridge was **free** to the student's school.

> *The Bridge project is free of charge at the moment so that schools can have excellent outcomes for their children full time, up to full time education, etc, without paying a penny…We are the cheapest alternative provision that there is. So we're mindful of that and we get central funds. I think schools are desperate so they will try.*

The second point was that, due to the lack of appropriate services across the board, the service received a large number of **inappropriate referrals**.

> *The day after it was announced we'd got the money, I had fifty phone calls from professionals, saying could they make a referral.*

This led to problems with regard to **managing parental expectations**, as in some cases the referring professionals had *'(told) the parents they would secure a place at The Bridge for them. And then obviously getting the parents expectations up, which we're then having to deal with…'*

Staff involved in the project from its inception identified a number of issues that had arisen with regard to the **roles** undertaken by various professionals in the project. It was acknowledged that changes of personnel within services, as well as changes to services themselves, contributed to **lack of collaboration** and a perceived **lack of commitment** to the project from some stakeholders. Changes in personnel within the management of the Autism Outreach Team led to some initial misunderstandings, poor communication and role confusion.

> *I think there was a lot of confusion at the beginning about who was involved, who was leading it, how it was being led, what the criteria was. I don't think people were talking to each other and I don't think there was a clear understanding from any side. (Professional – Autism Outreach Team)*

By our second data collection point in April 2016 a lot of these issues had been successfully addressed and the Autism Outreach Team and the Bridge were working much more effectively together.

> *It's not been tense because there's some great people and it has got better. (Professional – the Bridge)*

> *I think the project is a great idea, and I hope that it's ignited something somewhere that somebody will see as a potential for going forwards, because there's a lot of children out there struggling, and there is nothing really for them, apart from bedrooms. (Professional – Autism Outreach Team)*

A key issue that arose within the interviews centred on the different understandings of autism, and the needs of those with autism, held by staff within the Bridge and staff within the Autism Outreach Team. Staff within the Bridge spoke of their concerns about providing an autism-specific environment and using autism-specific approaches.

> *The difficultly I think has been that they are almost wanting to keep these youngsters and identify them as autistic and needing autistic support. Well they do, but they also need to learn, don't they? To work with others who are not autistic…(So) we don't want to keep them working in an autistic manner if they don't need to. Because the whole of their working life won't be that, the University life won't be that. Being out socially won't be that, you won't be able to go out and have your little workstation in the pub where you can sit on your own. Why would you do that? They've got to work on the fact that they've got to socialise with others and that's our main difficulty, is that we are trying to help them not to remain autistic, (not) to say, 'You are autistic, we will treat you as if you are'.*

By contrast, staff within the Autism Outreach Team remained concerned that there was a lack of understanding within the Bridge about some key aspects of 'autism-friendly' practice (e.g. with regard to the function of individual work stations, the need to address sensory issues and the development of transition processes) and highlighted areas where they felt greater autism awareness would be beneficial.

> *I think they're trying to make it not too structured, not too mummied, to get the kids to feel a bit cool about things, which is great and lovely, but they also need to always bear in mind the autism, and I think that's sometimes a little bit lost, in the pressures of other things. So I think going forwards, I think they need to make it a lot more about the autism, the autism understanding, even though it could still be cool and it could still be structure at a distance, but they need to know how to differentiate the structure. (Professional – Autism Outreach Team)*

This issue of 'addressing the autism' is something we will return to in our Discussion (5 below).

4.4   Next steps
In this section, the potential next steps identified by interview respondents – with regard to students and families and the service and staff – are identified and discussed.

4.4.1 Next steps for students and families
Professional and family respondents identify a number of next steps for individual students including: **planning** for the next academic year for each student; planning for and supporting

individual **transition**; **involving students and families in decisions**; **integrating** students and **working in groups**; identifying and addressing **individual priorities**.

Planning for the next academic year was underway at the time of the second set of interviews. At this point in time, three students had been supported to attend interviews and secure places at colleges of FE to study a range of courses according to strengths, needs and interests, including academic and vocational curricular. Transition planning had begun, with advice from an external professional and in collaboration with individual students and family members. However, the need to develop more detailed transition planning and support is identified as an important next step:

> *Well, some kind of planning meetings to decide what's happening next for the young people. Getting everyone together I suppose. Yes, having a plan, looking at the transitions, making sure the visits are happening, inviting people to, you know, from college to the meetings and making sure it's going to work for them and how it's going to work. I think that's the most important next step for them. (External professional)*

Two students will continue at the Bridge from September 2016, together with the two more recent additions to the provision. Next steps for these students is to continue to work on building their attendance and engagement with learning and also to increase their integration with others students. Activities planned for June and July were being planned as important next steps for developing social skills, personal development, opportunities to try out vocational activities and to be able to participate in extra-curricular trips.

