Department for Education

Partnerships for Inclusion of Neurodiversity in Schools (PINS)

Interim evaluation report

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Government Social Research

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Abbreviations

AY	Academic year
CAMHS	Child and Adolescent Mental Health Services
CPD	Continuous professional development
CVSE	Community, Voluntary and Social Enterprise sector
DfE	Department for Education
DHSC	Department for Health and Social Care
EHC plan	Education, Health and Care plan
FSM	Free school meals
GIAS	Get Information About Schools
ICB	Integrated Care Board
IDACI	Index of Deprivation Affecting Children Index
IEP	Individual Education Plan
INSET	In-service education and training
LA	Local Authority
LSA	Learning support assistant
MAT	Multi-academy trust
MI	Management information
NHSE	National Health Service England
NNPCF	National Network of Parent Carer Forums
Ofsted	Office for Standards in Education, Children's Services and Skills
OPAL	Outdoor play and learning
OT	Occupational therapist
PCFs	Parent carer forums (or other parent carer-led groups)
PE	Physical education

PINS	Partnerships for Inclusion of Neurodiversity in Schools
QED	Quasi-experimental design
SEMH	Social, emotional and mental health needs
SENCO	Special Educational Needs Co-ordinator
SEND	Special educational needs and disabilities
SMART	Specific, measurable, achievable, relevant, time-bound
TA	Teaching assistant
ToC	Theory of change
URN	Unique reference number

Headline findings

There is strong support from all stakeholders for the Partnerships for Inclusion of Neurodiversity in Schools (PINS) programme that aims to improve outcomes for neurodivergent pupils. Support for the programme is driven by increased identification of neurodivergence and the associated growth in demand for support, in the context of resource constraints and longstanding challenges accessing specialist support within schools.

The PINS model realised key features in practice, including:

- a joined-up approach between the Department for Education (DfE) and NHS England (NHSE) in partnership with the National Network of Parent Carer Forums (NNPCF)
- a requirement for partnership working between the NHS, local authorities and schools
- engagement between parent carers and schools, facilitated by local parent carer forums or parent carer-led groups
- engagement from school senior leadership
- working within a framework that prioritises a whole-school approach to neurodiversity
- delivery of bespoke support in response to specific needs of schools.

Schools value the distinctive aspects of PINS, particularly the volume of face-to-face support, including coaching and mentoring within the school environment, as well as input from practitioners, especially health professionals such as occupational therapists (OTs) and speech and language therapists.

PINS activity has been mobilised in schools relatively successfully. Participation has been high, and attrition has been low. There have been implementation challenges associated with:

- the tight timescales driven by conditions of funding
- the capacity of the NHS and other partners to mobilise specialist support at the required volume
- the ability of schools to receive all the training within the delivery period
- the ability of leaders and Special Educational Needs Coordinators (SENCOs) to cascade training to staff working in teaching and non-teaching roles.

There is emerging evidence of positive effects on leadership, culture and values; teaching and learning; environment; communication; readiness to learn; and parent carer engagement. In accordance with the programme's Theory of Change, measurable impacts on pupil outcomes were not anticipated at this stage of the evaluation; however, some teachers and practitioners suggested that these may emerge in the longer term.

There are early signs of system impact, such as improved collaboration between partners and greater prioritisation given to neurodiversity.

Sustained relationships have been fostered between schools and practitioners in some instances, extending beyond the formal delivery period. Despite enthusiasm for adopting new working methods, few project teams described concrete plans or structures for implementing them when asked about sustainability. Additional resources and/or more evidence of the scale and nature of the impact are required before Integrated Care Boards (ICBs) make any future commissioning decisions beyond the national programme, which is set to conclude on 31 March 2026.

There is strong support for the 'embed' offer for existing schools, as well as the expansion of the 37.5 hours of support to new schools. An ongoing programme is likely to be more successful if:

- the full allocation of support is consistently commissioned and delivered
- sufficient time and resource are available for preparation, design, recruitment, commissioning, onboarding and implementation
- opportunities are identified to embed PINS within wider strategies on Special Educational Needs and Disabilities (SEND) that are needs rather than diagnosis-led
- schools and partners share tools, case studies and evidence-based models to reduce duplication and ensure a more consistent approach nationally.

There is considerable variation in delivery models because of the highly tailored and bespoke support that schools received. Different types of interventions delivered to schools, e.g. written resources, coaching, in person CPD, did not emerge as a significant factor in explaining why some schools reported more positive impact compared to others.

There is some emerging evidence suggesting that impact is more likely to be achieved for schools that enter the programme with lower self-assessment scores and for teachers with less than 5 years' experience in their role or in the profession. This highlights the importance of the school starting position in the recruitment and selection process.

PINS has helped to strengthen relationships between system partners and with schools. Project teams, practitioners, PCFs and schools have all described improved communication, greater mutual understanding and more collaborative working methods.

Wider contextual factors that are likely to influence the ongoing delivery and impact of PINS on longer-term outcomes include changes to operational models for NHSE and ICBs and workforce challenges in relation to specialist staff, as well as ongoing challenges concerning the level and complexity of SEND support needs, and resource constraints and attrition among staff who engaged in PINS training, particularly SENCOs.

Executive summary

This is the Year 1 report for the evaluation of the Partnerships for Inclusion of Neurodiversity in Schools (PINS), led by CFE Research and Cordis Bright with academics from the University of Exeter.

PINS aims to bring together the education and health workforces to offer bespoke, whole-school support to mainstream primary schools, enabling them to better identify and meet the needs of neurodivergent children and improve their outcomes. PINS was designed to offer online and face-to-face support, including coaching and mentoring, tailored to schools' needs identified through a self-assessment process. In addition, local PCFs were brought in to support greater parent carer engagement with participating schools. During year 1 of the programme (financial year 2024/25), each participating school was offered up to 37.5 hours of targeted support in addition to support from a PCF or other parent carer-led group to establish parent carer engagement sessions. Participating schools will receive further support to help sustain and embed learning from year 1 in the second year of the programme.

Methodology

A feasibility study ruled out the possibility of a quasi-experimental design. As a result, a mixed methods approach was implemented involving:

- a baseline and follow-up survey of schools completed by 5,405 and 1,036 staff, respectively
- case study research in 10 schools at 3 timepoints, involving interviews with headteachers, SENCOs, teaching and support staff, local PCF and other parent-led group representatives, practitioners and pupils
- 2 rounds of focus groups with local project team members, including local authority (LA) and ICB representatives
- a partnership survey of 117 local project team members and wider stakeholders
- a workshop with 9 PCF representatives
- series of reflective workshops that involved 35 practitioners across education and health services.

Three secondary sources supplemented this primary data:

- analysis of administrative data on school level characteristics conducted by DfE
- management information (MI) collated by ICBs comprising individual school self-assessment scores and the volume, type and focus of the training and support commissioned

- the results of a survey of PCFs designed and administered by the National Network of Parent Carer Forums (NNPCF).

Implementation and delivery of PINS

Nationally

There was strong enthusiasm for PINS across all stakeholder groups, particularly its focus on neurodiversity, its whole-school approach, joint stewardship from the DfE and NHSE, and emphasis on parent carer engagement, with national oversight provided by the NNPCF. Aspects of implementation that would benefit from being strengthened included: ensuring greater flexibility in national timelines and resources to support implementation locally; ensuring PINS was joined-up with other SEND initiatives; directing support to schools with the greatest identified gaps in provision and support for neurodivergent pupils; and more detailed national guidance and resources to support roll-out, reduce duplication, and improve quality and consistency.

Locally

All key partners (ICBs, LAs and PCFs or other parent carer-led groups)[1] were successfully involved in the design and implementation of PINS. Working in partnership was consistently valued and perceived to strengthen the programme.

ICBs had commissioned the required volume of support (37.5 hours or more per school) in 48% of schools. The reasons for not commissioning the full volume of support include:

- tight timescales for implementation [2]
- lack of capacity among specialist staff, particularly from health disciplines
- limited capacity of schools to receive the training and support on offer. In some cases, creative solutions were deployed to overcome these constraints and mobilise specialist expertise. However, these often relied on the strength of existing relationships, and, for sustainability, more formal commissioning and a better understanding of local workforce opportunities will be required.

[1] Throughout this report, the term PCF refers to Parent Carer Forums or other parent carer-led groups, to acknowledge that other parent carer-led groups, that were not affiliated to the PCF network, had both strategic roles in planning and delivering PINS as a key partner to ICBs and were also involved in delivering parent carer engagement sessions in PINS schools.
[2] Implementation included submitting delivery plans, recruiting schools, assessing school's requirements, and commissioning partners to deliver within a 6-month window from March to September 2024.

In schools

Schools were keen to engage with PINS. The increasing prevalence and identification of neurodivergence amongst pupils, the focus on strengthening links with parent carers and the opportunity to receive support tailored to their needs were all highlighted as key motivators. School attrition was minimal over the year, with 93% of schools remaining actively engaged with the programme at the end of year 1 (financial year 2024/25). Implementation of the required support was varied. While only 22% of schools reported receiving the full 37.5 hours of support, 9% claimed to have received more than this. Three-fifths (59%) of schools reported that they were unable to utilise the full 37.5 hours of support, and another 10% were unsure of the number of hours they had received. Schools that did not take up the full offer most commonly indicated that this was due to difficulties integrating the programme into existing school planning cycles at short notice.

A wide range of school roles engaged in PINS. Schools with active engagement from senior leadership and where those in teaching and support roles received face-to-face training were more confident to implement change, consequently reducing their reliance on SENCOs.

Generally, the support received by schools was judged to be of high quality. Still, it could be further strengthened by better systems for sharing insights and resources, improved quality assurance of materials, dedicated coordination roles, and more co-creation across ICBs and nationally. Overall, PINS support was considered to meet schools' needs. One-fifth (21%) of survey respondents reported that their needs were 'fully met' and a further three-fifths (58%) indicated their needs were met 'to some extent'.

For parent carer engagement

Overall, the involvement of PCF representatives was considered important and helpful to schools. The parent carer survey conducted by PCFs was judged useful; however, some challenges led to limited responses in certain areas. Nearly all (93%) schools delivered PCF-led parent carer engagement sessions, and PCFs were seen as instrumental in fostering connections between schools and parent carers. The level of reach into the parent carer body varied, despite concerted efforts from PCFs and most schools.

Impact of PINS

Schools

PINS is perceived to be contributing to positive changes in most schools, although the scale of the impact after year 1 was relatively modest. Survey results highlighted some statistically significant progress in the following domains: leadership, culture and values; teaching and learning; environment; and communication. Regression analysis showed that schools with a lower overall self-assessed competency score at baseline were more likely to demonstrate positive impact over the course of PINS to end of March 2025 for leadership, culture and values, teaching and learning and environment. The analysis also demonstrated that staff in the early stages of their career and/or role benefited most from the support. There are no discernible models of delivery or intervention types that correlate with positive impact for schools. This reflects the programme design, which ensures schools receive bespoke and varied support tailored to their needs.

Pupils

Although evidence of perceived improvements in pupil outcomes is currently limited, some teachers and practitioners suggested that these may emerge in the longer term. Evidence from case study schools highlighted some positive changes in relation to the well-being, attendance, attainment and behaviour of some pupils which were attributed, at least in part, to PINS.

Parent carers and schools

Following delivery of their parent carer engagement sessions, PCFs often reported positive impacts on the relationships between schools and the parent carers who attended. Parent carer engagement in, and communication with, schools were both considered to have improved over the course of PINS. PCFs and school staff noted that some parent carers had also experienced benefits, including improved connections with the wider school community, opportunities to share learning from the PINS training with parent carers, and for parent carers to explore their own neurodiversity in a safe and supportive setting, as well as signposting to services. Work will need to continue to ensure that the parent carer voice extends beyond engagement sessions to influence strategic decision-making both within schools and local systems.

Wider system

Project teams, PCF representatives, and practitioners reported improved collaboration between system partners, a greater priority given to meeting the needs of neurodivergent pupils (both with and without a diagnosis), and an improved understanding of local needs. Further exploration of how PINS commissioning arrangements influence demand and pressures within the wider system, including the ability to deliver early intervention

alongside meeting higher-level needs, is required and will be explored further in year 2 of the evaluation.

Factors contributing to the success of PINS

Project teams, case study schools, and practitioners identified various factors that supported the success of PINS delivery and enhanced impact across schools, including:

- building buy-in through early, proactive communication with schools and securing strategic commitment of school leadership (Headteachers/SENCOs) to the programme and implementing learning
- prioritising whole-school training to drive whole-school change
- supporting schools to reflect on and embed changes through follow-up sessions and planning for sustainability
- providing direct access to specialists operating on a whole-school basis
- providing access to a diverse range of expertise, including from beyond statutory organisations
- ensuring support was bespoke, applied, and generated achievable recommendations for schools
- providing schools with as much support as possible, as those schools that received closer to the full 37.5 hours of support reported greater improvements

Factors reported to affect the success of the parent carer engagement work included:

- PCFs proactively building school buy-in and engagement in the parent carer engagement strand of PINS activity
- PCFs taking a proactive and varied approach to reaching parent carers
- PCFs facilitating constructive dialogue between schools and parent carers

Conclusions

The first year of the PINS programme has demonstrated the practicality and value of a whole-school approach that mobilises the wider system to improve support for neurodivergent pupils in mainstream primary schools.

There were encouraging signs that relationships fostered between schools and practitioners through the programme will be sustained beyond the formal delivery period. However, despite enthusiasm for maintaining new working methods, few project teams reported having concrete plans or structures in place to sustain the impact when asked

about it.[3] To increase the likelihood of implementing the PINS approach beyond the national programme, additional resources and/or more evidence of the scale and nature of the impact will be required.

There was strong support for continuing the programme to more fully embed the knowledge and skills gained from PINS within existing schools, as well as for expanding the programme to new schools. An additional year of funded PINS activity was designed in the financial year 2025/26 in response to this feedback. To maintain momentum beyond the life of the current programme, DfE and NHSE may wish to consider:

- identifying opportunities to embed PINS within wider SEND and neurodiversity strategies, rather than positioning it as a standalone initiative; many schools attributed improvements in their practice to a combination of PINS and other factors, underlining the need to integrate PINS as one element within a broader package of support
- strengthening mechanisms to ensure that the appropriate volume of support is commissioned and delivered to schools that can benefit most, in light of the positive association between the volume of support provided, the baseline competency of schools, and the likelihood of impact
- ensuring sufficient time is allocated for preparation, design, recruitment, commissioning, onboarding and implementation
- developing mechanisms for sharing tools, case studies and evidence-based models to reduce duplication and increase consistency, while maintaining flexibility for local areas and practitioners to tailor resources for schools
- how to sustain a strategic role for local PCFs, ensuring sufficient resources to support the sustainability and scaling up of parent carer engagement activities

In parallel, wider contextual factors are likely to influence the ongoing delivery and impact of PINS on longer-term outcomes. These include changes to operational models for NHSE and ICBs, as well as workforce challenges related to specialist staff. There are also ongoing challenges related to the level and complexity of SEND support needs, and to resource constraints and attrition among staff who have engaged in PINS training, particularly SENCOs.

[3] At the time of the interviews, ICBs had not been asked to formally consider how PINS could be sustained outside the national funding period, so it would be unlikely that they would have structures in place at this point.

Introduction

This is the interim report for the evaluation of the Partnerships for Inclusion of Neurodiversity in Schools (PINS) programme, led by CFE Research and Cordis Bright with academics from the University of Exeter.[4] The report assesses the effectiveness of the setup and implementation of PINS during its first year. It explores emerging impacts on staff, and how schools work with parent carers and the wider education and health system to develop more inclusive approaches to meeting the needs of neurodivergent pupils. It also examines the extent and nature of changes implemented in response to the learning and insight from PINS, and their perceived impact on pupil outcomes.

The PINS programme

In March 2023, the Department for Education (DfE) and the Department for Health and Social Care (DHSC) jointly published the SEND and Alternative Provision Improvement Plan[5] that outlined an ambition to create a more inclusive mainstream education system that will enable children to reach their full potential, build parent carers' trust in the system and provide financial sustainability so that spending shifts towards early intervention. PINS was part of a suite of reforms that aimed to improve the early identification of support for children with neurodivergence and speech, language, and communication needs, ensuring that their needs were identified earlier and that appropriate support (whether universal, targeted, or specialist) was put in place at an early stage. PINS was part of the government's wider ambition to build capacity in mainstream education, so all those working with children with SEND have the knowledge and skills to do so. PINS also aligned with the priorities set out in the NHS Long Term Plan[6], particularly on SEND, language development and neurodiversity provision.

With £13m from the Shared Outcomes Fund, PINS aimed to bring together the education and health workforces to offer whole-school support to mainstream primary schools, helping them better identify and meet the needs of neurodivergent children and improve their outcomes. DfE and NHSE jointly led the programme with strategic input from the NNPCF, which was planned and delivered by 40[7] ICB systems during the 2024/25 financial year. Each system included representatives from LAs and PCFs, or other parent carer-led groups, within the ICB's footprint. Each ICB was contracted to commission 37.5 hours of training and support for approximately 40 schools in their area, and to provide £1000 per school in funding to support PCFs in delivering the parent carer engagement strand of the programme. Typically, the first half of the financial year (April to August 2024) was used to develop delivery plans, recruit, assess schools' requirements, and commission bespoke support. Support was delivered to schools from September to

[4] Dr Abigail Russell and Dr Darren Moore, University of Exeter.
[5] SEND and alternative provision improvement plan - GOV.UK.
[6] Fit for the future: 10 Year Health Plan for England - executive summary (accessible version) - GOV.UK.
[7] Two ICBs worked together. In total, 40 out of 42 ICBs were involved in PINS in year one.

March; however, many project teams continued to recruit and assess schools during the first term (September – December) of the academic year (AY) 2024 to 2025, with delivery starting later in some schools and continuing beyond March 2025.

All mainstream primary schools were eligible for PINS support. Although DfE completed analysis of administrative data on pupil characteristics to identify the 40 schools in each ICB area with the highest potential need[8] for PINS support (including, although not limited to percentage of pupils: known to be eligible for free school meals; with Education Health and Care plans (EHCPs), on the SEND Register), DfE and NHSE afforded ICBs and their partners the autonomy to select schools, including by drawing on local contextual knowledge and expressions of interest from those that wished to take part. The support was intended to be bespoke to each school's needs, as identified through a self-assessment process aligned with the six domains of the Ofsted framework.[9] A range of practitioners with expertise in SEND and neurodiversity, including 'experts by experience', delivered the training and support. PINS was, therefore, designed as a needs-led rather than a diagnosis-led programme.

The PINS programme has been extended until March 2026, with evaluation activity continuing until October 2026. Support will expand out to approximately 30 new schools within each participating ICB area, with some support offered to help embed learning in schools that took part in year 1 of the programme.

[8] Pupil characteristics data included the percentage of pupils: known to be eligible for free school meals; with Education Health and Care plans (EHCPs), on the SEND Register; with a learning difficulty; with speech and language need; with a hearing impairment; with a visual impairment; with an autism diagnosis; with a social, emotional and mental health (SEMH) need; who had experienced a formal suspension; and the Income Deprivation Affecting Children Index (IADCI) ranking of the school, based on school postcode.
[9] The 6 domains in the Ofsted framework that was in place in February 2024 were: Leadership, Culture and Values; Mental Health; Readiness to learn; Teaching and learning; Environment and Communication. Drawing on insight from the self-assessment and subsequent discussions, ICBs and schools jointly agreed the priorities for training and support through PINS.

Evaluation aims and objectives

During year 1, the evaluation sought to address 3 aims and 8 associated objectives to provide insight into the effectiveness and early impacts of PINS:

Aim 1: Understand how PINS was implemented and identify any barriers to delivery.

- Objective 1: Explore how PINS was designed in each ICB area and the variation in the delivery models
- Objective 2: Assess to what extent ICBs were able to deliver PINS as intended

Aim 2: Determine how, and to what extent, PINS improved schools' ability to support neurodivergent pupils and if this improved pupil outcomes.

- Objective 3: Determine how and to what extent PINS improved child outcomes
- Objective 4: Determine how and to what extent PINS improved parents' perceptions and confidence in the SEND system
- Objective 5: Determine how and to what extent PINS improved schools' ability to support neurodivergent pupils

Aim 3: Assess the acceptability, suitability, and benefit of PINS being rolled out more widely.

- Objective 6: Ascertain if PINS is acceptable to key stakeholders
- Objective 7: Identify any unintended consequences associated with PINS
- Objective 8: Assess the suitability and benefit of scaling PINS

Evaluation methods

A feasibility study was conducted during the initial scoping phase of the evaluation to explore the viability of a quasi-experimental design (QED) for measuring the impact of PINS on pupil outcomes. The study concluded that a QED was not feasible, given the time constraints for the evaluation, along with factors such as the approach to school selection,[10] the geographical coverage of the programme and the variation in the training and support commissioned. Therefore, a theory-based approach was adopted, underpinned by a Theory of Change (ToC) developed by DfE and refined in collaboration with NHSE, the NNPCF and the evaluation team (see Appendix 1).

[10] Schools were selected through a variety of mechanisms including direct approaches from ICBs, in geographical clusters, through expressions of interest, directed through a trust or multi-academy trust (MAT).

Evidence and insight into the outputs delivered in year 1, the immediate outcomes achieved, and the wider contextual factors that have acted as barriers and enablers to the programme's success to date were collected through a mixed-methods approach. Secondary data analysed included DfE national administrative data,[11] MI collated by ICBs and an NNPCF survey of 65 PCF representatives. This was extended by a range of primary research with key stakeholders, as summarised below.

Schools

- A baseline survey completed by 5,405 staff in a range of leadership, teaching, support and administrative roles in 741 (49%)[12] schools in the autumn term of the AY 2024 to 2025.
- A follow-up survey completed by 1,036 staff, predominantly in leadership and teaching roles, in 497 (35%)[13] schools in the summer term of the AY 2024 to 2025, enabled respondents to provide pre- and post-training and support scores across a few key variables for each domain.
- Individual or group interviews with headteachers, SENCOs, teaching and support staff, local PCF representatives, practitioners, and pupils (neurodivergent and neurotypical) as part of case study research in 10 schools located in different ICB areas; interviews for all case study areas were conducted at 3 points during the AY 2024 to 2025.

System partners and practitioners:

- Two rounds of focus groups with local project team members that were fulfilling a range of strategic and project management roles in PINS (including both ICB and LA stakeholders): in Round 1, 41 stakeholders representing 39 ICB-led systems discussed the design, commissioning, and delivery of PINS; in Round 2, 30 stakeholders from 21 systems discussed the impact of PINS.
- A partnership survey of 117 local project team members and wider stakeholders involved in the commissioning, design, planning and/or resourcing of PINS from 33 systems; the survey captured stakeholders' perspectives on the set-up and implementation of the programme, the extent to which it helped to develop or strengthen relationships between system partners and the perceived impacts on schools, parent carers and pupils.
- A workshop with 9 PCF representatives who had delivered PINS interventions in 7 systems to supplement the case study interviews.

[11] Get Information About Schools (GIAS).
[12] 49% of 1,669 schools that, according to the Round 1 MI, were engaged in PINS at the time of the baseline survey.
[13] 35% of the 1,428 schools that, according to the Round 2 MI, were still active in the programme at the time the follow-up survey was administered.

- A series of reflective workshops involving 35 practitioners across the education and health sectors to supplement the insights from the case study interviews; the workshops focused on the PINS set-up and implementation, and the impact of training and support aligned with the 6 domains in the Ofsted Framework.

See Appendix 2 for further details on the approach and the characteristics of the achieved samples.

Analytical approach

A range of approaches were deployed to support the analysis and synthesis of the quantitative and qualitative data collected and collated across all strands of the evaluation.

Quantitative data

The MI was linked to school-level data. Descriptive analysis was conducted to identify programme reach, that is, the number and characteristics of schools that engaged in PINS during year 1, and the extent and nature of the training and support commissioned in response to identified needs and priorities. Given the diversity and flexibility of the support delivered, it was not possible to identify discernible delivery models that were most effective.

The baseline survey, along with school self-assessment scores, provided insight into schools' starting points before their involvement in PINS. The analysis explores respondents' perceptions of the effectiveness of current approaches to SEND support, and the knowledge, skills, confidence, and competence of staff in supporting neurodivergent pupils. Statistical data on the impact of PINS on staff, schools and outcomes for pupils has been drawn from the analysis of the follow-up survey, which asked respondents to rate their level of agreement with a series of statements related to the desired outcomes from PINS 'before' and 'after' their school's involvement and report on the proportion of any change attributed to the programme. The survey data were linked to relevant MI and administrative data using the school's Unique Reference Number (URN). School-level data[14] were used along with respondent characteristics[15] in regression analysis to determine the factors associated with changes in outcomes.[16] The regression focuses on 18 of the 50 outcomes for which the level of agreement increased by at least 1 point on the 7-point scale for at least half of the respondents (see Appendix 4 for further details of the regression).

[14] 'Level of competency' derived from the self-assessment score along with geographical location (rural vs urban), number of pupils and proportion of pupils eligible for free school meals (FSM), proportion with an EHC Plan, and proportion with SEND.
[15] Job role and length of service in current role.
[16] All report findings are significant at a minimum of $p > 0.05$.

The survey of system partners was analysed at the level of the whole sample because of the small base sizes for key partner types, e.g., NHS commissioners, NHS delivery partners, local authorities, PCFs, or other parent carer-led groups.

Qualitative data

The case study research, interviews, focus groups and workshops generated a high volume of qualitative information which was collated and analysed thematically. Interviews and workshops were audio-recorded and transcribed verbatim where practical, with detailed notes written when this was not possible (e.g. during more informal in-person school visits). NVivo software was used to perform deductive coding, informed by a coding framework developed to answer key evaluation questions on the implementation and impact of the PINS programme. The weight of evidence from different participant groups was considered as part of the thematic analysis to enable consensus and disparity in the views of different respondent groups to be surfaced.

The primary and secondary quantitative data, along with qualitative insights, informed each section of this report. The qualitative and quantitative evidence were triangulated, reviewed, and challenged in an iterative process to identify commonalities and divergences, thereby building a robust analysis of the findings.

Implementation and delivery of PINS

This chapter considers the setup and implementation of PINS at the national, local, and school levels, including the delivery of the parent carer engagement strand.

Setup and implementation of the national PINS programme

Alignment with existing initiatives and stakeholder priorities

There was strong enthusiasm for PINS across stakeholder groups and widespread support for its focus on developing whole-school approaches to neurodiversity. ICB project teams and practitioners often noted that PINS aligned well with previous national programmes, such as Autism in Schools,[17] and local initiatives. This helped local implementation by enabling systems to build on existing work, including by adapting forums and resources already in use, as well as local SEND strategies and improvement plans.

Practitioners occasionally highlighted that some schools found it challenging to engage with multiple, overlapping initiatives, even when the aims were consistent. ICB project teams also occasionally reported that aligning the governance and delivery of PINS with wider initiatives required additional time and resources from them and could be challenging. This view was reflected in the partnership survey findings: 21% of respondents disagreed or strongly disagreed, and 23% were unsure that 'PINS was sufficiently joined up with other local neurodiversity and SEND activity'.

Joint leadership by health and education

The joint leadership of PINS by DfE and NHSE was widely welcomed as a step towards a more integrated response to rising prevalence and awareness of neurodivergence.

The decision to have ICBs lead delivery locally was broadly supported as a way to ensure meaningful health involvement in a programme focused on education settings. While some project team stakeholders suggested that LA education teams might have been better placed to lead, given their established relationships with schools, it was generally recognised that placing ICBs in this position helped to embed health input as part of a broader whole-school approach. However, stakeholders agreed that LA involvement was critical to the programme's success, given their understanding of school contexts, delivery pressures, and planning cycles.

A view expressed occasionally by project teams was that multi-academy trusts (MATs) could be more consistently engaged in local programme governance and planning.

[17] Autism in Schools was a national project funded by NHSE to improve school experiences for autistic children and young people in mainstream schools.

Logistical challenges around sign-off and approvals in MAT-led schools were reported, and more engagement with MATs could help address these issues.

Involvement of the parent carer voice

Project teams typically perceived that a key and distinctive strength of the programme was the involvement of the NNPCF, as a key partner in the national programme, and the requirement for local areas to involve PCFs in programme design and in the delivery of parent carer engagement sessions.

Project teams sometimes reported that working in full coproduction across all aspects of PINS was challenging due to tight timelines and varying capacity and readiness. These challenges were occasionally echoed by PCF representatives, who reflected that their involvement came too late or was more limited than intended. The tight timescales also restricted the use of the parent carer survey results in programme design.

School selection

The PINS programme guidance specified that all mainstream primary schools were eligible for the programme. DfE provided analysis of administrative data on school-level characteristics, including persistent absence and suspensions, to support local teams in identifying schools with the highest potential need for PINS support. Local project teams also appreciated the flexibility to use their own mechanisms, including local intelligence, to select and recruit their cohort of schools.

In practice, decisions about school engagement were often shaped by pragmatic considerations, such as the need to mobilise quickly within 6 months, existing geographical clusters, and the schools' capacity and willingness to engage in PINS.[18] DfE identified 40 schools in each ICB with the highest potential need for PINS support, yet only 16% (n=270) of these schools participated in the programme. Only two-fifths (39%) of Cohort 1 schools had above-average proportions of pupils with SEND and free school meal (FSM) eligibility (43%). This led to concerns among some project teams and practitioners about whether the programme was reaching the schools that could benefit most. Two-thirds (66%) of respondents in the partnership survey reported that they were either unsure (38%) or disagreed/strongly disagreed (28%) that the 'schools most in need of PINS in their local area received it'. Project team stakeholders occasionally indicated that a more strategic, nationally guided approach to school selection was needed to address this.

