

Breathe Magic for Mental Health Evaluation Summary Report

Summary report

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Jenna Jacob, Anoushka Kapoor, Kate Dalzell and
Nick Tait

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Acknowledgements

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Background

The Child Outcomes Research Consortium (CORC) team at Anna Freud was commissioned to conduct an evaluation of the Breathe Magic for Mental Health (BMMH) programme, between August 2024 and August 2025. The evaluation was commissioned by Breathe Arts Health Research with the aim that the findings would help to inform the development of the programme, with a focus on learning from implementation for future delivery.

In England in 2023/24, there was a 24% increase in suspensions for primary school pupils, from 84,300 in the previous year to 104,800. There was also a 22% increase in the number of children permanently excluded from mainstream primary schools (1,500), compared to the previous year (1,200). The most common reason for permanent exclusions was persistent disruptive behaviour [1].

A Pupil Referral Unit (PRU) is an alternative education provision for children and young people who cannot attend mainstream school and who may not otherwise receive a suitable education. This may be for a range of reasons, including permanent or temporary exclusion from mainstream school, physical and mental health difficulties, or they might be a new starter waiting for a mainstream school place (see, [2]). The aim of PRUs is to support the child to overcome their individual barriers to attainment and achievement, and meet their pastoral needs, with the objective to either reintegrate them into mainstream school, or their post-16 education provision, to enable them to thrive in the education system [3].

Supporting children and young people's mental health is particularly pertinent in the PRU setting, where the complexities of the population are known to include special educational needs, social, emotional and mental health difficulties, experience of trauma and periods of local authority care [4]. Additionally, during the evaluation period, Ofsted was developing a new inspection framework, due to be implemented in November 2025. Consultation documentation indicated a greater emphasis from Ofsted on, among other areas, the behaviours and attitudes, attendance and personal development and wellbeing of pupils [5].

The Breathe Magic Intensive Therapy Programme is a therapy programme run by Breathe Arts Health Research. This bimanual intensive and goal-directed

intervention was developed in 2008 by members of the team behind Breathe Arts Health Research in partnership with occupational therapists and magicians to support children and young people with hemiplegia (a weakness or paralysis affecting one side of the body). Tailored to each child's abilities and needs, it incorporates specially selected magic tricks that provoke specific two-handed actions, performance and problem-solving skills across 60 hours of therapy [6]. Improvements have been reported in children's self-esteem, confidence, emotion regulation, independence and self-motivation [7]. Evidence suggests that magic-based interventions may have several other benefits including the development of lateral thinking and problem solving, cognitive and motor skills, teamwork and interpersonal communication and resilience [8].

The intervention

For over a decade, Breathe Arts Health Research has been exploring how magic may support mental health and wellbeing through the development of six-to-eight-week programmes that aim to use magic to enhance cognitive functioning and memory, to boost confidence and self-belief, and to improve social skills. The first pilot of Breathe Magic for Mental Health programme was in 2013 at the Great Ormond Street Hospital Mildred Creek Unit, which led to the further development of the programme.

The Breathe magic tricks for the programme were selected by Magic Circle magicians; a key facet of the programme is providing children with opportunities to feel empowered, in settings where they may feel this is lacking. Performing magic may provide them with a safe and playful context within which they can exert authority and control [9].

To begin, the workshop was curated to deliver in the following format:

1. Breathe Magic magicians perform a magic trick to the group,
2. Students then learn a Breathe Magic trick,
3. Followed by a 'pattern interrupt' such as an illusion video or puzzle,
4. Continuation of magic learning,
5. Finishing with students sharing/performing their magic to their peers.

Building on pilot work and the foundations of the Breathe Magic Intensive Therapy Programme, the Breathe Magic for Mental Health programme explores the use of magic and performance to improve the mental health, wellbeing and skills of children attending a PRU.

Breathe Magic for Mental Health was implemented in two primary PRUs in London, from the 2025/26 academic year, Ealing Primary Centre and Victoria Drive Primary in Wandsworth. Components of the intervention are outlined in the logic model below. This sets out the target audience, mechanisms of change and anticipated outcomes of the intervention. The evaluation logic model was used to inform the evaluation, through the development of key questions for the evaluation, and the analysis of the findings.

Methods

Evaluation aims

The overarching aims of the evaluation were to explore the following key questions:

- Is Breathe Magic for Mental Health (BMMH) associated with an improvement in mental health and wellbeing among participants?
- Do professionals perceive the programme to support wider outcomes (including mental health and wellbeing)?
- What factors facilitate or hinder the implementation of the intervention in the way intended?

