

Breathe Magic for Mental Health Evaluation

Report

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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, a not-for-profit social enterprise combining creativity and scientific research to improve health and wellbeing, 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].

For the two London Boroughs where this evaluation took place, Ealing and Wandsworth, primary school suspension and permanent exclusion rates for the 2023/24 academic year were similar to the rest of London, and while permanent exclusion rates were also similar to the rest of the UK, suspension rates were lower in both London boroughs compared to the rest of the UK [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].

There is a central government drive to support children and young people's mental health in school settings (see, [4]), including PRUs, which should "address a child's physical or mental health needs as well as personal, social and emotional needs, alongside their educational needs" [3]. This 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 [5]. 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 [6].

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). It is tailored to each child's abilities and needs and incorporates specially selected magic tricks that provoke specific two-handed actions, performance and problem-solving skills across 60 hours of therapy [7]. The programme aims to improve social and communication skills and create peer support networks for young people and families. Improvements have been reported in children's self-esteem, confidence, emotion regulation, independence and self-motivation [8]. 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 [9].

Magic has been used as a tool in health care settings for some time, including to assist in the reduction of health anxiety and to support physical recovery. In education settings, magic has also been used to support the development of life skills, communication skills and confidence [9]. Moving on from the witnessing of magic tricks, the hierarchical model of magic and wellbeing (see Figure 1) suggests that the benefits of a magic-based intervention may build upon each other, such that curiosity piqued by watching magic is then built upon through discovering magic secrets and then by performing magic, which is considered to be a facilitator for wellbeing. There is evidence to suggest that performing magic tricks promotes children's wellbeing, particularly in relation to motor skills due to the

repetitive nature of practising tricks while also improving social skills and confidence and self-esteem [8], [10].



Figure 1: Progressive hierarchy stages for wellbeing effects of magic. Taken from [10] p. 157.

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 the 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 [11].

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, during the 2024/25 academic year, Ealing Primary Centre and Victoria Drive Primary in Wandsworth. At Ealing Primary Centre, there are students who attend in a full time and part time capacity, whereas at Victoria Drive Primary, all students attend on a part time basis. The two PRUs were chosen due to being in London, with Breathe having existing partnership with Ealing Primary and existing links within Wandsworth as a borough. 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 [12] 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 2.

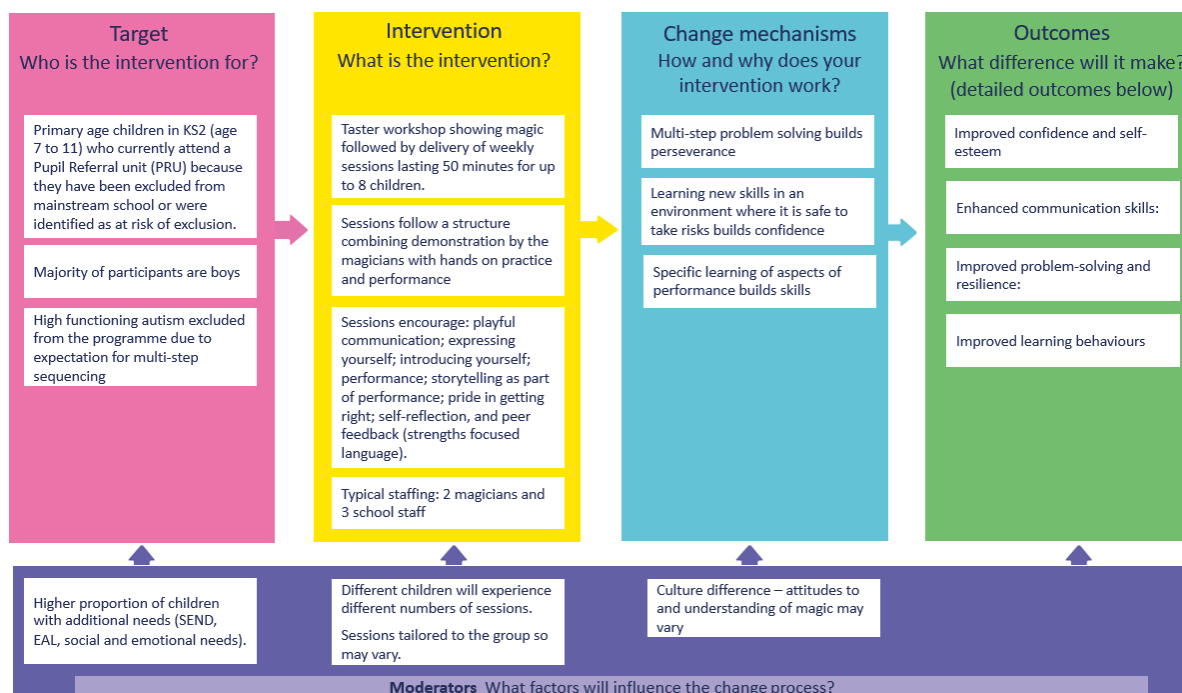


Figure 2: Breathe Magic for Mental Health evaluation logic model

Ethical approval

Ethical approval is not required to conduct service evaluations [13]. 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).

Interviews, outcome measures, and administrative data

Online semi-structured interviews were conducted with 10 staff members between May and July 2025. Staff participants 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). Please see Table 1 for a breakdown of the number of staff participants by role.

Each half term, teachers also completed an online survey, which included: nine Likert-scale questions about the child's experience of Breathe Magic for Mental Health, one optional free text question about the child's experience of Breathe Magic for Mental Health, and items 1-17 from the Child Behaviour Rating scale [14].

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 [15] 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 [16].

This was supplemented by routinely collected administrative data about the children, which included demographics, contextual information as well as 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).

A matched-pairs permutation test (see, [17], [18]) was carried out to test if an average change in Child Behaviour Rating Scale scores across different timepoints

is larger than what we might expect to see due to random variation. Please refer to the Appendix for more information about permutation tests. Confidence and engagement scores were analysed by comparing the difference in scores across various timepoints and calculating how many children improved and did not improve (i.e., declined or stayed the same).

Table 1: Interview participants by role

Role	N
Deputy heads and headteacher at each PRU	3
Other Ealing Primary Centre staff	1
Other Victoria Drive Primary staff	1
Breathe Magic for Mental Health magicians	2
Breathe Arts Health Research team	3

Findings

Staff interview findings

The following section includes the findings from interviews held with staff participants and analysis of the magicians' diaries. Through thematic analysis of all transcripts, five overarching themes were generated: please see Table 2.

Table 2: 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

Each theme is described in turn. Free text responses taken from the half-termly survey completed by PRU staff members and reflections from magicians' diaries are also included in the analysis below.

Impact on children participating in Breathe Magic for Mental Health

All staff shared examples of the positive impact the programme had had on children taking part. A few staff members reflected on aspects of the programme that children struggled with. One PRU staff member said that they have seen positive outcomes over a term due to the programme, whereas before they would have seen the positive outcomes over a whole academic year.

Improved confidence and self-esteem

Several examples were shared of how children had become more confident, less withdrawn, and had developed their self-esteem throughout the workshops, especially when they succeeded in performing the magic tricks. This was mirrored in the survey free text responses. One child was reported to have said that they liked the tricks and believed that they were good at performing them. Children were described as introducing themselves in front of the other children, without being asked, which was seen as an improvement in their confidence and self-esteem from the perspective of PRU staff members. This was also reflected in the survey free text responses, where one PRU staff member said that they had noticed one child had started to volunteer to perform rather than being asked to. The programme's focus on self-reflection was described as encouraging the children to think about what they did well rather than what they did not. According to a PRU staff member, the magicians did this in a gentle but effective way:

"I think the message [a lot of our children] receive, either directly or indirectly, is that they are failures. And what we try to do here as a centre anyway is to try and tell children they're either winning or they're learning. They're not winning and losing. And this is the first project I've seen that comes in and does that in a way that's really gentle but quick. The change around has been quite quick." (PRU staff member)

A Breathe Arts Health Research team member said that even when people who are unknown to the children were present in the room observing the Breathe Magic for Mental Health workshops (such as the Breathe Arts Health Research team), children could perform quite complex magic tricks in front of them. The Breathe Arts Health Research team member also acknowledged the courage the children showed by standing up and performing in front of others. While this increase in confidence was noted, one PRU staff member noted on context that some of the children at these PRUs are significantly lacking in confidence compared to other children that they may be “catching up”.