However, it is also unclear whether closer adherence to the DfE's list of the highest-potential-needs schools would have led the schools most in need of support to engage in

[18] For instance, some areas invited schools to submit an expression of interest: 56% of schools reported in the baseline survey that they had been recruited in this way.

PINS. The regression analysis of the survey found no significant association between being in the high-potential need group and improved outcomes. Instead, positive change was significantly associated with lower self-assessment scores before starting PINS.

The school survey and case study research provided evidence that many schools began their engagement with the programme from a relatively high baseline level of self-reported competency and confidence.

Some stakeholders suggested that a longer lead-in period would have created more opportunities for project teams to identify, engage, and secure buy-in from higher-need and potentially less engaged schools, thereby reducing the need for an expression of interest model. Additionally, longer setup times may have helped schools accommodate training, especially by allowing them to earmark in-service education and training (INSET) days for PINS.

Framework for local implementation

The national PINS programme provided a framework to support local delivery of a whole-school approach to neurodiversity, structured around six domains:

1. Leadership, Culture and Values
2. Mental Health
3. Readiness to Learn
4. Teaching and Learning
5. Environment
6. Communication

A self-assessment tool and menu of support were issued to help teams design and commission activity broadly aligned with each domain.

Project teams welcomed the structure these tools provided. However, they reported that the menu of support was too high-level to give the direction needed to inform the design of activities effectively. Many project teams felt that more detailed national guidance on what constitutes good, evidence-based practice in each domain was required to support effective/efficient programme implementation, while still allowing for local adaptation to the needs of schools.

Both project teams and practitioners suggested that learning from year 1 should be used to refine national guidance and produce additional support materials. They called for the national programme to collate and share case studies of effective delivery, along with audit tools and training content. This was perceived to be important for two main reasons:

- **increase efficiency:** While national programme guidance encouraged the use of existing resources, local teams often created bespoke materials from scratch, practitioners reported that adapting existing resources to their local context and focusing on delivery would have been a more effective use of the time and funding available.
- **improve quality and consistency:** PINS introduced new working methods for many practitioners, particularly clinicians, delivering whole-school interventions rather than individual support for the first time; greater visibility into what was being delivered was regarded as important for ensuring consistency, avoiding duplication, and aligning with best practice.

Timescales for planning and delivery

The relatively short lead-in time of less than 6 months and the 2-term delivery period for PINS were consistently identified by all stakeholder groups as the main barrier to optimal commissioning, design, and implementation. In the partnership survey, 4 out of 5 respondents (80%)[19] disagreed or strongly disagreed that 'the timescales for delivery had been sufficient to implement PINS'.

Stakeholders reported that a more extended timeframe would have strengthened the programme's effectiveness by enabling:

- **more robust commissioning and design,** including a more structured procurement and planning, commissioning of more clinical input where capacity challenges were greater, and the development of tailored, high-quality resources
- **stronger co-production with parent carers:** including space to work more strategically with PCFs, ensuring insights from lived experience and the parent carer survey shaped delivery, and parent carers can be more actively involved in school-facing activity
- **more engagement with schools:** including more opportunities to bring on board schools with lower self-assessed competency scores, with less experience of engagement with specialist practitioners, and to co-produce more tailored support with participating schools
- **better alignment with school planning cycles:** including making it easier to schedule delivery around INSET days, often scheduled more than a year in advance; this would support schools to spread activity over a full academic year to improve reach and ensure more meaningful engagement

[19] 47% strongly disagreed and 33% disagreed.

Level of funding

The additional and ring-fenced funding provided to ICBs for the delivery of PINS was welcomed and regarded as vital for enabling delivery in a challenging financial environment. There were mixed views, however, regarding the sufficiency of financial resources provided for PINS implementation: 44% of respondents to the partnership survey agreed or strongly agreed that 'sufficient financial resources were provided to their local area to implement PINS'. In comparison, 37% disagreed or strongly disagreed with this statement.

Project team members and practitioners often reported that the funding did not adequately cover the planning required. Rather than compromise the 37.5 hours of delivery promised to schools, several project teams noted that this additional time was absorbed by the partners involved in implementing PINS. Looking ahead, adequate resourcing for planning and project management is essential to sustain the programme and maintain consistency across areas.

Views on whether the funding per school for PCFs was sufficient also varied; 23 respondents to the NNPCF survey agreed or strongly agreed it was sufficient, 30 disagreed or strongly disagreed, and a further 10 were neutral on this issue. The challenges associated with mobilising within budget parameters were exacerbated for some PCFs, given the high number of schools they were working with (up to 40 in some cases), the wide area they were delivering in, and their reliance on volunteer staff. Although some PCFs who responded to the NNPCF survey (n=19) employed more staff to support their work, several PCFs (n=32) indicated that the funding was not sufficient to enable them to do this (6 others gave a neutral response, and 23 indicated that funding was sufficient to employ more staff). Instead, 12 PCFs reported recruiting more volunteers to support delivery, while 33 did not increase the forum's capacity.

Setup and implementation of local PINS projects

Partnership working

Local project teams typically reported that all key partners – ICBs, LAs, and PCFs – had been successfully involved in the PINS design and implementation. This was also reflected in the partnership survey, where over three-quarters (78%) of respondents agreed or strongly agreed that 'an appropriate range of partners had been involved in the implementation of PINS in my local area'.

Project teams consistently highlighted that each partner brought something unique to the design and implementation process, with joint working through local steering groups regarded as an important enabler of effective implementation.

However, many project teams reported that meaningfully engaging all partners required significant effort, particularly given the tight timelines and limited capacity. Partnerships were forged in most areas on the strength of existing relationships, goodwill, and a shared commitment to the programme's aims.

In areas where relationships were less well-established – such as those encompassing multiple LAs or newly formed PCFs – partnership working was occasionally more challenging. Even so, stakeholders in these areas perceived that involvement in PINS had helped to strengthen collaboration, as explored further in 'The impact of PINS on the system' chapter.

Project management and coordination

Local project teams reported that effective project management was critical to the successful implementation of PINS. However, planning delivery schedules with schools and commissioning providers, completing national monitoring returns, and liaising with partners required a substantial investment of time and coordination.

While consistently highlighted as a challenge, the scale of this task varied by context. Project teams working across large geographic areas and/or rural areas with multiple LAs reported that project management placed greater demands on them than those with smaller footprints operating in more urban areas. As noted above, less well-established PCFs were also perceived to have faced significant management pressures given their smaller size and reliance on volunteer staff.

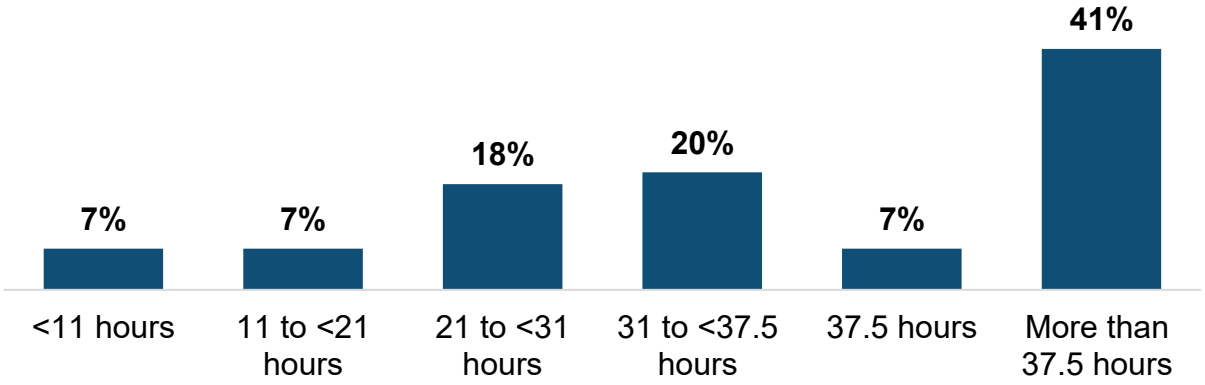
Many project teams emphasised the importance of having a dedicated project management function, with a single lead or small core team providing a central point of contact and coordination across all elements of delivery. Stakeholders also identified opportunities to reduce administrative burden. These included greater use of automation and online systems – for example, to schedule activities with schools – and a call for national programme communications and monitoring requirements to be clear and streamlined.

Volume and type of support commissioned

A total of 1,669 schools were recruited to PINS during year 1.

Local project teams were required to commission 37.5 hours of support for each participating school, but mobilising this full entitlement proved challenging. According to the MI, 37.5 hours of support or more were commissioned for just under half (48%) of schools (Figure 1).

Figure 1: Hours of support commissioned for schools by ICBs (Cohort 1, Year 1)



1 Source: Round 2 MI.

2 Base: 1,501 schools.

A range of provision types was commissioned. The most common types were 'training/CPD' and 'advice and guidance', which were commissioned for the majority of schools, along with audits (Table 1). The benefits of these different types of provision are discussed in the 'Factors contributing to the success of PINS' chapter.

Table 1: Types of support

Type of support	% of schools for which support was commissioned	Average number of interventions per school
Training/CPD	86%	5.4
Advice and guidance	72%	3.4
Audit	53%	0.8
Coaching and mentoring	43%	1.0
Support to develop resources	15%	0.2
Support to set up a group or forum	15%	0.2
Other[20]	29%	0.4

3 Source: Round 2 MI.

Base: 1,490 schools.

[20] 'Other' types of support included workshops; attending 'communities of practice events'; brokerage and introduction meetings; review of existing support; review of PINS support; meetings with parent carers.

Mobilising specialist practitioners

Mobilising sufficient capacity to implement PINS was a challenge for many project teams. Less than half (46%) of respondents to the partnership survey agreed or strongly agreed that 'there was sufficient capacity in their local area to implement PINS', and 37% disagreed or strongly disagreed with this statement.[21]

While 71% of respondents to the partnership survey agreed or strongly agreed that they were able to access 'appropriate specialist *education* professionals' to deliver PINS support to schools in their area, just 40% agreed or strongly agreed that they were able to 'access appropriate specialist *health* professionals'. Workforce shortages among specialist health professionals – such as OTs, speech and language therapists and mental health practitioners – were identified as a particular constraint. This challenge may also stem in part from health practitioners' more limited prior involvement with schools working on a whole school approach, requiring a greater shift in mobilisation.

The MI analysis showed that a range of practitioners were mobilised, with 21 roles commissioned to support delivery to schools across education, health, and other professional services (Table 2).

Table 2: Types of practitioners commissioned to deliver PINS in schools

Practitioner type	Proportion of schools
Occupational therapist	48%
Autism adviser/advisory service	43%
Educational psychologist	42%
Educational adviser/consultant/expert	35%
SEND adviser/consultant/expert	35%
Speech and language therapist	34%
Parent/carer from a PCF or alternative forum	27%
Specialist teacher	27%
Local authority education role	26%
Mental health/CAMHS[22] practitioner	25%
Community and voluntary partner	14%
Clinical psychologist	10%
Specialist nurse/school nurse/immunisation team	7%
Alternative education provider	6%

[21] 17% were unsure.
[22] Child and Adolescent Mental Health Services.

Practitioner type	Proportion of schools
Dietician/nutritionist/eating disorder specialist	6%
Parenting specialist/expert	3%
Youth worker	3%
Makaton/sign language specialist	2%
Disability adviser	1%
Family support worker	1%
SENCO from another school	1%

Source: Round 2 MI.

Base: 1,491 schools.

To secure the necessary health expertise to deliver support on a whole-school basis, project teams developed creative approaches to commissioning and mobilisation. For example, one reported reviewing the amount of direct clinical input in schools needed by upskilling LA neurodiversity advisors to act as 'OT champions'; others substituted in-person visits with online CPD sessions, including 'bite-sized modules' and implemented train-the-trainer models to cascade training or audits. Teams occasionally reported identifying alternative providers in the independent sector, which they regarded as a positive development and unintended outcome of PINS.

Across all teams, the ability to mobilise capacity, particularly within the timescales, relied heavily on strong existing relationships between ICBs and health practitioners, and on practitioners' goodwill – several examples of practitioners delivering support outside their contracted hours were given.

While these strategies enabled local areas to meet immediate delivery needs, they were not generally viewed as sustainable solutions for maintaining specialist input in schools over the longer term. This is discussed further in 'The impact of PINS on the system' chapter.

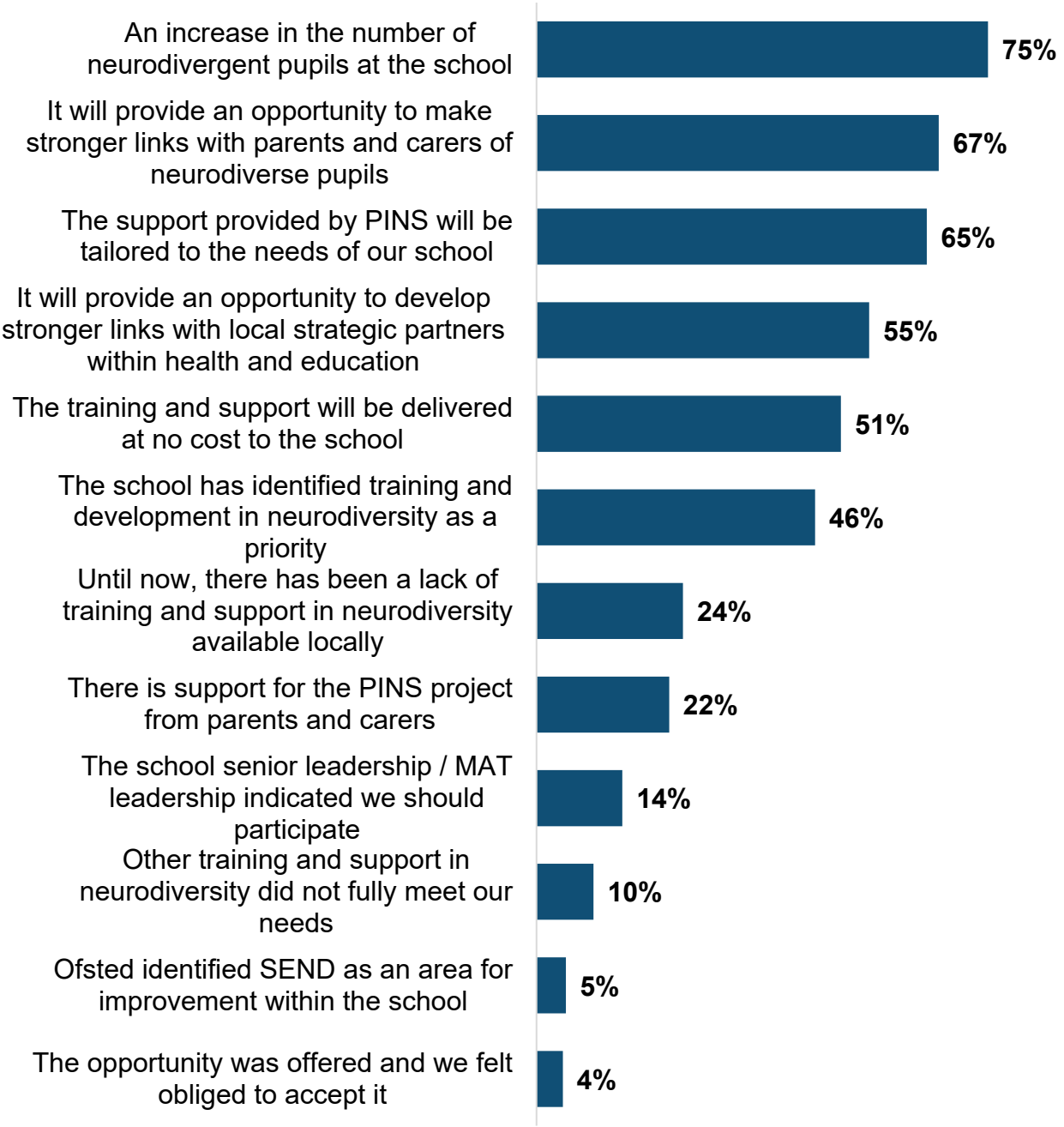
Delivery of PINS in schools

Motivations for engaging with PINS

Figure 2 shows that, for the majority of schools, the primary motivation for involvement in PINS was the increase in the number of neurodivergent pupils at their school (75%). Almost all respondents (97%) to the baseline survey of PINS schools agreed or strongly agreed that the proportion of pupils with SEND within their schools had increased over the last 5 years and that the proportion of pupils with more complex needs had also grown. As a result, less than two-fifths (37%) of baseline survey respondents agreed or strongly agreed that their school had sufficient resources to respond to the needs of SEND pupils.

Two-thirds of schools were also motivated to take part by the opportunity to make stronger links with the parents and carers of neurodiverse pupils (67%) and by the support being tailored to their needs (65%). More than half (55%) were also motivated by the opportunity to develop links with local strategic partners in health and education, and by the training being delivered at no cost to the school (51%). Many schools listed multiple motivations for participation (Figure 2).

Figure 2: Motivations for taking part in PINS



Source: School baseline survey.

Question 9: What motivated your school to take part in PINS?

Base - Leaders, SENCOs and other staff with strategic responsibility for SEND: 1,216.

Further insight into the motivations and expectations of PINS was captured during the first phase of interviews with leaders and SENCOs at case study schools. All expressed strong support for a needs-led offer to help them develop more inclusive, whole-school approaches, by:

- **increasing knowledge and understanding of neurodiversity:** PINS was perceived at the outset as an opportunity to develop the wider workforce's knowledge about neurodivergent presentations; improve staff attitudes towards, and understanding of, neurodiversity, especially dysregulated behaviours; and increase staff confidence to implement changes and make adjustments, including to teaching and learning, without relying so heavily on input from SENCOs.
- **Enhancing the school environment and infrastructure:** Most schools identified scope for improvement in their physical environment during their self-assessment. Case study interviewees also reported being attracted to the offer of practical support (e.g., sensory audits and policy reviews) to enable improvements to their school's physical environment and infrastructure, ensuring it was more inclusive, particularly for neurodivergent pupils.

Through engagement with the programme, leaders and SENCOs sought to ensure staff were equipped to identify and more effectively meet the needs of neurodivergent pupils so that more pupils made a successful transition to the next stage of their education.

Mobilising activity in schools

PINS was intended to be delivered over the first two terms of the academic year 2024 to 2025, with all activity completed by 31 March (the end of the 2024/25 financial year).

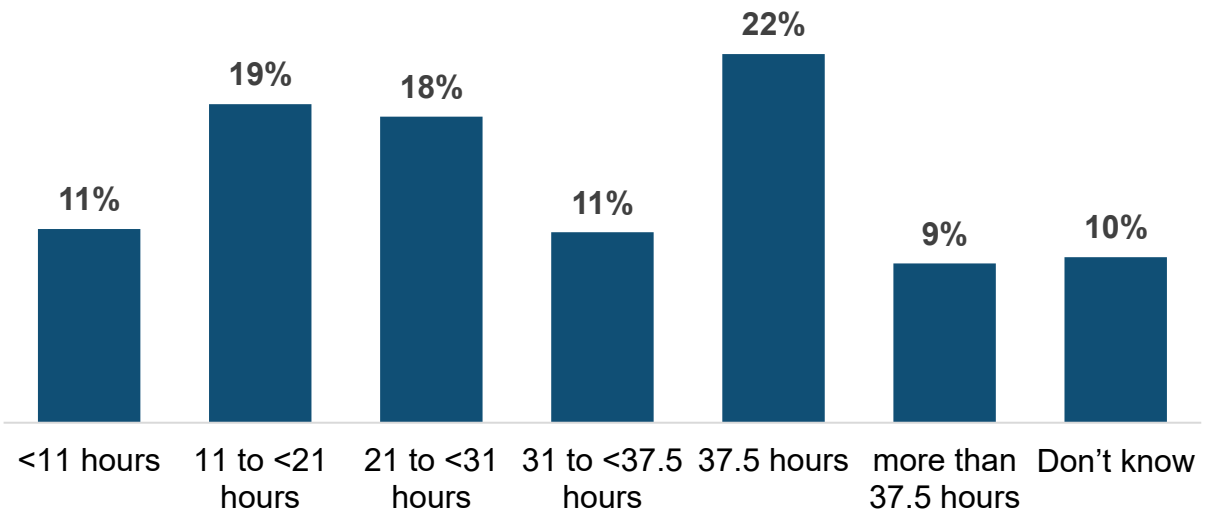
Most ICB-led systems were able to mobilise PINS activity in schools quickly, despite the reported challenges (outlined above). According to the MI, delivery had commenced in 55% of schools by the end of October and in a further 22% by the beginning of December 2024. However, mobilising and completing delivery by the end of March 2025 proved challenging for a minority. Commissioning and the associated delivery continued into the new financial year, and some delivery was planned for the summer term (after the funding period ended).

Even when teams were able to mobilise quickly, all stakeholder groups highlighted that condensing delivery into 2 terms created implementation challenges in schools. Project teams and practitioners expressed concern that the delivery timescales had added to the significant pressures already faced by some schools.

Volume and type of support delivered

The PINS programme intended to deliver 37.5 hours of direct support to each participating school. While a high level of engagement was maintained (93% of schools remained 'active' in the programme)[23], many schools reported in the follow-up survey that they did not receive all of the support that was commissioned – just under one-third (31%) reported that their school received the full 37.5 hours (or more) of support (Figure 3).

Figure 3: Number of hours of PINS support received by schools (excluding support by PCFs for parent carer engagement sessions)



Source: School follow-up survey.

Question: The PINS programme aims to deliver 37.5 hours of external support and training to each participating school during the AY 2024 to 2025. Approximately how many hours of support has your school taken up to date?

Base – Leaders and SENCOs: 545.

The disparity between the hours of support commissioned (see Figure 1) and the hours received (Figure 3) was largely explained by schools' inability to take up the full offer. Analysis of the follow-up survey and qualitative data identified several interrelated barriers to take-up. All stakeholder groups perceived that these barriers were exacerbated by the short lead-in time for the programme:

[23] According to the Round 2 MI, 93% of schools were 'active', 2% were 'inactive,' and 1% had formally withdrawn. The status of 4% of schools was unknown. The reasons for formal withdrawal from PINS include staff turnover, staff sickness and a lack of capacity to receive the training.

- **Pre-existing CPD plans:** 30% of schools reported that the offer did not align with existing CPD schedules for the AY 2024 to 2025, and as a result, training was delivered during INSET days for just one-quarter (27%) of survey respondents.
- **Releasing staff:** 43% of schools reported difficulties releasing staff for training.
- **Competing priorities:** 17% of schools reported difficulties juggling PINS alongside other pressing demands, and 12% had to cancel sessions due to unforeseen circumstances.
- **Logistical difficulties:** 15% of schools reported difficulty coordinating timetables with practitioners.

The lack of opportunity to integrate PINS into existing CPD schedules necessitated releasing staff to attend training during teaching time[24] and to deliver twilight sessions.[25] Without funding for backfill or additional payments for non-salaried staff, such as teaching assistants, this represented a cost for schools, further acting as a barrier for some.

The survey findings also suggested that this led some staff (17%) to engage voluntarily with PINS support in their own time.

Schools and project teams that did not receive the full 37.5 hours of support also identified the length of the delivery timeframe as a barrier to engagement. One-third (32%) of the schools that did not receive the full 37.5 hours cited training starting too late in the academic year to be completed by the end of March.

Delivery format

According to the Round 2 MI, face-to-face support was commissioned for almost all schools (96%), and this delivery format was consistently valued by school staff. Online support was also commissioned for most (81%). Respondents to the follow-up survey reported that most face-to-face provision was delivered at the participants' own school premises (86%). Around one-fifth (22%) accessed support at another venue.

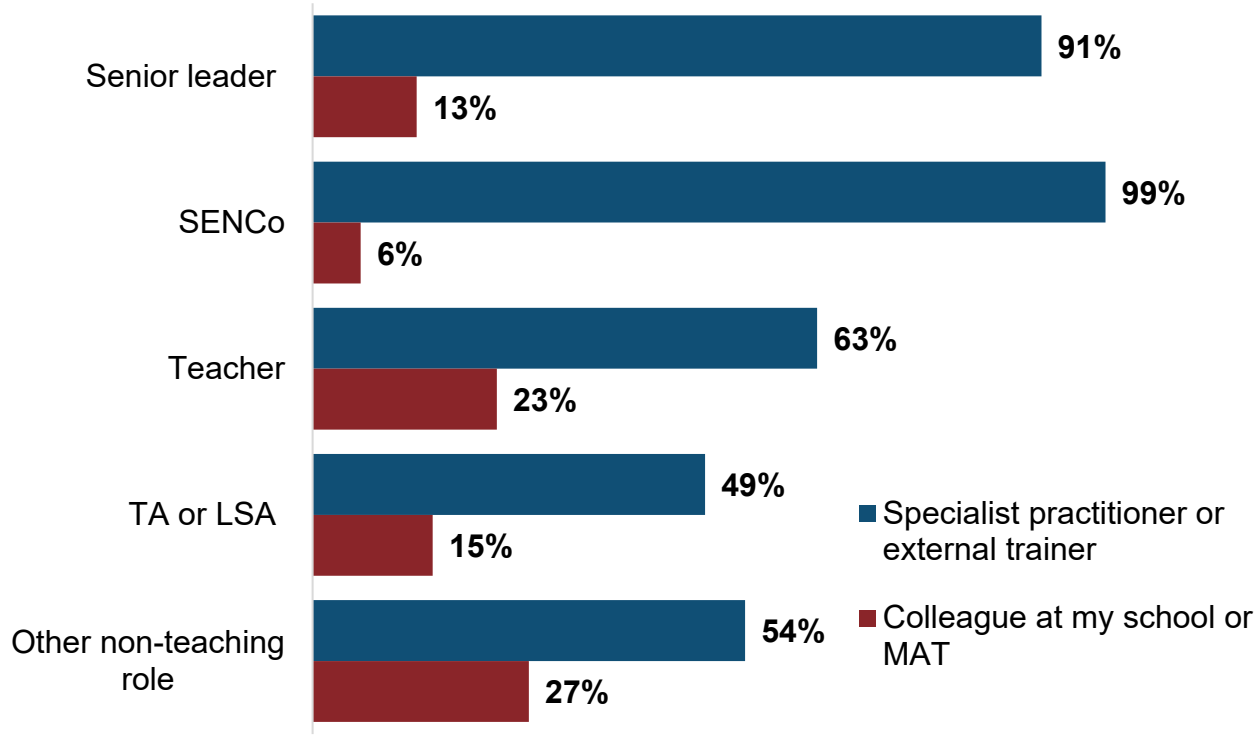
Reach of delivery within schools

The MI analysis showed that the support deployed in schools was intended for a wide range of roles. In approximately half of schools, project teams commissioned interventions targeting senior leaders (52%), SENCOs (56%), and teaching staff (51%) as the primary audiences.

[24] 56% of survey respondents engaged in PINS during school hours
[25] 66% of survey respondents engaged in PINS in planned sessions after school

Responses to the school follow-up survey also show that a large majority received support directly. Just over three-quarters (77%) of respondents indicated they had received PINS training from a specialist practitioner or an external trainer (rather than indirectly via a colleague). In line with the target audiences for much of the commissioned support, further analysis by role highlighted that senior leaders and SENCOs were much more likely to receive direct support from a practitioner or external trainer than those in other roles (Figure 4).

Figure 4: Source of PINS support received by job role



Source: School follow-up survey.

Question: Did you receive any training, resources or support delivered through PINS delivered by…?

Base: 1,036.

The MI analysis also indicates that project teams intended the commissioned activity to reach the whole-school workforce for 83% of schools. However, in practice, the direct reach of PINS activity to non-teaching staff was reported to vary.

The greater reliance on cascaded support for these other roles is, at least in part, a reflection of the practical and logistical difficulties schools experienced, outlined above. A challenge moving forward is to consider how PINS training can be delivered directly to a broader range of staff to maximise impact.

Cascading the learning and insight from PINS

The model, in many areas, as reported by local project teams and practitioners, assumed that those receiving direct delivery (usually SENCOs) would disseminate learning to the wider staff body. To support this, practitioners provided online resources and informal 'train-the-trainer' approaches. Despite two-thirds (67%) of leaders in the baseline survey reporting that their school has mechanisms in place for sharing learning from CPD, concerns about overreliance on SENCOs were consistently raised by practitioners, project teams, school leaders, and SENCOs themselves. The key risks identified included overloading already stretched staff, especially SENCOs who also have teaching responsibilities, and vulnerability associated with staff turnover. SENCOs in the case study schools also reported that a lack of formal structures and time was a significant barrier to cascading learning.

A further challenge reported by interviewees was securing the necessary buy-in from senior leadership to implement changes informed by learning and insights from the PINS training. This challenge was particularly acute when SENCOs were not part of the senior leadership team and other leaders had not attended training.

The evidence suggests that broadening the programme's reach and supporting the cascade of learning, including through the 'embed' offer in year 2, could help increase the impact of PINS on the development of whole-school approaches.

Focus of support

Domain focus

Project teams worked collaboratively with schools to identify the domain(s) that were priorities for support, informed by the insight from the self-assessment. The number of domains identified as a priority for individual schools ranged from 1 (5% of schools) to, most commonly, all 6 (31% of schools) [26]. Project teams were over-commissioned in 5 of the 6 domains, and the MI data shows some under-commissioning in the communication domain: three-fifths (60%) of schools identified 'communication' as a priority, but it was commissioned for only 45% of schools (Figure 5). This may be explained by the difficulties project teams reported in seeking to commission support from health practitioners, including those with expertise in 'communication', such as speech and language therapists.