Evaluation design

To address the aims, a mixed-methods realist process and impact evaluation approach [10] was taken. The evaluation sought to explore the experiences of staff at various levels of involvement in the programme, as well as the experiences of children who took part.

An evaluation logic model was co-developed by the Breathe Arts Health Research and evaluation teams. This identified the target, context, mechanisms of change and the expected outcomes of the programme as well as moderating factors that may influence the implementation and impact. See Figure 1.

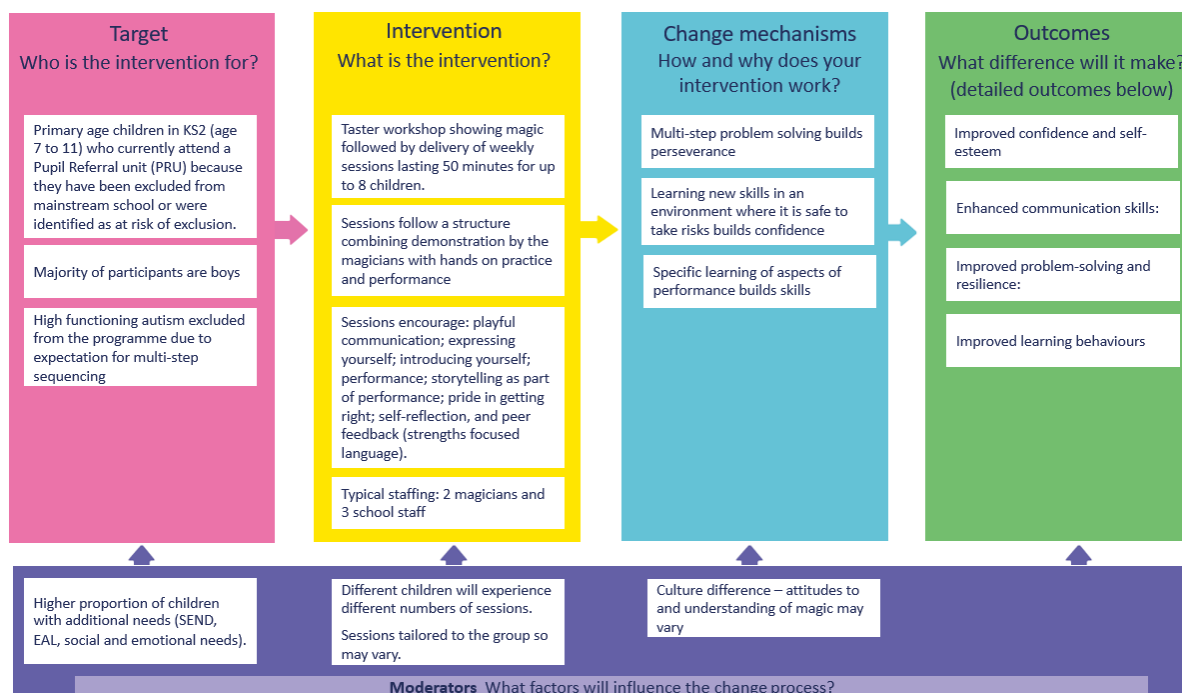


Figure 1. Breathe Magic for Mental Health evaluation logic model

Interviews, outcome measures, and administrative data

Ethical approval is not required to conduct service evaluations [11]. However, UCL research ethics committee approval was obtained for due diligence. Ethical approval was granted in October 2024 ahead of data collection (project ID: 21875/006).

Online semi-structured interviews were conducted with 10 staff members between May and July 2025. Staff members were purposively sampled to ensure varied experiences were heard and included: head teacher, deputy head teacher group teacher, special educational needs coordinator, magicians, and Breathe Arts Health Research team members (including the Breathe Magic for Mental Health programme manager). After each workshop, magicians completed a narrative reflections diary comprising three key areas: 1) what went well, 2) what did not go well, 3) any feedback from attendees. Framework analysis [12] was conducted on the interview transcripts using the logic model, and themes were developed from the transcripts and magicians' diaries through a process of thematic analysis [13].

Each half term, teachers also completed an online survey, which included the Child Behaviour Rating Scale, bespoke and free text questions. This was supplemented by routinely collected administrative data about the children, which included demographics, contextual information and attendance, suspension and exclusion rates prior to (the first half term of the year) and after taking part in the programme (the term following completion). Descriptive and inferential analyses were conducted on the survey and administrative data.