Staff from both PRUs as well as Breathe Arts Health Research team members also said they believed that the children have been instilled with a sense of pride and achievement, for being able to successfully learn and in some cases perform magic tricks. One PRU staff member said that performing magic tricks captured the attention of the children, and they felt proud of themselves for being able to do so. Another PRU staff member elaborated on this, and said that this sense of pride and achievement was reflected by the children’s families, e.g.:

“[Child] went from quite a reserved person, reserved little boy to loving the fact that he could do this thing [magic trick]. He could actually succeed in doing something. He could take it home, he could show his parents, and for the first time, I think, in a long time, people were saying to him, ‘You genuinely are impressive, you are really making us proud’.” (PRU staff member)

One survey free text response reflected on how a child had increased his confidence throughout the programme, and had started to feel proud of his performances, rather than thinking negatively about it. A Breathe Arts Health Research team member highlighted the importance of this sense of pride and achievement, because the children might not be achieving in other parts of their lives.

Impact on resilience

PRU and Breathe Arts Health Research team members shared examples of improved resilience among children who attended the programme. Staff described some children accepting that they may not understand, and get the magic trick

right the first time, but were willing to try it again. According to a PRU staff member, the programme has taught the children the fact that experiencing failures is part of life, as well as how one can bounce back from setbacks. Another example was given by a PRU staff member, when a magician suggested that the children should take one more workshop to keep practising, instead of performing. The fact that the children agreed to this demonstrated increased resilience that had developed over time, according to PRU staff members, e.g.:

“The children had reflected in that moment and decided that [not performing] was a really good idea. And I just think that’s a skill that they didn’t have before they started: ‘If I can’t get it the first time, I give up.’ And then, that’s all about resilience.” (PRU staff member)

A PRU staff member said that for one child, this improved resilience and desire to improve themselves was also reported by the mainstream school as an improvement in them asking how they could learn more. Conversely, one PRU staff member said that children who had lower resilience compared to some other children found the programme extremely challenging; if they were unable to learn a magic trick, they got very frustrated and a few children did not want to return to the programme after an unsuccessful workshop. PRU staff members said that not being able to follow and replicate the magician’s tricks had left a minority of children feeling upset and disheartened.

Increased engagement and focus

According to all staff, overall, children engaged with the programme and were excited by it. This was evidenced by interview responses, as well as free text responses on the half-termly survey regarding children’s experience of the programme. The biggest indicator of this was that week on week a group of children returned to the Breathe Magic for Mental Health workshops (although numbers within this fluctuated), and attendance was stable enough to allow it to run for three terms. Children were also described as looking happy during the workshops, by one magician. Another magician described how a child’s mood improved immensely in the space of one workshop:

“[Child] was just ready to explode when he walked in. I mean I could just... he sat down and, wow, by the end of the workshop, he didn’t get taken out

that last week, but I just saw him. It was like a crescendo (Laughs) of a good mood that happened in the course of the workshop. Like I said, he came in, his face was just a picture and then, by the end, he was really in high spirits.” (Magician)

While staff described disruptions during the workshops, children were found to return to the workshops. For example, even when a child was not fully engaged with the workshop, there was enough intrigue to capture their attention and make them want to engage:

“I think also I have seen, as well, a child who was in and out a little bit of the door, like not sitting down, not sitting, joining in, and then he still came back. So, I think that's interesting to see, is where someone is obviously really battling to stay in the room. The child is really battling with themselves to stay in the room, but actually there's enough intrigue and enough interest, and curiosity, and want to be involved. Then they actually ended up finishing the [Breathe Magic for Mental Health workshop], which I thought was really brilliant, yeah.” (Breathe Arts Health Research team member)

A Breathe Arts Health Research team member described an energy and excitement in the room, and that the children were very focused during the workshops, despite any challenges that might arise. A PRU staff member attributed this enjoyment of the programme to the fact that the children had a new trick to learn every workshop. Another Breathe Arts Health Research team member provided an account of a new child who would only stay for around five minutes at the start of the programme, but over the course of the term, they stayed longer and longer, and eventually performed in front of the other children. However, a few free text responses on the half-termly survey regarding children's experience of the programme indicated that some children were less engaged in the programme and that waiting for their turn to perform caused them to become emotionally dysregulated. In the survey free text responses, staff indicated that one child said “sometimes waiting is hard, I want to just go!”. It was noted that this child did understand that waiting is part of the programme.

A Breathe Arts Health Research team member noted how meaningful it was to see such high engagement in the workshops, given that the children's engagement and attendance in mainstream education was likely to be low according to feedback from the PRUs. Further, the impact of this engagement was described as having been carried over into mainstream settings in some cases: a PRU staff member said they received feedback that a child who attended the programme seemed calmer, more focused and attentive in the mainstream setting.

Improved communication and positive peer relationships

All staff provided examples in their interviews of how children had improved their communication and listening skills. Examples were provided of children expressing themselves more coherently and clearly: children who were previously selectively mute, stammering, or quieter than others, had been able to speak more confidently in front of others. This was also noted in the survey free text responses; a child noted that it was enjoyable to show everyone the magic trick, and it was fun to try and talk clearly. At the same time, children who may have been very loud and talked very fast at the start of the programme, had been able to learn to slow down their speech and take necessary pauses. The children were also described by staff as seeming to be excited to share the magic tricks that they had learned with other peers at the PRU, as well as with their families at home. One PRU staff member said that since their involvement in the programme, children were asking questions if they did not understand something, whereas before they seemed to find it embarrassing to do so.

One Breathe Arts Health Research team member said that while one child would be performing, the others would give them encouragement. This was built upon by one of the magicians, who said that children would give positive and constructive feedback to each other on their magic tricks and would use encouraging and positive language when talking to each other about the programme. Another Breathe Arts Health Research team member agreed with this and said that one of the strongest outcomes of this programme has been the way that children worked in partnership, by working through the magic tricks together as a team, and showing them to each other as practice.

As part of learning how to perform, children were also encouraged to come up with stories to accompany their performances. One Breathe Arts Health Research team member reflected on how children came up with imaginative stories, which were uniquely distinct to the ones that the magician had shared, but followed the same steps. The skill of creative story telling was also reflected in the survey free text responses: participant noted that the programme had brought out a creative side of a particular child.

In both PRUs, the magicians described in their diaries the children as keen to perform, from early in the programme. Good teamwork between the children was also described by the magicians in both PRUs, with the children supporting each other in their performances, and providing each other with feedback throughout the programme. This was described as increasing over time in Ealing Primary Centre, however, there were some workshops when teamworking was less productive in Victoria Drive Primary.

There was a general sense that the children broadly enjoyed taking part in the workshops in both PRUs, enjoying magic and being able to master tricks: “Magic can make people feel happy. It makes me feel good” (Child). Children had practised tricks at home and were keen to show what they had learnt in Ealing Primary Centre, showing good confidence in their choice of magic tricks. And across both PRUs, the magicians noted times when the children presented at the workshop in a low mood, or upset, but that had changed by the end of the workshop.

Similarly, in the magicians’ diaries, the magicians noted an improvement in eye contact for at least two children in Ealing Primary Centre over the course of the programme, for one stating that they sustained eye contact with them for the first time ever in workshop six of eight. Additionally, a vast improvement was noted in at least one child in Ealing Primary Centre, who had to be removed from workshops at the start of the programme due to disruptive behaviour, to staying in workshops and visibly enjoying themselves by the end of the programme.

Magic as a mental health tool

As discussed above, the programme seems to have had a positive impact on the majority of the children who participated. This section includes staff members’

reflections on how magic was used as a mental health tool. Magic was seen as a creative and novel way of improving children's outcomes, and the environment was described as seeming safe and conducive to learning new skills.