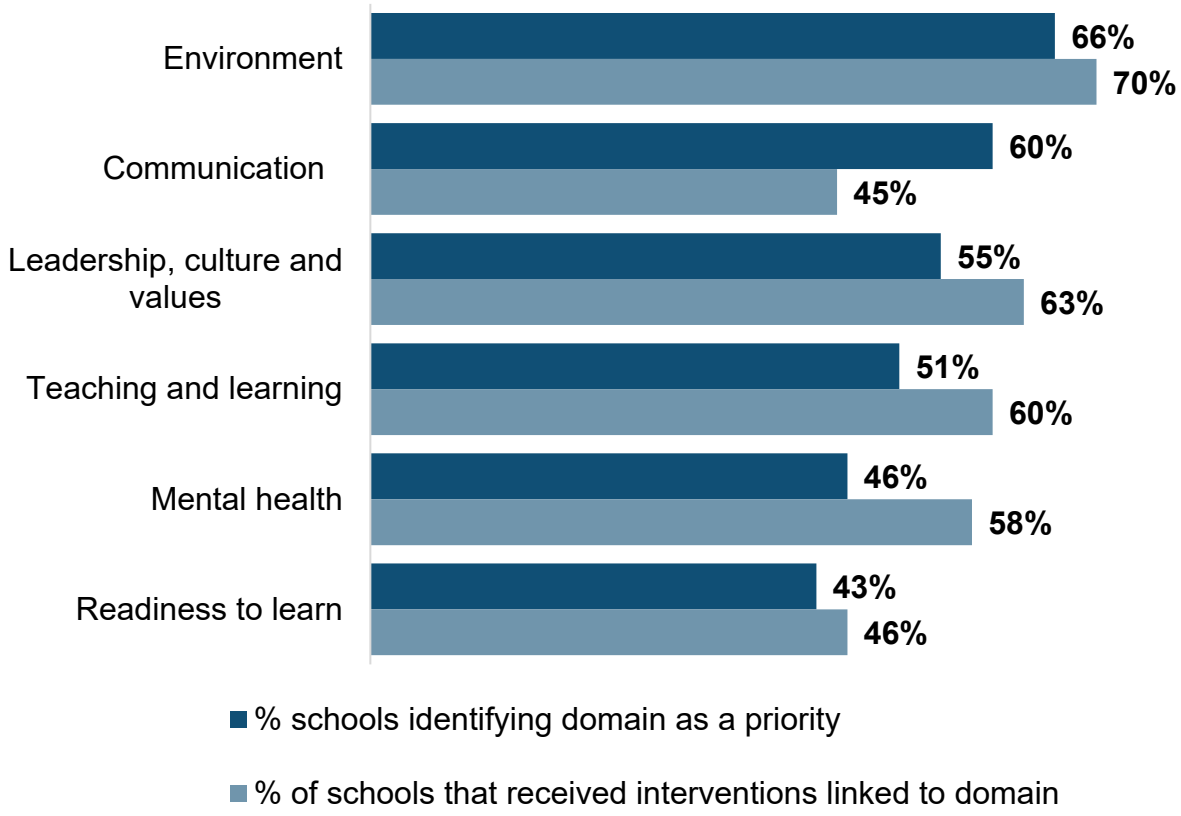
The domain most commonly identified as a priority by schools was 'environment'; support in this area was commissioned for 70% of those who engaged in the programme (Figure 5). Project team members occasionally suggested that the emphasis on 'environment'

[26] Percentage of schools: 2 domains: 8%, 3 domains: 26%, 4 domains: 15% and 5 domains: 15%. Source Round 1 MI for 1,275 schools.

might reflect the strong appetite amongst schools to engage in support (such as the sensory audit) that resulted in concrete recommendations, which, in turn, led to tangible changes that could have an immediate impact on pupils' outcomes. Case study schools also reported their appreciation of this kind of tangible support but did not explicitly link it to the 'environment' domain.

Practitioners and project teams sometimes reported that, in practice, the domains were not always an appropriate framework for structuring the support, especially as many areas of need overlapped and/or were interdependent. 'General' support, which was not aligned to any single domain and typically focused broadly on neurodiversity, was commissioned for 86% of schools.

Figure 5: Domain priorities and support commissioned



Source: Round 1 MI - Data for 1,669 schools.

Round 2 MI - Data for 1,489 schools.

The Round 2 MI also captured the specific topics of activity delivered, beneath the domain categories (Table 5). Unsurprisingly, given the programme's aim, 'neurodiversity' was the primary focus of the support commissioned for two-thirds of schools (66%). Support with classroom strategies and sensory support was commissioned for around

half of the schools (51% and 50% respectively). The programme emphasises the importance of the parent and pupil voice, providing the focus of the support commissioned for 25% and 17% of schools, respectively.

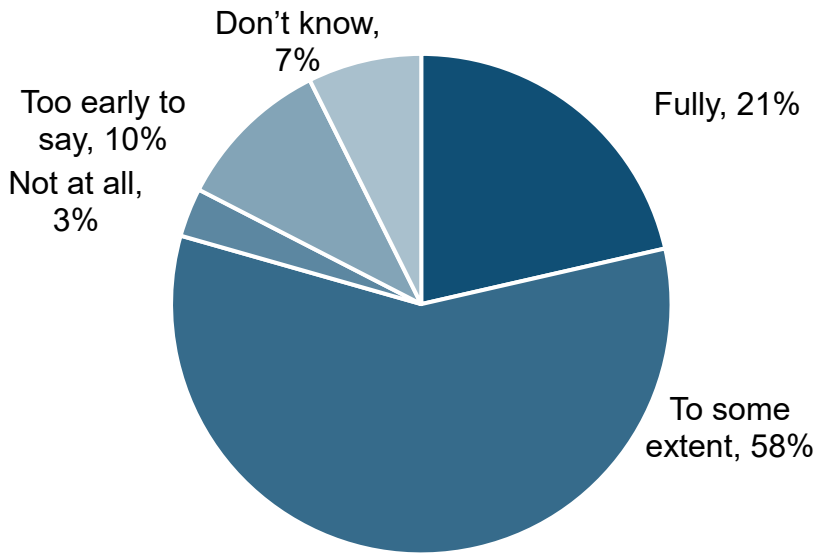
While PINS is seeking to enhance a range of pupil outcomes, including wellbeing, attendance and behaviour in the longer term, these issues only provided the specific focus for the support commissioned for a minority of schools (18%, 12% and 29% respectively). However, other forms of support, such as changes to the sensory environment, may also contribute to improvements in these outcomes (see Table 5 in Appendix 3 for further details on the focus of the commissioned support).

Quality and appropriateness of support

Case study interviewees, particularly SENCOs, consistently described practitioners' input through PINS as high-quality. They particularly valued the opportunity to work with professionals they would otherwise find difficult to access, such as OTs and speech and language therapists.

When asked in the school follow-up survey whether the training and support delivered through PINS had addressed the priorities identified through the self-assessment process, only 1 in 5 (21%) leaders and SENCOs answered ‘fully’. Most reported it met their needs ‘to some extent’ (58%) (Figure 6).

Figure 6: The extent to which the training and support delivered through PINS addressed the priorities identified with ICB



Source: PINS school follow-up survey.

Question: Overall, to what extent did the training and support delivered through PINS address the priorities identified with your local ICB following the self-assessment process?

Base - Leaders and SENCOs: 476.

Further insight from the case study schools suggested that the generic focus of some training/CPD did not address their school's priorities or take account of their existing practice. As a result, it was not perceived as fully meeting their needs.

Although commissioned for a smaller proportion of schools, the coaching and mentoring and audit offers (see Table 1 above) were, by contrast, widely regarded by all stakeholders as the most impactful types of support. This was because, unlike some of the training, they were perceived as having a more practical focus and as being relevant and tailored directly to school needs.

While the diversity of practitioner expertise involved in PINS delivery was widely viewed as a strength, the extent to which delivery felt joined up and coherent varied across schools and areas. Practitioners also raised concerns about duplication of effort, as some schools had received support on the same or similar issues from different professionals. While some staff – typically less senior staff – felt that this was unnecessary, others, including school leaders, reported that repetition helped reinforce key messages.

To ensure the coherence and impact of delivery in schools across the board, practitioners proposed several practical steps:

- **Better systems for sharing insights and resources and ensuring alignment across teams.** While some feedback loops and practice forums were put in place, some practitioners described feeling siloed from others delivering PINS support within the same schools and areas.
- **Stronger quality assurance of programme materials.** Greater national oversight of core content and tools was suggested to help ensure consistency across delivery partners and improve the quality and alignment of practitioner input.
- **Dedicated coordination roles.** A single point of contact within local project teams to coordinate delivery, support activity planning, and manage practitioner input was perceived to have helped to streamline support where this was in place.
- **Co-creation and co-delivery of resources.** Joint planning and delivery, particularly between health and education professionals, was highlighted as an effective way to integrate different perspectives and reduce duplication.

Delivery of the PINS parent carer engagement strand

Overall, PCFs reported that they successfully engaged schools participating in PINS in their area – 51 respondents to the NNPCF survey (out of 65) reported meeting with each school's leadership team at least twice during the delivery period. Most leaders and SENCOs shared the view that PCFs and schools had engaged with each other successfully through PINS. Nearly all (91%) who responded to the follow-up survey reported that they had collaborated with the PCF 'always' or 'some' of the time. The role of the PCFs in facilitating constructive communication between schools and parent carers was generally seen as valuable and is discussed further under 'Factors contributing to the success of PINS'.

However, the school survey also indicates an opportunity to improve further communication with schools around the parent carer strand of PINS delivery, as a third of leaders and SENCOs reported that PCFs 'rarely' or 'never' shared clear and detailed information with their school.

PCF representatives and local project teams also reported challenges due to a lack of buy-in from some school leaders for the parent carer activity. They speculated that this may have been due to a lack of capacity among school staff or to previous limited success in engaging parent carers. This meant that engagement and communication around the parent carer strand was more challenging in some schools than others.

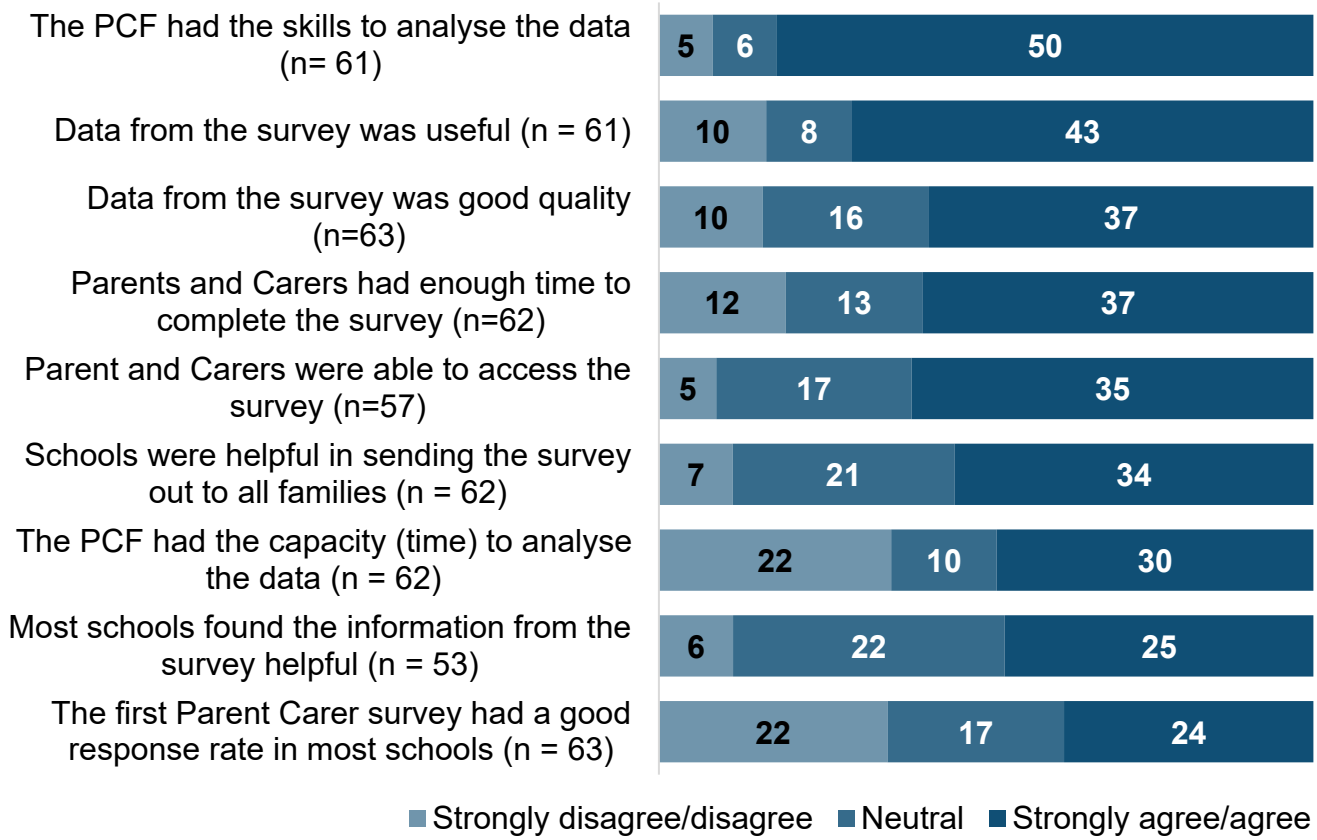
Administering the parent carer survey

PCF representatives in each area were responsible for circulating a parent carer survey within schools taking part in the programme to capture the parent carer voice. This was intended to inform conversations between PCFs and schools, and to support local ICBs in their commissioning decisions. Overall, PCF respondents judged this to be a helpful exercise. For instance, Figure 7 shows that 43 of 61 respondents to the NNPCF survey agreed or strongly agreed that the survey data were useful.

That said, the survey data suggests some room for improvement in data quality (e.g., 26 out of 63 either disagreed, strongly disagreed, or were neutral about whether the data quality was good).

The survey suggests that some of the barriers are likely to relate to access, for example, parent carers' ability to access the survey (due to language and literacy barriers) and the extent to which schools were able to help distribute the survey to all parent carers. Another barrier related to time, such as the time PCFs have to analyse the survey and the time parent carers have to complete it. All of these aspects are likely to explain the relatively low rating given to the extent to which PCFs thought schools found the survey helpful: 6 respondents disagreed or strongly disagreed, and a further 22 were neutral.

Figure 7: PCF views on the parent carer survey



Source: NNPCF survey.

Question 14: To what extent do you agree with the following statements?

Variable bases shown in parentheses.

Parent carer engagement sessions[27]

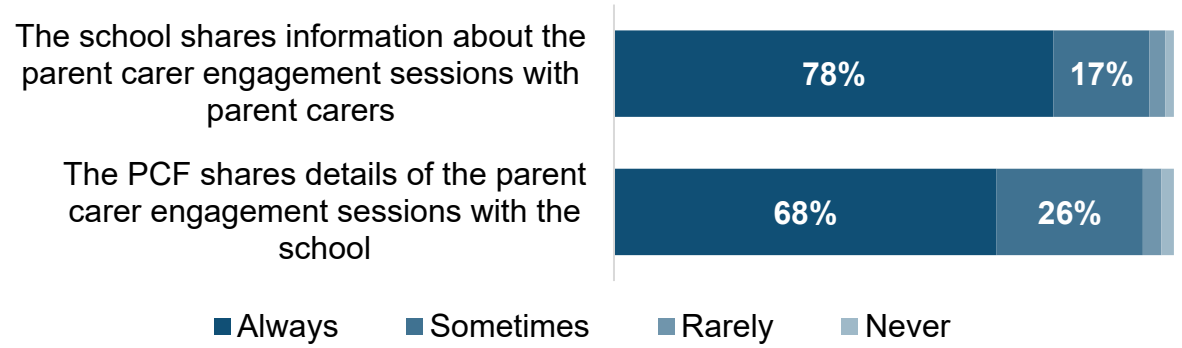
PCFs were instrumental in fostering connections between schools and parent carers through parent carer engagement sessions. The follow-up survey indicates that they built on and strengthened existing parent carer engagement (in 48% of schools) or established parent carer engagement sessions for the first time (in 44% of schools).

Most schools worked collaboratively with PCFs to promote the engagement sessions to parent carers. Over two-thirds of leaders and SENCOs (68%) reported that their PCF 'always' shared details of the parent carer engagement sessions with the school, and over three-quarters (78%) indicated that their school 'always' shared information about sessions with parent carers. However, 17% of schools reported sharing the information only 'sometimes', and 5% indicated they rarely or never did so (Figure 8). This was

[27] This section draws on data collected from schools, PCFs and project teams. Insufficient data was collected directly from parent carers at participating schools to inform the report.

reflected in the interviews with PCF representatives who reported that securing the co-operation of some schools had been challenging.

Figure 8: How effectively schools and PCFs worked together



Source: PINS school follow-up survey.

Question: We would like to know about how your school works with the PCF to engage parent carers. Please consider each of the following statements and let us know how frequently they occur.

Base: 451-460.

According to the NNPCF survey, almost three-quarters of PCFs (n=46) delivered on average 3 or more parent carer engagement sessions at the schools they worked with during PINS. Despite the range of ways to access the sessions,[28] the level of engagement ranged from as few as 1–5 attendees in some areas (n=11) to as many as 11–15 in others (n=11). Most PCFs (n=41) reported average attendance of 6–10 parent carers.

Some case study school interviewees expressed satisfaction with the participation levels achieved and reported that the sessions had been more successful than previous attempts to engage parent carers. In some cases, the sessions had attracted parent carers who would otherwise not have engaged with the school. These included parent carers who thought their child(ren) might be neurodivergent and wanted to know more about different neurodivergent presentations. However, other case study schools expressed disappointment. In these schools, the sessions were not perceived as having broadened the reach to those who typically had less engagement with schools.

Case study schools and PCF representative interviewees highlighted that practical factors such as the timing of sessions (typically during the school day) were likely to have prevented some, particularly working parent carers, from attending. Language and literacy barriers were also thought to have played a role in schools located in areas of high deprivation and/or with a high proportion of residents for whom English was a second language. Case study schools and PCF representatives occasionally speculated

[28] The majority of sessions were held in person, most commonly on school premises (reported by 64 PCFs) but also elsewhere (reported by 13 PCFs). Approximately one-third of PCFs (n=18) indicated that sessions were held online in their areas.

that, in some instances, parent carers may have been deterred by previous negative experiences with schools or a limited understanding of neurodiversity. Some PCF representatives suggested that more time may be needed to build trust between schools and some parent carers, and that a longer timeframe for PINS delivery could have helped increase attendance over time.

> I think the barrier for us was the sessions were run in quick succession. I think if they had been more spread out, we would have more engagement over a period of time. – *PCF representative*

Topics for parent carer sessions

According to the NNPCF survey, sessions most commonly focused on 'school communication' (Table 3). School policies and practices provided the focus in a minority of areas, along with training and support for parents. Improving understanding of what support is available locally is a key outcome of PINS. Signposting to local services was a topic of discussion in sessions held in 11 PCF areas. Some PCFs and case study schools involved specialist practitioners in these sessions to provide parent carers with direct access to expert advice and opportunities to ask questions. Most PCFs (n=51) reported that a member of the school's senior leadership team attended the parent carer engagement sessions at least some of the time. As a result, almost three-fifths (58%) of leaders and SENCOs who responded to the follow-up survey were aware that their local PCF supports parent carers to connect with wider services in the local area.

Table 3: Focus of topics for the parent carer engagement sessions

Topics	No. of PCFs
School communication	30
Signposting to local services	11
Parent carer support	9
Requests for parent carer training	6
School practice	6
School policies	1

Source: NNPCF survey.

Question: What is the main topic of the parent carer engagement groups?

Base: 63

The impact of PINS on schools

This chapter draws on the school follow-up survey to explore reported changes in the ways individual staff and schools supported neurodivergent pupils following PINS training. The case study interviews explored how and why change has occurred. Change is discussed in the context of the domains that guided the training and support.

Leadership, Culture and Values domain

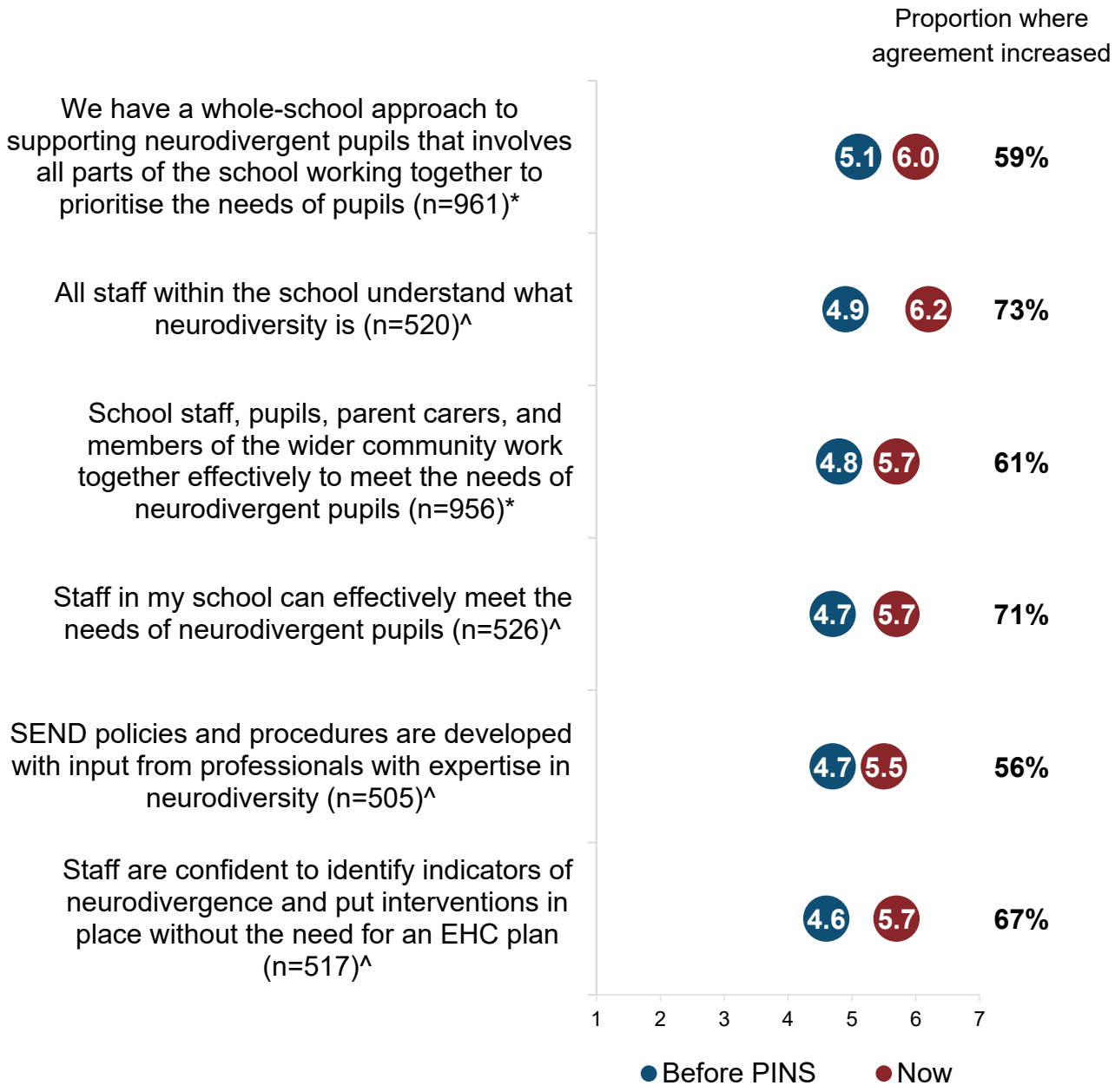
This domain focused on support for schools in understanding the needs of neurodivergent pupils better, reviewing policies and procedures, and developing an inclusive, whole-school culture.

After the first year of delivery, PINS has supported increased knowledge of neurodiversity and collaborative approaches, which, in turn, have increased schools' confidence in identifying and meeting the needs of neurodivergent pupils. The school survey results show that PINS has had a pronounced positive impact, supporting school staff across all roles in understanding neurodiversity and developing whole-school approaches to supporting neurodivergent pupils. There were also noticeable positive shifts in schools' proficiency in 'effectively meet the needs of neurodivergent pupils. Schools also reported developing more collaborative approaches, such as devising policies and practices with professional input and meeting the needs of neurodivergent pupils through collaborative working between pupils, parent carers and the wider school community.

Figure 9 demonstrates the 6 outcomes associated with this domain, where the level of agreement for each outcome increased by at least 1 point on the 7-point scale[29] for at least half of the respondents (See Appendix 3 for a complete list of the outcomes rated under Leadership, Culture and Values).

[29] Level of agreement increased by at least 1 point on the 7-point agreement scale, where 1=strongly disagree and 7=strongly agree.

Figure 9: Change in average agreement with statements about the ability of the school to respond to the needs of neurodivergent pupils



Source: School follow-up survey.

*Question 12: To what extent do you agree or disagree with the following statements about your school's ability to respond to the specific needs of neurodivergent pupils? Please think about each statement **before** your school participated in PINS and **now,** following PINS support and rate your answers on a scale of 1 to 7 where 1 is strongly disagree and 7 is strongly agree.*

Base – ^Leaders and SENCOs: 517-526.

**All respondents: 956-961.*

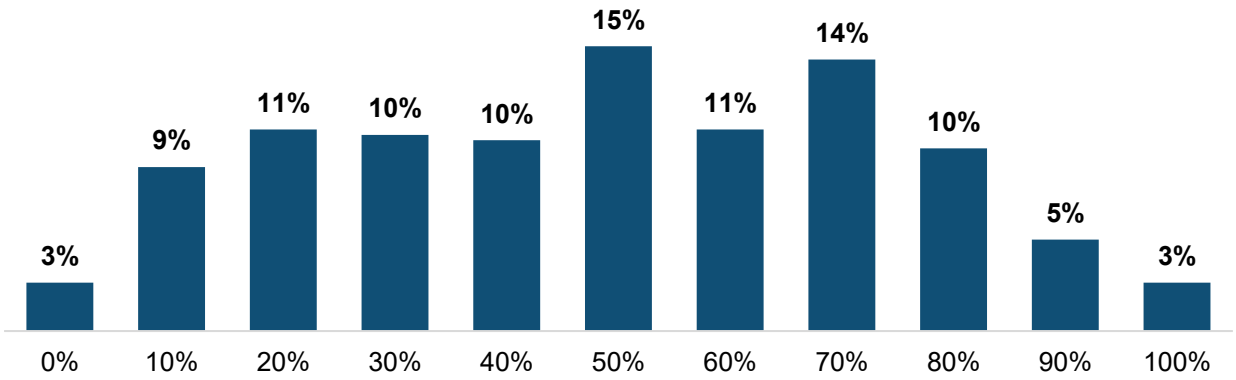
Other outcome variables relating to leadership, culture and values scored highly on the 7-point scale before participating in PINS: staff perceptions of the fairness of behaviour policies (5.7), staff noticing when a child was alone at lunch or break times (5.9), the extent to which differences were acknowledged and celebrated (6.0), and whether pupils were recognised for their strengths (6.1). Although there were small, statistically significant increases in average agreement with these statements, typically around three-quarters (range: 73–78%) of respondents reported no change in these outcomes following PINS training. For further information, please see Appendix 3.

Amongst those that reported changes in one or more of the outcomes designed to measure change in leadership, culture and values, three-quarters (75%) attributed less than half to PINS. This issue will be explored further in the second year of the evaluation.

In the survey schools, there was a range of opinions about the difficulty in retaining staff with the skills needed to support neurodivergent pupils (average score of 3.4) after PINS. Although the programme was not designed to address retention specifically, schools' ability to retain staff with these specialist skills could influence its ongoing impact, particularly if those who participated in the training move on. Equally, these staff might be able to apply the expertise gained from PINS in other non-PINS schools.

The survey also explored the extent to which change in this domain was attributed to the PINS programme. A very small minority (2%) reported that all this change was because of PINS (2%), whereas almost three-fifths (58%) attributed at least half of the change to the programme (Figure 10). During the second year of the evaluation, there will be greater emphasis on understanding the range of factors that influence change beyond the PINS programme.

Figure 10: Proportion of change attributed to PINS



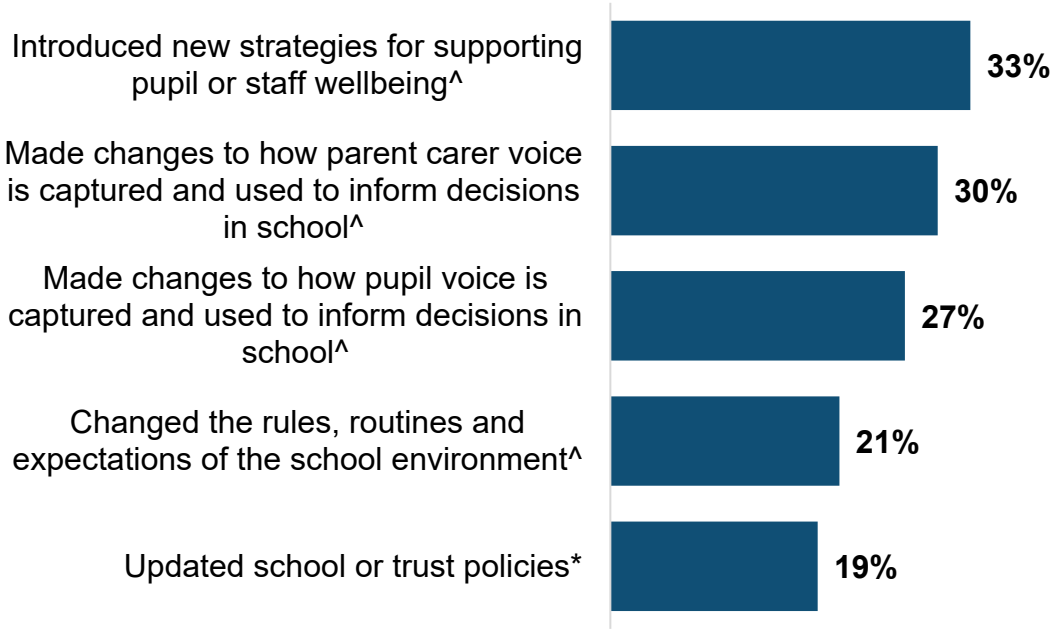
Source: PINS school follow-up survey.