Findings

From the analysis of the staff interviews and magicians' diaries, five overarching themes and fourteen subthemes were developed. Please see table 1. Staff participants described positive outcomes in terms of improved engagement, focus, confidence and self-esteem, communication and positive peer relationships and resilience. A creative and novel programme of support was described, with clear links made between the outcomes seen by the children and specific elements of magic. Some challenges in delivery of the programme were identified, including the freelance nature of the magicians, mixed investment from PRUs and differing opinions on adaptations to meet the needs of the children taking part. Suggestions for the future delivery of the programme were identified by participants such as co-designing the programme in each individual setting and involving multidisciplinary specialisms in the programme.

The administrative data sets comprised data from 23 children who took part in the Breathe Magic for Mental Health programme. The majority were in year 5 (30%), were male (83%) and from mixed or multiple ethnic groups (30%). The majority were in receipt of free school meals (65%), and 30% had an Education, Health and Care Plan and 70% had special educational needs support in place.

Table 1. Overview of themes

Overarching theme	Subtheme
Impact on children participating in Breathe Magic for Mental Health	Improved confidence and self-esteem
	Impact on resilience
	Increased engagement and focus
	Improved communication and positive peer relationships
Magic as a mental health tool	Creative, alternative novel programme
	Safe environment to learn in
Facilitators in the delivery of Breathe Magic for Mental Health	Magicians' personas
	Flexibility and adapting to needs
	Support and investment from staff
Challenges in the delivery of Breathe Magic for Mental Health	Disagreement over reasonable adjustments
	Inconsistencies caused by magicians working on a freelance basis
	Mixed investment from PRU staff
Suggestions for future delivery of the programme	Involvement of multidisciplinary specialists
	Revised format
	Planning and co-designing

A comparison of first and last submitted average scores (N=22) showed a statistically significant increase in reported social and interpersonal skills (Figure 2) as well as a statistically significant increase in reported self-regulation (Figure 3). Please note that a child's 'last' submitted score varied, depending on when they joined the programme. For example, the duration between one child's baseline and last available score was one month, while for another child it was eight months.

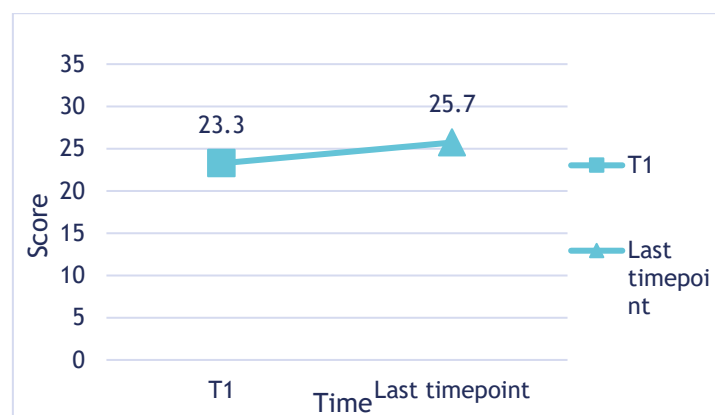


Figure 2. Average social and interpersonal skills score

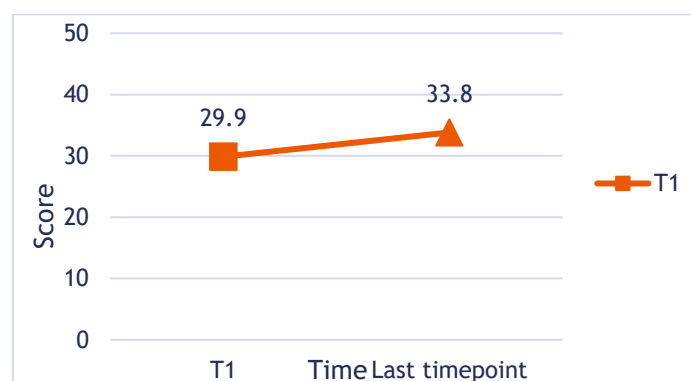


Figure 3. Average self-regulation score

For the children's confidence and ability to perform in front of others or in general, teachers reported that more than three quarters (17/22; 77%) showed an improvement, while less than a quarter (5/22; 23%) did not show an improvement (see Figure 4). With regards to level of engagement in the sessions, teachers reported that 64% (14/22) improved, while 36% (8/22) did not improve (see Figure 5).