A creative, alternative, novel programme

According to Breathe Arts Health Research team members, magic was a completely novel skill that the children learnt, which is not something their peers, or even their family members would necessarily have known about. Breathe Arts Health Research team members described magic as a unique medium to learn skills through, which was equally engaging for boys and girls. Breathe Arts Health Research team members also described the opportunity for children to be included in this programme as particularly important, given that they may be excluded in other spheres of their life. A PRU staff member added to this, e.g.:

“Plus, [the children] are so bored of the curriculum. Every day it's the same thing, same old same old, maths, English, science, history, whatever. This [the programme] is just something like a breath of fresh air. Something they look forward to, and it's a spectacle, and that's how children love learning. [...] They don't want to do their homework, but they don't mind practising these things. So it's brilliant.” (PRU staff member)

This alternative way of teaching new skills was described as naturally instilling new skills into the children, perhaps without them even realising. This helped children learn several skills at once that could be joined up to boost their confidence:

“I think it's more than magic and they don't realise it, but they've learnt the skills of holding instructions in their head. They've learnt the skills of making connections so they can remember things. They've learnt the skill of adding in storytelling and drama. So it's more than just magic that they've learn to master or to join up, if you like. It's the joining of lots of different skills really for them and for their confidence.” (PRU staff member)

Another example of subtle skill building was mentioned by the magicians. They engaged in an activity which helped the children work towards long-term goals as a team; this involved filling a jar with plastic balls when certain objectives, such as good listening, were achieved in the workshop. If the jar filled up by the end of term, they would get to keep a magic trick or kit, as determined by the head

teachers. The magicians said that the children seemed to find this process exciting, and it had captured their attention.

Magic was viewed as an alternative option for children to explore, where they were able to succeed in tasks more confidently compared to traditional school subjects. PRU staff members said that magic had given the children a unique sense of achievement, which they may not have felt in traditional school subjects. One PRU staff member also said that being introduced to the magicians had widened the children's horizons; for example, by opening up additional career prospects for them to explore and helping them realise that career options are not limited. The PRU staff member added that the magicians may be seen by the children as unconventional positive role models. Additionally, a Breathe Arts Health Research team member suggested that children found it interesting and inspiring to learn about the magicians' careers, such as how one magician was away teaching in Las Vegas for a week.

The programme was described as appealing to the PRUs as well; staff at one PRU shared that they were interested in working in alternative ways that "aren't just therapy" to boost self-esteem and confidence for children who have experienced trauma. It was perceived by the PRU staff members to be an exciting novel opportunity that they wanted to offer to their children because they may not receive such an opportunity at their mainstream school. Additionally, magic may be inaccessible for some of the disadvantaged children at these PRUs, according to one PRU staff member. The fact that the children got to receive a magic kit, were able to keep the tricks, practiced them at home, and showed them to their family and friends was seen as a great opportunity to carry on learning a new skill. In the free text responses, staff indicated that one child shared that while they did not always want to perform for their family, they enjoyed learning new tricks and the moments when they did perform.

A caveat mentioned within this creative way of working was that it can be challenging to keep the programme fresh and interesting for an extended period of time. All Breathe Arts Health Research team members agreed with this, with one adding that was challenging to constantly offer new, yet easy to learn, magic tricks. This was added to by a magician:

“I think it's just the nature of a programme being delivered for so many weeks. It needs to be freshened up and unfortunately there's just not many things like that. And as magicians even just trying to find 24 magic tricks is a real challenge”. (Magician)

Safe environment to learn in

The environment created by the magicians was described by the PRU staff members as being a safe and consistent place in which to learn. It was noted by one staff member that the only thing that changed in the workshops was the magic trick being learnt, which meant that the children knew what to expect, even when there was inconsistency in who was delivering the workshops. The format of the programme was described positively as being formulaic. This consistency helped even dysregulated children remain engaged with the programme, according to a PRU staff member. While there was consistency in the format, there was sometimes inconsistency in who was delivering the programme each week if magicians had other commitments. This was highlighted as a challenge in the delivery of the programme, which will be discussed more in a later theme.

Another aspect of the programme that was described positively by staff was the idea of children and teachers learning the magic tricks together, which was described as having a levelling effect. A Breathe Arts Health Research team member described a significant shift in the relationships between children and teachers as they all learned something new, as beginners, together. Moreover, a PRU staff member who was not present in the workshops said that the children had been eager to show them the tricks they had learnt, with the children finding enjoyment in the teacher not knowing the secret of the magic trick.

Facilitators in the delivery of Breathe Magic for Mental Health

There were several factors that enabled a smooth delivery of the programme in the PRUs. Both PRUs were described as having buy-in and investment in the programme, to a certain extent. The magicians' friendly and professional personas were praised for helping the children remain engaged with the workshops. Various successful revisions to the programme were made throughout delivery, based on feedback from the PRUs, which was appreciated by the staff at the PRUs.

Magicians' personas

Magicians involved in the programme were praised for having calm, friendly, patient, nurturing, and approachable natures by both the PRUs and the Breathe Arts Health Research team. One PRU staff member said that the relationship that developed between the children and the magicians was a key factor in children engaging with and staying on in the programme. Another PRU staff member added to this, and described the magicians as being animated, which also helped children engage with the programme. One Breathe Arts Health Research team member reflected on how children were excited to continue to attend the workshops and to learn new things and were supported by the magicians' belief in them to do so. Moreover, the magicians were described as being professional which helped the children feel confident about the programme and believe in it, e.g.:

“We’ve got professional performers. All of the magicians we’ve had so far have been sort of in the world stage, playing at the very highest level of their professions. You know, if we had someone from a kids’ party, our children would see through that very quickly. They wouldn’t be as polished and they would take advantage of that.” (PRU staff member)

Flexibility and adapting to needs

A PRU staff member highlighted the importance of working flexibly with children who experienced social, emotional, and mental health difficulties, because a child’s emotional regulation may change from week to week. Staff from both PRUs said that the magicians had adjusted the tricks to the needs of the children. One staff member reflected on how adapting tricks to meet the needs of the children had a positive impact on their confidence:

“So we had a little period where they [the children] were quite fiddly in terms of their fine motor [...] we had a discussion that our children were not ready for that kind of fine motor. So actually they [Breathe Arts Health Research team] were able to think about the tricks and adjust them and they came back with some different ones. So I think the fact that they’re constantly thinking about what would work for the children in terms of the tricks is really, really helpful to build their confidence.” (PRU staff member)

A magician gave an example of how they used to start a workshop by showing a magic trick that they did not go on to teach but only showed for demonstration purposes. However, they received feedback that this was disappointing for children, to not receive an explanation of how the magic trick was done. This feedback was taken forward and this element was removed to avoid children feeling disappointed.

Both PRUs also gave feedback to the programme regarding the length of the Breathe Magic for Mental Health workshops, because children were reportedly unable to focus for the 50 minutes duration. This feedback was carried forward by the magicians and the Breathe Arts Health Research team, who shortened the workshops to 30 minutes at Ealing Primary Centre. A magician who worked across both PRUs reflected on how 30 minutes seemed to be more effective, e.g.:

“The 30 minutes, it poses its own challenges because you have, obviously, less time. There’s not always time for someone to come up and perform at the end, because you’re working so hard on really getting a degree of learning down first, but, [...] I find that this 30-minute approach, it seems to be good for attention spans and also for general fatigue from the day”.

(Magician)

Moreover, in Victoria Drive, a body break was introduced in the middle of the Breathe Magic for Mental Health workshops as requested by the PRU staff members, to help children focus better. However, there were disagreements about some adaptations, especially regarding children’s reasonable adjustments. The challenges that came with this will be discussed in the next section.

This flexibility in the approach was also highlighted in the magicians’ diaries, where a continuous cycle of learning and improvement was described. From the first workshops in both PRUs, the magicians identified ways the programme delivery could be flexed to meet the needs of the children. This included the need for breaks, which was identified early in the first workshop at Victoria Drive and was implemented in subsequent workshops. Similarly, the need for practical adaptations was also identified early on in both PRUs, to ensure the children could remain on task, e.g., ensuring the computer is set up for the illustration videos (Victoria Drive), one of the videos was identified as too long and more suited to

older children (Victoria Drive), and removing apparatus when not being used as this could be a distraction (both PRUs). During the second term, another magician joined the workshops in Victoria Drive, and having two magicians present was described in a magician's diary as having made a positive impact on the general mood of the workshops.

In Ealing Primary Centre, all children performed a trick early in the programme, while in Victoria Drive, all children performed a trick by the sixth workshop. Teachers mentioned that the children assigned value to the props and that it would be meaningful for them to be able to take things home. The magicians reflected on the fact that this needs to be considered ahead of time, as the items to be taken home should be easy tricks for them to accomplish. Additionally, ensuring there is enough budget for the 'change bags' to be taken home was also noted by the magicians. Children were happy to take home items at the end of the first programme. However, during the first workshop of the second programme, children were disappointed that they would not be able to take their magician sets home. The magicians reflected on the need for the children's expectations to be managed, because some of the tricks will be too difficult to complete at home.