Question: And what proportion of the change you've experienced in your school's ability to respond to the specific needs of neurodivergent pupils do you attribute to your school participating in PINS?

Base: 700.

Furthermore, when survey respondents were asked whether they had made specific changes as a result of learning and insights from PINS, nearly all (92%) had made at least one of the prompted changes across the six domains. In terms of the changes made in relation to the leadership, culture and values domain, around one in three schools (33%) had introduced new strategies to support pupil or staff wellbeing, and a similar proportion had made changes to how parent carer voices were captured to inform decision making in school (30%; Figure 11). It was less common for leaders and SENCOs to report that existing school or trust policies had been updated (19%).

Figure 11: Changes made because of learning and insight from PINS



Source: PINS school follow-up survey.

Question: Have you made any of the following changes because of learning and insight from PINS? Please select all that apply.

Base – ^All respondents: 911.

**Leaders and SENCOs only: 485.*

The case study research provided examples of how leadership, culture, and values within schools were beginning to change due to PINS. For instance, some interviewees reported that they had started recording information about suspected, but undiagnosed, neurodivergent pupils. This resulted in more effective evidence gathering to support diagnostic pathways, in-class adjustments and adaptations to teaching to ensure more inclusive practice. In addition, there was evidence in some schools of more senior leadership oversight of SEND provision, including the line management and support offered to TAs and Learning Support Assistants (LSAs), and examples of an increased focus on co-production with parent carers and pupils, especially in SEND meetings and termly SEND reviews, to inform bespoke support in school.

> Parent voice is more visible in our planning with initiatives like parent champions and collaborative SEND passport creation. Our pupils are becoming more involved through Pupil Voice, and our PINS audits have often included students – *SENCO*.

The senior leaders from some case study schools observed increased empathy and the use of strengths-based approaches, along with a corresponding decrease in punitive approaches to managing dysregulated behaviour. More consistent, positive language was being used by staff, reinforced by the fact that all staff had attended the same training. In schools where neurodiversity was becoming normalised, neuro-affirmative cultures were emerging.

> At this school, there is definitely a culture and ethos that we are all teachers of SEND. It isn't somebody else's job. It's our job, and we are accountable because these children deserve the very best. That culture is something that continues to strengthen, and it can be built upon. – *Senior leader*

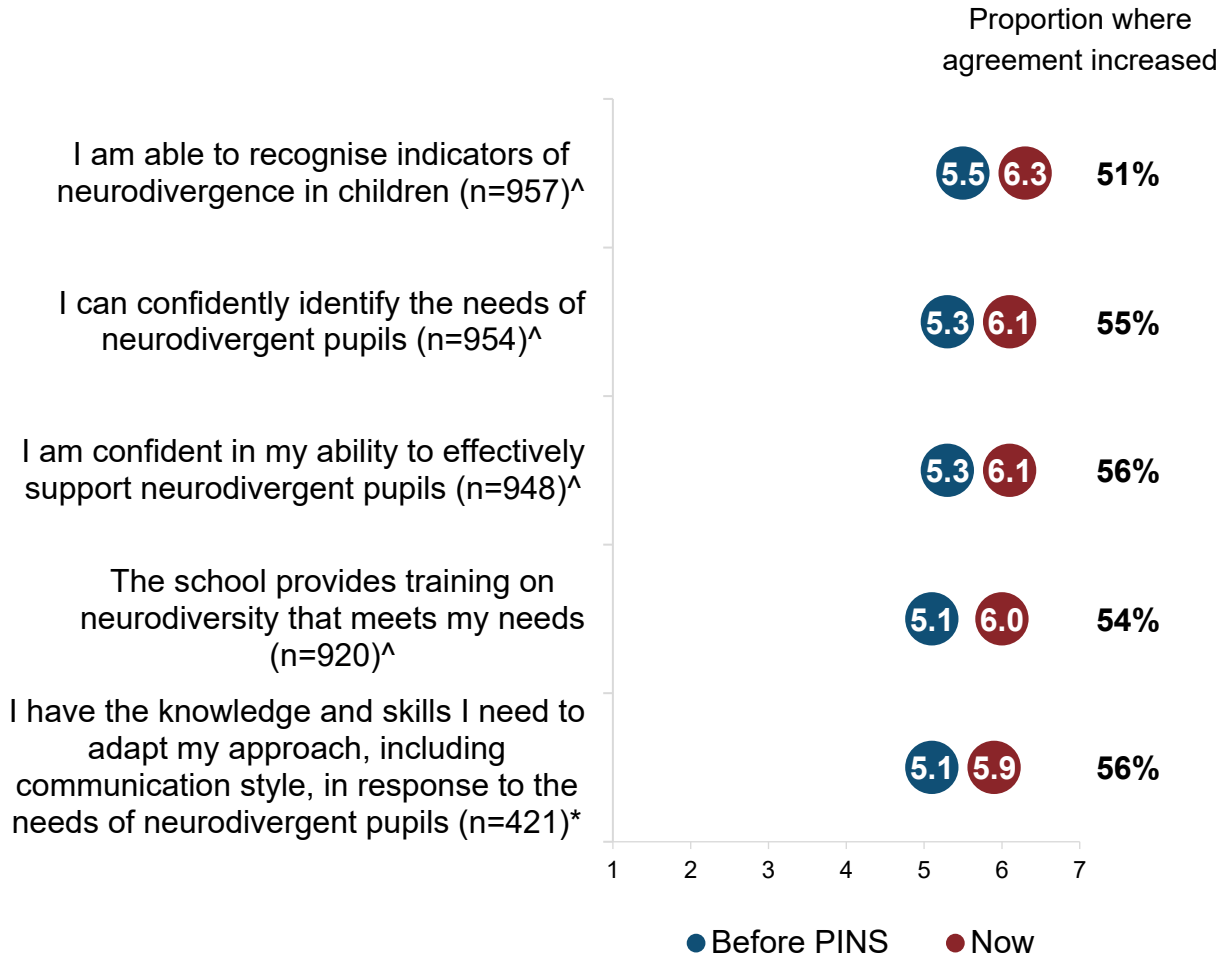
Teaching and Learning domain

This domain is focused on the provision of support to enable staff to develop the knowledge, skills and confidence to adjust their teaching practice to facilitate enhanced engagement in learning.

PINS training has delivered uplifts in school workforces' ability to recognise indicators of neurodivergence in children and in their confidence to support pupils effectively. Following PINS, school workforces are showing more agreement that their school provides training on neurodiversity that meets need than before participating in the programme, which is a positive step forward given that fewer than one in ten (9%) who responded to the baseline survey claimed that prior training in SEND had 'fully met need.' Those in teaching and support roles were also more likely to say they had the knowledge and skills to adapt their approach to neurodivergent pupils' needs.

Figure 12 outlines the 5 variables linked to this domain for which more than half of respondents moved at least 1 point up the scale (there were statistically significant increases in the mean agreement scores for all 9 variables relating to teaching and learning, and these are outlined in more detail in Appendix 3).

Figure 12: Change in average agreement with statements about staff knowledge, skills and confidence to support neurodivergent pupils



Source: School follow-up survey.

Question 13: To what extent do you agree or disagree with the following statements about your knowledge, skills and confidence to work with neurodivergent pupils? Please think about each statement before your school participated in PINS and now, following PINS support and rate your answers on a scale of 1 to 7 where 1 is strongly disagree and 7 is strongly agree.

Base – ^All respondents: 920–957.

**Staff in teaching and support roles: 421.*

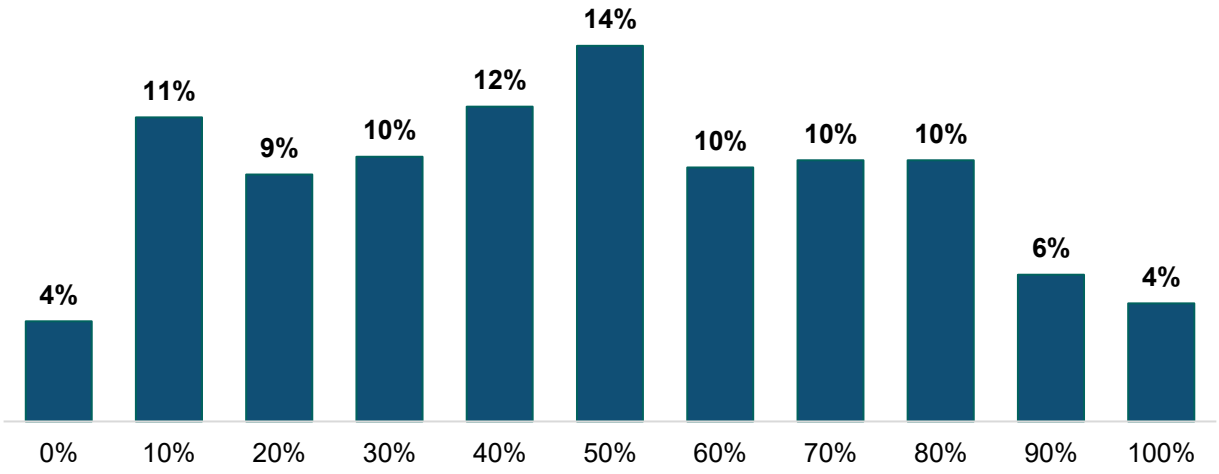
Although three-fifths of respondents in a teaching role (59%) reported no change in the level of freedom and flexibility they were given to adapt their teaching and learning practice to the needs of the neurodivergent pupils in their class, there was still a substantial shift in the mean score ‘before PINS’ (mean=5.4) and ‘now’ (6.0). This suggests that support from PINS has enabled some schools' staff to be afforded greater flexibility in responding to the needs of neurodivergent pupils.

In the event that a member of staff needs advice and support when working with neurodivergent pupils, most identified having colleagues they could turn to ‘before PINS’

(mean=5.8), and as such, two-thirds reported no change (63%) after PINS. On average, before PINS, staff were slightly less confident in speaking with other professionals about the needs of neurodivergent children (5.6), which increased after PINS (6.0). Despite this, just under half of respondents (45%) reported no change, suggesting some staff may still require support and encouragement to seek advice from specialist professionals.

In terms of overall attribution, over half (54%) of respondents attributed at least half of the changes relating to the teaching and learning domain to PINS (Figure 13).

Figure 13: Proportion of change attributed to PINS (Q13)



Source: PINS school follow-up survey.

Question: What proportion of the change you've experienced in your knowledge, skills and confidence to work with neurodivergent pupils do you attribute to your school participating in PINS?

Base: 740.

The follow-up survey provided further examples of how staff have drawn on the learning and insight from PINS to enhance teaching and learning in their school. Around 3 in 10 leaders and SENCOs reported that their school was now supporting engagement in learning by referencing pupils' special interests (30%) and offering pupils a variety of recording methods (27%). The case study research identified a range of other practical classroom strategies that were implemented, including positive praise, visual scaffolding, SMART[30] goals, improved transitions from play to learning, and the use of more explicit language and modelling emotional regulation. However, many of the interviewees reported that their schools were already familiar with these approaches before the PINS training. Teachers, therefore, perceived the training as useful for validating existing practices rather than for challenging their thinking or introducing new approaches.

[30] The SMART acronym for goal setting refers to those that are specific, measurable, achievable, relevant and time bound.

However, they still felt more confident in their ability to confidently put theory into practice and meet the needs of neurodivergent pupils. This, in turn, reduced their reliance on SENCOs and external referrals.

> I'm not called as much now that they [other staff] have the confidence to be able to deal with those issues themselves. The impact of that is obviously the children then are having their needs met a lot better within the classroom because the teachers are able to think on their feet based on the training they've received. – *SENCO*

Insight from the interviews highlighted that the increase in understanding of neurodiversity included broader knowledge of a wider range of conditions and their presentations in classroom settings, and a move away from narrow, outdated definitions of neurodivergence. This led staff to identify more children with neurodivergent conditions. Interviewees also reported higher levels of awareness about sensory needs, triggers and masking behaviours.

> The most useful thing is recognising what to look for, what to recognise [in somebody who is neurodivergent]. The programme has made me understand more and acknowledge things I may have missed before. There are things that I can see and pick up that I may not have before. – *Teaching role*

Additionally, interviewees reported that they now had a greater understanding of pupils' emotions and behaviours, and a greater appreciation of why children might find certain learning tasks or social experiences challenging. Practitioners reported that teachers and support staff were more inclined to apply curiosity and examine the reasons a child might be struggling, thus moving beyond responding to surface behaviours. This may be seen as an early indication of cultural change among school staff towards neurodivergent pupils.

Environment domain

PINS training within this domain supported schools to adjust their sensory and physical environments. Before PINS, schools often rated outcomes related to 'environment' lower than those related to 'leadership, culture and values' or 'teaching and learning' and highlighted this domain as a priority support area. Consequently, there was a lot of support commissioned in this field. A substantial proportion of schools subsequently received practical advice from the PINS training to help them enhance their environment (e.g. sensory audits followed by recommendations) because of this identified need.

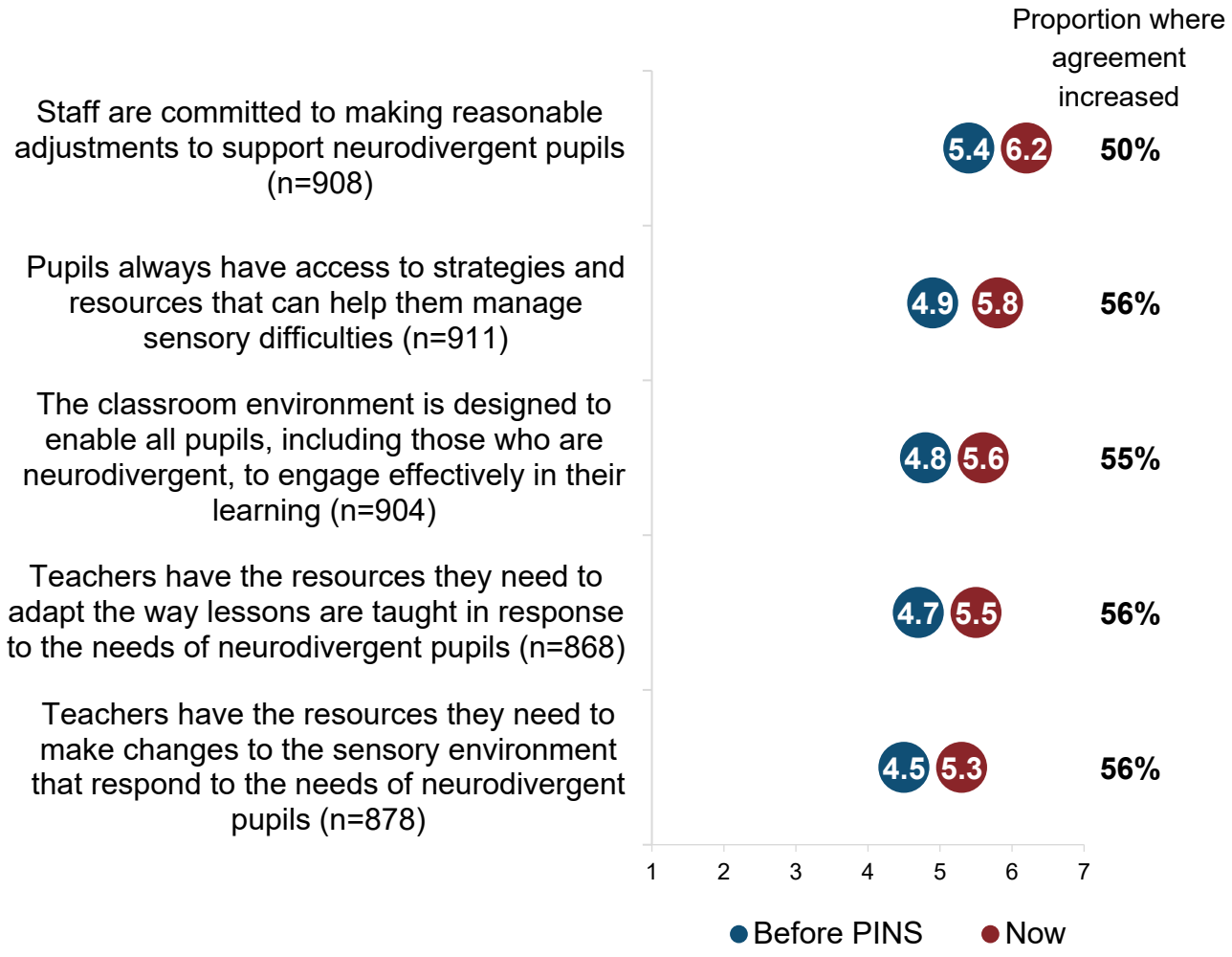
PINS training has delivered positive changes for teachers and pupils, including strategies and resources to help pupils manage the sensory environment. As a result of PINS, more

staff reported being committed to making reasonable adjustments to support neurodivergent pupils. Additionally, more staff agreed that their classroom environment enables all pupils to engage in learning effectively and that pupils always have access to strategies and resources to help them manage sensory difficulties.

While knowledge and skills, senior leadership support, and a willingness to adapt practice are critical to developing inclusive approaches, staff also need access to the necessary resources. Positively, the average agreement that teachers have the resources they need to adapt both the way lessons are taught and to make changes in the sensory environment has increased following PINS. For example, in some case study schools, staff described how a lack of staff resources had inhibited the number of pupils who could be supported through small-group work or outside the classroom in dedicated quiet zones. To compensate, teachers built quiet zones in their classrooms, e.g., tents or wigwams, so they could still supervise the children.

Figure 14 illustrates outcomes in which at least half of the respondents reported positive change after PINS (see Appendix 3 for a complete list of outcomes and associated changes).

Figure 14: Change in average agreement with statements about the school environment



Source: School follow-up survey.

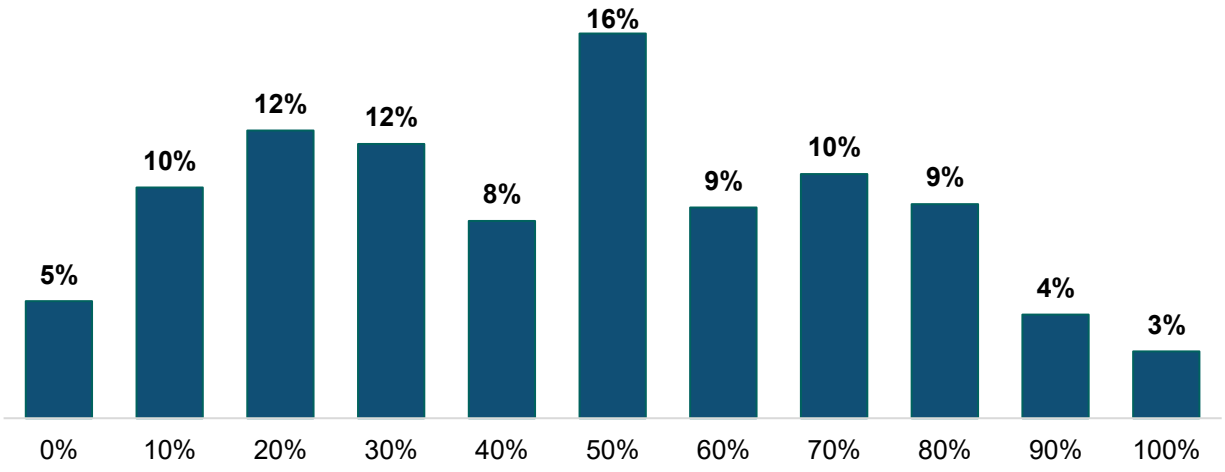
Question 15: To what extent do you agree or disagree with the following statements about the school environment? Please think about each statement before your school participated in PINS and now, following PINS support and rate your answers on a scale of 1 to 7 where 1 is strongly disagree and 7 is strongly agree.

Base – All respondents: 868–911.

For other outcomes in the environment domain, the majority of respondents reported no change (giving the same score on the 7-point scale before and after PINS), and less than half reported an uplift. These outcomes are all related to the school infrastructure, which may be areas harder to change, e.g., access to quiet spaces during breaks and lunchtimes, and making areas outside the classroom inclusive (e.g., the canteen or library).

In terms of overall attribution of the changes in the school environment, around half (51%) attributed at least half of the changes to participation in the PINS programme (Figure 15).

Figure 15: Proportion of change attributed to PINS (Q15)



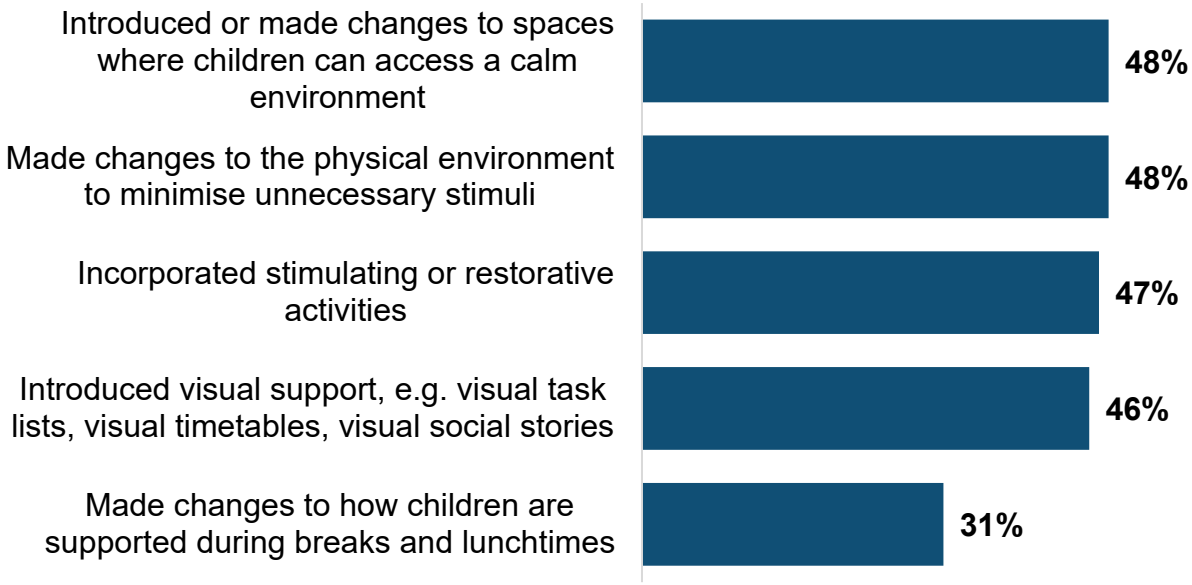
Source: PINS school follow-up survey.

Question: What proportion of the change you've experienced in your school's environment do you attribute to your school participating in PINS?

Base: 697.

The school follow-up survey revealed specific changes related to the environment that staff across all job roles have made, informed by PINS. Figure 16 demonstrates that the changes were most commonly designed to reduce stimulation and increase access to the curriculum through the use of visual aids. Respondents were less likely to report changes in how children are supported outside the classroom.

Figure 16: Changes made because of learning and insight from PINS



Source: PINS school follow-up survey.

Question: Have you made any of the following changes because of learning and insight from PINS? Please select all that apply.

Base – All respondents: 911.

The case study research highlighted how classroom environments have been reimagined to meet the needs of neurodivergent pupils better. Staff in the case study schools provided examples of quick, relatively easy changes made to better support children's sensory needs following advice from environment audits.

> I thought both audits were quite practical and, yes, they just had things that we could do that would make a difference but aren't really going to cost us anything – low stakes, high impact type things that we could do quite easily. – *SENCO*

These changes included decluttering work areas and adapting existing or occasionally creating new breakout spaces and calm corners or 'zen dens'. Classrooms have also been redecorated in more neutral colours to create a calmer environment.

> We've involved the children with neurodiversity about colour choice in our classrooms – the majority wanted the hessian, the calm colours and pops of colour, rather than the bold colours being at the forefront. It still looks warm and welcoming, it's not bland, boring and clinical but it's just more gentle. – *SENCO*

Schools have also introduced sensory circuits and the use of sensory toys or equipment alongside learning. When pupils in the case study schools were asked what helped them

learn in school, many spoke about items they could freely select from their classrooms or quiet spaces they could go to. Most described how this supported their concentration and said their TAs helped them identify when they might need some sensory input.

Collectively, these changes (and changes in how information was communicated – see next section) were perceived by teachers as resulting in classroom environments that were less overwhelming for neurodivergent children and led to better pupil engagement.

Communication domain

PINS training, delivered with a focus on the communications domain, supported schools in better understanding social communication challenges for neurodivergent children and how to support them, as well as how classroom language can support learning.

The quantitative outcomes for this domain closely align with the indicators explored in relation to teaching and learning (see the Teaching and Learning domain chapter). In particular, staff reported improvements in their knowledge, skills and confidence to identify needs and adapt their teaching practice – including 'communication style' – in response to the needs of neurodivergent pupils. One-third of leaders and SENCOs (33%) reported in the follow-up survey that they had introduced new communication strategies when speaking with children as a result of PINS support. Insight from the case study research suggests that communication audits conducted by speech and language therapists were particularly impactful at the whole-school level. These bespoke audits were delivered in collaboration with schools, and leaders and SENCOs valued the opportunity to critically reflect on their existing approaches through a 'fresh pair of eyes'. The audits identified both 'overkill' – too much information or colour – and 'underwhelm' – not including basic information - in the school environment. Since they were completed, the audit results have been consistently applied. Reviews of classroom materials have also been completed, and some further communication-focused training on how classroom language can support learning has been implemented in PINS schools.

Staff within the case study schools perceived that changes informed by PINS interventions in the communication domain were beginning to have a positive impact on both neurotypical and neurodivergent pupils. For example:

- **Decluttering of visual displays and improved clarity of language**, sometimes accompanied by signing, helped to reduce cognitive overload and make accessing vital information easier for pupils:

  > When I was doing my audit, I found the fire escape was surrounded by pictures of days of the week – 'Right, well, what's the most important thing? Is it that they get out if there's a fire, or is it understanding that it's Thursday today?' – *Specialist practitioner*

- **increased use of visual tools and consistent use of symbols** have helped support the development of 'school readiness' among younger children, e.g., using the toilet, dressing for physical education (PE), and adapting to the school day's routine.
- **Use of less 'demanding' language, the adoption of 'softer tones' and affirmative body language** have helped to improve staff pupil relationships and relational safety for pupils:

  > The mirroring and facial expressions have helped – we've seen a lot of changes. If they are having a moment where they are angry or sad and they find it hard to communicate, I feel like since the programme, we have found ways we can support in that situation. Mainly we use their words and continue to talk to them. – *Teaching role*

- **Use of simplified language in teaching materials** (e.g. PowerPoints and worksheets) means that children appear less confused about what is required from a task:

  > In one school, I did some training on cognitive load, because the PowerPoints were too much. It really helped staff to think what was the critical knowledge that the pupils needed – *Specialist practitioner*

Readiness to Learn domain

The readiness to learn domain provided schools and, sometimes, parent carers with support to understand the factors influencing readiness to learn and to develop strategies and policies to support children to engage and thrive in an educational environment.

Changes in pupils' 'readiness to learn' following PINS were perceived as influenced by the support delivered, with a primary focus on teaching and learning, environment and communication. This highlights that domains are not independent and that there is a strong crossover between activities and the domains they can impact at the school level.

Most senior leaders, SENCOs and those in teaching roles at case study schools were able to demonstrate how the strategies they had implemented following environment and communication audits were starting to have a positive impact on children's readiness to learn. They achieved these impacts through:

- **Supported transitions**. Support for transitions, such as welcoming children in the playground at the beginning of the school day and building in sensory circuits, was reported to help children cope better with the 'ebb and flow' of school, including when moving from one activity to another. In one case study school, parent carers were encouraged to record whether their child had experienced any challenges on

the way into school in case additional support was required to facilitate a child's emotional regulation once they arrived.

- **Positive break and lunch time activities**. Schools have consciously created activities influenced by Outdoor Play and Learning (OPAL), along with clubs based around special interests, structured activities with staff input and 'choose a friend' activities for children to engage in at lunch and break time. In addition to providing opportunities for children to develop social relationships, these were perceived as supporting emotional regulation, which in turn enabled children to return to the classroom refreshed and ready to learn.
- **Adaptive teaching.** The increased use of visual prompts, visual timetables, separate work and play tables, and responsive, tailored support was reported to enhance pupils' readiness to learn and their engagement in learning. In addition, teaching staff perceived that pupils were becoming more aware of their own learning targets and how to achieve them. This was identified as leading to some pupils demonstrating greater motivation and independence in the classroom:

  > Their targets are now written on the bookmarks, and the bookmarks would be attached to their writing books, their maths books. So, the targets were always there, and they could always refer to them, and then when I did Pupil Voice… some would even be able to tell me their targets without even looking at their bookmarks – *SENCO*

- **Sensory equipment.** The availability of sensory equipment, together with improved staff knowledge of how they support pupils, was perceived as contributing to increased pupil awareness of their own needs and what helps them. Sensory equipment also contributed to improving children's focus and concentration in class, resulting in more children being able to stay in the classroom:

  > We have ear defenders in the classroom. When I'm annoyed, I cannot focus, but with the ear defenders, I can still hear the teacher, and they calm me down. – *Pupil*

Some SENCOs in case study schools reported that these measures and strategies adopted or strengthened following PINS audits and support, such as accommodating movement breaks, the use of social stories to reflect on behaviour, or giving children the independence to make decisions about what they need in the moment, were starting to positively impact overall behaviour.