Figure 4. Confidence and ability to perform in front of others or in general



Figure 5. Level of engagement in the sessions

PRU attendance data

Victoria Drive

First half term

In the first half term of the 2024/25 academic year, all children (9/9; 100%) were attending Victoria Drive part time. No further attendance data was provided for the first half term.

During this period, on average, Breathe Magic for Mental Health workshops were attended by the majority of the children (7/8; 88%). Hence, attendance was generally stable across this term.

Final half term

During this period, there were no authorised or unauthorised absences.

On average, Breathe Magic for Mental Health workshops were attended by 62% (5/8) of the children. Attendance at the workshops was generally stable across this term.

Ealing Primary Centre

First half term

From the available information, most of the children (10/14; 71%) were attending Ealing Primary Centre part time, while 29% (4/14) were full time. Four children who missed a PRU session due to authorised absences had attendance rates ranging from 83% (20/24) to 97% (74/76). The differing sessions offered may be due to the children attending part time, or joining part way through the term. The remaining had 100% attendance.

During this period, on average, Breathe Magic for Mental Health workshops were attended by the majority of the children (6/7; 86%). Hence, attendance was generally stable across this term. No further information regarding Breathe Magic for Mental Health workshop attendance was provided.

Final half term

Five children who missed a PRU session due to authorised absences had attendance rates ranging from 29% (8/28) to 93% (26/28). The differing sessions offered may

be due to the children attending part time, or joining part way through the term. The remaining had 100% attendance.

Two of the children who showed good attendance (i.e., higher than 90%) in the first half term went on to increase their attendance to 100% in the final half term.

On average, from the information available, Breathe Magic for Mental Health workshops were attended by 69% (9/13) of the children. Attendance at the workshops was generally stable across this term. No further information regarding Breathe Magic for Mental Health workshop attendance was provided.

Conclusion and recommendations

Our evaluation findings demonstrate that positive changes were seen for the majority of the children who took part in the Breathe Magic for Mental Health programme. Positive changes were reported in interviews with staff, communicated through free text responses within the survey and shown through statistical analysis of outcome measure and questionnaire data. These included improved communication, confidence and attention skills. Four broad outcome areas were identified in the logic model: improved confidence and self-esteem, enhanced communication skills, improved problem-solving and resilience and improved learning behaviours. The findings of our evaluation provide evidence for each of these outcome areas. The strongest evidence from this evaluation is for improved confidence and self-esteem and improved communication skills. The benefits were described as being transferred to the mainstream school setting, with improved attention and engagement being seen there in addition, suggesting an impact beyond the programme.

Staff were able to suggest why magic was a useful tool for improving outcomes for children. Reasons given included that magic was a novel medium for children who may not view themselves as successful in more traditional school subjects. Magic was a new experience for the children and PRU staff which had a levelling effect, meaning everyone started at a similar skill level. The design of the programme, allowing children to gradually build a range of skills, sometimes alongside their teachers, in a safe environment was also identified. The consistent structure of the sessions was felt to reinforce this.

Both PRU staff and magicians gave examples of how they had worked together to adapt and modify the programme to better meet the needs of the children, which was necessary for the smooth running of the workshops within the PRUs. This flexibility and continuous cycle of learning and improvement was felt to have had a positive impact on the programme and improvement mirrors the content of the programme, where the children learn and practise magic tricks throughout the workshops.

However, in some instances PRU staff and the magicians could not reach agreement on how the programme should be adapted. It was suggested that

increased opportunities for planning and co-production before starting the programme may have reduced the need for continuous change and increased the success of implementation. Some learning from this period of delivery, including working with smaller groups and adjustments to the structure of the sessions, was felt to have been effective and could usefully be incorporated into future delivery.

Recommendations

Through our evaluation, we have developed some recommendations for future delivery, as follows.

- Include a joint planning phase, to enable the PRUs and programme delivery staff to co-design the programme that will best meet the needs of the setting and the children.
- As part of the joint planning phase, adjustments to the programme delivery should be considered. These include the provision of breaks, number of children in each workshop and the format of the workshops in the setting.
- Clarify the roles and expectations of staff, particularly the role of teachers and other PRU staff who attend the workshops.
- Consider engaging a wider group of professionals to supplement the content of the programme.

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