Individual students' priorities and hopes regarding their next steps vary and include wanting to increase attendance, academic achievement, *getting out of the house* and participation in work experience. Families share similar priorities, but also identify priority next steps for their child to increase confidence, happiness and interaction, all key to wellbeing. This next step is also identified by an external professional:

> *… you know, just their wellbeing and self-esteem and looking at their interests more and… well I think letting them understand themselves better and their wellbeing and knowing what they want from life is the top of the list, yes.*

> *I've talked with some of the young people who would like to learn more about themselves, so whether it's understanding their diagnosis a bit better, social skills and I met with a young person last week who would like to understand his anxiety and xxx a bit better – (External professional)*

Next steps for students are largely identified by professionals at the Bridge in relation to: curriculum (academic and vocational), work experience opportunities, being able to work in a group, with a clear focus on education and engaging in learning. Family members are also keen for more curriculum subjects to be available for individual students, including for

example more practical science work and more information technology. Next steps in these areas are identified by families based on individual strengths and interests.

At the same time there is an awareness of next steps regarding individual wellbeing, for example:

> *Whereas [student] is already off the starting blocks I think. He looks like he's going to embrace it but he has lots of personal issues. So he's going to need self-confidence, he's going to have to believe that everybody isn't always doubting what he says and nobody - that people don't disbelieve him, otherwise he's going to find it very difficult at college. So maybe we should be looking at social programmes as well?... I think one will happen [education] but with the other it will happen better. You know, they will be able to work better if they feel understood and feel comfortable. (Professional – the Bridge)*

Specific suggestions for next steps regarding practice are made by external professionals, including the need for use of work stations to promote independence, the need to develop one page profiles before a student begins at the Bridge and more focus on the autism, for example introducing sensory profiles.

There is however tension between competing priorities regarding next steps, specifically regarding the expectations of what the Bridge can provide for each student and the next steps identified by external and internal professionals and families. Next steps for the three students **transitioning** to FE colleges reflect success in regard to the aims of the Bridge to **reintegrate** students into provision appropriate for their needs. However, next steps regarding **social and emotional needs** (p.4) and the **focus on autism** are less clear (see 5.1 for further discussion).

In regard to next steps for families, the need for **parent training** and **support** is identified by professionals and families. An anxiety workshop has been provided for parents by an external professional, who also offered drop-in sessions, with the hopes of developing these further.

4.4.2 Next steps for staff and service
Potential next steps were also identified for the service and the staff within it. These focused around the **role and focus** of the service, **training and support** for staff working within it, and **links** with external professionals and schools.

A key issue identified within the final round of data collection was that of the ongoing **role and focus** of 'the Bridge'. Staff within the Bridge stated that consideration is being given to widening the remit of 'the Bridge' to include students who are not on the autism spectrum.

(Potential students will) either have a diagnosis of autism as well as the anxiety for us, and might benefit from the Bridge, or they won't be all children next year with autism diagnosis. It will be anyone who's very, very anxious and we feel isn't ready for the bigger environment of Delapré or Gate House because they've got lots of different teachers, lots of rooms in both. So if there's anyone we think is really anxious and can't manage that we might be the little corner shop before they make it to the supermarket. And I might say, 'Well, why don't they start in The Bridge?'

While we would certainly not wish to suggest that students on the autism spectrum cannot be included with non-autistic peers, we would point out both the fact that the Bridge was developed specifically for students on the spectrum and the reality of these students' previous experience of education alongside mainstream peers. The Bridge was developed initially as a project to support the re-engagement with education of students with autism and severe anxiety who had fallen out of the education system. If it is now to have a dual role – re-engagement with education, and re-integration with non-autistic peers – we would suggest that a lot of thought needs to be given as to how this is to be undertaken. It would be sad to see the undeniable achievements of the Bridge being compromised through attempting to meet the needs of too varied a student group. Here we would point out the potential benefits of auditing the service against the AET Autism Standards (see Discussion (5) below). These standards are equally applicable to autism-specific and inclusive environments, but highlight key areas for consideration.

Regardless of whether the service remains autism-specific or becomes a more generic provision, **training and support needs** will continue to require addressing. Whether these are addressed through working relationships with other Northamptonshire County Council services or through contracted arrangements with external providers is outside our remit to discuss (and in many ways immaterial). What is important is that the ongoing needs of staff within the Bridge with regard to autism-specific training, and support with regard to the myriad issues that can occur in meeting the educational, social and emotional needs of these students. **Effective links** with others – including mainstream schools, FE colleges, work placement providers, as well as local autism groups and other related professionals – will be essential as (and if) the project continues and develops.