> I think over this year, we have seen behaviour go from strength to strength and the pupils' talk around emotional regulation has improved, especially for some of our key target children. They're able to say, 'I was in the red zone. I needed to do this. I'm able to go to get this [resource to support emotional regulation] – *Senior leader.*

There is some anecdotal evidence from senior leaders and SENCOs in case study schools that, following PINS support, some pupils who were previously disengaging from school were starting to feel more settled and actively wanted to attend. This change was often attributed to a combination of strategies, including welcoming children at the gate; starting and ending the day with sensory circuits to aid transitions between home and school; allowing movement breaks within the classroom; providing quiet spaces within and outside the classroom; and access to sensory equipment.

> There is a big shift in them wanting to now come to school. We had a child who never wanted to come and is now excited to get into the gate rather than run away. – *Teaching role*

Mental Health domain

This domain offered support for schools to understand the mental health needs of neurodivergent children and to develop approaches to promoting mental well-being in schools. The school survey measured 3 outcomes that were broadly associated with this domain.

There was a high level of agreement with the statement ‘pupils know which staff they can go to if they need help or support' before PINS (mean=6.2), with a slight uplift (6.5) following PINS. Scope for PINS to effect a change in this area was therefore limited, with four-fifths (79%) of survey respondents reporting ‘no change’. Although more than half of respondents (55%) also reported no change in their level of understanding about ‘when a pupil should be referred to a specialist for support’, average agreement with this statement increased from 5.6 to 6.2. Similarly, while 69% of respondents reported no change in their level of agreement with the statement ‘the wellbeing of neurodivergent pupils in our school is good’, the mean level of agreement increased from 5.5 to 6.0.

One-third (33%) of survey respondents reported that they had ‘introduced new strategies for supporting pupil or staff wellbeing’ that were informed by PINS activities, for example, one school had created a workshop on emotionally based school avoidance with input from parent carers experts by experience. In addition, workshops on teacher and teaching assistant (TA) wellbeing covered topics such as how to deal with pupil and parent carer behaviour that challenges, how to build resilience and how to avoid burnout.

In some case study schools, mental health interventions delivered through PINS were extended to parent carers, focusing on pupils and their families. For instance, these interventions included teacher-led digital lessons offering pupils strategies for managing their mental health, supported by a parent carer app to help parent carers adopt good practices for themselves and their children, and resilience training to support year 6 pupils in the transition to secondary school. In the case study interviews, teachers and TAs reported that a combination of new support strategies, changes to the environment

and communication, and these interventions, were supporting pupils to manage their own wellbeing through:

- growing awareness of emotions in general and their own emotions
- proactively seeking support or special resources, when needed
- improved emotional regulation and feelings of calm
- accepting their peers' differences

School staff who had participated in sessions on anxiety came away with improved awareness of potential aspects of the school day and school environment that might be contributing to dysregulated behaviour, anxiety or school avoidance and how to watch for and support pupils showing signs of anxiety.

Neurodivergent pupils interviewed in the case study schools referenced many things that they enjoyed about school and often mentioned that friends and TAs contributed to their happiness. Most recognised that they sometimes had moments in school when they felt temporarily unsettled, but they talked positively about the quiet spaces, sensory aids, and supportive staff available to help calm them. Occasionally, a few children spoke about other children perceiving them as 'different' and 'being mean to them', which made them feel unhappy. Leaders and SENCOs recognised the importance of celebrating difference and of ensuring that children understand and accept that others may have different needs, both of which were central to the development of inclusive cultures.

Some practitioners and ICB project teams noted that PINS training has started to increase school workforces' awareness of the links between mental health, anxiety and neurodivergence. This translated into some understanding of how to support both neurodivergent and neurotypical children with SEMH needs. Other school staff highlighted emerging evidence of increased awareness of the intersection of neurodiversity and mental health in the adult population, and how this might affect both parent carer and staff wellbeing. This is perceived to be leading to greater understanding and empathy across whole-school communities. Teachers gave examples of how PINS resources delivered under the mental health domain had led them to examine their own mental health and wellbeing, by recognising pressures at work and outside of work. Teachers and support staff were able to use the strategies learnt through PINS training to manage high workloads and stress at work. The training led to an improved understanding of resilience and differences in different people's resilience levels.

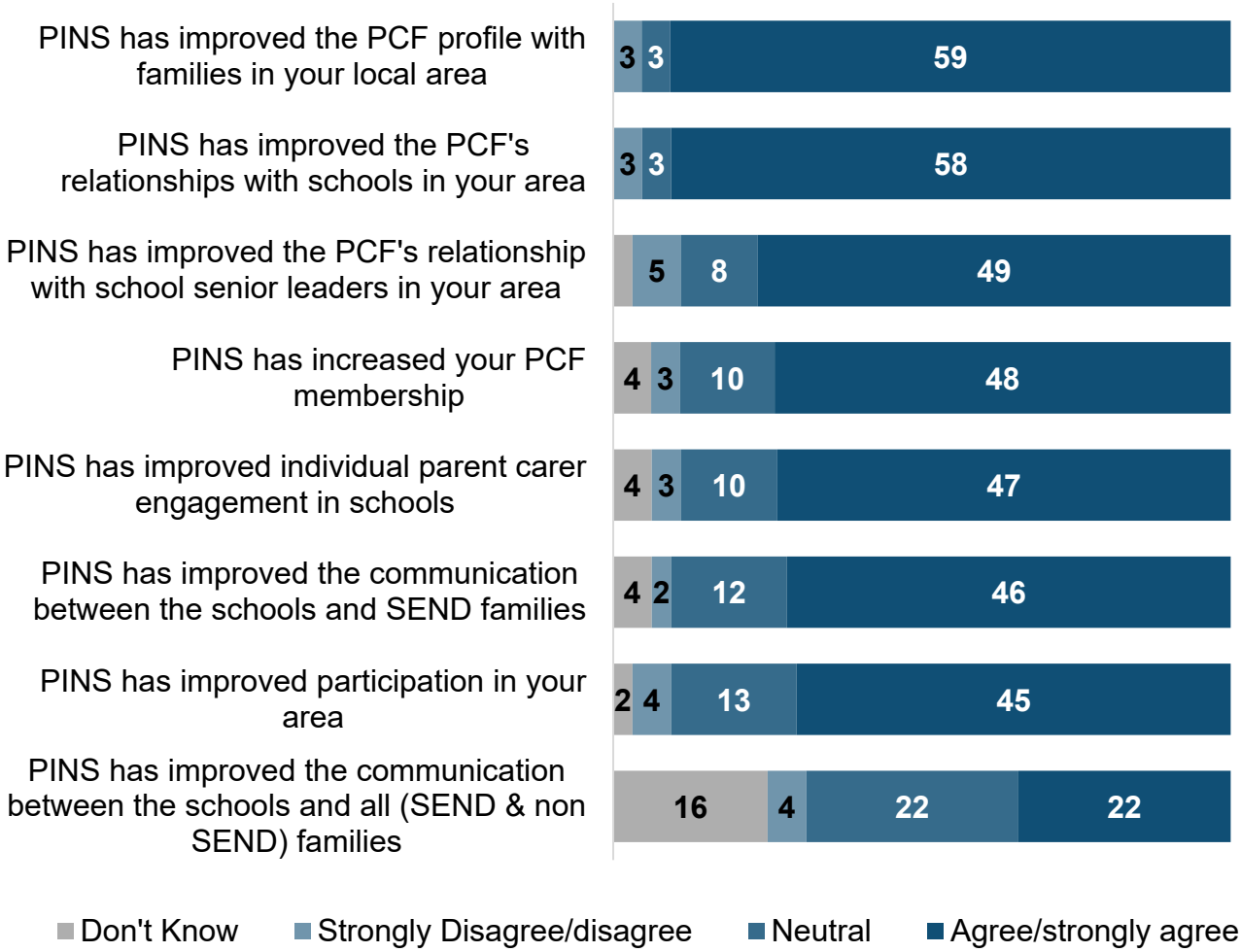
The impact of parent carer engagement

This section explores the perceived impact of parent carer engagement supported through PINS on the inter-relationships between PCFs, schools and parent carers.

PCFs and schools

PCFs commonly perceived that PINS had a positive impact on their relationships with schools and their senior leaders. Almost all respondents (58 out of 64) who responded to the NNPCF survey strongly agreed or agreed that their relationships with the schools in their area had improved, and the majority (n=49) also strongly agreed or agreed they had developed better relationships with school leaders (Figure 17).

Figure 17: PCF perceptions of the impact of PINS in relationships with schools and parent carers



Source: NNPCF Survey.

Question 5: To what extent do you agree with the following statements about PINS and working relationships.

Question 6: To what extent do you agree with the following statements about PINS in schools has improved the PCF's relationships with schools in your area.

Number of responses: 64–65.

PCFs and parent carers

PINS was also perceived to have had a positive impact on the PCFs' relationships with parent carers. The majority of respondents to the NNPCF survey reported that PINS had improved the profile of their PCF among families (n=59), increased its membership (n=48) and improved participation (n=45) (Figure 17 above). Interviewees also reported that some parent carers who participated in engagement sessions had since begun volunteering with their local PCF. PCF representatives also perceived that through PINS, parent carer awareness of the support available from local PCFs and the wider Community, Voluntary and Social Enterprise (CVSE) sector had increased.

> Parents now know where we are and know that we're there to help and support them, so they feel safe and comfortable to come to us and ask them questions. – *PCF representative*

The case study and PCF research identified benefits for parent carers of their engagement with the PCFs, particularly the parent carer engagement sessions:

- **increased connections within the wider school community** have reduced parent carers' feelings of isolation and of being overwhelmed by challenges that families with children with SEND can often experience
- **peer-to-peer support networks have been created and sustained** outside the PCF-led sessions, e.g., informal meetups, WhatsApp groups, and email exchanges. These networks have enabled parent carers to offer advice and support to each other based on their own lived experiences

  > They set up a whole WhatsApp group with them, and I know parents have had lots of outside support because of that link that previously they wouldn't have had just through me. – *SENCO.*

Although outside the programme's scope, case study schools and PCF representatives reflected that there had been some additional and unintended positive impacts of the parent carer engagement work:

- **increased awareness of and ability to implement strategies** to support children at home, including the window of tolerance, zones of regulation and emotion coaching:

  > We have seen a strong positive impact on the participants' confidence and ability to implement effective strategies in supporting their children – *PCF representative.*

- **increased awareness and understanding of parent carers' own neurodiversity** and the importance of prioritising their own wellbeing as well as that of their children:

> They were able to say, 'I've noticed these things about myself. I'm going to use these strategies to help myself.' – *Practitioner.*

Schools and parent carers

PCFs perceived that PINS and the parent carer engagement activities supported both individual parent carer engagement in schools (n=47) and communication between schools and SEND families (n=46), with both improving (Figure 17 above).

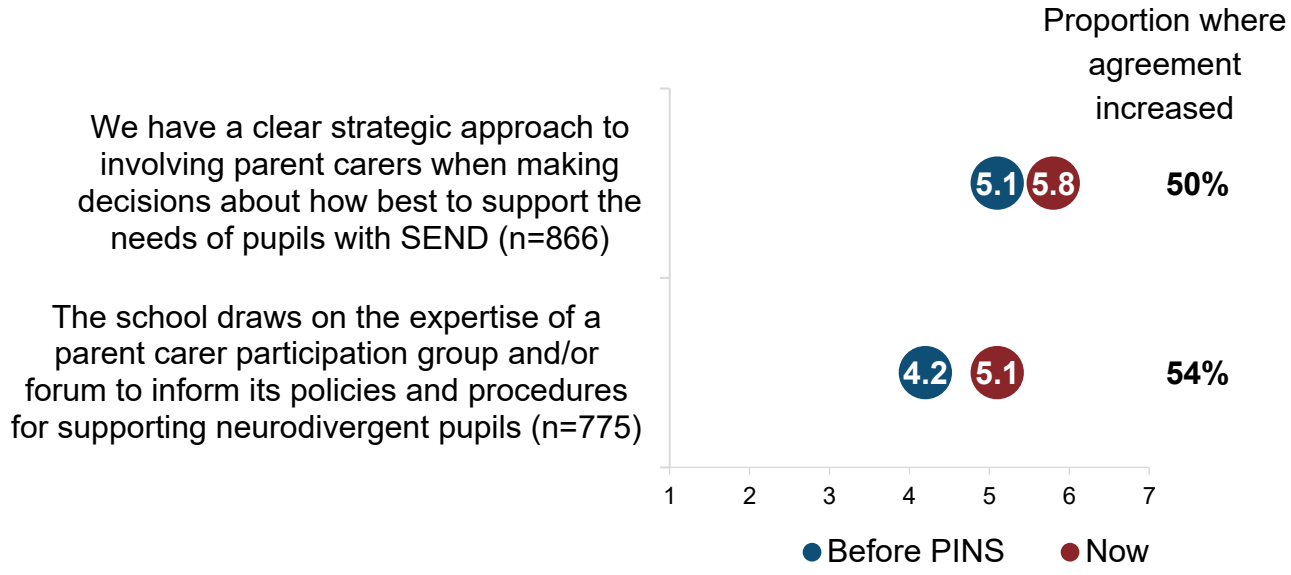
The school follow-up survey analysis highlighted two areas of substantial change (i.e. where more than 50% of respondents shifted at least 1 point on the 7-point agreement scale). These areas were:

- taking a strategic approach to involving parent carers, where mean agreement increased from 5.1 ‘before PINS’ to 5.8 following the programme
- ensuring parent carer voice informs policies and procedures, where mean agreement increased from 4.2 ‘before PINS’ to 5.1 afterwards (Figure 18 below). PINS has delivered progress in terms of parent carers working alongside schools. Just under half of respondents (49%) reported a change in relation to the statement ‘parent carers are encouraged to share their knowledge and insights into the best way to support their neurodivergent pupils’ and there was a statistically significant shift in level of agreement with this statement (5.2 ‘before PINS’ and 5.9 ‘now’).

Leaders’ and SENCOs’ opinions on the impact of PCF involvement on relationships between school staff and parent carers were more divided. While nearly 3 in 5 (57%) tended to agree that PCF involvement had contributed to improved relationships, 1 in 5 (21%) tended to disagree, and the same proportion (21%) was neutral on this issue. This may, at least in part, be because schools, on average, perceived that effective communication (5.4) and positive relationships (5.6) with parent carers of neurodivergent pupils had already been established before PINS. That said, around two-fifths of respondents reported that both outcomes improved,[31] resulting in mean scores of 6.0 and 6.1, respectively.

[31] 44% of respondents reported a positive change of one point or more in relation to communication and 39% reported a positive change of one point or more in relation to relationships with parent carers.

Figure 18: Change in level of agreement with statements about parent carer involvement in school policies, procedures and approaches



Source: School follow-up survey.

Question 14: Please rate the extent to which you agree or disagree with the following statement about your knowledge, skills and confidence to work with parent carers?

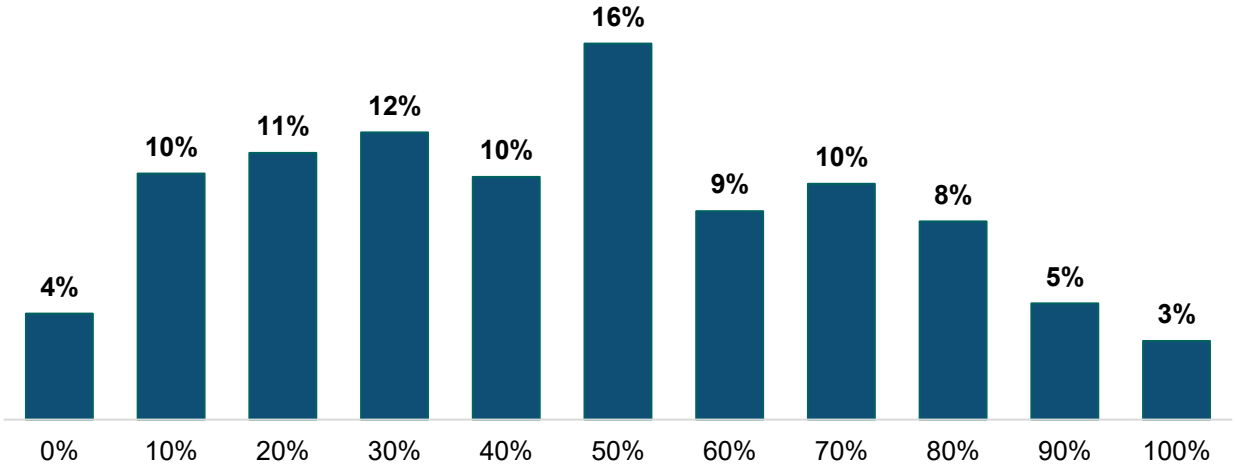
Bases in parentheses.

Although three-fifths of respondents (61%) reported no change in their perceptions of whether, in their experience, parent carers of children with an EHC plan were confident that the school could meet their children's needs, average agreement with this statement increased from 5.3 before PINS to 5.8 afterwards. While it is not possible to attribute this change to the amended policies, procedures, and approaches outlined above, these changes, along with changes in teaching and learning and the school environment, have the potential to increase parent carer confidence in schools. The parent carer engagement sessions were also identified as fulfilling a role in this respect:

> In the parent carer engagement session, I've seen the SENCOs spending time with parents, listening to them, addressing their concerns. The SENCO making tangible changes is key to building trust – there's been quite a lot of reassurance to parents about the school's ability to support SEND pupils. – *PCF representative*

Overall, half of the respondents (51%) attributed at least half of the changes in relation to parent carer relationships to PINS (Figure 19).

Figure 19: Proportion of change attributed to PINS (Q14)



Source: PINS school follow-up survey.

Question: What proportion of the change you've experienced in your knowledge, skills and confidence to work with parent carers do you attribute to your school participating in PINS?

Base: 691.

The case study interviews indicated that the parent carers were mainly involved in decision-making about their own child or children (e.g. pupil passports, individual education plans (IEPs), SEND reviews). Evidence of parent carers being more widely involved in strategic planning and meaningful co-production of school policies, pedagogy and approaches was more limited. However, although there were examples of schools drawing on insights from parent carer feedback, including two-way dialogue through class apps. In addition, PCF interviewees cited examples of parent carers of neurodivergent children becoming more involved in school governance, for instance, by joining the board of governors and becoming 'parent champions' to advocate on behalf of other parent carers of neurodivergent pupils. They also cited examples of how the parent carer engagement sessions had provided opportunities for parent carers and SENCOs to meet informally.

Factors associated with the impact of PINS

A regression analysis was conducted to determine the contribution of various factors to achieving positive change through PINS. Variables were included in the analysis if at least half of the survey respondents reported an increase of 1 or more points on the agreement scale. The results show that a lower overall competency score[32] was positively associated with changes in outcomes across three domains: Leadership,

[32] Derived from school self-assessment data.

Culture and Values, Teaching and Learning, and Environment, suggesting that those engaging in PINS from a lower starting position benefited most.

Other characteristics that were most significantly associated with changes included:

- **Job role**. Leaders and SENCOs were the primary audiences for most commissioned support, and these roles were most likely to engage directly with PINS (see the chapter on implementation). Respondents in these roles were more likely to report positive change than those in other roles in school. This was particularly the case for outcomes relating to leadership, culture and values.
- **Length of time in role**. Those who had been in their role or profession for a relatively short period (less than 5 years) typically reported greater change, suggesting that staff with less experience, regardless of their level of seniority within the school, stand to benefit the most from PINS.

Programme and school-level characteristics were also associated with changes in leadership, culture and values. The analysis demonstrated that schools located in rural areas[33] and those that engaged in a higher volume of support[34] were more likely to report positive changes.

Embedding and sustaining PINS

In schools

The evaluation has provided evidence that the PINS model was acceptable to schools, and action typically followed the provision of external training and support. There was strong agreement amongst the leaders interviewed that learning from PINS needed to feed into strategic documents such as school improvement plans promptly, and that it should also influence pedagogy and shape everyday practice. While this was happening in some case study schools (e.g., actions taken based on audit suggestions, small but significant changes to classroom setup or language used in communication), it is less clear whether this is happening consistently across the sector.

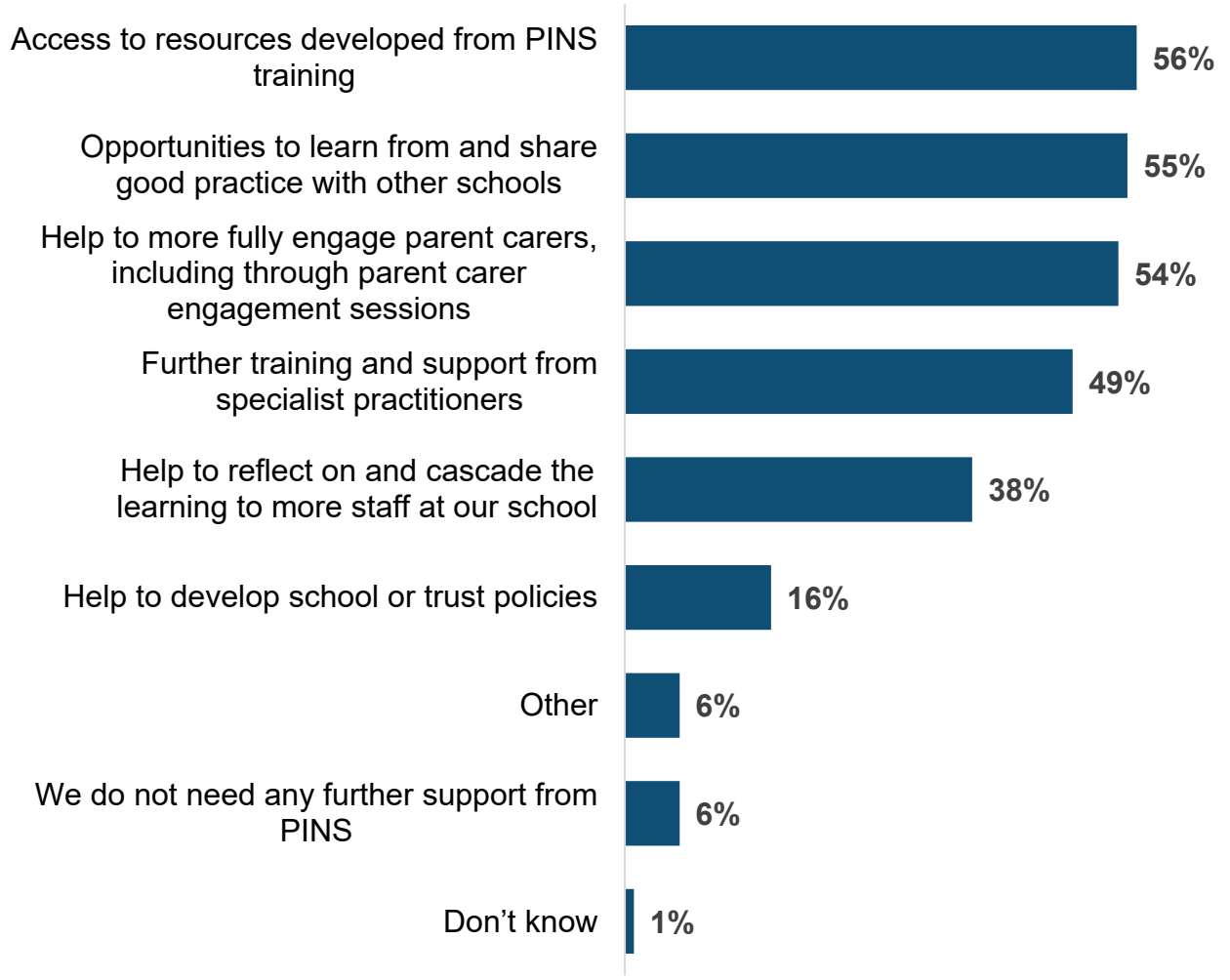
The case study research highlighted that time and staff turnover were barriers to cascading and embedding the learning from PINS. Furthermore, delivery was still underway in some schools when the evaluation fieldwork was completed, meaning there had not been an opportunity to embed change. Mechanisms to overcome the time barrier have sometimes been built into the PINS approach, e.g., online resource portals, train-the-trainer approaches, training champions, and self-auditing tools. However, in the main,

[33] Especially in relation to whole-school approaches to supporting neurodivergent pupils and school engagement with pupils, parent carers and members of the wider community.
[34] Low engagement is defined as less than 21 hours of support.

schools have relied on existing systems (e.g., presentations in staff meetings) or informal chats between staff.

Leaders and SENCOs reported in the follow-up survey that they require further support to fully embed the learning and insight and sustain the impact of PINS. When prompted on the types of support their school might need, leaders' and SENCOs' top 3 requirements were 'access to resources developed from PINS training' (56%), 'opportunities to learn from and share good practice with other schools' (55%), and 'help to more fully engage parent carers, including through parent carer engagement sessions' (54%). Only 6% said that they did not need any further support from PINS (Figure 20).

Figure 20: Support schools need to embed the learning and insight from PINS fully



Source: PINS School follow-up survey.

Question: What, if any, support does your school need to fully embed the learning and insight from PINS to improve outcomes for neurodivergent pupils at your school?

Base – Leaders and SENCOs: 481.

Some ICBs had begun to set up PINS networks for schools, school-level strategic governance groups across MATs to maintain momentum, and upskilling opportunities between PINS and non-PINS schools within a trust. There is an opportunity to build on this work and address schools' other support priorities through the embed offer in year 2.

Parent carer engagement

PCF representatives expressed concerns about whether the activities (such as the engagement sessions) and the progress made to foster stronger school-parent carer relationships would be sustained across the schools that took part. In some instances, parent carers have decided to organise and facilitate engagement sessions themselves. However, the success of this strategy depends on parent carers having the capacity and capability to undertake this role, alongside their wider family and work commitments.

> It'll be interesting to see if the schools have got the capacity to build those parent carer forums. It's quite hard for a parent to drive it and get that momentum by themselves. – *PCF representative*

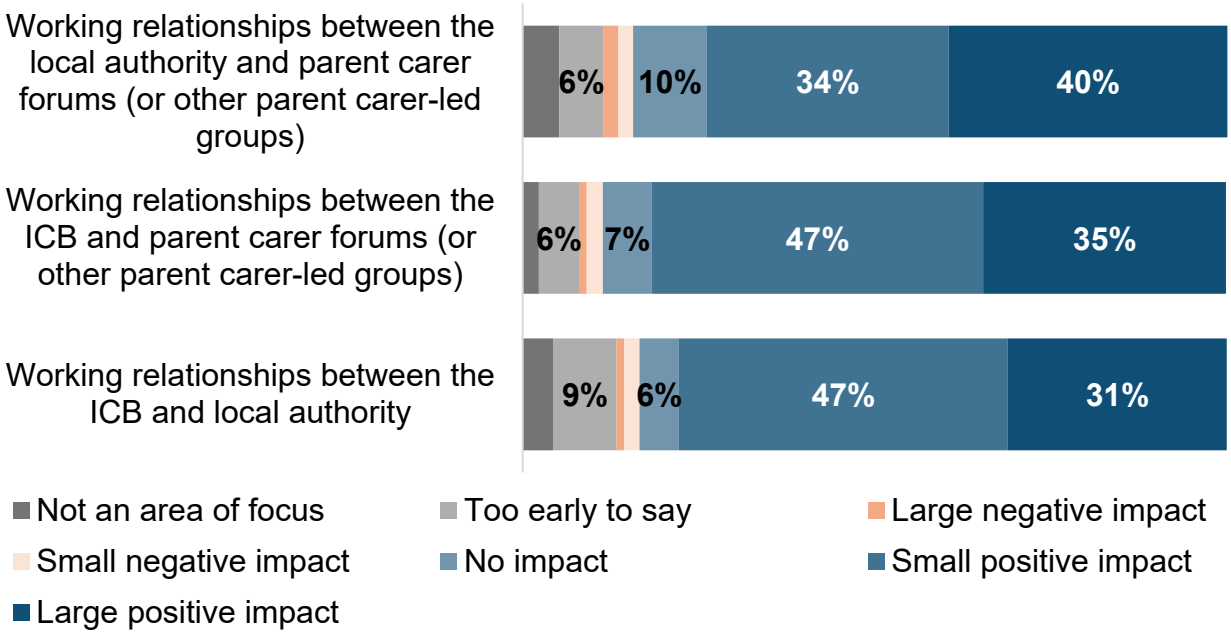
Few PCF interviewees reported being confident that schools could sustain this work independently of the PCF. Some ICB project teams have committed to continuing funding for PCFs to work in schools as part of the embed offer, and including an element of co-production in the offer is a programme requirement. However, for many schools and PCFs, the future direction remains uncertain.

The impact of PINS on the system

Collaboration between system partners

There was a consensus among participants in the focus groups that PINS has strengthened partnership working, improved relationships and deepened understanding of each partner's role and expertise. Project teams typically described better communication, more multidisciplinary working, and greater sharing of ideas, resources, and approaches between all partners, including NHS commissioners, NHS providers, educationalists, and PCFs. This is reflected in the partnership survey findings: a majority of respondents reported that PINS has had a positive impact on working relationships between ICBs and LAs (78%), between ICBs and PCFs (82%), and between LAs and PCFs (74%) (Figure 21).