Having fewer children in the workshops (e.g., five) was described by the magicians as resulting in a more settled workshop with less disruption, and enabling everyone to have a chance to perform, which wasn't always possible with a larger group. Some of the tricks were also described as not suitable by the magicians, due to the age (video), or the environment across both PRUs. In Ealing Primary Centre, they sometimes ran out of time to perform, due to time taken to practise, and the magicians noted that recapping only one trick moving forward would mitigate this. Midway through the workshops in Victoria Drive, one magician noted that they did not have enough material to cover the entirety of the programme. In at least one workshop, they did not have enough materials for each child so had to adapt to a different trick (Victoria Drive), and in two other workshops in Ealing Primary Centre, the magicians noted the quality of materials was not sufficient for the tasks.

Support and investment from staff

Both PRUs highlighted the importance of PRU staff members being invested and involved in the delivery of the programme. From the perspective of a Breathe Arts Health Research team member, the programme felt quite embedded into the PRU settings.

In particular, Ealing Primary Centre was viewed as having a strong relationship with the Breathe Arts Health Research team. One Breathe Arts Health Research team member described how there was a sense of pride at Ealing Primary Centre regarding the programme, and the partnership and working relationship was described as being very successful. The Breathe Arts Health Research team member noted that even new staff coming into Ealing Primary Centre seemed to be aware of the importance of the programme. The internal communication between PRU staff members at both Victoria Drive and Ealing Primary Centre was praised by the Breathe Arts Health Research team, but Ealing Primary Centre were particularly noted as being committed to the programme. It is worth noting that Ealing Primary Centre and the Breathe Arts Health Research team had an established relationship at the time of the evaluation, having worked together already on the pilot of this programme. According to one Breathe Arts Health Research team member, this was very beneficial in rolling out the programme to the two settings in the evaluation because there was an established familiarity between the magicians and the PRU staff members, as well as among the magicians and children. Victoria Drive staff said that they were committed to the programme and recognised the value in it; the fact that it had continued for the whole academic year was noted as evidence for their belief in the programme. For both PRUs, the deputy heads reportedly attended most or all workshops.

From the magicians' perspective, having PRU staff in the room be present and attentive was a key factor in the workshops being delivered smoothly. One magician stated the teachers managed behaviour needs quite well, such that they removed children from the workshop if needed. An emphasis on teachers joining in the workshops, making eye contact with the magicians, and learning along with the children, to be able to support them was shared by a PRU staff member. While there was some buy-in from senior staff demonstrated at both PRUs, the degree of commitment from the entire PRU staff differed between the two PRUs, which

posed challenges. This is elaborated on under the challenges theme. Lastly, the magicians and PRU staff members also praised the Breathe Magic for Mental Health programme manager for being a helpful source of support. For example:

“The props and the management of the practical points have been very well managed by [Breathe Magic for Mental Health programme manager] in the head office at Breathe [Arts Health Research team member]. She has been a very good liaison between the magicians and the schools, for making sure that each side is achieving what they're trying to achieve.” (Magician)

Challenges in the delivery of Breathe Magic for Mental Health

While the programme was recognised by staff as having an overall positive impact on children, some inherent challenges in the delivery were identified by PRU staff members, magicians, and the Breathe Arts Health Research team. The biggest barrier identified by Breathe Arts Health Research team and magicians was varying investment from the participating PRUs. Disagreements in children's reasonable adjustments at one of the PRUs was also identified from all perspectives. Finally, some challenges in working consistently with freelance magicians were identified at both PRUs, by all staff groups.

Disagreement over reasonable adjustments

Although both PRUs said delivery of the programme had been flexible and adapted to the needs of the children, there were disagreements about children's reasonable adjustments. In particular, staff in Victoria Drive said the method of teaching the magic tricks (not the tricks themselves) could be rigid, and not in line with the children's needs. For instance, the magicians asked children in Victoria Drive to sit on fixed chairs, and keep their hands on the table, to demonstrate that they were focused and listening. According to staff at Victoria Drive, this language and expectation was not familiar to the children, nor in alignment with the approach of the PRU. As a lot of their children had attention deficit hyperactivity disorder (ADHD), the act of keeping their hands on the table was described as physically difficult for them. Another Victoria Drive staff member felt that reasonable adjustments for their children were not allowed:

“I think that our environment is very nurturing. And so, the children help themselves to fruit. Because our children are ADHD, we don't ask them to

sit on fixed chairs. We have wobble stools. [...] What we found was the magicians wanted the children to be sitting on fixed chairs. So for us, that was a bit counterintuitive for us and the way we work with our children. I can understand that there are strict protocols but that one we didn't quite understand because we wanted to engage the children." (PRU staff member)

Another example of a disagreement in flexibility of the workshops was regarding eating during the workshops. From the point of view of the Breathe Arts Health Research team and one magician, children being allowed to eat fruit during a workshop was disruptive and could make the equipment dirty. However, from the perspective of a Victoria Drive staff member, they did not wish to discourage children from eating as they may not have received a snack when at home, particularly in light of the cost-of-living crisis. According to a Breathe Arts Health Research team member, holding the workshop at a different time of day (just after lunch) rather than at the end of the day could lead to less snacking, as children may not be as hungry.

The body break implemented at Victoria Drive was also viewed as disruptive by a Breathe Arts Health Research team member, because it tended to last longer than the agreed five minutes, therefore decreasing the teaching time. This disconnect in agreeing on reasonable adjustments may come from the fact that the Breathe Arts Health Research team felt that they had not been provided with sufficient background information regarding the children. While one staff member at Ealing Primary Centre said that the Breathe Arts Health Research team was informed about the children's triggers, a Breathe Arts Health Research team member shared that they were not provided with sufficient accessibility information from either PRU. In the absence of this information, they found it difficult to offer suggestions about the workshop, to encourage children to engage more:

"I think a lot of the children have other needs that, maybe, we're not privy to in terms of their care plans and maybe their occupational therapy support and having, sort of, sensory items that might support them within the [Breathe Magic for Mental Health workshops] [...] If I knew some of their backgrounds, [..], their social situations, where they've come from, looked-

after children. We don't know any of that. So I think that would have been quite important to know in hindsight in terms of then supporting the content and what we're delivering.” (Breathe Arts Health Research team member)

Inconsistencies caused by magicians working on a freelance basis

A challenge identified in both PRUs was the inconsistency in who would be delivering the workshops. In the initial stages of the programme, the magicians delivering the programme would switch around and change depending on who was available to deliver the programme. However, it was fed back from Victoria Drive that the children may be reluctant to trust adults and may have fractured relationship with adults in their lives. Therefore, the changing nature of trusted adults was not helpful. Children may have also been reluctant to form new relationships repeatedly or may have been disappointed if they had formed a relationship with a certain magician, and that magician did not return consistently. It is worth noting that a Breathe Arts Health Research team member stated that the consistent availability of freelance artists is a challenge “across the board at Breathe [Arts Health Research]”. A solution was found for this programme, by having a rota of familiar magicians deliver the workshops, where the children would know three to four magicians. A Breathe Arts Health Research team member shared that this did not always work out logistically, but the children liked getting to know a handful of magicians and learning more about them.

From one of the PRU staff member's perspective, this solution was dealt with in advance and quickly, and therefore their children were prepared. However, from the Breathe Arts Health Research team's point of view, they found this expectation of providing consistent magicians challenging. Since the magicians that worked with the programme were freelance artists, they may have received other opportunities to perform and hence may not have always been available. A Breathe Arts Health Research team member mentioned that eight weeks was too long for a freelance magic circle magician to commit to being available. They also mentioned that it had been difficult for the Breathe Arts Health Research team and magicians to think of high-quality impactful content for a long period of time. Committing to one whole academic year of this programme in its current format was described as being unsustainable by a Breathe Arts Health Research team

member due to the availability of the freelance magicians. From Victoria Drive's perspective as well, a shorter programme could increase engagement and retain the children's attention and excitement to a further extent. Meanwhile, from the perspective of Ealing Primary Centre, they would want the programme to run more frequently in the long term: a staff member shared wanting to have the programme run twice a week, which would allow them to also offer it to younger pupils, and see an even better impact on their children's outcomes.