5   Discussion

5.1   Context: Autism standards

This research study was designed to address the following research questions:

- What has been the impact of 'The Bridge' project on helping young people with autism and high anxiety re-engage with education?
- To what extent has the project had an impact on these young people's emotional wellbeing?
- What impact indicators and practice methods can be identified to inform and support future practice?

The context for this discussion is underpinned by the development of **autism standards**, originally developed by the Autism Education Trust (AET) in 2011 and more recently updated to map the standards against the SEND code of practice (2014), the OFSTED framework (2015) and the National Curriculum Framework (2015). '*The standards are statements which reflect good practice for those on the autism spectrum*' (AET, 2016, p4) and are intended to support schools to meet their statutory duties, to audit their practice and inform school improvement plans. The autism standards are organised into**: the individual pupil/student; building relationships; curriculum and learning; enabling environments**. Each of these areas relates closely with the aims and practices of the Bridge project and therefore structure the following discussion.

5.2 The individual student

The Bridge project has prioritised the needs of each individual student, their needs, strengths and interests, in order to develop a personalised approach to enabling re-engagement with learning. This individualised approach is also underpinned by understanding levels of anxiety and taking steps to reduce anxiety in order to increase attendance and to enable individuals to participate in education. Recent emphasis has been placed upon promoting happiness and wellbeing in individuals with autism (Jones and Hurley, 2014; Vermeulen, 2010) and the Bridge project has succeeded in promoting well-being by focusing on the individual.

The AET autism standards in this area include obtaining information directly from students regarding their interests, needs and emotional wellbeing; recognising their vulnerabilities, stressors and additional needs; developing communication and socialisation opportunities; and having a holistic, lifelong learning approach. Underpinning all practice is that the '*setting places value on a knowledge of autism and accepts that this underpins the analysis and interpretation of a pupil's performance and behaviour to inform effective strategies*' (AET, 2016, p12). **The key impact indicator at the Bridge in this area has been the focus on the individual and in particular individual well-being.**

Consideration of this area raises two specific points which need to be considered as the Bridge project continues. The first relates to the inherent tension between the (potentially) **competing priorities** of implementing the educational curriculum versus developing individual well-being. During this first year, it has been clear that the balance has been on addressing the latter point, and that the curriculum has, at times, taken second place. The priority of reducing individual anxieties is a vital **starting point** for increasing attendance and engagement and the Bridge project has demonstrated clear success in this area in its first year. However, **next steps** for individual students will need to be monitored and evaluated in order to identify progress regarding curriculum and learning.

Staff within the service however have identified the increasing difficulty of focusing on individual needs as the number of students at the Bridge increases, and as a service is provided across multiple key stages. These difficulties will not diminish as the service develops and it would be easy for the strengths of the service to be compromised through inevitable economies of scale, particularly if the service is to work with a more eclectic student group. Providing a bespoke approach to engage individuals with autism and severe anxiety, whilst at the same time broadening the service to encompass wider needs, is likely to present particular challenges which will require careful consideration.

The second point relates to **identifying and measuring progress** as students move beyond the Bridge. The difficulties and issues inherent in transition have been discussed above, and the problems facing students with autism moving from school to college or the world outside school are well documented in the literature (Adreon and Durocher, 2007; Hendricks and Wehmann, 2009). Attention will need to be paid to ensure that the benefits accrued at the Bridge are maintained, and that systems are put in place to evaluate the success of each individual transition, to monitor ongoing progress in the next provision to which students move, and to identify educational, social and emotional progress beyond the Bridge. Transition support for individuals will impact future progress and is likely to make the difference between continued engagement or a return to non-attendance, disengagement and increased anxieties.

5.3 Building relationships

The crucial importance of building and maintaining effective relationships – within staff teams, with external professionals, with students' families and with individual students themselves – is stressed time and again within the AET literature (e.g. Charman *et al.,* 2011). AET standards in this area include actively listening to students and their families, developing links with other settings and working with other professionals, supporting the development of relationships and setting appropriate boundaries.