Figure 21: Impact of PINS on systems within ICB areas



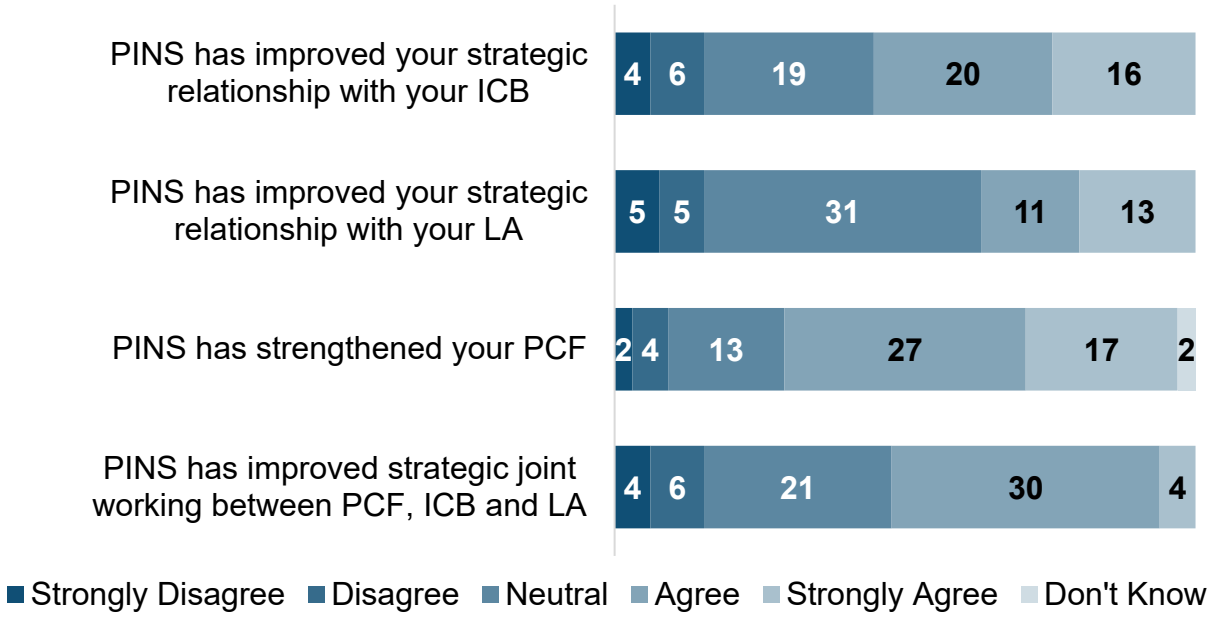
Source: PINS ICB partnership survey.

Question: How would you rate the impact PINS has had on the following outcomes relating to the system in your ICB area?

Base: 90–108.

The NNPCF survey findings presented a slightly more cautious picture. While approximately half of respondents (n=34) strongly agreed or agreed that PINS had improved strategic joint working between PCFs, ICBs and LAs, 21 gave a neutral response, and 10 strongly disagreed or disagreed (Figure 22).

Figure 22: Levels of agreement with statements about PINS and working relationships



Source: PINS NNPCF survey.

Question: To what extent do you agree with the following statements about PINS and working relationships?

Total number of responses: 65.

Consultation with ICB project teams highlighted that the extent to which PINS resulted in improved partnership working at the practitioner level varied. Some practitioners reported working more closely with colleagues on other teams through PINS and, as a result, being more consistent in their messaging and language with schools.

Looking ahead, stakeholders often expressed optimism that the partnerships developed through PINS, if embedded or built upon, could help to foster a more joined-up system. Four-fifths of respondents (79%) to the partnership survey perceived that PINS is somewhat or very likely to achieve a more joined-up system of support for neurodivergent children. To support this, project team members expressed interest in continuing joint working within other programmes and forums. Yet overall, few described concrete plans or structures to sustain new ways of working, suggesting there is scope to consider this more explicitly in year 2 of delivery.

Focus on neurodiversity and understanding of need

The process of bringing system partners together to deliver PINS was consistently reported by project teams and practitioners to have built energy and momentum around the aim of transitioning to a more inclusive education system.

This positivity was reflected in the ICB partnership survey, where over two-thirds (70%) of respondents reported that PINS has had a positive impact (either small or large) on 'the system's focus on improving support for neurodivergent pupils in mainstream primary schools.' Additionally, more than half (56%) reported that PINS has had a large positive impact on 'my commitment to improving support for neurodivergent pupils in mainstream primary schools'; a further 21% described PINS as having a small positive impact in this area. This suggests that PINS has helped to shift individual mindsets and increase the priority afforded to neurodiversity across the education and health systems.

This shift may partly reflect the improved awareness and understanding of school and pupil needs that project teams gained during PINS. For example, almost half (47%) of respondents to the partnership survey reported that PINS had a large positive impact, and 29% reported a small positive impact on their 'knowledge of the *needs of neurodivergent pupils* in mainstream primary schools'. Similarly, more than 2 in 5 (43%) described PINS as having a large positive impact, and one third (34%) a small positive impact on their 'knowledge of the *needs of mainstream primary schools* in relation to supporting neurodivergent pupils.'

Practitioners reported changes to their knowledge, noting that working in a whole-school way had enhanced their contextual understanding of the needs of schools and pupils.

Several project teams indicated that their knowledge and understanding of school and pupil needs developed through PINS, and that this was informing wider changes in practice. For example, local teams described feeding learning into other neurodiversity-related programmes and strategies, including local SEND improvement plans. Likewise, some practitioners reported refining their existing materials and delivery offers and feeling better equipped to advise schools strategically.

Overall, however, some uncertainty remains about the extent to which changes in knowledge and understanding of neurodiversity within the system will translate into an increased ability to meet need. While nearly 3 in 5 (57%) respondents to the partnership survey reported that PINS has already had a positive impact on 'the system's ability to meet the needs of neurodivergent pupils in mainstream primary schools', one-third (34%) said it was "too early to tell".[35]

[35] 4.5% indicated 'no impact' and 4.5% indicated that they didn't know.

Relationships between system partners and schools

PINS has helped strengthen relationships between system partners and schools, with project teams, practitioners, and case study schools all describing improved communication, greater mutual understanding, and more collaborative ways of working. The ICB partnership survey findings showed progress in the development of relationships between all key partners:

- **LAs and schools:** three-quarters (74%) reported a positive impact on working relationships (41% described a small positive impact, 32% a large positive impact), and none reported a negative impact.
- **ICBs and schools:** nearly two-thirds (63%) reported a positive impact on working relationships (54% described a small positive impact, 9% a large positive impact), and none reported a negative impact. Given that some practitioners suggested many schools had little awareness of ICBs at the outset of PINS, this represents a notable shift.
- **PCFs and schools:** a large majority (80%) reported a positive impact, including 45% who perceived it as having a large positive impact.

These changes, particularly for LAs and ICBs, may have, in part, resulted from the collaborative approach that was required for the commissioning and design of PINS support with schools. Becoming more explicitly led by the priorities identified by schools and trusting their views as experts in their own field represented a shift in approach for most project teams.

Practitioners and case study schools reported that the programme had strengthened their connections and deepened mutual understanding. Working at a whole-school level (rather than at the level of an individual child) helped health practitioners in particular develop a clearer sense of school contexts and needs.

The new connections created by PINS have sometimes enabled schools to obtain advice from practitioners on a more ad hoc, informal basis. SENCOs in the case study schools valued these opportunities to ‘bounce ideas’ off trusted contacts. However, advice tended to be sought regarding strategies to support individual pupils rather than to inform the development of whole-school approaches.

Looking ahead, project teams and practitioners expressed hope that these relationships would continue after PINS. Increased familiarity with school contexts, as well as trust built between multidisciplinary stakeholders through PINS, may help foster future interactions. However, as these relationships are often between individual SENCOs and practitioners, they may not be sustained amid ongoing challenges with capacity and turnover among both practitioners and school staff.

Approaches to commissioning specialist support for schools

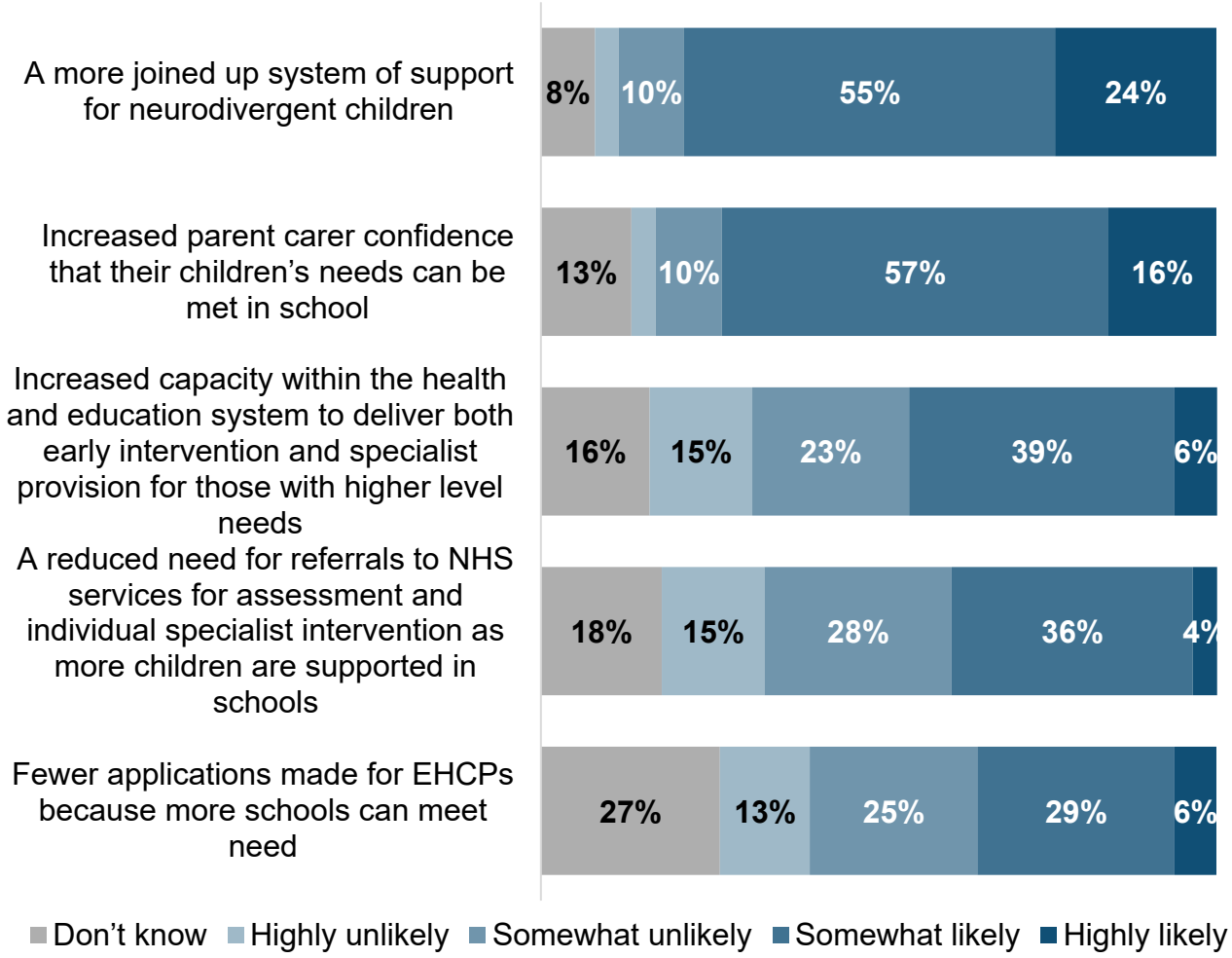
To ensure the successful implementation of PINS, local areas developed creative approaches to commissioning and mobilising practitioners, particularly health expertise. While some of these solutions provided short-term workarounds to alleviate immediate delivery pressures, there are early indications that aspects may continue beyond PINS. For example, one project team indicated that an ongoing arrangement with a university had been established, whereby OT students would conduct school audits under the supervision of academic staff. Models such as these could help sustain certain aspects of the PINS offer. However, stakeholders questioned whether this approach would be sufficient for schools that required more direct, sustained coaching and support from health professionals. Providing schools with this level of support beyond PINS is likely to remain a challenge while ongoing pressures on the specialist clinical workforce remain.

Demand on the system

At this stage, it remains unclear what lasting impact PINS will have on demand and pressures within the wider system, as reflected in the varied responses to questions on long-term outcomes in the partnership survey. Figure 23 shows similar proportions of respondents who agreed or disagreed that PINS is likely to 'increase capacity within the health and education system to deliver early intervention and specialist provision for those with higher-level needs', 'reduce the need for referrals to NHS services', or 'result in fewer EHC plan applications.' A relatively high proportion also responded 'don't know' for all three areas (16%, 18% and 27% respectively), suggesting a level of uncertainty.

However, there was some optimism that, in the longer term, PINS could increase parent carer confidence that their children's needs can be met in school and result in a more joined-up system of support (Figure 23).

Figure 23: Long-term impact of PINS on the system



Source: PINS ICB partnership survey.

Question: How would you rate the likelihood of PINS achieving the following longer-term outcomes relating to the system in your ICB area?

Base: 112-113.

These mixed survey findings reflect the varied perspectives of project teams and practitioners shared during the qualitative research. Occasionally, interviewees reported seeing reductions in referrals to NHS services, with drops in OT referrals recorded in two areas. Others suggested it was too early to discern the impact.

Where reductions in referrals to specialist services were reported or expected, this was perceived as resulting from schools becoming better equipped to meet the needs of neurodivergent pupils within their universal offer. Practitioners occasionally noted that some schools were now undertaking their own reviews of need and making adjustments before requesting specialist input. A few interviewees also reported that requests for support, when made, were more appropriate and focused.

As noted, schools also used their connections with health practitioners developed through PINS to seek informal advice on adjustments, which practitioners occasionally reported had reduced the need for a formal referral.

Increased use of targeted LA support services may lead to fewer referrals to other services. For example, 2 LA SEND advisory team members noted greater awareness and uptake of their offer, including helpline support for school staff, which they regarded as a positive development. These teams typically sit lower down the graduated response and provide early advice and input before a referral to more specialist services is needed.

Taken together, these findings suggest that PINS may be helping to strengthen earlier stages of the graduated response to meeting neurodivergent needs. However, the evidence is not yet conclusive, and the possible impact on practitioners' capacity in the longer term remains unclear at this stage.

Factors contributing to the success of PINS

Building buy-in through early, proactive communication

School buy-in and positive engagement with PINS were seen by project teams and practitioners as key to its success, given the time and effort required to participate and to implement learning. They also consistently identified strategic commitment from school senior leadership teams, particularly headteachers, as a critical enabler of PINS success, given their influence and accountability in driving whole-school change.

Project teams and practitioners emphasised that securing strategic commitment from school leadership should be a requirement of the programme recruitment process. They stressed the need to involve headteachers in the initial setup, ongoing communication, and strategic planning to embed the learning.

Early, clear communication with schools by local project teams was widely recognised as an essential enabler of this buy-in. Project teams and practitioners reported that fully explaining the programme and its requirements from the outset helped to build trust, reduce defensiveness and ensure schools better understood both the offer and what was expected of them as part of PINS.

Several project teams suggested that the most effective mechanism for positive early communication was to conduct individual visits to schools to discuss the self-assessment tool results. This was seen to support both local project teams and practitioners in gaining more meaningful connections with and understandings of each school, and to help schools feel that the offer was co-produced and would meet their needs. Additionally, teams emphasised that this approach would enable better guidance and tailoring around the menu of support, rather than schools selecting options in isolation.

Prioritising whole-school training to drive whole-school change

Practitioners consistently emphasised that, to drive whole-school change, it was vital to engage a large number and wide range of staff – including headteachers, SENCOs, teachers, TAs, lunchroom staff and office staff – in PINS activities, especially in training. Broad reach would ensure that everyone receives consistent messaging and help embed learning across roles within a school, without relying on SENCOs finding time and means to cascade training. Including less experienced staff in this reach was also often noted as vital, as evidenced by the increased scale of impact experienced by staff with less than five years of experience (see ‘The Impact of PINS on schools’ chapter).

In-person, on-site, whole-school training was consistently seen as the most effective way to achieve this reach, especially by SENCOs and staff in the case study schools. In-person support was also generally noted to be more impactful than online delivery, as evidenced by the school survey data, which showed that online training was associated with a lower degree of impact. However, in some cases, online activities and recordings

of these helped to broaden the reach of activities due to their convenience, suggesting that a blended approach can be beneficial.

As previously discussed, sufficient lead time to plan training during INSET days and funding to backfill staff for training held at other times may be necessary to support approaches that achieve broad reach and impactful engagement in schools.

Supporting schools to reflect on and embed changes through follow-up sessions and sustainability planning

All stakeholder groups acknowledged that programme success depended on schools having the capacity and opportunity to reflect on the knowledge introduced through PINS activities and then to embed and review the associated strategies. Practitioners and case study school SENCOs emphasised that to facilitate this, PINS activity needed to be strategically sequenced and, ideally, to provide targeted follow-up support and coaching after more general training sessions and audits. This follow-up work was seen to allow schools to consolidate learning, consider how to adapt approaches to their specific settings, and embed changes sustainably. Without the provision of this structure and dedicated time, schools were reported to lack the capacity and resources to reflect on the learning from PINS or implement subsequent changes.

Another enabler of success reported by practitioners was the explicit inclusion of sustainability planning within the PINS offer. Given the competing demands on schools, providing structured support for sustainability planning can empower them to maintain momentum and continue building on PINS-related changes after practitioners' direct involvement ends. The most effective form for this sustainability planning is currently unclear and will be a focus for year 2 of the evaluation.

One case study school also expressed interest in receiving more guidance on how to track progress in implementing recommended changes and the impact achieved, to ensure accountability and help maintain momentum.

Providing direct access to specialists who can advise on whole school approaches to supporting neurodivergent pupils

Facilitating direct access to health practitioners was seen as particularly impactful by case study school stakeholders, given the challenges schools typically face in accessing these practitioners outside the programme.

The aim of the programme to enable practitioners to advise on whole-school practice, rather than individual pupils’ cases, was often noted as the most impactful feature of the model. Schools reported working with practitioners – who now understand the school’s wider context – in more strategic and holistic ways, receiving advice on universal classroom practices, communication strategies, the physical environment and school-

wide inclusion strategies. Project teams, practitioners, and case study school headteachers and SENCOs consistently described this as a key lever for change.

Providing schools with greater direct access to specialist practitioners was widely viewed as a key factor driving positive impact. SENCOs valued the approachable, responsive way in which support was made available through PINS.

Providing access to a diverse range of expertise beyond statutory organisations

Providing schools with access to a wider range of expertise than is typically available through statutory sector providers was seen by stakeholders as enhancing the impact of PINS. This diversity in delivery added valuable insights to school-based activities and was particularly helpful in building empathy and understanding of neurodiversity among school staff. This provision varied, but examples included the involvement of:

- delivery partners from the voluntary sector
- practitioners and delivery partners with lived experience of neurodivergence presenting to staff and, in some areas, directly to pupils; case study school staff viewed the latter as highly empowering for all children involved
- PCF representatives contributing to session content or delivery and providing feedback to schools or project teams on behalf of parent carers
- pupils participating in environmental audits; all stakeholder groups saw clear value in this, highlighting how children often suggest simple, creative solutions that focus on what is meaningful for them

Ensuring support is tailored and practical

All stakeholder groups strongly agreed that tailoring the offer to each school's needs – and including a strategic, sequenced coaching element that emphasises practical, achievable solutions – was critical for driving the success of PINS.

The coaching component – where it occurred – was consistently seen as a key enabler of impact, especially when it strategically built on initial trainings or audits. Practitioners described it as a key mechanism for enabling deeper, applied learning, and case study school SENCOs and staff appreciated the tailored support for problem-solving and for embedding strategies in their specific setting. Coaching was also seen to foster greater accountability and follow-through, helping schools translate learning into action.

Practitioners focusing on concrete, low-cost recommendations that schools could implement quickly were seen as another key enabler of impact. While all stakeholders recognised the importance of a whole-school approach through PINS, given capacity challenges across schools and the wider system, there was often a pragmatic focus on changes within the environment and communication domains. Case study schools

viewed these as areas where relatively easy, small changes (such as the introduction of visual timetables, calm corners and sensory circuits) had a significant impact on pupils.

Providing schools with the full quota of commissioned support

The number of hours of support a school received was a key determinant of impact. Schools that received their full allocation of support (or were approaching it) demonstrated greater progress towards achieving the outcomes in the theory of change than schools that received less than 20 hours of support.

Schools were more likely to maximise their hours of support when practitioners could use INSET days or dedicated after-school training sessions, and when support could be delivered to a wide range of teaching and non-teaching roles across the school.

Practitioner flexibility when schools needed to cancel training at short notice (e.g. due to a safeguarding concern or staff sickness) was beneficial. Practices such as recording training sessions and creating a bank of online training resources also supported flexible access to learning.

Factors contributing to the success of the parent carer engagement work

Proactively building school buy-in and engagement with parent carers

PCF representatives reflected that the level of commitment from school leaders and SENCOs influenced how effectively schools engaged with the parent carer engagement strand of PINS and the overall impact of the activities. Where senior leaders actively endorsed this work, encouraged parent carer attendance at sessions and implemented actions based on feedback received, engagement from parent carers improved.

The work of PCFs in proactively building school buy-in and securing their strategic commitment to the parent carer work was seen to be vital to ensuring the programme's success. Some PCFs sought to achieve this through:

- **Strategic use of early communication and relationship building**. Schools did not always have a pre-existing relationship with the PCF, so more time was spent building relationships with these schools.
- **Provision of information/feedback on parent carer views**. Information collected via the survey and other opportunities during engagement activities was shared with schools. This information provided insight into how well the school was supporting neurodivergent pupils and helped them understand the challenges that parent carers faced.

- **Linking into wider strategic priorities for the school.** For example, PCFs reminded schools of the benefit of having a parent carer group/voice for school development and Ofsted inspections.

Even when schools saw the value of increased parent carer engagement, some lacked sufficient capacity to carry out these activities or did not know how to do so well, so the additional capacity and expertise provided by the PCFs have been beneficial in supporting this.

Taking a proactive and varied approach to reaching parent carers

The reach of parent carer sessions differed by school and was often relatively limited. This was likely due to a variety of reasons relating to schools' pre-existing levels of engagement with parent carers and the practicalities of individual sessions.

There does not appear to be a single clear approach that worked best to increase attendance of parent carers at the sessions. Instead, PCF representatives reflected that a proactive and flexible approach was required, incorporating:

- **Proactive communication.** PCF representatives often needed to proactively follow up with schools and encourage them to circulate surveys, invitations, information packs, and other marketing materials they had developed for parent carers. Some representatives found that additional approaches could also be helpful, such as attending parent evenings or reaching out to parent carers via channels outside of schools, including social media (e.g. Facebook). A few PCFs also circulated information or newsletters in between sessions to reach parents who did not attend PCF sessions.
- **Flexibility in medium and timing.** PCF representatives reported the need to adopt a mixed approach to session organisation. This included different times and formats to enable parent carers with different circumstances and preferences to attend. For example, a few PCF representatives used virtual sessions.
- **Facilitating accessibility.** PCFs tried to tailor engagement activities to meet the needs of parent carers, ensuring as many individuals as possible could engage. For example, an interpreter was brought in to support parent carer engagement at one school where a language barrier would have otherwise impeded engagement.
- **Taking a whole-school approach to ensure broad appeal.** Some PCF representatives reported extending sessions to all families in the school, including those interested in learning more about neurodivergence/SEND. This meant that sessions were more open and needs-led, rather than specifically targeted at parent carers of neurodivergent or SEND children, for example, focusing on topics of universal interest, such as sleep.

Facilitating constructive dialogue between schools and parent carers

A range of stakeholders, including project teams, senior leaders, SENCOs (from case study schools), and PCF representatives, reflected that PCFs played a valuable role in fostering open, constructive communication between schools and parent carers by acting as intermediaries. In general, case study schools and PCF interviewees saw PCFs as independent bodies that play a largely neutral role, potentially making them acceptable to both schools and parent carers.

PCF representatives helped create safe spaces to support parent carers to engage with schools, whilst ensuring schools felt heard too. PCFs:

- **Maintained a focus on constructive, positive topics and achievable change:** This often meant keeping sessions focused on topics that schools could directly influence, rather than on wider systemic challenges. The importance of avoiding sessions being dominated by a few parents sharing concerns about the broader system, which (while valid) could reduce others' engagement and limit opportunities to generate practical, actionable ideas, was noted. This also meant supporting schools in hearing and responding to feedback positively by ensuring suggestions were strengths-based and practical. This approach helped to ensure that parent perspectives could be incorporated into school practice without overburdening schools.
- **Made use of their lived experience:** PCF representatives acknowledged that their personal experience as parent carers helped them gain credibility and supported parent carers in feeling comfortable providing honest feedback in sessions. This was especially helpful in supporting parent carers who lacked confidence or who had experienced strained relationships with the school.
- **Managed a balance of school staff involvement in meetings**. PCF representatives reflected that the presence of school senior leaders and/or SENCOs at some engagement activities helped to provide context and facilitate direct conversation between parent carers and the school. However, providing opportunities for parent carers to gather and give feedback openly, without the presence of school staff, was also seen as valuable.
- **Used appropriate private spaces.** The sense of a safe and supportive environment extended not only to how the sessions were run but also to the space used. For example, in some instances, a dedicated space was required where parent carers could have a one-to-one conversation with the PCF representative or a practitioner if they did not wish to share their input more widely.
- **Drew on wider sources of evidence to support suggestions made.** Many PCF representatives saw the parent carer survey as a useful mechanism for capturing feedback for schools and supporting conversations with parent carers and schools (e.g. 43 of the 64 respondents to the NNPCF survey of PCFs strongly agreed or

agreed that the parent carer survey data supported discussions with school leadership teams). However, in part due to late school selection and tight timescales, the response rate varied, limiting its impact in some cases. PCF representatives occasionally reported that some schools were reluctant to make changes based on feedback from very small numbers of parent carers, while others did this more readily.

One PCF representative reported drawing on their experience of working with a broader group of schools to inform suggestions, building the confidence of both schools and parent carers in their validity. However, sharing learning between schools may be an opportunity for further development. Approximately one-third (20 of the 64) of the respondents to the NNPCF survey indicated that there were insufficient ‘opportunities to share learning across the local area and other schools not involved in PINS.’

Conclusion

The conclusion to this interim report reflects on the 3 key evaluation questions.

How was PINS implemented, and were there any barriers to delivery?

A central achievement of PINS has been its joint stewardship by DfE, NHSE and the NNPCF, with local delivery led through ICBs, which also involved LAs, PCFs and other partners. This structure has helped to make the case for a more holistic, whole-school approach to supporting neurodivergent pupils.

A large proportion of participating schools engaged with PINS from a relatively high starting position (based on school self-assessment scores). Although project teams reported that these schools gained new insights and schools reported greater confidence in applying prior knowledge, this highlights the challenge of ensuring that schools most in need of support take part. Schools with lower scores in the self-assessment process and staff with less than 5 years' experience in the role or profession reported the greatest improvements, demonstrating that the programme has the potential to build capacity and expertise when targeted effectively.

The key barriers to mobilising support were the relatively short timeframe for the programme's set-up and delivery, and the amount of planning required to commission bespoke support. These factors also affected schools' capacity to take up the full 37.5 hours of support, and by the end of year 1 in March 2025, many had not yet had the opportunity to cascade and embed learning in their schools. Despite this, the bespoke model provided many schools with access to practitioners they would not usually be able to engage with on a whole-school basis, particularly from health disciplines. Creative commissioning solutions helped to ensure schools received the specialist support they required; however, this approach often relied on the strength of existing relationships between project teams and practitioners. To support the sustainability of PINS in the future, more formal long-term commissioning and understanding of the workforce at the local level may be required.

Engagement with school senior leadership and whole-workforce participation in the programme maximise impact. However, the reliance on SENCO-led dissemination risks limiting the direct reach of PINS and the extent to which a whole-school approach can be embedded. Any future iterations of PINS should align activities with school planning cycles. Enabling delivery to be staggered across the academic year and using mechanisms to engage all staff (e.g., INSET days) would help maximise uptake. Time should also be protected for planning, reflection and consolidation. The second year of the evaluation will assess the extent to which the 'embed' offer supports schools in cascading learning, implementing changes, and sustaining impact.

Embedding parent carer voice within both local governance and school-facing activity was two important and valued aspects of PINS. While capacity and timescales created challenges, representatives from PCFs or other parent carer-led groups have, in most cases, influenced programme design at the strategic level and strengthened the mechanisms for parent carer engagement in participating schools. The latter has helped to build trust between families and schools and generated insights that are starting to reshape practice. Continuing to strengthen both approaches will be essential to ensure that the parent carer voice extends beyond engagement sessions to influence strategic decision-making within schools and local systems.

To what extent does PINS improve schools' ability to support neurodivergent pupils better and improve pupil outcomes?

While the evaluation does not yet show measurable impacts on pupil outcomes (identified as longer-term impacts within the Theory of Change – see Appendix 1), there is emerging evidence of impact in schools across the following domains: leadership, culture and values; teaching and learning and the school environment. There have also been improvements in relationships between schools and parent carers.

There are also early signs of system impact, such as improved collaboration between partners and greater understanding of and prioritisation of neurodiversity. At this stage, it remains unclear what lasting impact PINS will have on demand and pressures within the wider system.

What is the acceptability, suitability and benefit of PINS being rolled out more widely?

Year 1 of PINS has provided proof of concept that a national, needs-led, whole-school approach to neurodiversity can:

- be delivered at scale
- be accepted by schools and stakeholders
- begin to change practice and culture.

There were encouraging signs that relationships fostered between schools and practitioners through the programme will be sustained beyond the formal delivery period. However, despite enthusiasm for maintaining new ways of working, few project teams described concrete plans or structures for doing so. Additional resources and/or more evidence of the scale and nature of the impact would be required to increase the likelihood that local areas beyond the national programme will implement the PINS model.

There is strong support for the programme to continue so that the learning can be embedded within existing schools and the offer expanded to new schools. To maintain this momentum, DfE and NHSE may wish to consider:

- identifying opportunities to embed PINS within wider SEND and neurodiversity strategies, rather than positioning it as a standalone initiative; many schools attributed improvements in their practice to a combination of PINS and other factors, underlining the need to integrate PINS as one element within a broader package of support
- strengthening mechanisms to ensure that the appropriate volume of support is commissioned and delivered to schools that can benefit most, in light of the finding that there is a positive association between the volume of support provided, the baseline competency of schools, and the likelihood of impact
- ensuring sufficient time is allocated for preparation, design, recruitment, commissioning, onboarding and implementation
- developing mechanisms for sharing tools, case studies and evidence-based models to reduce duplication and increase consistency, while maintaining flexibility for local areas and practitioners to tailor resources for schools
- how to sustain a strategic role for local PCFs, ensuring sufficient resources to support the sustainability and scaling up of parent carer engagement activities.