Mixed investment from PRU staff members

One magician and a Breathe Arts Health Research team member highlighted the differences in delivery between the two PRUs, with some challenges being mentioned at Victoria Drive. While it was acknowledged that Victoria Drive was vocally very pleased with, and excited about, the programme, the support during the workshops was described as not matching that at Ealing Primary Centre, according to one magician. Although a senior staff member from Victoria Drive said that their staff had demonstrated investment in the programme by attending every Breathe Magic for Mental Health workshop, and liaising with the Breathe Arts Health Research team, this was in contrast to what was shared by a Breathe Arts Health Research team member. The Breathe Arts Health Research team member said that there was much less evident support from senior staff at Victoria Drive, compared to Ealing Primary Centre. Apart from mixed support from staff, a magician noted that sometimes there was only one person present in the room for support at Victoria Drive, or at some points no teachers from the PRU were present. The magician shared that this lack of support had made it challenging to deliver the programme:

“I know, speaking to some of the magicians, they would say, oh, the kids at Victoria Drive were more difficult to handle or had more severe problems. But I think it's impossible to say that I think if they had the support that Ealing Primary Centre had, you know, I think it would have been very different. So yeah, when we're trying to teach something quite specific and it does need a lot of focus, even a simple magic trick, you know, little distractions make a huge difference. And I think knowing that at Ealing Primary Centre they couldn't get away with it. And at Victoria Drive they could. Yeah. All those little things added up to just feeling like we couldn't

really deliver the programme as successfully at Victoria Drive, I think.”
(Magician)

Another magician also emphasised the importance of teachers being present and paying attention in the workshop. The magician said that in general (not specific to one PRU), some teachers took more of a “back seat”, especially if the workshop was facilitated by only one magician, and they did not listen to the magician’s instructions. In the absence of the teachers being involved, the magician had to leave the front of the room and help individual children, which left other children to get distracted. It was also mentioned by a Breathe Arts Health Research team member that Ealing Primary Centre was more forthcoming with feedback and reflections on how things had gone, while it would have been helpful to get more detailed feedback from Victoria Drive. Two Breathe Arts Health Research team members reflected on whether the programme being free for the two PRUs had impacted buy-in, with one sharing:

“I think, in some ways, it has been slightly less helpful that it has been free of charge to the pupil referral units. Even if there was a small contribution from them, it might have helped the balance slightly, but we might not have then run a programme at all. I don't know, but whether there's investment from the beginning might mean there was better... it was more equal, maybe.” (Breathe Arts Health Research team member)

A Breathe Arts Health Research team member said that the two PRUs differed in their set up; while Ealing Primary Centre had some part time pupils, they generally had a consistent set of children who attended from Monday to Friday, Victoria Drive had children who attended part-time, and were in mainstream schools for the remaining days. Therefore, according to the Breathe Arts Health Research team, there may be differences in the amount of administrative work required for the two PRUs, and therefore varying capacities, as well as the relationship that the staff had with their children.

From the magicians’ diaries, in Ealing Primary Centre, focus and attention of the children from the first workshop of the whole programme was described as very good, with great support from the teachers provided. While good engagement overall was noted in both PRUs, there were several times when the challenges of listening to instructions and concentration were noted throughout the programme,

particularly in Victoria Drive. In Ealing Primary Centre, losing focus was described at the end of some workshops, but generally very positive throughout. When the magicians recapped tricks in the workshops towards the end of the programme, the magicians said that the children had remembered how to do them, which suggests a good level of concentration and engagement, despite the disruptions experienced. A difficult day in Victoria Drive (as described by a teacher) had impacted the workshop, with less engagement and more disruption noted by the magicians. During at least one workshop in both PRUs, the teachers were described by the magicians as a disruption. This was due to them talking, their non-engagement in the workshop (Victoria Drive) and their general approach to individual children and the workshop (Ealing Primary Centre). Towards the end of the second round of the programme in both PRUs, improved focus and self-reflection were observed by the magicians. Despite this, a general sense of end of term fatigue was noted by the magicians in both PRUs, but this seemed to be tolerable and to be expected.

Suggestions for future delivery of the programme

As presented in the sections above, the programme generally had a positive impact on the children who engaged with it. Although there were some challenges in the delivery of the programme, there were several highlights as well. Building on this reflection, all staff groups provided their thoughts on how to amend the programme going forward.

Involvement of multi-disciplinary specialists

The Breathe Arts Health Research team and PRU staff members mentioned involving other specialists besides magicians in the programme, for future delivery. A PRU staff member noted that some of their children had communication difficulties, and therefore coming up with a creative story about a magic trick may be challenging. Teaming up with a speech and language therapist and providing children with sentence stems for example would have facilitated the story building aspect of magic:

“Could we have a bank of resources that... story maps or words, magic words, or things that we could use in the future? Because they definitely have done that, for I think we definitely could have... in hindsight, you can

always do things a bit more structured, a bit more differently. I think that would be useful as well.” (PRU staff member)

A Breathe Arts Health Research team member also reflected on whether a clinician or special educational needs coordinator could have been involved from the very beginning, to learn more about the background and additional needs of the children, so that the programme could have better facilitated their learning. Lastly, another Breathe Arts Health Research team member shared the idea of making this programme a multi-art-form programme, where activities besides magic are offered, but magic is kept as the common thread that connects all the activities. Different workshops such as magic, arts and crafts, and circus skills could be delivered throughout the year, which was described as potentially taking the pressure off the magicians, by bringing in other artistic facilitators. The Breathe Arts Health Research team member who made these suggestions also noted that this may keep a wider range of children engaged, since they could cater for several interests. At the same time, it was noted that this may not be compatible for the PRUs, as this would mean lots of different adults coming and going.

Revised format

Children dropping into workshops without clearly defined goals to work towards was described by magicians as less productive in Victoria Drive. Additionally, children joining part way through the programme was also found to be disruptive in Victoria Drive as they were behind the other children in terms of general knowledge about magic and learning the tricks. However, this was not the case in Ealing Primary Centre, where new children joining part way through were described as enjoying taking part and learning the new tricks, yet there was a draw on time because it took longer to recap the tricks the newer children had not yet seen, which meant that there was not much practising time left in the workshops.

Planning and co-designing

A magician said that the programme felt a bit “back to front” in terms of its design and planning. It was mentioned that collaborating with the magicians right from the start in terms of what was possible would have been helpful. From the Breathe

Arts Health Research team's perspective as well, more research and co-design prior to delivery would be helpful for the future:

“If we were in another pupil referral unit, [...] we'd just need to really understand the structure of that pupil referral unit because my learning is that they are actually very different. So, I think we'd have to really factor in some bit of research, and co-design, and partnership development before delivery. I think that's a really key piece of learning, as much as the schools can afford. That's the slight problem, that they're so stretched, but that's hopefully something we could embed, moving forward.” (Breathe Arts Health Research team member)

It was also mentioned by another Breathe Arts Health Research team member that this programme was set up at speed, and it was harder to make changes once the programme had already begun. It was noted that the current format had been trialled at Ealing Primary Centre and rolled out in Victoria Drive in a prescribed way. Going forward, the Breathe Arts Health Research team member said they would like to involve the PRUs in the co-design process, to make the programme more bespoke to each PRU.

The magicians in Victoria Drive reflected on the need to ensure the props are sturdy enough not to break, e.g., for one trick, the string could break. This is to ensure the children's confidence is not affected by things going wrong that are outside of their control. Another reflection from the magicians was that some tricks were too difficult across both settings due to the motor skills required, e.g., undoing paper clips. Additionally, the children in Victoria Drive were described by magicians as becoming overwhelmed when new tricks were introduced, and at the end of workshops when watching others perform.

Analysis of outcomes and administrative data

Survey responses, completed by teachers, were collected every half term, i.e., at six timepoints in total. Table 3 represents the number of responses submitted each half term, providing an overview of attrition rates at each timepoint. Given that children could join the programme partway through, 'baseline' corresponds to the first submitted response, rather than the response submitted in the first half term, 'four responses submitted' corresponds to a response submitted for the fourth time, rather than a response submitted in the fourth half term, and so on. As seen in this table, there was a significant drop off in responses submitted after the fourth timepoint. To maximise the sample, we analysed the impact of attending Breathe Magic for Mental Health workshops over time for:

- 22 pupils for whom we received at least two responses.
 - We compared baseline scores to the last available scores (i.e., approximately between one to eight months), and baseline scores to the second available scores (i.e., across an average of one half term).
- 15 pupils for whom we received at least four responses.
 - We calculated the average change in scores across four timepoints (i.e., across an average of five months).