These issues are of particular importance with regard to this group of students and their families, given their overwhelmingly negative previous experience of schools, relationships

with professionals and relationships between professionals. It is extremely heartening to note that **building positive relationships** with students, families and related professionals is a core feature of the Bridge approach, and has been seen to underpin all that they do. This bodes extremely well for the future. We would however identify the potential risk that will inevitably arise as more students join the service, and attention will need to be paid to ensure that the current excellent level of service in this area remains sustainable in future. **The key impact indicators identified at the Bridge within this area have been effective communication and effective collaboration.**

5.4 Curriculum and learning

The AET standards in this area focus on '*not only the learning needs of pupils with autism (including preferred styles of learning and uneven ability profiles) but also…their social, emotional wellbeing, their communication needs and life skills'* (AET, 2016, p17). They include the use of a 'tool-box approach' which includes appropriate visual strategies and supports, structured activities, flexibility, the provision of appropriate adjustments and having high aspirations.

With its clear focus on the individual, the Bridge has worked throughout by taking its lead from the student, their strengths and interests. This has led to the development of a very positive educative model, which has been highly supportive of the students and clearly well-appreciated by their families. The focus on the future (rather than looking back at past difficulties) and the strong vocational elements of the curriculum have all been helpful in enabling these students to re-engage with education. **The key impact indicators identified at the Bridge within this area have been the use of a varied and eclectic approach and consistency**. The focus on individual interests and strengths is a crucial factor in the project's success and it will be important to consider how to continue to provide curriculum opportunities linked to interests as the project continues. As the service continues and develops, particular heed will also need to be paid to the need for subject specialist teachers and potentially an increased use of ICT as a teaching and learning tool, as well as ensuring that appropriately structured activities are available across the curriculum.

5.5 Enabling environments

The AET standards see the environment as a key factor in supporting learning. Standards include auditing the sensory impacts of the environment, clearly defined personal and safe spaces, confident staff, supporting effective transitions and supporting calm, reflective practice. These relate closely to **the key impact factor identified in this area at the Bridge: the development of an appropriate learning environment**.

The Bridge is still a young project, and is in a state of flux. While some of its students are still in the process of transitioning into the setting, others are beginning the process of moving on. The staff team, with the support of external professionals, are working on the

development of appropriate transition supports and this is an area which will need to be monitored, particularly to ensure that gains made at the Bridge are secured and maintained later on. As more students come into the service – or as the student body changes – the physical environment will need to be constantly audited and adapted to ensure it remains appropriate. As students re-engage with learning, greater opportunities for independent learning will need to be provided, including consideration of how physical space and structured work systems can be used more effectively to promote independence, particularly as this is the one area where student have not shown progress.

6   Conclusions

This research clearly identifies that the Bridge project has had a positive impact both with regard to helping young people with autism and high anxiety to re-engage with education, and upon their overall wellbeing. We have identified a number of ways in which practice and activity within the Bridge has supported the achievement of these outcomes. These activities and practices have centred upon:

- an eclectic approach
- the development of an appropriate learning environment
- a focus on the individual
- effective communication
- consistency
- effective collaboration.

We would support the continued use of the Personal Development Scale that has been designed by staff within the Hospital Outreach Service, as this is a useful tool for identifying individual development. We would further argue that the AET autism standards – with their focus on the four key areas of the **individual student, building relationships, curriculum and learning and enabling environments** – are a 'good fit' for the practice indicators bullet-pointed above, and can gainfully be used to assess the service as it develops and to monitor and evaluate the appropriateness of ongoing practice.

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Appendix 1

Outcomes and targets students 1, 2 and 5

Student	Intended outcomes	Sample targets
Student 1 **Year 11** **June 2015 – June 2016** **5 ILPs**	**Re-engage** with teaching at the Bridge to prepare for exams Prepare for **transition -** integration for next stage in education	**Attendance** • attend all planned sessions at the Bridge and a vocational setting **Transition** • attend vocational setting in readiness for college **Curriculum** • exam preparation **Personal & social** • be ready on time • take structured social breaks to meet other young people and access places around the building • agree choice for credits to translate into curriculum experiences
Student 2 **Year 11** **December 2015 – June 2016** **3 ILPs**	**Engage** with teaching at the Bridge in preparation for integration to next stage of education	**Attendance** • attend 4.0 – 5.5 hrs daily **Transition** • become accustomed to attending the Bridge daily • attend college interview **Curriculum** • exam preparation • complete all tasks set **Personal & social** • engage with other student in the Bridge classroom • integrate fully into lessons with other students (different classroom) • take one-page profile to college interview
Student 5 **Year 9** **October 2015 – June 2016** **3 ILPs**	**Engage** with teaching at the Bridge Participate in **socialising** with students	**Attendance** • initially to attend the Bridge 1 hour per week, increase when appropriate **Transition** • transfer all home teaching sessions to the bridge