Additionally, wider contextual factors that are likely to influence the ongoing delivery and impact of PINS on longer-term outcomes include changes to operational models for NHSE and ICBs and workforce challenges in relation to specialist staff, in addition to ongoing challenges with regard to the level and complexity of SEND support needs, resource constraints and attrition among staff who engaged in PINS training, particularly SENCOs.

Appendix 1: Theory of Change

Inputs and activities	Outputs	Change mechanism	Outcomes	Impacts
Inputs £13m from Shared Outcomes Fund for all ICBs in England 1,600 mainstream primary schools recruited to the PINS pilot programme Existing support, expertise within specialist teams, and experts by experience **Activities** ICBs form partnerships with Local Authorities (LAs) and Parent Carer Forums (PCFs) to oversee commissioning and delivery Partnerships draw on DfE data, local intelligence and school engagement to iden-	Parent carer participant groups established within each school Parent carers and school staff build collaborative relationships, facilitated by PCFs and coproduce interventions and adjustments Specialists deployed to provide up to 5 days of flexible support to each school, including: - Sensory audits of school environment - Whole school training on neurodiversity and SEND - Bespoke training, advice and resources for school staff in teaching support, leadership and other roles (e.g. lunchtime supervisors) - Support and advice for parent carers	Staff at all levels in schools to have the opportunity to engage with PINS support Staff reflect on the learning to identify how to make changes in their own setting Schools develop effective relationships with ICBs and PCFs to ensure their needs are identified and addressed	**Short term** Improved communication between parent carers and school staff Improved relationships between parent carers and school staff Parent carers can raise issues with schools and other professionals Improved knowledge amongst parent carers, school staff, commissioners and practitioners about what is available locally to support neurodiverse children and their families Understanding of neurodiversity and SEND among school staff is strengthened	A more joined up system of support for neurodiverse children Fewer applications for EHCPs because more schools can meet need Improved wellbeing of families with neurodiverse children Reduced need for referrals to NHS services for assessment and individual specialist intervention as more children are supported in schools More financial stability in the SEND system More capacity within the health and education system

Inputs and activities	Outputs	Change mechanism	Outcomes	Impacts
tify up to 40 mainstream primary schools within each ICB footprint to participate Schools complete self-assessment of 45 variables across 6 domains aligned to Ofsted inspection framework Partnerships agree domain priorities and codevelop delivery plans with schools Partnerships commission existing and/or new services to provide specialist support			Increased staff confidence to identify the needs of neurodiverse pupils Increased capacity within the school to respond to the needs of neurodiverse pupils Staff have knowledge and skills to adapt their approach and communication style when working with neurodiverse pupils **Long term** Stronger collaboration between government departments and regional stakeholders with joint commissioning of wider services for children with SEND Parent carers are more confident that their children's needs can be met in school Improved understanding of when to make a referral to specialist support School policies and procedures on SND, behaviour and exclusions and equally,	to delivery both early intervention and specialist provision for those with higher level needs Improved assessment of SEN provision by Ofsted More neurodiverse pupils can remain in a mainstream setting Reduction in suspensions and formal exclusion among neurodiverse pupils Reduction in persistent absence and part-time timetables among neurodiverse pupils Improved attainment of neurodiverse pupils

Inputs and activities	Outputs	Change mechanism	Outcomes	Impacts
			diversity and inclusion are reviewed and updated School culture and ethos is more inclusive Classroom climate is enhanced for all pupils Whole school approach to supporting neurodiverse pupils is developed and embedded Increased sense of belonging among neurodiverse pupils The wellbeing of neurodiverse pupils in improved Increased attendance and participation in school of neurodiverse pupils Neurodiverse pupils are better able to access the curriculum and engage in their learning	Neurodiverse pupils make successful transitions and each Key Stage Reduction in mental health crisis and in-patient admissions

Appendix 2: Methodology and sample characteristics

Secondary data

MI

At Round 1, self-assessment data for 1,669 schools that started the PINS programme in the academic year 2024 to 2025 were collected across all 40[36] ICB-led systems. Half (50%) of these schools were local authority-maintained, 48% were academies, and 2% were free schools. Around three-quarters (71%) were located in urban areas, and 1 in 5 (21%) were in rural areas. The percentage of pupils eligible for FSMs ranged from 0% to 85%. The percentage of pupils with SEND ranged from 0% to 44%. The proportion of those with EHC plans ranged from 0% to 19%.

The support commissioned for all schools (active, inactive, and withdrawn) was recorded in Round 2. This included information on the type and focus of each intervention, the practitioners commissioned to deliver it, how long each lasted (in hours), and the roles in the school workforce for which the interventions were designed. Information on each intervention was collected at the individual school level. Commissioning data was returned for 1,501 schools (90% response rate). After the first year of delivery, 1,428 of these schools (85%) remained 'active participants' in the programme.

NNPCF partnership survey

The NNPCF designed a survey with input from the PINS National Operational Group. The survey was distributed to the 102 PCFs involved in PINS and 65 responses were received (64% response rate). The survey asked respondents to reflect on three key areas: working strategically with ICBs and their partners; supporting schools in setting up or strengthening parent carer engagement sessions; and delivering training to school workforces.[37] The NNPCF analysed this survey and aggregated results which were shared with the evaluation team for incorporation into this report.

School surveys

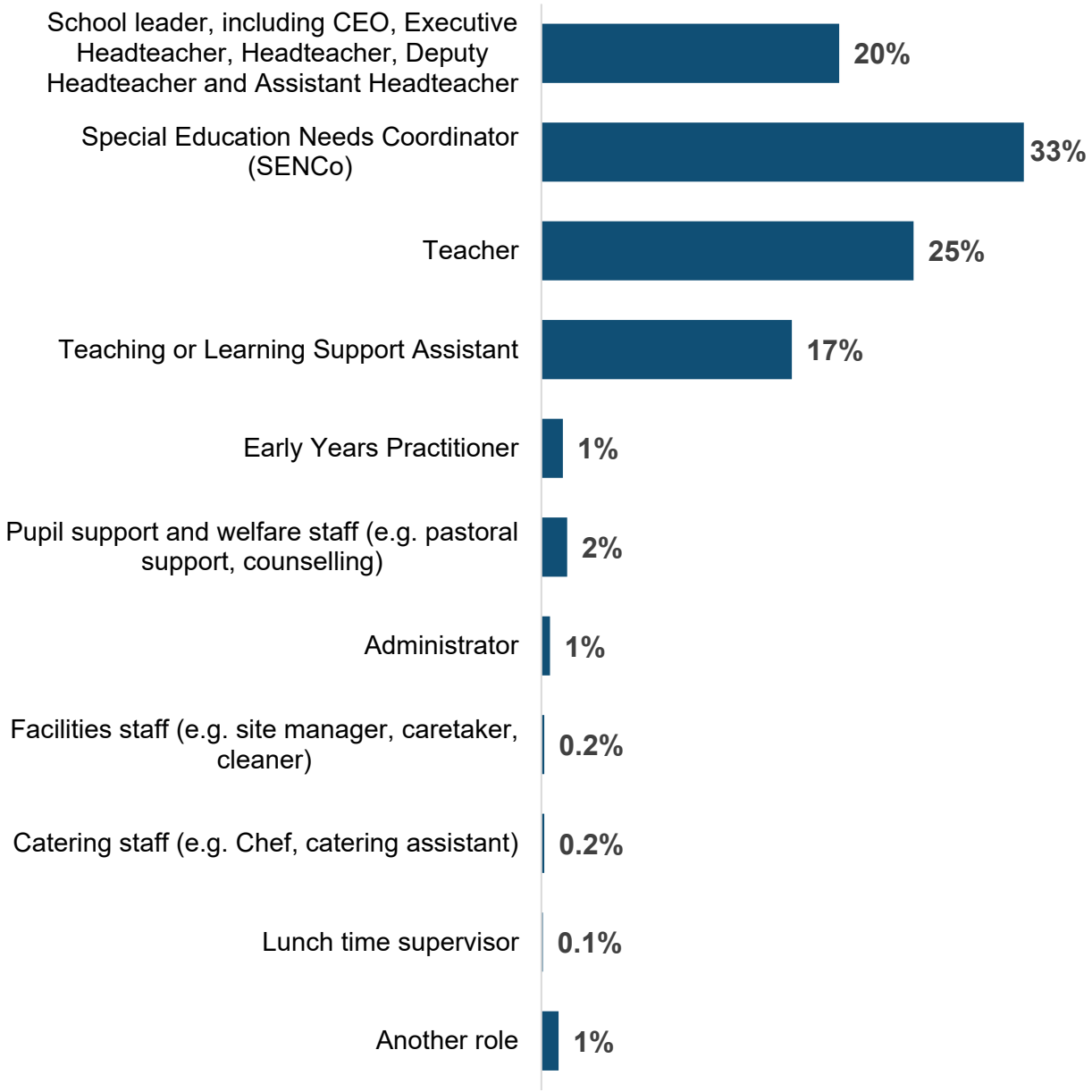
A baseline survey was administered to PINS schools via ICBs between September and November 2024. The link was sent to a key contact in each school (typically the SENCO or a senior leader), who then shared the survey with colleagues. All staff, irrespective of role, were eligible to take part. A total of 5,405 responses from 741 schools across 36 ICB systems were received, averaging 7 responses per school.

A follow-up survey was administered in May and June 2025, after the planned delivery was scheduled to finish (i.e. at the end of the second term of the AY 2024 to 2025). A

[36] One ICB-led system comprised two ICBs. In total 40/42 ICBs were involved in Cohort 1 delivery.
[37] Delivering training to school workforces was a relatively small role for PCFs. Five out of the 97 PCFs were involved in the direct delivery of training to schools. The work that these PCFs did was captured in the MI tool and in a specialist practitioner workshop for PCFs.

total of 1,036 respondents from 497 schools (35% of schools known to be actively engaged in PINS according to the MI) who were aware that their school had participated in PINS completed the survey. To maximise the sample available for analysis, respondents were asked to rate each outcome variable using paired statements – 'before' and 'after' PINS. The characteristics of respondents to the follow-up survey are presented in Figures 24 to 27.

Figure 24: Main job role

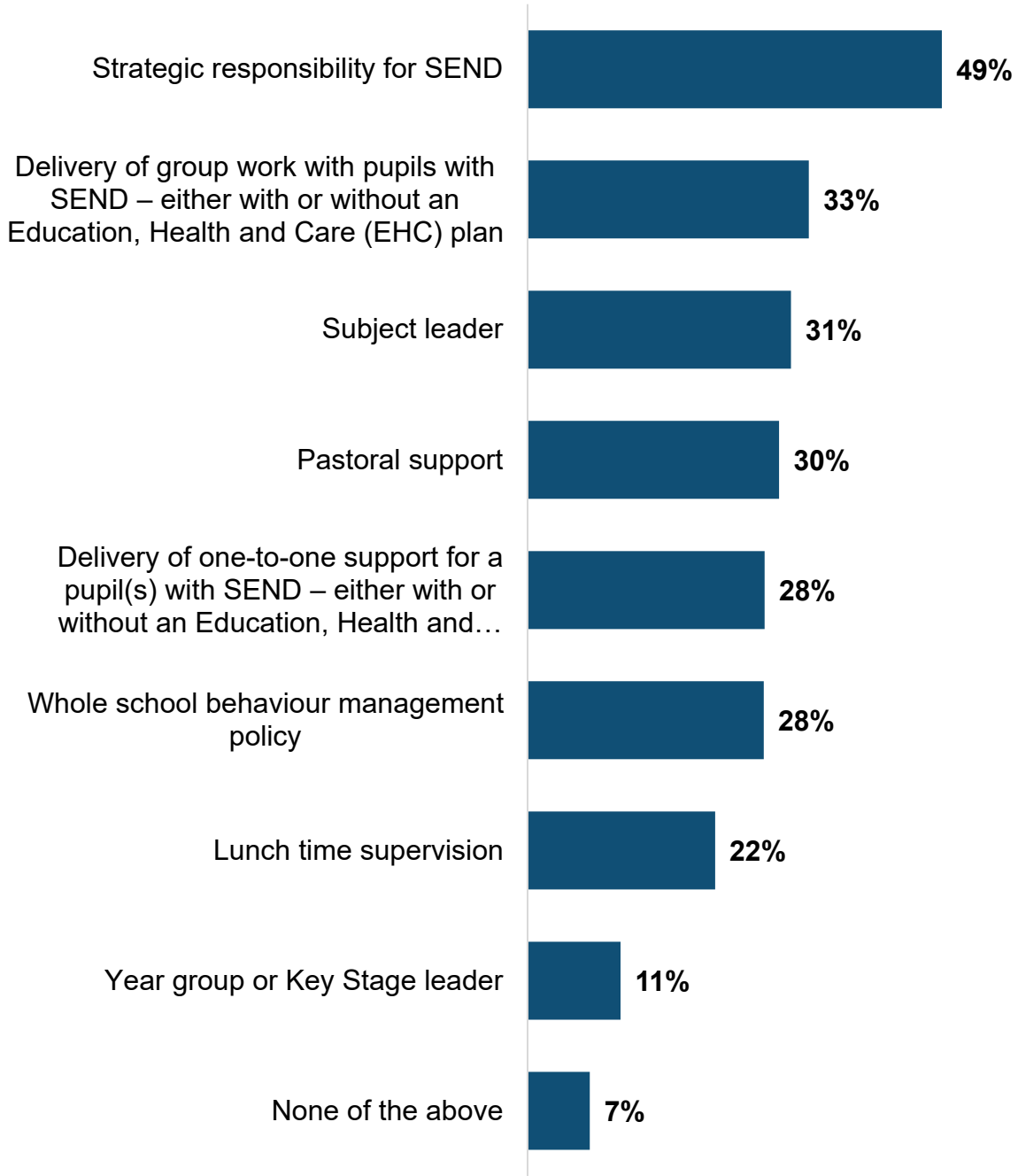


Source: PINS school follow-up survey.

Question: We understand that you may fulfil a number of roles in your school, but please tell us which of the following best describes your main job role?

Base: 1,036.

Figure 25: Additional responsibilities

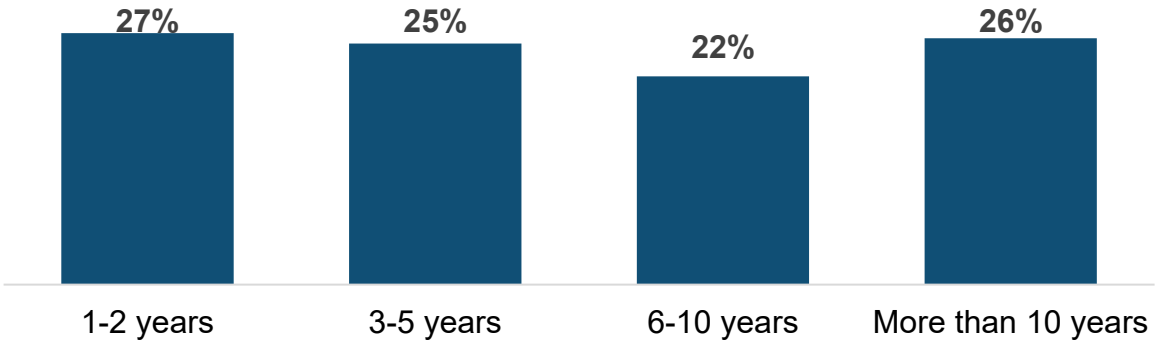


Source: PINS school follow-up survey.

Question: In your current role, do you have any of the following additional responsibilities? Please select all that apply.

Base: 1,036.

Figure 26: Length of time in current role

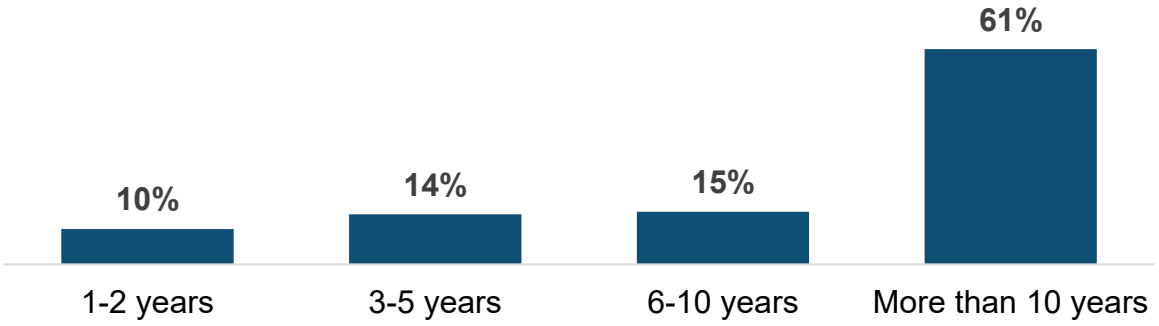


Source: PINS school follow-up survey.

Question: How long have you been in your role at your current school?

Base: 723.

Figure 27: Number of years in school workforce



Source: PINS school follow-up survey.

Question: How many years have you been employed in the school workforce?

Base: 699.

The survey repeated the same metrics on knowledge, skills, and competencies from the baseline survey, asking respondents to reflect on their competencies 'before PINS' and 'now.'

Case study research with schools

The baseline survey included a recall question inviting school staff to participate in case study research. A shortlist of potential case study schools was generated using insight from the MI, survey responses and local intelligence from NHSE and ICBs. A total of 10 schools from 10 ICBs with different operating models were purposively selected from the sample of 229 school leaders and 292 SENCOs who agreed to be recontacted (Table 4).

Table 4: Characteristics of case study schools

School	School type	Trust status	Number of pupils	Percentage SEND pupils
PINS01	Full primary	MAT	300–400	10.8%
PINS02	Full primary with nursery	MAT	100–200	20.5%
PINS03	Full primary	LA maintained	100–200	10.6%
PINS04	Full primary	MAT	100–200	10.7%
PINS05	Full primary with nursery	MAT	200–300	14.0%
PINS06	Full primary	MAT	700–800	20.2%
PINS07	Infant	LA maintained	100–200	7.3%
PINS08	Full primary	MAT	200–300	12.7%
PINS09	Full primary	LA maintained	400–500	14.8%
PINS10	Full primary	LA maintained	400–500	15.0%

Three phases of fieldwork were conducted in each school.

- **Phase 1** explored motivations for engaging with PINS and anticipated outcomes. The research involved online depth interviews with senior leaders, SENCOs and PCF representatives.
- **Phase 2** involved a one-day visit to each school to observe a PINS intervention and conduct depth interviews with teachers, learning support staff, and administrative staff, giving them opportunities to reflect on their experiences with the training and support. In addition, parental consent was obtained for researchers to speak with pupils (both neurodivergent and neurotypical) to ask questions about what they liked about their school, what helped them learn and play, and whether they had noticed any recent changes in how they were supported.
- **Phase 3** was conducted in the summer term. Leaders, SENCOs, and PCF representatives who were consulted in Phase 1 were interviewed again online. The interviews explored the quality of training received and the extent to which it aligned with pre-identified needs; any changes made because of PINS, including progress towards the outcomes in the ToC; enablers and barriers to engagement in PINS and maximising the impact of the programme.

Three focus groups with parent carers from 3 case study schools were planned for the summer term of the AY 2024 to 2025. Unfortunately, the recruitment response rate was low, so 3 in-depth interviews with parent carers from 2 case study schools were undertaken. Including parent carer views in the evaluation is paramount, so more consultation with this group is planned in the second year of the evaluation. A longer lead-in time and a more diverse recruitment strategy will be implemented to secure the co-operation of a larger number of parent carers across a broader range of case study schools.

Focus groups with ICBs

Two rounds of 4 focus groups were conducted with ICBs: in December 2024 and March 2025. An open invitation was sent to key contacts at each ICB, and recipients were encouraged to nominate one attendee per ICB area.

The first round of 4 focus groups was attended by 41 stakeholders, representing a range of strategic and project management roles in PINS, and 39 systems were represented. Discussions focused on the design, commissioning, and delivery of PINS to date, and on the programme's strengths and areas for improvement.

The level of engagement at round 2 was lower, with 30 stakeholders across 21 systems represented. Discussions focused on the programme's impact during the first year of delivery. Lower engagement was likely due to the workload in March 2025, as delivery continued alongside drafting plans for year 2, recruitment of new staff, and fulfilling other evaluation requirements, including the submission of MI data.

ICB partnership survey

In February 2025, an online survey was conducted among those involved in the commissioning, design, planning, and resourcing of PINS. Respondents were working in various roles, including NHS commissioning, NHS provision, LAs, PCFs, MATs and independent provision. A key contact in each ICB was nominated and asked to share the survey with the key stakeholders in their local system. A total of 117 survey responses were received from 33 out of 39 systems.

The survey asked respondents to reflect on the programme's setup and implementation, and its corresponding impact, particularly on working relationships between system partners and on schools, parent carers, and pupils.

Reflective workshops with practitioners

The first reflective workshop with practitioners commissioned to deliver PINS interventions and support was held in December 2024. ICBs were asked to cascade the invitation to any practitioners delivering PINS support in schools in their area. Practitioners signed up on a ‘first-come, first-served’ basis. The session was attended by 10 practitioners from eight systems. The discussion focused on the strengths and areas for improvement of the activities delivered in schools, and on what had helped and hindered their delivery.

The remaining reflective workshops were held in March 2025 and were promoted through the ICBs. One workshop was held with PCF representatives who had been involved in delivering PINS interventions and was attended by 9 PCF colleagues representing 7 systems. The remaining workshops focused on 1 of the 6 domain themes (Leadership, Culture and Values; Mental Health; Readiness to learn; Teaching and learning; Environment and Communication). Each workshop included a range of practitioners working in different educational and health disciplines who had been delivering interventions aligned with each domain focus. The discussion in these workshops focused on identifying the scale of the interventions' impact and on ways to sustain and increase impact. A total of 35 different practitioners attended these workshops.

Appendix 3: Focus of the support commissioned

Table 5: Focus of support commissioned

Focus of support	% of schools
Neurodiversity (general)	66%
Classroom strategies	51%
Sensory	50%
Health – mental	45%
Inclusion	44%
General/no specialist focus	36%
Speech and language – pupils	33%
Behaviour	29%
Learning environment	26%
Parent voice	25%
Learning styles	19%
Wellbeing – pupil	18%
Pupil voice	17%
Eating and food	14%
Sleep	14%
Classroom resources	13%
Physical environment	13%
Transitions	13%
Policies	12%
Attendance/school refusal	12%
Language – school staff	11%
Friendships and peer acceptance	10%
Health – physical	7%
Pupil plans	6%
Family relationships and home life	6%
Diagnoses	5%
Play	3%
Wellbeing – parent	1%

Source: Round 2 MI

Data based on 1,489 schools

Appendix 4: Survey analysis

Table 6: Survey analysis of means and standard deviations for Question 12: Leadership, Culture and Values domain

Question 12: Ability to respond to the specific needs of neurodivergent pupils **Domain: Leadership, Culture and Values**	**Mean score before PINS (standard deviation)**	**Mean score following PINS (standard deviation)**	**% of the sample who moved >1 point up the 7-point scale**
All staff within the school understand what neurodiversity is	4.9 (1.4)	6.2 (0.9)	73%
SEND policies and procedures are developed with input from professionals with expertise in neurodiversity	4.7 (1.4)	5.5 (1.2)	56%
Staff are confident to identify indicators of neurodivergence and put interventions in place without the need for an EHC plan	4.6 (1.3)	5.7 (1.0)	67%
Staff in my school can effectively meet the needs of neurodivergent pupils	4.7 (1.2)	5.7 (0.9)	71%
The school has found it difficult to retain staff with the skills needed to support neurodivergent pupils	3.5 (1.9)	3.4 (1.9)	11%
We have a whole-school approach to supporting neurodivergent pupils that involves all parts of the school working together to prioritise the needs of pupils	5.4 (1.4)	6.0 (1.0)	59%
School staff, pupils, parent carers, and members of the wider community work together effectively to meet the needs of neurodivergent pupils	4.8 (1.4)	5.7 (1.2)	61%
There is effective leadership of SEND in our school	5.6 (1.3)	6.1 (1.1)	38%

Table 7: Survey analysis of means and standard deviations for Question 13: Teaching and Learning domain

Question 13: Knowledge, skills and confidence to work with neurodivergent pupils **Domain: Teaching and Learning**	**Mean score before PINS (standard deviation)**	**Mean score following PINS (standard deviation)**	**% of the sample who moved >1 point up the 7-point scale**
I understand what neurodiversity is	5.9 (1.2)	6.5 (0.8)	42%
I am able to recognise indicators of neurodivergence in children	5.5 (1.2)	6.3 (0.9)	51%
I can confidently identify the needs of neurodivergent pupils	5.3 (1.2)	6.1 (1.0)	55%
I have colleagues I can turn to for advice and support when working with neurodivergent pupils	5.8 (1.3)	6.3 (1.0)	37%
The school provides training on neurodiversity that meets my needs	5.1 (1.4)	6.0 (1.2)	54%
I am confident in my ability to effectively support neurodivergent pupils	5.3 (1.2)	6.1 (1.0)	56%
I have the knowledge and skills I need to adapt my approach, including communication style, in response to the needs of neurodivergent pupils	5.1 (1.2)	5.9 (1.0)	56%
I am given the freedom and flexibility to adapt my teaching and learning practice to the needs of the neurodiverse pupils in my class	5.4 (1.4)	6.0 (1.2)	40%
I feel confident to speak to parents/carers about the needs of their neurodivergent children	5.3 (1.3)	6.0 (1.0)	47%
I feel confident to speak with other professionals about the needs of neurodiverse children	5.6 (1.3)	6.3 (1.0)	45%
I understand when a pupil should be referred to a specialist for support	5.6 (1.3)	6.2 (1.0)	44%

Table 8: Survey analysis of means and standard deviations for Question 14: Knowledge, skills and confidence to work with parent carers

Question 14: Knowledge, skills and confidence to work with parent carers	Mean score before PINS (standard deviation)	Mean score following PINS (standard deviation)	% of the sample who moved >1 point up the 7-point scale
The school has effective communication with parent carers of neurodivergent pupils	5.4 (1.3)	6.0 (1.0)	44%
The school has positive relationships with parent carers of neurodivergent pupils	5.6 (1.3)	6.1 (1.0)	39%
The school draws on the expertise of a parent carer participation group and/or forum to inform its policies and procedures for supporting neurodivergent pupils	4.2 (1.7)	5.1 (1.6)	54%
Parent carers are encouraged to share their knowledge and insights into the best way to support their neurodivergent pupils	5.2 (1.4)	5.9 (1.1)	49%
Based on my experience, parent carers of children on SEN support are confident that the school can meet their children's needs, without the need for an Education, Health and Care plan	4.7 (1.4)	5.3 (1.3)	45%
Based on my experience, parent carers of children with Education, Health and Care plans are confident that the school can meet their children's needs	5.3 (1.3)	5.8 (1.1)	38%
We have a clear strategic approach to involving parent carers when making decisions about how best to support the needs of pupils with SEND	5.1 (1.4)	5.8 (1.2)	50%

Table 9: Survey analysis of means and standard deviations for Question 15: Environment domain

Question 15: The school environment **Domain: Environment**	**Mean score before PINS (standard deviation)**	**Mean score following PINS (standard deviation)**	**% of the sample who moved >1 point up the 7-point scale**
The classroom environment is designed to enable all pupils, including those who are neurodivergent, to engage effectively in their learning	4.8 (1.3)	5.6 (1.2)	55%
Pupils always have access to quiet spaces during busy times, such as lunch and break, if they feel overwhelmed	5.1 (1.6)	5.7 (1.5)	40%
Teachers have the resources they need to adapt the way lessons are taught in response to the needs of neurodivergent pupils	4.7 (1.3)	5.5 (1.2)	56%
The physical school infrastructure acts as a barrier to creating classroom environments that respond to the needs of neurodivergent pupils	4.5 (1.7)	4.7 (1.8)	22%
Areas outside of the classrooms, such as the canteen, library and sports fields, are inclusive and supportive of neurodivergent pupils	4.8 (1.5)	5.4 (1.4)	41%
Pupils always have access to strategies and resources that can help them manage sensory difficulties	4.9 (1.3)	5.7 (1.2)	56%
Teachers have the resources they need to make changes to the sensory environment that respond to the needs of neurodivergent pupils	4.5 (1.4)	5.3 (1.4)	56%
Staff are committed to making reasonable adjustments to support neurodivergent pupils	5.4 (1.4)	6.2 (1.0)	50%

Table 10: Survey analysis of means and standard deviations for Question 16: Leadership, Culture and Values domain

Question 16: Culture and ethos **Domain: Leadership, Culture and Values**	**Mean score before PINS (standard deviation)**	**Mean score following PINS (standard deviation)**	**% of the sample who moved >1 point up the 7-point scale**
Policies on behaviour, including rewards, suspensions and exclusions, are fair to all pupils	5.7 (1.4)	6.0 (1.2)	22%
All pupils are recognised for their strengths	6.1 (1.2)	6.4 (0.9)	23%
Differences are acknowledged and celebrated within the school	6.0 (1.3)	6.4 (1.0)	27%
Staff notice when a child is often alone at lunch and break times	5.9 (1.2)	6.2 (1.0)	24%
All staff within the school make pupils feel welcome	6.2 (1.1)	6.5 (0.9)	19%

Table 11: Survey analysis of means and standard deviations for Question 17: Outcomes for neurodivergent pupils

Question 17: Outcomes for neurodivergent pupils	Mean score before PINS (standard deviation)	Mean score following PINS (standard deviation)	% of the sample who moved >1 point up the 7-point scale
Neurodivergent pupils are over-represented in exclusions and suspensions at our school	3.5 (2.1)	3.4 (2.1)	5%
Neurodivergent pupils are over-represented in other sanctions short of suspension or exclusion at our school	3.5 (2.0)	3.3 (2.0)	5%
Neurodivergent pupils have higher rates of persistent absence when compared to other pupils in our school	3.7 (1.8)	3.7 (1.9)	5%
Neurodivergent pupils are able to access the curriculum and engage in learning in our school	5.3 (1.3)	5.8 (1.1)	41%
The wellbeing of neurodivergent pupils in our school is good	5.5 (1.2)	6.0 (1.0)	31%
At our school, neurodivergent pupils are well prepared for their next stage of education	5.3 (1.3)	5.7 (1.1)	34%
Neurodivergent pupils make successful transitions at each Key Stage	5.1 (1.3)	5.5 (1.2)	32%
Neurodivergent pupils at our school progress academically at a similar rate to other pupils	4.4 (1.3)	4.7 (1.3)	29%
Pupils know which staff they can go to if they need help or support	6.2 (1.1)	6.5 (0.9)	21%
All pupils have access to a range of extra-curricular activities that cater to different needs and interests	5.5 (1.4)	5.8 (1.3)	20%
Pupil voice influences decisions about provision for neurodivergent pupils in our school	4.7 (1.5)	5.3 (1.4)	40%

Appendix 5: Regression analysis

Multivariate regression analysis was employed to explore which characteristics are associated with changes in outcomes.