Table 3: Rate of survey completion

Baseline response submitted	Two responses submitted	Three responses submitted	Four responses submitted	Five responses submitted	Six responses submitted
23	22	18	15	8	5

Change between first and last available scores (between one to eight months): Child Behaviour Rating Scale

To assess the impact of attending all offered Breathe Magic for Mental Health workshops, first and last submitted survey responses were analysed. Please note that a child's 'last' varied, depending on when they joined the programme. For example, for one child the duration between baseline and last available score was one month, while for another child it was eight months. A comparison of average

scores (N=22) showed a statistically significant increase¹ in reported social and interpersonal skills (Figure 3), as well as a statistically significant² increase in reported self-regulation (Figure 4). Please refer to the Appendix for more details of the statistical tests used and the p-values observed (Table 14).

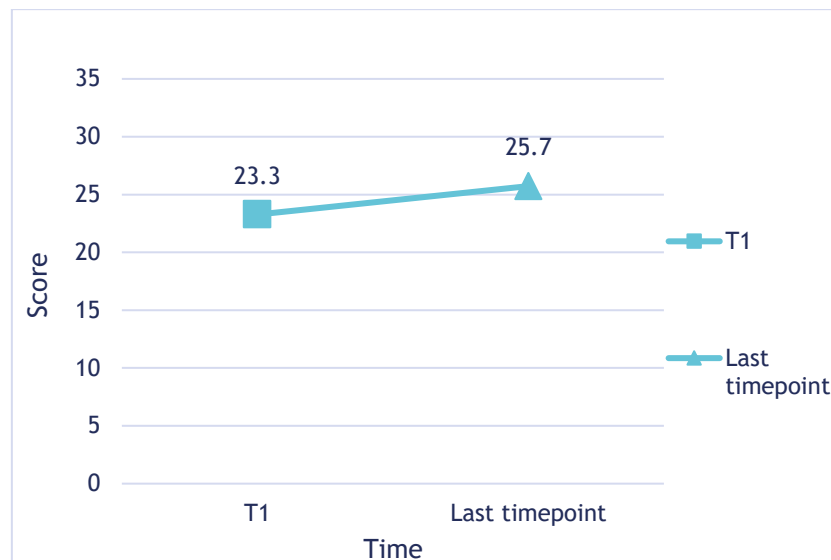


Figure 3: Average social and interpersonal skills score

Note. 'T1' refers to timepoint 1.

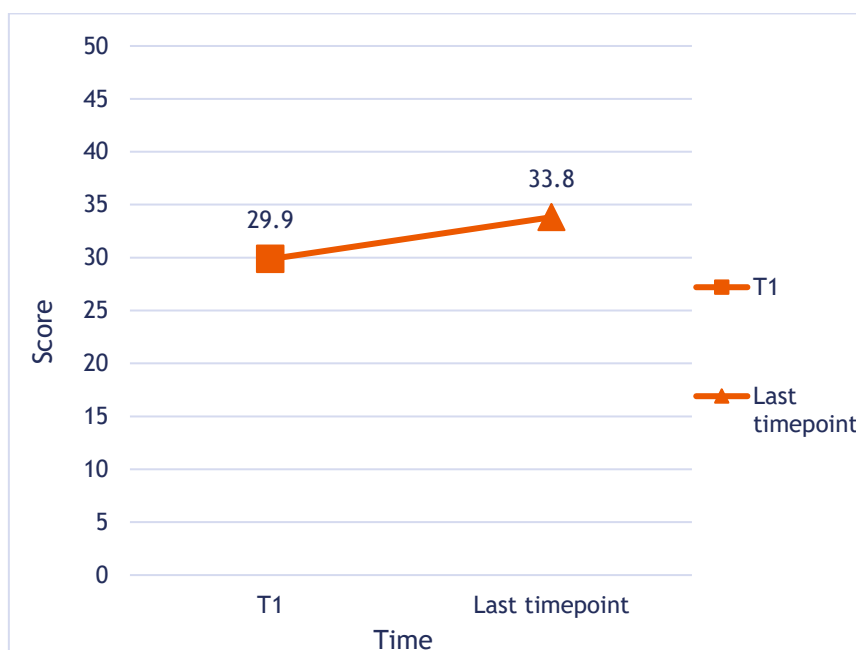


Figure 4: Average self-regulation score

Note. 'T1' refers to timepoint 1.

Change between first and last available scores (between one to eight months): confidence and engagement

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 5). With regards to level of engagement in the workshops, teachers reported that 64% (14/22) improved, while 36% (8/22) did not improve (see Figure 6). Please note: to suppress small numbers (≤ 3), two categories ('stayed the same' and 'declined') were combined into 'did not improve'.

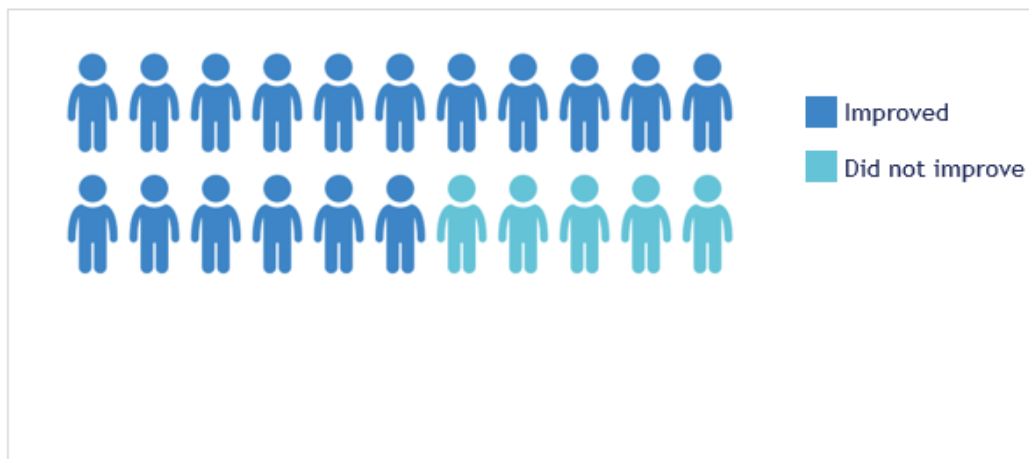


Figure 5: Confidence and ability to perform in front of others or in general



Figure 6: Level of engagement in the workshops

Change between first and second available scores (on average one half term): Child Behaviour Rating Scale

To assess the impact of attending at least one workshop of Breathe Magic for Mental Health, survey responses across an average of one half term were analysed across both PRUs. A comparison of average scores (N=22) showed a statistically significant increase³ in reported social and interpersonal skills (Figure 7). A comparison of average scores (N=22) showed a small increase in reported self-regulation scores. Although a small positive change can be seen in Figure 8, this was not found to be statistically significant⁴, i.e., it is likely to have occurred by chance. Please refer to the Appendix for the observed p-values.