		• be willing to meet other students at the Bridge • to engage with other students in the classroom **Curriculum** • engage in lessons starting 1 hour per week & increasing • complete tasks set in subject lessons • complete some tasks independently **Personal & social** • be in the Bridge classroom alongside other students and communicate with them if appropriate • earn credits to use to enrich curriculum opportunities • decide how to 'spend' credits

Appendix 2

Student achievement against individual attendance targets 2015 – 2016

	Attendance targets set	Targets met	Partially met	Not met
Student 1	7	1	6	0
Student 2	3	3	0	0
Student 3	2	2	0	0
Student 4	2	0	2	0
Student 5	3	3	0	0

Appendix 3

Student achievement against individual transition targets 2015-16

	Transition targets set	Targets met	Partially met	Not met
Student 1	5	1	2	2
Student 2	4	4	0	0
Student 3	2	2	0	0
Student 4	3	2	0	1
Student 5	3	3	0	0

Appendix 4

Student achievement against individual curriculum targets 2015-16

	Curriculum targets set	Targets met	Partially met	Not met
Student 1	13	6	4	3
Student 2	10	10	0	0
Student 3	4	4	0	0
Student 4	2	0	2	0
Student 5	3	3	0	0

Appendix 5

Personal Development Scale

	Social (a) Communication with adult	Social (b) Relationship with peers	Independent working	Homework	Readiness to reintegrate to base	Readiness to reintegrate to school
1	I avoid talking with adults except family members.	I am not in contact with any friends of any age at the moment.	I can't work independently in lesson time.	I can't work by myself out of lesson time.	I cannot leave own room for lessons.	I cannot leave own room for lessons.
2	I avoid talking. I will speak if directly spoken to but I don't make eye contact.	I talk to at least one friend on the Internet of phone e.g via MSN but not face to face.	I really need the teacher or teaching assistant to produce work in lesson time.	I really need the help of an adult to produce homework.	I can attend lessons in own home.	I can attend lessons in own home.
3	I do not start conversations but will respond to direct questions.	I don't like speaking to others to others except when I have to.	I can complete my work with some support but need a lot of help on organisation. I can be disorganised.	I can complete work with some support but I need a lot of help on organisation. I can be disorganised	I can attend lessons 1-1 with a teacher outside of home but not in base.	I can attend lessons 1-1 with a teacher outside of home but not in school.
4	I will respond to open and closed questions.	I do see some friends face to face.	I try to work without help but I need some support to organise and plan.	I try to work without help but I need some support to organise and plan.	I can come into the base for 1-1 lessons with a teacher.	I can attend lessons 1-1 outside of home and want to return to school.
5	I will start talking when necessary but ram not keen and only with known adults.	I am able to chat with other pupils I know and/or another young person of similar age that I know.	I only need a little bit of support to organise and plan my work.	I am able to complete simple homework sometimes.	I can join at least 1 other pupil for lessons in base, with support.	I can visit school with support.
6	I will chat with adults I know but a not very comfortable doing so.	I can chat with at least one other pupil I know– I get on well with them.	I only need a little support in my education setting.	Homework, if it is not too difficult, is usually done.	I can join the base group but can't fully participate in group lessons yet.	I can have my lessons in school working on one to one basis.
7	I will chat with adults I know.	I have a good friendship with at least one other pupil which extends beyond school or home setting.	I can ask for help when I need it but prefer to tackle activities without help.	I complete homework on a regular basis.	I can join the base group and can fully participate in group lessons yet.	I can work in school in small groups with support.
8	I am relaxed when speaking with adults I know and will start a conversation	I have good friendships with more than 1 pupil and am able to give and take in the friendship.	I hardly ever need support in class or education setting.	I am increasing the amount of homework I am completing.	I can attend base group regularly and am happy.	I can go into at least one lesson in school with support.
9	I will have a conversation with any adults including strangers.	I have good friendships with more than 1 pupil and this has lasted for some time.	I hardly ever need support with planning and can stay on task by myself.	I complete demanding amounts of homework on time.	I can attend base group confidently and am not worried by changes to routine.	I can go into lessons in school with support from school staff.
10	I am relaxed when speaking with any adults and will start a conversation.	I have had friendships for some time with both boys and girls in and out of school or alternative.	I am organised, motivated and able to learn by myself.	I complete demanding amounts of homework on time and can work on my own to do extra.	I can act as peer mentor for new pupils.	I can attend lessons in school on planned part-time basis or full time.

Appendix 6

Personal and social development progress: student feedback*

Communication with adults	Relationships with peers	Ability to work independently	Readiness to reintegrate
4/5 more confident	2/5 improved relationships	No change	3/5 improved readiness to reintegrate

*specific students not identified