The first set of outcomes (listed in Table 12 to Table 15) measures changes in scores on the 7-point scale before and after PINS, as reported by respondents in the follow-up survey. To keep the analysis tractable, it focused on 18 outcome variables for which the level of agreement increased by at least 1 point on the 7-point scale among at least half of the respondents.

Table 12: Outcomes used in the regression analysis models for Q12

Question number	Outcome	% of sample where level of agreement increased by >1 point on a seven-point scale
12_A	All staff within the school understand what neurodiversity is	73%
12_B	SEND policies and procedures are developed with input from professionals with expertise in neurodiversity	56%
12_C	Staff are confident to identify indicators of neurodivergence and put interventions in place without the need for an EHC plan	67%
12_D	Staff in my school can effectively meet the needs of neurodivergent pupils	71%
12_F	We have a whole-school approach to supporting neurodivergent pupils that involves all parts of the school working together to prioritise the needs of pupils	59%
12_G	School staff, pupils, parent carers, and members of the wider community work together effectively to meet the needs of neurodivergent pupils	61%

Table 13: Outcomes used in the regression analysis models for Q13

Question number	Outcome	% of sample where level of agreement increased by >1 point on a seven-point scale
13_B	I am able to recognise indicators of neurodivergence in children	51%
13_C	I can confidently identify the needs of neurodivergent pupils	55%
13_E	The school provides training on neurodiversity that meets my needs	54%
13_F	I am confident in my ability to effectively support neurodivergent pupils	56%
13_G	I have the knowledge and skills I need to adapt my approach, including communication style, in response to the needs of neurodivergent pupils	56%

Table 14: Outcomes used in the regression analysis models for Q14

Question number	Outcome	% of sample where level of agreement increased by >1 point on a seven-point scale
14_C	The school draws on the expertise of a parent carer participation group and/or forum to inform its policies and procedures for supporting neurodivergent pupils	54%
14_G	We have a clear strategic approach to involving parent carers when making decisions about how best to support the needs of pupils with SEND	50%

Table 15: Outcomes used in the regression analysis models for Q15

Question number	Outcome	% of sample where level of agreement increased by >1 point on a seven-point scale
15_A	The classroom environment is designed to enable all pupils, including those who are neurodivergent, to engage effectively in their learning	55%
15_C	Teachers have the resources they need to adapt the way lessons are taught in response to the needs of neurodivergent pupils	56%
15_F	Pupils always have access to strategies and resources that can help them manage sensory difficulties	56%
15_G	Teachers have the resources they need to make changes to the sensory environment that respond to the needs of neurodivergent pupils	56%
15_H	Staff are committed to making reasonable adjustments to support neurodivergent pupils	50%

The second set of outcomes (listed in Table 16) measures whether schools made any of 15 specific changes as a result of learning and insights from PINS.

Table 16: Outcomes used in regression analysis for Q18

Variable	Definition: whether respondents made the following changes because of learning and insight from PINS - Yes/No
18_1	Updated school or trust policies, e.g. SEND policy, behaviour policy, attendance policy, uniform policy, wellbeing policy
18_2	Introduced new communication strategies when speaking with children
18_3	Introduced or made changes to spaces where children can access a calm environment
18_4	Incorporated stimulating or restorative activities, e.g. movement, rest or sensory activities
18_5	Introduced visual support, e.g. visual task lists, visual timetables, visual social stories
18_6	Made changes to the physical environment to minimise unnecessary stimuli
18_7	Made changes to how children are supported during breaks and lunchtimes, e.g. smaller interest-based clubs, eating arrangements, training for supervisory staff, support for play and interactions in the playground
18_8	Changed the rules, routines and expectations of the school environment (e.g. how children move along corridors, direction of travel, noise level)
18_9	Supported children's engagement in learning by referencing their special interests
18_10	Offered children a variety of recording methods when engaging in learning, e.g. typed or voice record answers, work individually, use a mini whiteboard to collect ideas
18_11	Introduced new strategies for supporting pupil or staff wellbeing
18_12	Made changes to how pupil voice is captured and used to inform decisions in school
18_13	Made changes to how the parent carer voice is captured and used to inform decisions in school
18_14	Other change

Explanatory variables relating to individual staff members, school and PINS programme are considered (listed in Table 17).

Table 17: Explanatory variables used in regression analysis

Variable: Teacher	**Definition: Teacher**
	Set of dichotomous variables indicating the respondent's job role. Omitted category ‘teaching staff’. Note that non-teaching staff (role 4) were excluded from the sample.
role 1	School leader, including the CEO and Executive
role 2	SENCO
	Set of dichotomous variables indicating the no. of years in their current role; the omitted category is 1–2 years
role yrs_2	3–5 years
role yrs_3	6–10 years
role yrs_4	More than 10 years
Variable: School	**Definition: School**
rural	Dichotomous variable 1=rural school, 0=urban school
% fsm	% of pupils eligible for free school meals
%sen	% of pupils with special educational needs
%ehcp	% of pupils with an education, health and care plan
pupils	No. of pupils in the school
Variable: Intervention	**Definition: Intervention**
mode-online	Dichotomous variable identifying dominant delivery mode; 1=online, 0=face-to-face
hrs-low	Dichotomous variable identifying low delivery hours: 1=less than 21 hrs, 0=21 hours or more
audience	Dichotomous variable identifying dominant audience: 1=not whole-school, 0=whole-school
Attribution	% of the change in outcomes 12-# to 15-# (Table 1a) rated as attributable to PINS. Note that attribution is not needed for the outcomes in Table 1b since attribution to PINS is implicit in these responses.
Competency	Baseline competency in dealing with neurodivergent pupils. Total domain score as a proportion of the maximum possible score. Taken from MI Survey Round 1.

The analysis also conditions on 2 further variables, defined in Table 11. For the outcomes listed in Tables 6 to 9, the respondent is asked to rate the proportion of change they attribute to PINS; this is defined as ‘attribution’ and is included in all of the models. It is important to note that these models do not imply causal relationships. Still, conditioning on attribution in this way adds weight to the argument that the reported changes result from PINS. The analysis also conditions on baseline competency in supporting neurodivergent pupils, based on the school self-assessment scores provided in the Round 1 MI.

This helps control for the fact that there is a greater likelihood of improving outcomes when the starting point is lower.

The analysis explored a large number of multiple regression models, and in many of them, many of the explanatory variables were not statistically significant. Only the most useful models that produced statistically significant results at a minimum of $p > 0.05$. are presented in the report.

All models are estimated using ordinary least squares (OLS) regression. Note that the sample sizes in these regression models (reported below each model in the results tables) are much smaller than the total number of observations in the full data set, because some questions were asked only of specific roles.

Results tables

Table 18: Q12 To what extent do you agree or disagree with the following statements about your school's ability to respond to the specific needs of neurodivergent pupils?

Variables	q12_1_ change	q12_2_ change	q12_3_ change	q12_4_ change	q12_6_ change	q12_7_ change
role1	0.121	0.176	0.056	-	0.346***	0.357***
	(0.127)	(0.131)	(0.120)	-	(0.123)	(0.134)
role2	-	-	-	-0.118	0.228**	0.277**
	-	-	-	(0.105)	(0.108)	(0.117)
role_yrs2	-0.463***	-0.165	-0.405**	-0.475***	-0.302**	-0.250*
	(0.168)	(0.172)	(0.157)	(0.137)	(0.131)	(0.142)
role_yrs3	-0.545***	-0.249	-0.559***	-0.668***	-0.495***	-0.459***
	(0.181)	(0.188)	(0.171)	(0.149)	(0.137)	(0.148)
role_yrs4	-0.489***	-0.593***	-0.432**	-0.467***	-0.255*	-0.272*
	(0.176)	(0.183)	(0.167)	(0.145)	(0.132)	(0.142)
Rural	0.214	0.214	0.317**	0.128	0.317**	0.453***
	(0.161)	(0.168)	(0.152)	(0.133)	(0.126)	(0.135)
Fsm	0.009*	-0.003	0.006	0.006	0.003	0.005
	(0.005)	(0.005)	(0.005)	(0.004)	(0.004)	(0.004)
Ehcp	0.001	-0.032	-0.072**	-0.058*	-0.064**	-0.041
	(0.036)	(0.037)	(0.034)	(0.030)	(0.028)	(0.031)

Variables	q12_1_ change	q12_2_ change	q12_3_ change	q12_4_ change	q12_6_ change	q12_7_ change
Sen	-0.021*	0.001	-0.011	-0.007	-0.009	0.000
	(0.011)	(0.011)	(0.010)	(0.009)	(0.009)	(0.010)
Pupils	-0.000	0.000	-0.000	-0.000	-0.000	-0.000
	(0.000)	(0.000)	(0.000)	(0.000)	(0.000)	(0.000)
Competency	-0.825*	0.223	-0.775*	-0.406	-1.208***	-1.080***
	(0.424)	(0.435)	(0.397)	(0.348)	(0.327)	(0.353)
attribution_q12	0.020***	0.015***	0.018***	0.016***	0.016***	0.011***
	(0.003)	(0.003)	(0.002)	(0.002)	(0.002)	(0.002)
Constant	1.298***	0.266	1.326***	1.160***	1.335***	1.177***
	(0.402)	(0.420)	(0.377)	(0.329)	(0.299)	(0.322)
Observations	256	244	251	255	376	372
R-squared	0.282	0.170	0.304	0.286	0.278	0.188

Standard errors in parentheses. *** p<0.01, ** p<0.05, * p<0.1

Table 19: Q12 To what extent do you agree or disagree with the following statements about your school's ability to respond to the specific needs of neurodivergent pupils?

Variables	q12_1_ change	q12_2_ change	q12_3_ change	q12_4_ change	q12_6_ change	q12_7_ change
mode_online	0.058	0.021	0.126	0.038	0.061	0.162
	(0.138)	(0.129)	(0.125)	(0.107)	(0.108)	(0.110)
hrslow	-0.559**	0.056	-0.364*	-0.371**	-0.416**	-0.268
	(0.227)	(0.214)	(0.203)	(0.179)	(0.187)	(0.189)
aud_notwhl	-0.105	-0.075	-0.326***	-0.134	0.040	-0.077
	(0.120)	(0.112)	(0.108)	(0.093)	(0.087)	(0.090)
attribution_q12	0.023***	0.016***	0.019***	0.017***	0.017***	0.013***
	(0.002)	(0.002)	(0.002)	(0.002)	(0.002)	(0.002)
competency	-1.202***	-0.045	-0.870**	-0.741**	-1.233***	-1.145***
	(0.390)	(0.361)	(0.350)	(0.301)	(0.295)	(0.304)
Constant	1.146***	0.241	1.039***	0.904***	1.080***	1.251***
	(0.306)	(0.284)	(0.274)	(0.236)	(0.233)	(0.240)
Observations	337	325	332	339	502	498
R-squared	0.266	0.151	0.257	0.252	0.201	0.137

Standard errors in parentheses. *** p<0.01, ** p<0.05, * p<0.1

Table 20: Q13 To what extent do you agree or disagree with the following statements about your knowledge, skills and confidence to work with neurodivergent pupils?

Variables	q13_2_ change	q13_3_ change	q13_5_ change	q13_6_ change	q13_7_ change
role1	-0.016	-0.100	0.362***	-0.052	-
	(0.113)	(0.117)	(0.138)	(0.114)	-
role2	-0.248**	-0.219**	-0.130	-0.245**	-
	(0.099)	(0.102)	(0.121)	(0.099)	-
role_yrs2	-0.317**	-0.201	-0.253*	-0.199	-0.243
	(0.123)	(0.126)	(0.150)	(0.122)	(0.251)
role_yrs3	-0.444***	-0.375***	-0.306**	-0.260**	-0.175
	(0.126)	(0.129)	(0.154)	(0.125)	(0.235)
role_yrs4	-0.279**	-0.137	-0.238	-0.184	0.022
	(0.122)	(0.125)	(0.149)	(0.121)	(0.223)
rural	0.139	-0.005	-0.107	0.181	0.072
	(0.115)	(0.118)	(0.141)	(0.116)	(0.217)
fsm	0.004	0.004	0.007	0.008**	0.007
	(0.004)	(0.004)	(0.005)	(0.004)	(0.010)
ehcp	-0.037	-0.011	-0.013	-0.016	-0.007
	(0.027)	(0.028)	(0.032)	(0.027)	(0.055)
sen	0.001	-0.007	-0.011	-0.010	-0.020
	(0.009)	(0.009)	(0.011)	(0.009)	(0.020)
pupils	0.000	-0.000	-0.000	-0.000	-0.001
	(0.000)	(0.000)	(0.000)	(0.000)	(0.000)
competency	-0.412	-0.531*	-0.566	-0.465	-1.060*
	(0.292)	(0.301)	(0.358)	(0.292)	(0.556)
Attribution_q13	0.012***	0.013***	0.013***	0.014***	0.010***
	(0.002)	(0.002)	(0.002)	(0.002)	(0.003)
o.role1	-	-	-	-	-
	-	-	-	-	-
o.role2	-	-	-	-	-
	-	-	-	-	-
Constant	0.845***	1.074***	0.909***	0.833***	1.646***
	(0.272)	(0.280)	(0.332)	(0.271)	(0.512)

Variables	q13_2_ change	q13_3_ change	q13_5_ change	q13_6_ change	q13_7_ change
Observations	401	401	385	398	141
R-squared	0.186	0.172	0.150	0.202	0.125

Standard errors in parentheses. *** p<0.01, ** p<0.05, * p<0.1

Table 21: Q13 To what extent do you agree or disagree with the following statements about your knowledge, skills and confidence to work with neurodivergent pupils?

Variables	q13_2_ change	q13_3_ change	q13_5_ change	q13_6_ change	q13_7_ change
mode_online	-0.030	0.009	-0.254**	-0.009	0.123
	(0.103)	(0.104)	(0.117)	(0.103)	(0.207)
hrslow	-0.157	-0.061	-0.256	-0.200	-0.059
	(0.177)	(0.180)	(0.199)	(0.183)	(0.381)
aud_notwhl	-0.014	-0.029	-0.122	-0.054	-0.021
	(0.084)	(0.084)	(0.096)	(0.083)	(0.147)
attribution_q12	0.012***	0.013***	0.013***	0.013***	0.008***
	(0.002)	(0.002)	(0.002)	(0.002)	(0.003)
competency	-1.092***	-1.005***	-1.116***	-0.897***	-1.230**
	(0.278)	(0.278)	(0.316)	(0.275)	(0.494)
Constant	1.068***	1.001***	1.202***	0.951***	1.440***
	(0.221)	(0.220)	(0.252)	(0.217)	(0.403)
Observations	504	503	489	495	166
R-squared	0.129	0.136	0.132	0.139	0.094

Standard errors in parentheses. *** p<0.01, ** p<0.05, * p<0.1

Table 22: Q14 To what extent do you agree or disagree with the following statements about your knowledge, skills and confidence to work with parent carers?

Variables	q14_3_change	q14_7_change
role1	0.434***	0.437***
	(0.156)	(0.121)
role2	0.401***	0.313***
	(0.136)	(0.106)
role_yrs2	0.191	-0.037
	(0.159)	(0.128)
role_yrs3	-0.049	-0.399***
	(0.166)	(0.133)
role_yrs4	-0.059	-0.146
	(0.162)	(0.129)
rural	0.167	0.080
	(0.156)	(0.126)
fsm	0.000	0.004
	(0.005)	(0.004)
ehcp	-0.026	-0.039
	(0.035)	(0.028)
sen	-0.006	-0.032***
	(0.011)	(0.009)
pupils	-0.000	-0.000
	(0.000)	(0.000)
competency	-1.083***	-0.175
	(0.407)	(0.316)
attribution_q14	0.013***	0.013***
	(0.002)	(0.002)
Constant	0.996***	0.719**
	(0.377)	(0.294)
Observations	342	363
R-squared	0.174	0.231

Standard errors in parentheses. *** p<0.01, ** p<0.05, * p<0.1

Table 23: Q14 To what extent do you agree or disagree with the following statements about your knowledge, skills and confidence to work with parent carers?

Variables	q14_3_change	q14_7_change
mode_online	0.298**	0.012
	(0.132)	(0.111)
hrslow	0.184	0.041
	(0.237)	(0.197)
aud_notwhl	0.141	0.059
	(0.109)	(0.091)
attribution_q12	0.013***	0.011***
	(0.002)	(0.002)
competency	-1.257***	-0.689**
	(0.373)	(0.309)
Constant	1.132***	0.792***
	(0.295)	(0.245)
Observations	437	472
R-squared	0.120	0.088

Standard errors in parentheses. *** p<0.01, ** p<0.05, * p<0.1

Table 24: Q15 To what extent do you agree or disagree with the following statements about the school environment?

Variables	q15_1_ change	q15_3_ change	q15_6_ change	q15_7_ change	q15_8_ change
role1	0.206*	0.082	0.281**	0.291**	0.390***
	(0.118)	(0.115)	(0.115)	(0.113)	(0.118)
role2	0.087	0.084	0.163	0.059	0.275***
	(0.105)	(0.102)	(0.102)	(0.099)	(0.105)
role_yrs2	-0.097	-0.176	-0.010	-0.088	-0.166
	(0.126)	(0.123)	(0.123)	(0.120)	(0.127)
role_yrs3	-0.392***	-0.351***	-0.222*	-0.118	-0.357***
	(0.132)	(0.130)	(0.129)	(0.126)	(0.134)
role_yrs4	-0.157	-0.282**	-0.159	-0.294**	-0.311**
	(0.126)	(0.124)	(0.124)	(0.121)	(0.128)
rural	0.087	0.140	0.199*	0.214*	0.135
	(0.123)	(0.122)	(0.120)	(0.116)	(0.122)
fsm	0.006	0.005	0.003	0.008**	0.006
	(0.004)	(0.004)	(0.004)	(0.004)	(0.004)
ehcp	-0.029	-0.009	-0.019	-0.036	-0.050*
	(0.028)	(0.027)	(0.027)	(0.026)	(0.028)
sen	-0.014	-0.012	-0.015*	-0.026***	-0.004
	(0.009)	(0.009)	(0.009)	(0.008)	(0.009)
pupils	-0.000	-0.000	-0.000	-0.000	-0.000
	(0.000)	(0.000)	(0.000)	(0.000)	(0.000)
competency	-1.104***	-1.025***	-1.111***	-0.422	-1.380***
	(0.319)	(0.310)	(0.310)	(0.303)	(0.317)
attribution_q15	0.012***	0.010***	0.014***	0.014***	0.011***
	(0.002)	(0.002)	(0.002)	(0.002)	(0.002)
Constant	1.429***	1.420***	1.342***	0.971***	1.379***
	(0.292)	(0.282)	(0.283)	(0.278)	(0.290)
Observations	385	375	386	373	381
R-squared	0.191	0.161	0.231	0.241	0.212

Standard errors in parentheses. *** p<0.01, ** p<0.05, * p<0.1

Table 25: Q15 To what extent do you agree or disagree with the following statements about the school environment?

Variables	q15_1_ change	q15_3_ change	q15_6_ change	q15_7_ change	q15_8_ change
mode_online	-0.039	-0.087	-0.079	-0.029	-0.013
	(0.111)	(0.100)	(0.107)	(0.108)	(0.110)
hrslow	-0.231	-0.176	-0.236	-0.273	-0.172
	(0.190)	(0.172)	(0.184)	(0.184)	(0.184)
aud_notwhl	0.018	0.020	0.030	0.136	-0.055
	(0.090)	(0.080)	(0.087)	(0.088)	(0.089)
attribution_q12	0.013***	0.011***	0.014***	0.012***	0.013***
	(0.002)	(0.002)	(0.002)	(0.002)	(0.002)
competency	-1.412***	-1.445***	-1.415***	-1.000***	-1.408***
	(0.310)	(0.277)	(0.299)	(0.303)	(0.306)
Constant	1.347***	1.459***	1.385***	1.001***	1.332***
	(0.245)	(0.219)	(0.236)	(0.239)	(0.241)
Observations	490	483	491	481	488
R-squared	0.138	0.141	0.160	0.127	0.142

Standard errors in parentheses. *** p<0.01, ** p<0.05, * p<0.1

Table 26: Q18 Have you made any of the following changes because of learning and insight from PINS?

Variables	q18_1	q18_2	q18_3	q18_4	q18_5	q18_6	q18_7	q18_8	q18_9	q18_10	q18_11	q18_12	q18_13	q18_14	q18_15
role1	-0.042	-0.068	0.044	0.021	-0.005	0.138**	0.160***	0.007	-0.045	-0.044	0.021	0.148***	0.307***	0.019	-0.023
	(0.060)	(0.056)	(0.060)	(0.059)	(0.059)	(0.059)	(0.054)	(0.049)	(0.056)	(0.053)	(0.055)	(0.046)	(0.049)	(0.021)	(0.029)
role2	-	-0.048	0.086*	0.082	-0.101**	0.076	0.065	0.004	-0.058	0.081*	0.041	0.238***	0.377***	0.018	-0.034
	-	(0.048)	(0.051)	(0.051)	(0.051)	(0.051)	(0.047)	(0.042)	(0.048)	(0.045)	(0.047)	(0.040)	(0.042)	(0.018)	(0.025)
role_yrs2	0.009	-0.062	-0.002	-0.045	-0.055	0.037	0.024	-0.032	-0.121**	0.052	-0.001	-0.005	0.033	0.005	0.056*
	(0.082)	(0.059)	(0.063)	(0.063)	(0.062)	(0.062)	(0.057)	(0.051)	(0.058)	(0.055)	(0.058)	(0.049)	(0.052)	(0.022)	(0.031)
role_yrs3	0.077	-0.054	-0.048	-0.037	-0.034	0.005	-0.026	-0.004	-0.085	-0.022	0.014	0.065	-0.016	-0.001	-0.010
	(0.089)	(0.061)	(0.065)	(0.065)	(0.064)	(0.064)	(0.059)	(0.053)	(0.060)	(0.057)	(0.060)	(0.050)	(0.053)	(0.023)	(0.032)
role_yrs4	0.079	0.041	0.013	-0.024	-0.074	-0.025	0.001	-0.067	-0.114*	0.033	0.077	0.027	0.034	-0.014	0.092***
	(0.086)	(0.059)	(0.063)	(0.063)	(0.062)	(0.063)	(0.057)	(0.052)	(0.059)	(0.056)	(0.058)	(0.049)	(0.052)	(0.022)	(0.031)
rural	0.034	-0.024	0.047	0.056	-0.019	0.042	0.083	-0.010	0.032	-0.012	0.075	-0.016	0.019	0.026	-0.015
	(0.079)	(0.060)	(0.064)	(0.064)	(0.063)	(0.064)	(0.058)	(0.052)	(0.060)	(0.057)	(0.059)	(0.050)	(0.053)	(0.023)	(0.031)
fsm	-0.001	0.001	0.002	0.001	0.002	0.003	0.004*	-0.000	-0.002	0.002	0.003*	-0.000	-0.002	0.000	0.000
	(0.002)	(0.002)	(0.002)	(0.002)	(0.002)	(0.002)	(0.002)	(0.002)	(0.002)	(0.002)	(0.002)	(0.002)	(0.002)	(0.001)	(0.001)
ehcp	-0.024	-0.014	0.009	-0.018	-0.052***	-0.009	-0.018	-0.009	0.014	-0.031**	-0.033**	-0.003	-0.006	0.001	0.000
	(0.017)	(0.013)	(0.014)	(0.014)	(0.014)	(0.014)	(0.013)	(0.011)	(0.013)	(0.012)	(0.013)	(0.011)	(0.012)	(0.005)	(0.007)
sen	-0.001	0.003	-0.003	0.001	-0.001	-0.011**	-0.001	-0.002	0.002	0.001	-0.005	-0.003	0.001	0.001	0.001
	(0.005)	(0.004)	(0.005)	(0.005)	(0.004)	(0.005)	(0.004)	(0.004)	(0.004)	(0.004)	(0.004)	(0.004)	(0.004)	(0.002)	(0.002)
pupils	-0.000	-0.000	-0.000	-0.000	-0.000	-0.000	-0.000	0.000	-0.000	-0.000	-0.000*	-0.000**	-0.000*	0.000***	0.000**
	(0.000)	(0.000)	(0.000)	(0.000)	(0.000)	(0.000)	(0.000)	(0.000)	(0.000)	(0.000)	(0.000)	(0.000)	(0.000)	(0.000)	(0.000)
competency	-0.208	-0.183	-0.070	-0.068	-0.136	-0.060	0.118	-0.030	0.104	-0.083	-0.098	-0.164	-0.014	0.069	-0.226***
	(0.202)	(0.152)	(0.161)	(0.161)	(0.159)	(0.160)	(0.147)	(0.132)	(0.150)	(0.142)	(0.149)	(0.125)	(0.133)	(0.057)	(0.079)
Constant	0.558***	0.503***	0.498***	0.502***	0.754***	0.590***	0.151	0.293**	0.340***	0.339***	0.466***	0.313***	0.218*	-0.099**	0.149**

Variables	q18_1	q18_2	q18_3	q18_4	q18_5	q18_6	q18_7	q18_8	q18_9	q18_10	q18_11	q18_12	q18_13	q18_14	q18_15
	(0.181)	(0.132)	(0.140)	(0.139)	(0.138)	(0.139)	(0.127)	(0.114)	(0.130)	(0.124)	(0.129)	(0.108)	(0.115)	(0.050)	(0.069)
Observations	264	518	518	518	518	518	518	518	518	518	518	518	518	518	518
R-squared	0.026	0.019	0.015	0.013	0.043	0.029	0.038	0.009	0.020	0.033	0.037	0.088	0.173	0.025	0.058

Standard errors in parentheses. *** p<0.01, ** p<0.05, * p<0.1

Table 27: Q18 Have you made any of the following changes because of learning and insight from PINS?

Variables	q18_1	q18_2	q18_3	q18_4	q18_5	q18_6	q18_7	q18_8	q18_9	q18_10	q18_11	q18_12	q18_13	q18_14	q18_15
mode_online	0.023	-0.067	-0.056	-0.039	-0.067	-0.059	-0.048	0.001	0.065	-0.010	0.034	0.035	0.042	0.042**	0.023
	(0.060)	(0.047)	(0.050)	(0.049)	(0.049)	(0.049)	(0.046)	(0.040)	(0.046)	(0.044)	(0.047)	(0.040)	(0.046)	(0.016)	(0.027)
hrslow	-0.041	-0.030	-0.141*	-0.218***	-0.211***	-0.299***	-0.133*	-0.089	-0.086	-0.156**	-0.074	0.022	-0.044	0.005	0.047
	(0.096)	(0.077)	(0.082)	(0.082)	(0.081)	(0.081)	(0.076)	(0.066)	(0.075)	(0.073)	(0.077)	(0.066)	(0.076)	(0.027)	(0.045)
aud_notwhl	0.060	-0.056	-0.015	-0.059	-0.079*	0.072*	-0.060	0.038	-0.060	0.022	0.010	0.019	0.050	-0.008	-0.007
	(0.052)	(0.038)	(0.041)	(0.041)	(0.040)	(0.040)	(0.038)	(0.033)	(0.037)	(0.036)	(0.038)	(0.033)	(0.038)	(0.013)	(0.022)
competency	-0.030	-0.052	-0.036	0.000	-0.071	-0.046	0.102	-0.060	0.111	-0.012	-0.052	-0.024	0.030	0.075*	-0.185**
	(0.166)	(0.131)	(0.139)	(0.138)	(0.138)	(0.138)	(0.128)	(0.111)	(0.127)	(0.123)	(0.130)	(0.113)	(0.129)	(0.046)	(0.077)
Constant	0.261**	0.419***	0.533***	0.521***	0.582***	0.500***	0.291***	0.223***	0.255***	0.271***	0.349***	0.201**	0.253***	-0.028	0.211***
	(0.123)	(0.098)	(0.104)	(0.104)	(0.104)	(0.104)	(0.096)	(0.084)	(0.096)	(0.092)	(0.098)	(0.085)	(0.097)	(0.034)	(0.058)
Observations	354	685	685	685	685	685	685	685	685	685	685	685	685	685	685
R-squared	0.004	0.006	0.006	0.015	0.018	0.025	0.011	0.005	0.012	0.007	0.003	0.002	0.004	0.014	0.012

Standard errors in parentheses. *** p<0.01, ** p<0.05, * p<0.1

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