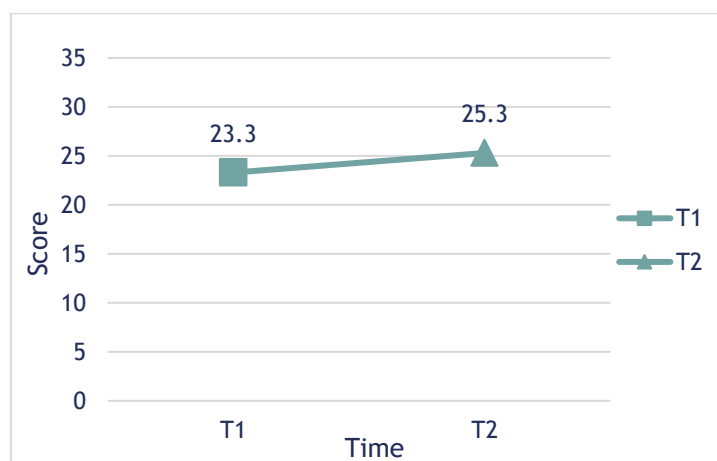


Figure 7: Average social and interpersonal skills score

Note. 'T1' refers to timepoint 1. 'T2' refers to timepoint 2

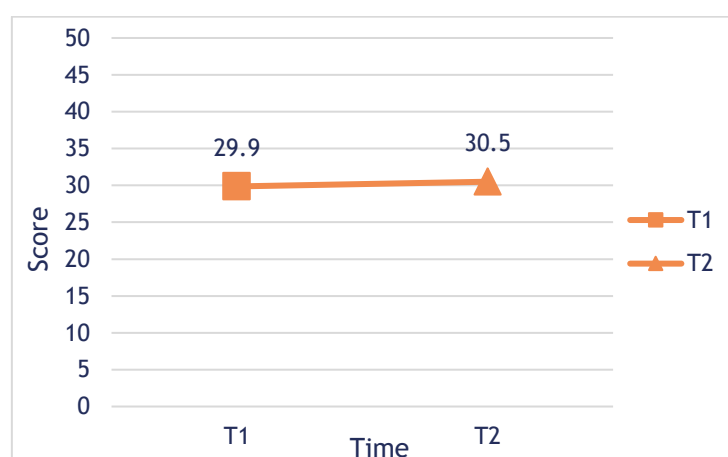


Figure 8: Average self-regulation score

Note. 'T1' refers to timepoint 1. 'T2' refers to timepoint 2

Change between first and second responses (on average one half term): confidence and engagement

In terms of confidence and ability to perform in front of others or in general, more than half of the children (12/22; 55%) were reported to have shown an improvement in scores between first and second responses, while 45% (10/22) were not reported to have shown an improvement (see Figure 9). In terms of level of engagement in the workshops, teachers reported that 59% (13/22) improved, while 41% (9/22) did not improve (see Figure 10).



Figure 9: Confidence and ability to perform in front of others or in general



Figure 10: Level of engagement in the workshops

Change between first and fourth available scores (on average five months): Child Behaviour Rating Scale

To assess how social and interpersonal skills and self-regulation changed over time, we analysed scores for children whose teachers had submitted at least four survey responses for them (N=15). These were submitted across an average of five months. Due to the high attrition rate after the fourth survey response, we did not analyse fifth and sixth survey responses in this analysis. This allowed us to maximise what we can interpret from the data across time, i.e. by focusing on a sample of 15 rather than five (see Table 3). As seen in Figure 11, average social and interpersonal skills score rose overall over across an average of five months. Figure 12 illustrates change in average reported self-regulation scores across four timepoints.

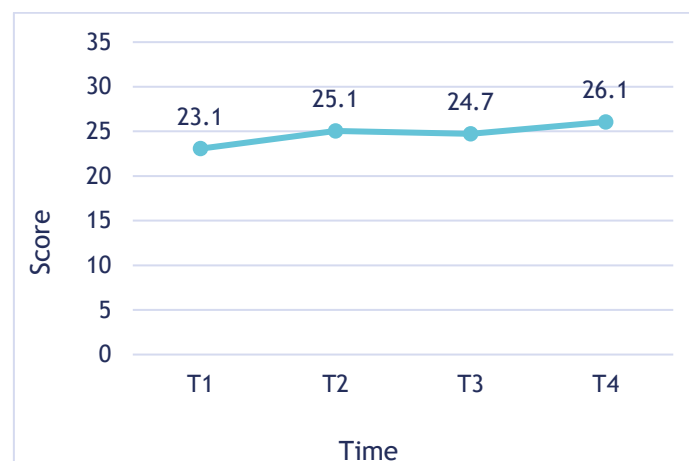


Figure 11: Average social and interpersonal skills scores

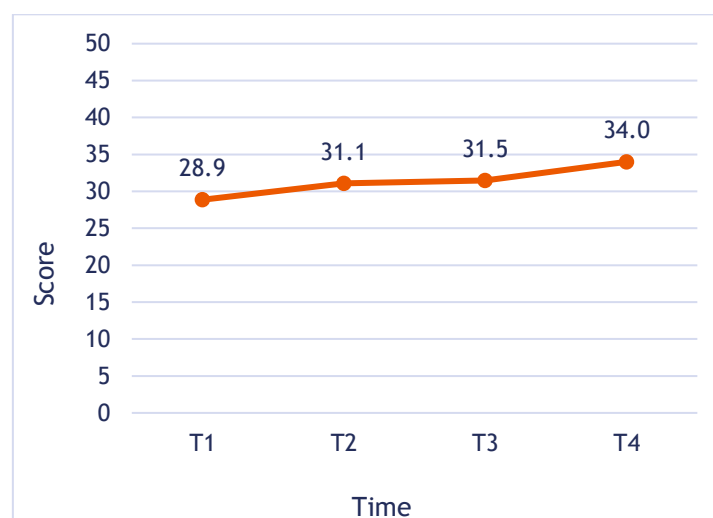


Figure 12: Average self-regulation scores

Change between first and fourth available scores (on average five months): confidence and engagement

Between the first and fourth survey responses, teachers reported that the majority of children's confidence improved (13/15; 87%), while 13% (2/15) did not improve (see Figure 13). In terms of engagement in the workshops, nearly three quarters (11/15; 73%) showed an improvement, while over a quarter (4/15; 27%) did not improve (see Figure 14).

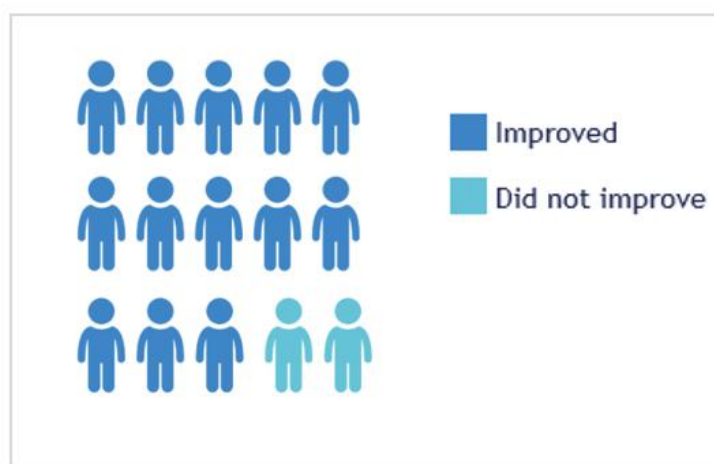


Figure 13: Confidence and ability to perform in front of others or in general



Figure 14: Level of engagement in the workshops

Demographic information

The participating children's demographic data was collected by both PRUs. Table 4 to Table 13 provide an overview of the information available. Small numbers (defined as ≤ 3) have been suppressed in the tables, to prevent identification of individuals.

Table 4: National curriculum year group

National curriculum year group	N	%
2	≤ 3	-
3	5	22
4	≤ 3	-
5	7	30
6	6	26
Total	23	100

Table 5: Children's sex

Sex	N	%
Female	4	17
Male	19	83
Total	23	100

Table 6: Children's ethnicity

Ethnicity	N	%
Asian or Asian British	4	17
Black, Black British, Caribbean or African	5	22
Mixed or multiple ethnic groups	7	30
White or White British	6	26
Other ethnic group	≤3	-
Total	23	100

Table 7: Free school meals

In receipt of free school meals (currently or in the last 6 years)	N	%
No	8	35
Yes	15	65
Total	23	100

Table 8: Pupil premium

In receipt of the Pupil Premium (currently or historically)	N	%
No	12	52
Yes	11	48
Total	23	100

Table 9: Care of local authority

Currently or previously care of a local authority (looked after)	N	%
No	23	100
Yes	-	-
Total	23	100

Table 10: Child in need status

Child in need status	N	%
No	22	96
Yes	≤3	-
Total	23	100

Table 11: Post looked after arrangements

Post looked after arrangements (i.e., adopted from care, left care under a special guardianship order or left care under a residence order)	N	%
No	23	100
Yes	-	-
Total	23	100

Table 12: Child protection plan

Subject to a child protection plan	N	%
No	23	100
Yes	-	-
Total	23	100

Table 13: SEN provision

Provision types under the SEN Code of Practice	N	%
Education, Health and Care Plan	7	30
Special education needs support	16	70
Total	23	100

Attendance

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 regarding PRU sessions in 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. No further information regarding Breathe Magic for Mental Health workshop attendance was provided.

Final half term

In the final half term (2 June 2025 to 17 July 2025), from the information available, all children were attending Victoria Drive part time (5/5; 100%). Information about PRU sessions was provided for five children. From the information available, there were no authorised or unauthorised absences. No further attendance data was provided for PRU sessions in the first half term.

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. No further information regarding Breathe Magic for Mental Health workshop attendance was provided.

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. Information about PRU sessions was provided for eight children in the first half term (3 September 2024 to 25 October 2024). Of these, the four children who missed a session due to authorised absences had attendance rates ranging from 83% (20 sessions attended out of an offered 24) to 97% (74 sessions attended out of an offered 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

From available information, 64% (9/14) of the children were attending Ealing Primary Centre part time, while 36% (5/14) of the children were full time. Information about PRU sessions was provided for 11 children in the final half term (2 June 2025 to 18 July 2025). Of these, the five children who missed a session due to authorised absences had attendance rates ranging from 29% (8 sessions attended out of an offered 28) to 93% (26 sessions attended out of an offered 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.

Strengths and limitations

This report draws on rich information from the varied and in-depth interviews, spanning staff perspectives from a range of roles associated with the programme and PRUs. While interviews were small in number, this reflects the size of the programme and the size of the PRUs. However, there is also important context to the findings that needs to be considered.

The support from the Breathe Arts Health Research team for our evaluation and to the PRUs made a huge difference to the smooth running of our evaluation, and the amount of data it was possible for us to collect through the online surveys.

However, this may not be a sustainable approach for the ongoing monitoring of the progress of the programme. Additionally, despite the best efforts of the evaluation team and Breathe Arts Health Research colleagues, the survey responses did reduce at the end of the programme, and the attendance data from the PRUs was inconsistent. It is also worth noting that due to the structure of pupil referral units, children may come in and out of the PRUs regularly, hence making it even more challenging to collect follow up data. This was highlighted by one of the Breathe Arts Health Research team members in an interview. Nevertheless, we creatively maximised what we could get from the data and have been able to provide analysis on both the survey and the administrative data set. Indeed, a Breathe Arts Health Research team member also noted that despite the challenges in data collection, teachers did collect some survey data at all timepoints.

Discussion

Overall, 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, which supports previous research (see, [9]). 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 positive outcomes achieved by the children were described as being attained faster than they had previously observed, i.e., over the course of a term rather than a school year. Additionally, when comparing Figure 13 to Figure 9; greater improvements in confidence and ability to perform were reported for children who attended more Breathe Magic for Mental Health workshops. However, we cannot necessarily attribute these improvements to solely Breathe Magic for Mental Health workshops, although it may have been one of the positive influences.

The benefits were described as transferring to the mainstream setting, with improved attention and engagement being seen there in addition, suggesting an impact beyond the programme. The children's sense of pride and achievement described by staff was highlighted as an especially important factor for the children who took part in the programme, because they may not feel a sense of achievement or success in other parts of their lives, particularly in relation to schoolwork and attendance. Children experiencing success in the magic tricks was identified as the mechanism for increased confidence. It was noted that lack of confidence and low self-esteem were prevalent within the cohort but that the programme's design and delivery encouraged this to develop in a safe and reflective space.

Staff observed increased engagement and focus by the children as the programme progressed. Children were able to re-engage after disruption and maintain engagement over the course of the programme, with the children attending most workshops. Some children struggled a little when having to wait their turn, but there was an understanding that this was necessary. These observations of increased engagement and confidence were reinforced by the teacher survey data which showed improved confidence and engagement for most children over both shorter and longer periods of participation.

A comparison of average scores of the Child Behaviour Rating Scale between the first and the last session showed a statistically significant improvement in social and interpersonal skills. This was also observed over a shorter timeframe

suggesting that there is an impact even after just six sessions of participation. This improvement in peer relationships and communication was also observed by staff, all of whom provided examples of improved communication and listening skills. How the children interacted with one another and worked in partnership, was identified as a positive outcome by programme staff. Again, there were indicators that these changes may be transferring into other contexts, with children feeling more able to ask questions in other contexts.

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, which supports previous research that performing magic may provide children with a safe and playful context within which they can exert authority and control [10]. The consistent structure of the sessions was felt to reinforce this. The provision of magic tricks that the children could take home to share what they had learnt with their families was also seen as a beneficial aspect of the programme.

While the programme was recognised by staff as having an overall positive impact on children, some inherent challenges in the delivery were identified by PRU staff, magicians, and the Breathe Arts Health Research team. The biggest challenge was the variability of investment by staff in the participating PRUs. Implementation was most successful when communication with staff was strong and engagement of staff within the session joining in alongside the children, was expected. While some buy-in was noted in both PRUs, differences in the commitment to the programme were described by the magicians and Breathe Arts Health Research team. Strong buy-in and communication between Ealing Primary Centre and Breathe Arts for Health Research was attributed to a good prior relationship. It may be that differences in the set up in the PRUs contributed to the level of commitment or attention they were able to give to the programme on the ground. For example, Victoria Drive's children attended part time, which may have limited the time commitment possible from the staff, and meant that there were

differences in the relationships between the PRU staff and the children, compared to those in Ealing Primary Centre, who attended full time.

Both magicians and PRU staff 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. For example, providing shorter sessions (30 minutes), breaks, running workshops with two magicians, having fewer children in each workshop, reviewing the length and content of videos, only recapping one trick in each workshop, no longer including a magic trick that was just for demonstration and removing apparatus when not being used. 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. Adapting to the needs of the children is particularly important in the PRU setting, with the children having high levels of mental health, wellbeing and neurodevelopmental needs. However, in some instances PRU staff and the magicians were not able to 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. The magicians described the children practising tricks outside of the workshops and being happy when they mastered them.

The magicians themselves were seen to be a key facilitator of the success of the programme. School staff praised their calm friendly and patient natures, as well as their ability to engage children. The importance of the trust and relationships built with the magicians was emphasised. In addition, the professionalism of the magicians, and their credentials of performing on the world stage were considered factors that contributed to the credibility of the programme. It was not always possible to have a consistent magician throughout the programme. This was identified by PRUs as a challenge, particularly for children who may struggle to

build trust. Preparing children in advance and developing a rota system were both approaches used to mitigate the impact of this variability.

As outlined in the recent consultation [6], Ofsted plan to increase their focus on those with special educational needs and/or disabilities, and on the behaviours and attitudes, attendance and personal development and wellbeing of pupils, which means the implementation of Breathe Magic for Mental Health in PRUs is well placed to work towards these shared aims.

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 in a range of areas including improved engagement, focus, confidence and self-esteem, communication and positive peer relationships and resilience. Our findings suggest that a creative and novel programme of support was delivered in the two PRUs, with clear links made by staff between the outcomes seen by the children and specific elements of magic. Some points for reflection have also been identified, which include readiness or buy-in at all levels of the settings, and some practical aspects of the programme delivery that it is suggested may be agreed through a co-design phase at each new site before delivery begins.

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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Appendix

A person's score on an outcome measure may increase or decrease in a way that is individual to them, due to individual circumstances. These individual differences affect data analysis and interpretation, such as the average change. If another group of children with similar characteristics took part in a similar intervention and their scores were analysed, we would expect at least a slightly different result, due to these individual changes. This difference is referred to as 'random variation'. When looking at the change in average scores between baseline and the second timepoint, and baseline and the last timepoint, we use a matched-pairs permutation test to test if an average change in scores is larger than what might be expected due to random variation. This test involves comparing the actual change to an estimate of the average changes that could occur due to random variation. Having completed this test, we conclude if the average change is statistically significant, by comparing the p-value to the significance level of 0.05. If the p-value is less than 0.05, we reject the null hypothesis that the difference in scores is the result of random variation, i.e., we can conclude that the change being observed is unlikely to have occurred by just chance.

Table 14: Observed p-values

p-value range	Observed p-value	Description
0 - 0.05	¹ 0.006	Average change is very unlikely to occur by chance
0 - 0.05	² 0.004	Average change is very unlikely to occur by chance
0 - 0.05	³ 0.012	Average change is very unlikely to occur by chance
> 0.05	⁴ 0.671	Average change is a result of random variation